



# AFGHANISTAN ADVOCACY FRAMEWORK

HIV, Human Rights and Sexual Orientation  
and Gender Identity



*Empowered lives.  
Resilient nations.*

Proposed citation:

UNDP (2014). *Afghanistan Advocacy Framework: HIV, Human Rights and Sexual Orientation and Gender Identity*. Bangkok, UNDP

The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations, including UNDP, or UN Member States.

UNDP partners with people at all levels of society to help build nations that can withstand crisis, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in more than 170 countries and territories, we offer global perspective and local insight to help empower lives and build resilient nations.

Copyright © UNDP 2014

United Nations Development Programme  
UNDP Bangkok Regional Hub  
United Nations Service Building, 3rd Floor  
Rajdamnern Nok Avenue, Bangkok 10200, Thailand  
Email: [aprc.th@undp.org](mailto:aprc.th@undp.org)  
Tel: +66 (0)2 304-9100  
Fax: +66 (0)2 280-2700  
Web: <http://asia-pacific.undp.org/>

Design: Ian Mungall/UNDP. Cover photo: Adburahman Warsame, licensed under the Creative Commons.

# **AFGHANISTAN ADVOCACY FRAMEWORK**

HIV, Human Rights and Sexual Orientation  
and Gender Identity



*Empowered lives.  
Resilient nations.*

# Contents

<i>Acknowledgements</i>	3
Introduction	5
Purpose of this Framework	6
How to Use this Framework	6
Section 1: Afghanistan Overview	7
Section 2: Global Commitments	8
General	8
HIV and AIDS	10
Sexual Minorities	11
Section 3: Regional Commitments	13
Section 4: The Case for Inclusion of Specific MHRB and Transgender Population Strategies in HIV and AIDS Responses	14
Section 5: Key Domains for Advocacy	16
Framework for Action in Each Domain	17
Domain 1 - Legal and Policy Environment	17
Domain 2 - Health Services	21
Domain 3 - Local Police and Justice Services	22
Domain 4 - Community Structures	23
Domain 5 - Media	24
Appendix: Fact Sheet on HIV and the Law: Youth in Afghanistan	26

## ACKNOWLEDGEMENTS

The development of the Afghanistan Advocacy Framework and Resource Guide: HIV, Human Rights and Sexual Orientation and Gender Identity was the result of a consultative process between UNDP Bangkok Regional Hub and counterparts in Afghanistan from civil society and the UN system. The Framework outlines national commitments related to HIV, human rights and sexual orientation and gender identity, and provides evidence for effective inclusion of specific men with high risk behaviour and transgender people strategies in national and community-level HIV responses.

This framework aims to assist organizations in Afghanistan to work together on advocacy priorities addressing the advocacy and legal barriers that prevent men with high risk behaviour and transgender people to access the highest attainable standard of physical and mental healthcare, particularly in relation to STI/HIV prevention, treatment and care.

We would like to thank Mohammad Zubair Harooni, UNDP Afghanistan for valuable comments to the draft of the Framework.

The Framework was prepared by Lou McCallum and Amber McQuigh, AIDS Project Management Group (APMG) with Edmund Settle, Policy Advisor, UNDP Bangkok Regional Hub.

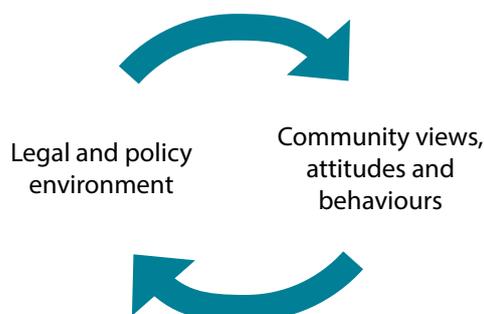
The development of the Afghanistan Advocacy Framework and Resource Guide: HIV, Human Rights and Sexual Orientation and Gender Identity was supported by UNDP under the South Asia Multi- Country Global Fund Programme (MSA-910-G02-H).



## INTRODUCTION

Individuals and populations need knowledge, means and power in order to respond effectively to HIV. They have the right to knowledge that HIV exists and that programmes and services can support them to respond to it; they have the right to means of protection against HIV acquisition and transmission (including condoms, clean needles, HIV testing and antiretroviral medicines) and they need the power to support one another and to access the services they need in order to stay healthy, whether they are living with HIV or not. Moreover, individuals and populations have the right to access all of these things under international law. Governments that fail to ensure that such rights are realized should be held accountable.

Laws and policies that deny men with high risk behaviour (MHRB) and transgender people (TG) equal protection under the law and equal access to health programmes and services have been identified as major barriers to HIV prevention and care.<sup>1,2,3,4</sup> These laws and policies often both reflect the views, attitudes and behaviors of the community (and police and legal structures) and also play a role in shaping these views, attitudes and behaviors.



MHRB and transgender people in many countries in South Asia experience marginalization, violence, harm and even death, either because of their lack of access to health, or directly as a result of violence. Rather than providing protection to key populations (those most vulnerable to HIV, such as sex workers, MHRB, transgender people, prisoners and migrants<sup>5</sup>), many governments enact laws or permit behaviors that contravene international human rights standards, such as criminalizing same-sex activity, enforcing laws that prohibit gender nonconformity and criminalizing sex work. The presence of punitive laws or the absence of protective laws can create environments for punishment or persecution by governments, communities and police. MHRB and transgender people in Asia remain marginalized and stigmatized even when same-sex sexual activity is not specifically illegal. Most countries in the region do not provide specific protection under anti-discrimination or human rights laws for MHRB and transgender people, leaving them vulnerable to abuse, victimization and neglect.<sup>6</sup>

There are clear areas of progress, which illustrate that effective advocacy, can have an impact on the creation of enabling legal and social environments for MHRB and transgender people. For example, the City Corporation of Mumbai funds one of Asia's largest MHRB community organizations, the Humsafar Trust; the official recognition of third gender in Nepal includes recent moves by the Home Ministry to issue citizenship documents for sexual and gender minorities (as

1 amfAR Global consultation on MSM and HIV/AIDS Research, 2008.

2 Technical Guidance on Combination HIV Prevention for MSM, PEPFAR, 2011.

3 Global Commission on HIV and the Law, UNDP, 2011.

4 Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach, WHO, 2011.

5 Global Commission on HIV and the Law, UNDP, 2011.

6 Clinical Guidelines for Sexual Health Care of MSM, IUSTI, 2005.

an 'other' category) for those that request it without the need to submit any medical or other evidence; and MHRB and transgender community organizations are emerging across Pakistan.

## PURPOSE OF THIS FRAMEWORK

This framework was developed to assist organizations in Afghanistan to work together to develop advocacy priorities for removing the legal and policy barriers that prevent enjoyment of the right to the highest attainable standard of physical and mental health, particularly in relation to access to HIV prevention, treatment and care for MHRB and transgender people. It is focused as much on governments and national AIDS Programs as it is on community organizations, as partnerships between governments and civil society have proven to be an effective vehicle for change in this area.

It provides the background commitments, guidelines and evidence that can support advocacy efforts and a process that groups and individuals can follow to identify what needs to change, who they can work in partnership with and what strategies they can use.

It focuses on the contribution that human rights and the law make to health for individuals and communities. "HIV thus represents a good example of the multi-faceted relationship between health and human rights. It shows how health policies and legislation can impact detrimentally on human rights, while violations of human rights can detrimentally affect health"<sup>7</sup>

## HOW TO USE THIS FRAMEWORK

The Framework outlines global, regional and national commitments related to HIV, human rights and sexual orientation and gender identity and provides evidence for effective inclusion of specific MHRB and transgender strategies in regional, national and community-level HIV responses. It provides suggestions for partnerships that would make advocacy more successful and outlines some indicative advocacy strategies. Obviously, national and local South Asian organizations are more familiar with the particular issues in their area and the particular barriers that exist for MHRB and transgender people so, rather than prescribing particular approaches, the Framework provides a guide to a process they can follow to develop their own priorities, partnerships and strategies.

The Framework is backed-up by a Resource Guide that summarizes key global and regional commitments and guidelines and provides examples of work that has been done to remove access barriers for MHRB and transgender populations. The Resource Guide sets out the key clauses and sections of each relevant commitment document, the key sections of guidelines or standards that refer to MHRB and transgender people and some of the elements of strategies that have been used in the region to promote access to health for MHRB and transgender people. The Guide also contains country summaries of commitments and interventions from Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

Using the Resource Guide and this Framework as a template, national organizations will be assisted to develop country-level Advocacy Frameworks. Groups and organizations working in

---

<sup>7</sup> Anand Grover, Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Human Rights Council, United Nations General Assembly 17th Session, Agenda Item 3, 2011

advocacy partnerships can use the Framework to develop partnership and organizational action plans to further the advocacy priorities they have already developed.

The Framework is divided into the following sections:

- Afghanistan Overview
- Global Commitments (brief summary)
- Regional Commitments (brief summary)
- Rationale for including specific attention to MHRB and transgender people in HIV responses
- Five Domains for Advocacy, (and under each Domain)
  - Key Priorities
  - Groups to work in partnership with
  - Key strategies and points of influence
  - Key resources

## SECTION 1: AFGHANISTAN OVERVIEW

In Afghanistan male-to-male sex is illegal under both Sharia Law and the Penal Code. Chapter eight “Adultery, Pederasty, and Violations of Honour”, Article 427 of the Penal Code 1976 states that “A person who commits adultery or pederasty shall be sentenced to long imprisonment”. In Afghan legal terminology “pederasty” appears to refer to intercourse between males regardless of age as pedophilia or sexual relations with persons under the age of consent falls under another subsection. Terming sexual acts between adult men “pederasty” has previously not been uncommon; this occurred for example in the translations of the Criminal Codes of Albania (1977) and Latvia (1933).<sup>8</sup>

Islamic Sharia law criminalizes homosexual acts and is applied in informal tribal courts with a maximum punishment of the death penalty. However, no known cases of death sentences have been handed out for homosexual acts after the end of Taliban rule.

### Country Progress Report Afghanistan (2012)

Men with High Risk Behaviour (MHRB) are identified as one of the key affected populations in Afghanistan however, UNGASS indicators on risks among MHRB are very limited and only available from a Rapid Assessment of male vulnerabilities, with a sample size of 100 conducted in 2009.

There was a National Strategic (2011-2015) for addressing HIV in Afghanistan as of end of 2011, but it did not translate into an operational plan. Strategic interventions in the area of HIV prevention have been reinforced since 2006 and focus on key affected populations (PWID, FSWs and MHRB), vulnerable populations (migrant workers, police and the military) and the general population.

<sup>8</sup> Lucas Paoli Itaborahy, Jingshu Zhu, State-sponsored Homophobia: A world survey of laws: Criminalisation, protection and recognition of same-sex love, 2013.

These interventions are implemented with assistance from 10 international and national NGOs or implementing partners (IPs) and financed through the Global Fund Round 7, the World Bank's Afghanistan HIV Prevention Project (AHAPP), and, partially, through UN agencies (UNODC, UNAIDS, WHO, UNICEF, UNFPA, etc.) across eight provinces of the country – Kabul, Herat, Mazar-e-Sharif, Ghazni, Badakhshan, Kunduz, Kandahar, and Jalalabad.

## SECTION 2: GLOBAL COMMITMENTS

Many of the barriers that MHRB and TG experience to accessing health and welfare services contravene their basic rights. Countries are often signatories to global documents that aim to protect rights, but for many complex reasons, MHRB and TG are often considered not covered by these rights. The general section below refers to commitments that address human rights for all without specifically refer to the rights of MHRB and TG. This is followed by a section that summarizes key HIV and AIDS commitments and a final section that sets out key documents related to the human rights of sexual minorities. Full references for each document, along with key quotes, are set out in the Reference Guide.

---

### GENERAL

#### Universal Declaration of Human Rights (1948)

##### Article 1

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

##### Article 2

Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Furthermore, no distinction shall be made on the basis of the political, jurisdictional or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing or under any other limitation of sovereignty.

##### Article 7

All are equal before the law and are entitled without any discrimination to equal protection of the law. All are entitled to equal protection against any discrimination in violation of this Declaration and against any incitement to such discrimination.

#### International Covenant on Economic, Social and Cultural Rights (1966)

##### Article 7

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of just and favorable conditions of work which ensure, in particular:

1. Remuneration which provides all workers, as a minimum, with:
  - a. Fair wages and equal remuneration for work of equal value without distinction of any kind, in particular women being guaranteed conditions of work not inferior to those enjoyed by men, with equal pay for equal work;
  - b. A decent living for themselves and their families in accordance with the provisions of the present Covenant;
2. Safe and healthy working conditions;
3. Equal opportunity for everyone to be promoted in his employment to an appropriate higher level, subject to no considerations other than those of seniority and competence;
4. Rest, leisure and reasonable limitation of working hours and periodic holidays with pay, as well as remuneration for public holidays.

#### **Article 11**

1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.

#### **Article 12**

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

### **International Covenant on Civil and Political Rights (1966)**

#### **Article 1**

1. All peoples have the right of self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

#### **Article 17**

1. No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honor and reputation.
2. Everyone has the right to the protection of the law against such interference or attacks.

#### **Article 26**

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

## HIV AND AIDS    **The Paris Declaration (1994)**

During the 1994 Paris AIDS Summit a joint commitment was made by all Governments and Representatives present. We, the Heads of Government or Representatives of the 42 States assembled in Paris on 1 December 1994 *Solemnly Declare*:

- our obligation as political leaders to make the fight against HIV and AIDS a priority,
- our obligation to act with compassion for and in solidarity with those with HIV or at risk of becoming infected, both within our societies and internationally,
- our determination to ensure that all persons living with HIV and AIDS are able to realize the full and equal enjoyment of their fundamental rights and freedoms without distinction and under all circumstances,
- our determination to fight against poverty, stigmatization and discrimination,

### **Undertake in our national policies to:**

- protect and promote the rights of individuals, in particular those living with or most vulnerable to HIV and AIDS, through the legal and social environment,
- ensure equal protection under the law for persons living with HIV and AIDS with regard to access to health care, employment, education, travel, housing and social welfare

## **Millennium Development Goal 6 (1994)**

Goal 6 - Combat HIV/AIDS, Malaria and other diseases

### **Target 6.A:**

Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- The spread of HIV appears to have stabilized in most regions, and more people are surviving longer
- Many young people still lack the knowledge to protect themselves against HIV
- Empowering women through AIDS education is indeed possible, as a number of countries have shown
- In sub-Saharan Africa, knowledge of HIV increases with wealth and among those living in urban areas
- Disparities are found in condom use by women and men and among those from the richest and poorest households
- Condom use during high-risk sex is gaining acceptance in some countries and is one facet of effective HIV prevention
- Mounting evidence shows a link between gender-based violence and HIV
- Children orphaned by AIDS suffer more than the loss of parents

**Target 6.B:**

Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- The rate of new HIV infections continues to outstrip the expansion of treatment
- Expanded treatment for HIV-positive women also safeguards their newborns

**UNGASS Declaration on HIV/AIDS (2001)**

In 2001, all UN member states adopted the UNGASS DoC - "Global Crisis-Global Action" with the goal of reversing the AIDS epidemic. The Declaration contained time-bound commitments.

**Political Declaration on HIV/AIDS (2006)**

In June 2006 Heads of State and Government and representatives of States and Governments participated in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS. UN Member States reaffirmed their commitment to achieving the goals set out in the DoC and developed the Political Declaration on HIV/AIDS, which contained a set of political commitments.

**Getting to Zero, UNAIDS 2011-2015 Strategy (2010)**

The 2010 UNAIDS Getting to Zero Strategy highlighted global commitments to HIV/AIDS and outlined three strategic directions with corresponding goals. The three strategic directions are: zero new infections; zero AIDS-related deaths; and, zero discrimination.

**Political Declaration of HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2011)**

The United Nations High Level Meeting on HIV/AIDS was held on 8-10 June 2011 in New York to review the progress achieved in meeting the commitments of the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS. The Political Declaration on HIV and AIDS saw the 193 Member States of the United Nations commit to redouble efforts to achieve universal access for HIV prevention, treatment, care and support by 2015 with a view to fulfilling Millennium Development Goal 6. This Political Declaration is the first ever United Nations General Assembly document to specifically refer to MHRB.

---

**SEXUAL  
MINORITIES****Yogyakarta Principles (2007)**

In November 2006 a group of human rights experts met in Yogyakarta, Indonesia and developed a set of principles on the application of human rights laws in relation to sexual orientation and gender identity. The Yogyakarta Principles affirm binding international legal standards that all states are obligated to comply with.

### **The Global Fund Strategy in Relation to Working with Sexual Orientation and Gender Identities (2009)**

In 2009 the Global Fund board approved the Strategy in Relation to Sexual Orientation and Gender Identity (SOGI). This strategy identified that MHRB, transgender people and sex workers often have a difficult time accessing Global Fund grant money and have limited access to Global Fund decision making bodies exacerbating the barriers to access to funding. The Strategy recommends 19 actions that the Global Fund Secretariat, its governance structures and its partners can take to better meet the needs of SOGI.

### **UNAIDS Action Framework – Universal Access for MSM and transgender People (2009)**

The UNAIDS Action Framework was developed with a view of achieving universal access to HIV prevention, treatment, care and support for MHRB and transgender people in order to achieve universal access for all. The Strategy highlights that actions must be grounded in an understanding of and commitment to human rights and that actions must be informed by evidence. Action is required by a broad range of stakeholders including affected communities, allies, governments, private sector and the UN family.

### **PEPFAR Technical Guidance on Combination Prevention for MSM (2010)**

The United States Global Leadership Against HIV/AIDS, TB and Malaria Reauthorization Act of 2008 recognized the need for PEPFAR to provide assistance for HIV/AIDS education programmes and training to prevent the transmission of HIV among MHRB. PEPFAR's Technical Guidance on Combination HIV Prevention for MSM identifies a set of core prevention interventions that should be delivered by partner countries to adequately address the needs of MHRB. Country Teams are expected to build the capacity of partner countries in order to implement these interventions in a non-discriminatory manner. The Technical Guidance document highlights that access to services must be equitable, voluntary and non-discriminatory and that PEPFAR programmes should involve MHRB and support existing MHRB networks. The guidance identifies core elements of a comprehensive package of HIV-prevention services and encourages PEPFAR programmes to adopt best practices for MHRB.

### **Human Rights Considerations in Addressing HIV Among Men who Have Sex with Men USAID/AIDSTAR 1 (2011)**

This Technical Brief provides guidance on rights-based approaches to HIV programming for MHRB. It identifies three strategies that are necessary for rights-based programming and provides practical examples of ways in which programmes have improved health and human rights environments for MHRB.

### **Global Commission on HIV and the Law – Risk, Rights and Health (2012)**

In June 2011, a group of experts in the field of HIV and the law undertook an 18 month review of global HIV-related legal environments. The Commission reported findings and made recommendations to aid governments and international bodies in the creation of enabling legal environments.

## SECTION 3: REGIONAL COMMITMENTS

### **SAARC Regional Strategy on HIV and AIDS (2006-2010)**

Guiding Principles:

- Involve people living with HIV in all types of leadership and include young, women and members of vulnerable populations.
- Generate/provide technical support for Member States for policy and programmes for targeted and effective BCC strategies in prevention and health promotion (treatment, care and support) "The right prevention services for right people at the right time".
- Strong voice, policy and legislation support against gender inequality, stigma, discrimination, marginalization and criminalization of vulnerable populations.

### **UN ESCAP Resolution 66/10: A Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific (2010)**

*Calls upon* all members and associate members:

To ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations;

*Requests* the Executive Secretary:

To support members and associate members in their efforts to enact, strengthen and enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against people living with HIV and AIDS and other key affected populations, and to develop, implement and monitor strategies to combat stigma and exclusion connected with the epidemic.

Key points:

- Ground universal access in human rights
- Undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations
- Support efforts to enact, strengthen and enforce legislation, regulations and other measures to eliminate all forms of discrimination against people living with HIV and AIDS and other key affected populations
- Develop, implement and monitor strategies to combat stigma and exclusion connected with the epidemic

### **UN ESCAP Resolution 67/9: Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS (2011)**

*Calls upon* members and associate members to further intensify the full range of actions to reach the unmet goals and targets of the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS by:

- Developing national strategic plans and establish strategic and operational partnerships at the national and community levels to scale up high-impact HIB prevention, treatment, care and support to achieve 80 per cent coverage for key affected populations with a view of the universal access target;
- Initiating, as appropriate, in line with national priorities, a review of national laws, policies and practices to enable the full achievement of universal access targets with a view to eliminate all forms of discrimination against people at risk of infection or living with HIV, in particular key affected populations;
- Increasing the effectiveness of national responses by prioritizing high-impact interventions for key affected populations.

### **Asia-Pacific High-Level Intergovernmental Meeting on AIDS on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals (2012)**

Sets out a Regional Framework for Action:

2012 – National multi-sectorial consultations on policy/legal barriers

2013 – Participatory and inclusive national reviews on implementing the Political Declaration, ESCAP resolutions 66/10 and 67/9

Early 2014 – Regional overview of progress in meeting the commitments in the Political Declaration, ESCAP resolutions 66/10 and 67/9

Late 2014 – inclusive regional intergovernmental review meeting of national efforts and progress

May 2015 – Seventy-first session of ESCAP

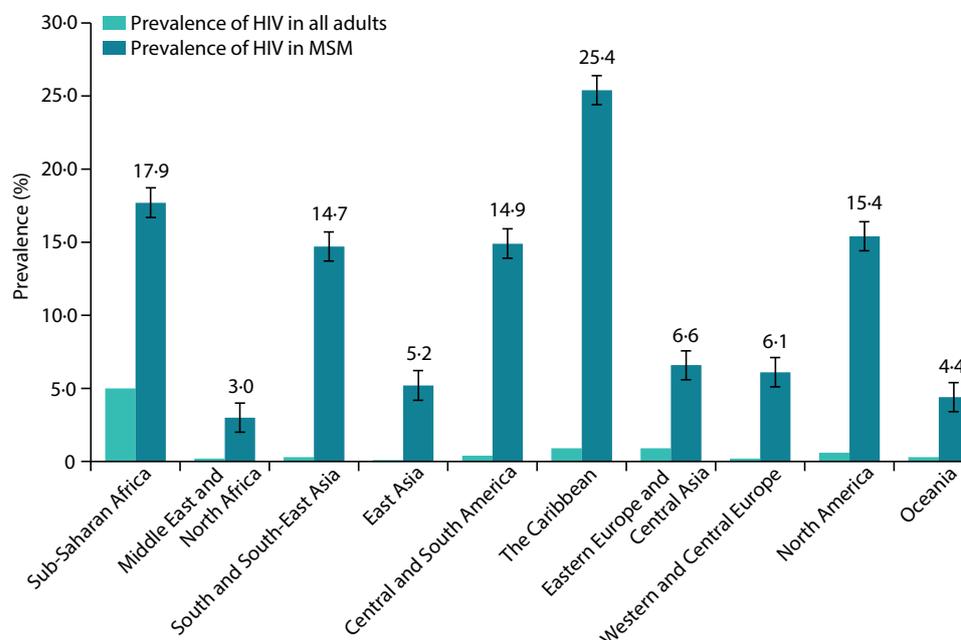
September 2015 – UN General Assembly Review MDGs

## **SECTION 4: THE CASE FOR INCLUSION OF SPECIFIC MHRB AND TRANSGENDER POPULATION STRATEGIES IN HIV AND AIDS RESPONSES**

This section aims to assist individuals and organizations to strengthen arguments for addressing the many access barriers that exist for MHRB and transgender people.

Rates of HIV among MHRB and transgender people in many countries across the globe are significantly higher than rates in all adults. Some of the available data is summarized in the graph and table below.

**Figure 1: Global prevalence of HIV among MSM compared with regional adult prevalence reported by UNAIDS.<sup>9</sup>**



**Key concerns:**

- HIV prevalence rates among transgender people are also much higher than MHRB in many countries, due to:
  - higher levels of marginalization, stigma and discrimination in health and welfare services
  - greater disconnection from education and work opportunities
- ‘Treatment as Prevention’ efforts are unlikely to succeed unless MHRB and transgender people get better access to VCT and lifelong treatment and care
- Significant access barriers still exist for these populations across South Asia
- Direct connection between human rights and service access – MHRB and transgender people are unlikely to come forward for testing and other services in a hostile and unsafe environment.

The APCOM/UNDP study of legal environments, human rights and HIV responses among MHRB and transgender people point to significant barriers to accessing these populations including:

- HIV prevention services are interrupted as a result of police harassment of outreach workers, many of whom are MHRB or transgender peer educators.
- HIV prevention education activities are restricted by police on the grounds that the activities encourage or ‘aid and abet’ illegal acts of male-to-male sex or sex work.
- Condoms and lubricants are confiscated by police as evidence of sex work or of illegal male-to-male sex.

<sup>9</sup> Chris Beryrer, Stefan Baral, Frits van Griensven, Steven Goodreau, Suwat Charilertsak, Andrea Wirtz, Ron Brookmeyer, Global epidemiology of HIV infection in men who have sex with men, Lancet July 2012

- HIV materials are censored, and police raids occur on events and venues where HIV education takes place.
- Dissemination of health promotion information on safer sex practices is restricted on the grounds that it may be considered to be in breach of obscenity laws.<sup>10</sup>

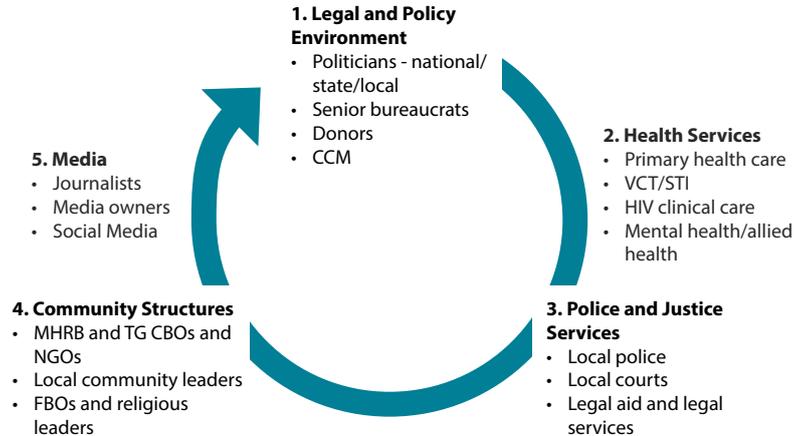
## SECTION 5: KEY DOMAINS FOR ADVOCACY

Stigma and discrimination is complex and operates at many levels. Breaking down access barriers requires an effort across multiple fronts. To assist in determining priorities and strategies, this Framework identifies five key domains for action:

1. **Legal and Policy Environment:** Sensitization of legislators, parliamentarians, judiciary and law enforcement agencies to work towards replacing the current punitive laws, policies and practices with more rights-based approaches and improved enforcement of existing protective laws and policies.
2. **Health Services:** Enhanced capacity of health system to respond to health concerns of MHRB and transgender people; the need for expanding coverage to deliver HIV prevention, treatment, care and allied health services.
3. **Local Police and Justice Services:** Turning good national policy into good local practice – co-operation of local police in HIV outreach efforts, reductions in harassment, unnecessary arrest, violence, blackmail and corruption, improved responses to reports of crimes against MHRB and transgender people. Fair treatment in the justice system. Legal support services available.
4. **Community Structures:** Addressing stigma and discrimination by engaging with community based organizations, faith based groups and other stakeholders to ensure people of diverse sexual orientation and gender identities can access HIV and other social services with dignity and equity.
5. **Media:** Engaging with public media to ensure more balanced and respectful portrayal of HIV, MHRB and transgender people issues resulting in a reduction of stigma and discrimination. Working to ensure that relevant health information for MHRB and transgender people can be published.

---

<sup>10</sup> Legal environments, human rights and HIV responses among men who have sex with men: An agenda for action, APCOM/UNDP 2010



## Domains for Advocacy

These domains are not separate or discrete. Attitudes and actions within one domain affect, or are influenced by attitudes and actions in another. Tackling stigma and discrimination against MHRB and transgender people not only involves working within these domains, but also on the relationships between them.

### FRAMEWORK FOR ACTION IN EACH DOMAIN

The framework for action is a process guide to assist advocacy organization to develop their own advocacy strategies. We recommend following these steps for each domain and have provided some examples as well as resources to assist in the process:

1. Determine key priorities
2. Identify groups to work in partnership with
3. Determine key strategies and points of influence
4. Draw on key resources to build the case for change

### DOMAIN 1 - LEGAL AND POLICY ENVIRONMENT

#### Key Priorities

Regional priorities that were identified at **The South Asia Roundtable Dialogue 'Legal and Policy Barriers to the HIV Response'**:

The Roundtable Dialogue, held in Kathmandu from 8-10 November 2011, was a joint venture of SAARCLAW, IDLO, UNDP and UNAIDS. The Roundtable created a forum for the examination and evaluation of legal and policy barriers to the HIV response in South Asia. The Roundtable identified key legal and policy issues as barriers to the HIV response as well as specific recommendations linked to these issues.

Summary of the key legal and policy issues:

- the criminalization of behaviours of key populations at higher risk of HIV exposure;
- law enforcement policy and practices;

- lack of sensitivity, knowledge and awareness by law and justice sector leaders and stakeholders;
- the gap between black letter law and practice; and,
- the clear need for greater coordination and collaboration within the law and justice sector.

Summary of key recommendations:

- decriminalize conduct linked to key populations at higher risk through appropriate legislative processes or judicial interventions. Work simultaneously on short term initiatives to address and mitigate the impact of relevant criminal laws;
- sensitize and disseminate information on the rights and issues of people living with HIV (PLHIV) and key populations at higher risk to law and justice sector stakeholders and healthcare providers;
- recognize the need for space for key populations at higher risk to collaborate (strength in synergies);
- empower PLHIV and key populations at higher risk with knowledge about their rights under the law and the mechanisms that they may utilize to access and defend these rights;
- empower human rights institutions with the necessary and appropriate statutory powers to enable them to address and respond to diverse legal and ethical issues and implications pertaining to human rights;
- advocate for constitutional challenges and public interest litigation, recognizing the role of judicial leadership;
- sensitize the media about the objectives of a legal enabling environment, and the rights of key populations at higher risk and PLHIV;
- advocate for healthcare providers and law and justice sector authorities to commit to a public health approach; and,
- strengthen the legal enabling environment.

The following is a summary of key recommendations made by the **Global Commission on HIV and the Law** to ensure an effective, sustainable response to HIV that is consistent with human rights obligations.

MHRB:

- Countries must reform their approach towards sexual diversity. Rather than punishing consenting adults involved in same sex activity, countries must offer such people access to effective HIV and health services and commodities.

Countries must:

- Repeal all laws that criminalise consensual sex between adults of the same sex and/or laws that punish homosexual identity.
- Respect existing civil and religious laws and guarantees relating to privacy.
- Remove legal, regulatory and administrative barriers to the formation of community organisations by or for gay men, lesbians and/or bisexual people.

- Amend anti-discrimination laws expressly to prohibit discrimination based on sexual orientation (as well as gender identity).
- Promote effective measures to prevent violence against males who have sex with males.

#### Transgender People:

- Countries must reform their approach towards transgender people. Rather than punishing transgender people, countries must offer transgender people access to effective HIV and health services and commodities as well as repealing all laws that criminalise transgender identity or associated behaviours.

#### Countries must:

- Respect existing civil and religious laws and guarantees related to the right to privacy.
- Repeal all laws that punish cross-dressing.
- Remove legal, regulatory or administrative barriers to formation of community organisations by or for transgender people.
- Amend national anti-discrimination laws to explicitly prohibit discrimination based on gender identity (as well as sexual orientation).
- Ensure transgender people are able to have their affirmed gender recognised in identification documents, without the need for prior medical procedures such as sterilisation, sex reassignment surgery or hormonal therapy.

### Groups with Whom to Work in Partnership

The following are suggestions of groups to work in partnership with on issues related to laws and regulations affecting sexual minorities:

- SAARC and SAARCLAW
- Multi-Country South Asia Global Fund HIV Programme (also known as Project DIVA), a regional HIV programme funded by the Global Fund and for which UNDP is Principal Recipient
  - Regional Country Coordinating Mechanisms Steering Committee
  - Afghanistan Country Coordinating Mechanism (CCM)
- Regional offices of UNAIDS and its Co-sponsors (ex: UNICEF on MHRB/transgender people under 18; UNFPA on Sexual and Reproductive Health services for MHRB/transgender people; UNDP on human rights and law)
- Donors (USAID, DfID, AusAID, key international foundations)
- South Asia LGBT Network
- Law Enforcement and HIV Network (LEAHN)
- Network for Improving Policing in South Asia (NIPSA)
- Human Rights Watch

- International Development Law Organization (IDLO)
- The Asia Pacific Coalition on Male Sexual Health (APCOM)

### Key Regional Strategies and Points of Influence

Some regional strategies and points of influence that can aid in the sensitization of law makers are listed below:

- Share successes in formal recognition of third gender (identity papers, inclusion in voting, judicial recognition of rights) across countries
- Advocate to ensure that national reviews of legal and policy barriers to access to HIV services and national, multi-sectoral consultations on same (pursuant to the ESCAP commitments) address issues faced by MHRB and transgender people, and that MHRB and transgender people participate in regional reviews of progress
- Strengthen attention to MHRB and transgender people interventions in next SAARC Regional HIV Strategy and in future reviews of National Strategic Plans on HIV
- Package and share strategic information on impact of increased intervention coverage on HIV prevention and care among MHRB and transgender people
- Demonstrate connection between stigma and discrimination, structural interventions and service use and access by MHRB and transgender people
- Collect and present data on rights violations experienced by MHRB and transgender people from community legal services across the region
- Engage with National Human Rights Institutions to monitor, investigate and follow up on rights issues impacting on MHRB/transgender people

### Key Resources

The following resources are only a select few that can be used to influence change in the legal and policy environment. Details of the documents below as well as additional resources can be found summarized in the Resource Guide:

- Access to HIV Prevention and Treatment for Men Who Have Sex with Men, Findings from the 2012 Global Men's Health and Rights Study, (MSMGF, 2012)
- International Consultation on Policing of Most-at-risk Populations, (IDLO, 2012)
- Gender Identity and Violence in MSM and Transgender: Policy Implications for HIV Services (section on structural violence), (USAID/HPI, 2009)
- Gender-based Violence, Criminal Law Enforcement and HIV, (Global Commission on HIV and the Law, 2012)
- Human Rights, the Law and HIV among Transgender People, (Global Commission on HIV and the Law, 2012)

## DOMAIN 2 - HEALTH SERVICES

### Key Priorities

The following are suggestions of key priorities in the domain of health services, advocacy organizations are encouraged to prioritize issues that are relevant to their region:

- Reducing (and monitoring) the high levels of stigma and discrimination in health services
- Increasing knowledge of HIV status by increasing access of MHRB and transgender populations to VCT and ongoing support
- Promoting models of good access and quality for MHRB and transgender people in primary care/STI services – often a blend of CBO and mainstream services
- Analyze, describe and promote innovative service architecture models – MHRB and transgender CBOs working with public and private health services
- Increase knowledge of status by promoting rapid HIV testing models in MHRB and transgender populations with clear connection to onward treatment, care and support

### Groups with Whom to Work in Partnership

The following are suggestions of groups to work in partnership with on issues related to health services:

- WHO EMRO
- APCOM
- Regional STI Society
- Donors

### Key Regional Strategies and Points of Influence

Some regional strategies and points of influence related to health services are listed below, this is by no means a comprehensive list and should act as a guide only:

- Document and promote regionally-relevant and innovative models of health service provision to MHRB and transgender people
- Establish and promote regional standards of MHRB transgender people HIV prevention and care
- Identify barriers and potential solutions to 'Treatment as Prevention' for MHRB and transgender people with HIV
- Develop and promote holistic healthcare models for transgender people

### Key Resources

Details of the documents below as well as additional resources can be found summarized in the Resource Guide:

- Clinical Guidelines for Sexual Health Care of MSM (International Union against Sexually Transmitted Infections, Asia Pacific Branch, 2005)
- Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific – Regional Consensus Meeting (Bangkok), (UNDP, 2009)
- Ensuring universal access to comprehensive HIV services for MSM in Asia and the Pacific, (amfAR 2009)
- Priority HIV and sexual health interventions in the health sector for MSM and TG people in the Asia-Pacific Region, (WHO, 2010)
- Prevention and Treatment of HIV and Other Sexually Transmitted Infections Among Men Who Have Sex with Men and Transgender People - Recommendations for a public health approach, (WHO, 2011)

---

### DOMAIN 3 - LOCAL POLICE AND JUSTICE SERVICES

#### Key Priorities

Key priorities related to local police and justice services:

- Local police support for outreach and other services working with MHRB and transgender people
- Increased access for MHRB and transgender people to legal services and avenues for seeking redress for rights violations
- Strategic information on local police discrimination, violence and harassment driving policy and procedure reform
- Local police are sensitized to key law enforcement concerns of MHRB and transgender people and police practices are reviewed and reformed as necessary to ensure a non-discriminatory response to these by police.

#### Groups with Whom to Work in Partnership

The following are suggestions of groups to work in partnership with on issues related to turning good national policies into good local practice:

- Network for Improving Policing in South Asia (NIPSA)
- International Development Law Organization (IDLO)
- United Nations Office on Drugs and Crime (UNODC)
- Law Enforcement and HIV Network (LEAHN)
- Asia Regional Harm Reduction Network (for lessons in working with police on HR)

### Key Strategies and Points of Influence

- Document and promote effective models for police service and MHRB and transgender CBO cooperation
- Identify modules on working with MHRB and transgender people in police training and promote as regional best practice
- Document and promote models for better access of MHRB and transgender people to legal services
- Engage with National Human Rights Institutions

### Key Resources

- Toolkit for Scaling Up HIV-related Legal Services - includes India case study, (IDLO, 2009)
- HIV-Related Legal Services: South Asia Video Conference report, (IDLO, 2012)

---

## DOMAIN 4 - COMMUNITY STRUCTURES

### Key Priorities

Some key priorities when addressing stigma and discrimination against MHRB and transgender people are the following:

- Greater role for MHRB and transgender CSOs in HIV prevention and care
- Better access for MHRB and transgender people to mainstream welfare services (often run by faith-based and religious NGOs)
- Religious leaders taking a key role in promoting tolerance and respect for MHRB and transgender people
- Community leaders take a key role in breaking down stigma and discrimination

### Groups with Whom to Work in Partnership

When addressing stigma and discrimination at a regional level it is important to engage with NGOs, CBOs and faith based organizations, some suggestions are the following:

- South Asia LGBT Network
- UNAIDS and regional Co-sponsors
- Donors (including Global Fund) and international foundations
- MSMGF
- Asia Pacific Network of Positive People (APN+)

### Key Strategies and Points of Influence

- Collect, analyze and disseminate models for self-organization of MHRB and transgender people
- Develop and cost collaborative models between MHRB and transgender NGOs and CBOs and other services
- Improve strategic information about contribution of MHRB and transgender NGOs and CBOs to HIV prevention and care
- Collect, analyze and disseminate information on positive faith-based responses to HIV among MHRB and transgender people

### Key Resources

Key resources to guide advocacy work in this domain are the following:

- Tackling HIV-related Stigma and Discrimination in South Asia, (World Bank, 2010)
- Ensuring Universal Access to Comprehensive HIV Services for MSM in Asia and the Pacific: Determining Operations Research Priorities to Improve HIV Prevention, Treatment, Care, and Support Among Men Who Have Sex With Men, (amfAR, 2011)
- Religious Leadership in Response to HIV, ([www.hivcommitment.net](http://www.hivcommitment.net))

---

## DOMAIN 5 - MEDIA

### Key Priorities

Some key priorities to think about when engaging with the media to ensure a more balanced and respectful representation of issues related to HIV, MHRB and transgender people are the following:

- Improved balance of media coverage of HIV among MHRB and transgender people and of MHRB and transgender issues in general
- Decreased stigmatization and harm to MHRB and transgender people by media

### Groups with Whom to Work in Partnership

- National Media and press organizations
- NGOs who target media practice (e.g. CFAR, SAATHI)
- APN+
- APCOM

### Key Strategies and Points of Influence

Engaging with the media should be with the intention of reducing stigma and discrimination of sexual minorities and people living with HIV, some strategies of engagement are the following:

- Development of a range of positive media stories about MHRB and transgender people
- Promotion of attention to MHRB and transgender people in media codes of practice
- Development of regional media awards or other good practice recognition strategies

### **Key Resources**

- A Framework for Media Engagement on Human Rights, MSM and Transgender Persons in South Asia (UNDP/CFAR, 2013)
- HIV/AIDS Media Guide (International Federation of Journalists (2006)
- Media Reference Guide (Gay and Lesbian Alliance Against Defamation – GLAAD, 2010)

## APPENDIX

### FACT SHEET

## HIV and the Law: Youth in Afghanistan

#### Global Snapshot

- Young people represent one of the age groups most affected by the HIV epidemic. In 2013, there were 4 million [3.6 million–4.6 million] young people 15–24 years old living with HIV, 29% of whom are adolescents ages 15–19 years.<sup>1</sup> Recent UNAIDS estimates show that adolescents aged 15–19 are the only age group where AIDS-related deaths have been increasing over the past few years.<sup>2</sup>
- In 2010, 106 countries reported having laws, regulations or policies that obstruct access to HIV services for populations at higher risk of HIV exposure.<sup>3</sup>
- In many countries with generalized epidemics less than 50% of young men and women lack comprehensive and correct knowledge about HIV, and in particular knowledge about the effectiveness of condoms in preventing HIV transmission.<sup>4</sup>
- Effective, age appropriate, culturally relevant, and accurate sexuality education is a vital part of HIV prevention and is also critical to achieving targets for reproductive health and HIV prevention, treatment, care and support.<sup>5</sup> Importantly, such programs have never been shown to increase sexual risk-taking.<sup>6</sup>

#### Asia-Pacific

- National HIV estimates indicate that there were 690,000, an increase of 140,000 young people aged 15–24 living with HIV in Asia and the Pacific at the end of 2012. In the same year, an estimated 110,000 young people aged 15–24 acquired HIV. Young people in this age range account for around one-third of new infections among adults (aged 15 and above) in the region.<sup>7</sup>
- The majority of new infections among young people, possibly as much as 95%, are among young people from key populations, including young males with high risk behaviors, young transgender people, young people who are selling or buying sex, and young people injecting drugs.<sup>8</sup>
- 90% of resources for young people in Asia-Pacific are spent on 'low-risk' youth, who represent just 5% of the people becoming infected with HIV. Likewise, there are few programmes targeting boys to address HIV, sexual and reproductive health and gender-based violence.<sup>9</sup>

#### HIV and Young People in Afghanistan

- Reliable data on HIV prevalence in Afghanistan is sparse. As of 2012, 1,250 HIV cases were reported. However, UNAIDS and WHO estimate that there could be between 2,000 and 3,000 Afghans living with HIV.<sup>10</sup> According to the 2012 IBBS study, HIV prevalence among People Who Inject Drugs (PWIDs) is at 4.4%.
- Only 29% of the PWIDs, Afghanistan's highest at-risk population, could correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.<sup>11</sup> HIV prevalence for young PWIDs aged 15–24 years has been reported at 7.6%.<sup>12</sup> 64% of PWIDs under age 25 reported using sterile injecting equipment the last time they injected, 30% less than what was reported in 2012 (94%).<sup>13</sup>
- Slightly over 26% of Afghan women aged 15–49 had heard of HIV and only 2% had comprehensive and correct knowledge of HIV prevention and transmission.<sup>14</sup> 43% of 20–24 years old women reported marriage below 18. The situation of Afghan girls is of particular concern - under traditional pressures, they enter early marriage and early pregnancy which increase their odds of contracting STIs and HIV from their spouses who are often of older age and thus have longer sexual experience than their wives.<sup>15</sup>
- Only 7% of Afghanistan's Males with High Risk Behavior population under age 25 have been reached by national HIV prevention programmes.<sup>16</sup>
- Of the 70% of female sex workers who had heard of condoms, 97% of them associated them with contraception and only 33% had heard of STIs and another 30% recognized that sharing a needle is a HIV transmission risk factor.<sup>17</sup>

#### Recommendations for Action:

- Ensure teaching of comprehensive, age-appropriate, culturally relevant, sexuality education in schools.
- Improve social support programs to reduce incentives to pursue inter-generational sex.
- Guarantee right to privacy and confidentiality for sexually active youth seeking health services.
- Removing social and legal barriers that prevent young people—in particular from key populations (including young people who use drugs, young people who sell sex and young transgender people)—from accessing comprehensive, integrated sexual and reproductive health and HIV prevention, treatment, care and support services has been shown to be important.

Additional recommendations from the Global Commission on HIV and the Law may be found at: <http://www.hivlawcommission.org>

## Enabling Legal and Policy Environment

### Asia-Pacific

- 90% of countries in Asia-Pacific still have laws which obstruct the rights of PLHIV and populations at higher risk of HIV exposure: 19 countries criminalize same-sex relations; 29 countries criminalize some aspect of sex work; many countries enforce compulsory detention for people who use drugs, with 11 countries in Asia enforcing the death penalty for drug offences.<sup>18</sup>
- The UN Economic and Social Commission for Asia Pacific (ESCAP) Resolution 66-10 (2010) calls on member states to ground universal access to HIV services in human rights principles and to address legal barriers to HIV responses. ESCAP Resolution 67-9 (2011) commits states to initiate reviews of national laws, policies and practices to enable the full achievement of universal access targets with a view to eliminating all forms of discrimination against PLHIV and key populations.<sup>19</sup>
- In Afghanistan and Pakistan, more than 40,000 MSM and transgender people have benefited from community- led HIV prevention services and 6,000 from HIV voluntary counseling and testing.<sup>20</sup>

### In Afghanistan

- Under Afghanistan's Sharia law, consensual sexual relations outside of marriage (premarital or extra-marital sex) may attract penalties for the offence of *zina* (fornication). Homosexual conduct attracts penalties for the offences of *liwat* (sodomy) or *musahaqah* (sex between women). A female may be charged with '*khalwat*' (unlawful premarital or extramarital sexual relations) if she has reached puberty and is found in close proximity with a member of the opposite sex who is not a relative.<sup>21</sup>
- Consensual pre-marital sex is restricted by law for both males and females in Afghanistan.<sup>22</sup> Despite this, 23% of youth surveyed reported engaging in sexual intercourse before age 15.<sup>23</sup>
- Engaging in sexual conduct with a person of the same gender is outlawed under Article 427 of Afghanistan Penal code in addition to Sharia Law.<sup>24</sup>
- The general age of majority in Afghanistan is 18. The minimum legal age of marriage without parental consent is 18 for males and 16 for females.<sup>25</sup> The minimum age of criminal responsibility is just 12.<sup>26</sup>
- Article 373 of the Afghanistan criminal code stipulates that a person that spreads a "dangerous disease" by accident shall be fined, but if the disease results in death or permanent disability the punishment shall be the same as if it were an accidental murder.<sup>27</sup>

## Examples of laws and practices that hinder the HIV response:

- Legal barriers that fail to protect the privacy and confidentiality of young people when accessing prevention and treatment services.
- Inadequate health education programs that fail to teach basic HIV/STI prevention methods or correct misconceptions about their transmission, that don't provide appropriate life-skills training, including how to develop healthy relationships and make responsible decisions about sexuality such as negotiating safer sex and rejecting sexual advances, or that reinforce or perpetuate gender stereotypes, homophobia, or intimate partner violence.
- Social norms that reinforce gender inequality, power imbalances in relationships, or that tacitly accept or condone inter-generational sex.
- Laws and practices that directly or indirectly discriminate or stigmatize young people living with or affected by HIV, including in the context of health, education, adoption and inheritance.

### Sources:

- <sup>1</sup> UNAIDS (2014). *The Gap Report*. Geneva, UNAIDS.
- <sup>2</sup> UNAIDS (2013). *Thematic segment: HIV, adolescents and youth*. Background Note. Geneva.
- <sup>3</sup> The Global Commission on HIV and the Law. *Fact Sheet on HIV & the Law: Risk, Rights & Health*. 2013.
- <sup>4</sup> UNAIDS. *Report on the Global AIDS Epidemic*. 36. 2012.
- <sup>5</sup> UNESCO. *International Technical Guidance on Sexuality Education*. 2009.
- <sup>6</sup> Boonstra, H. *Advancing Sexuality Education in Developing Countries: Evidence and Implications*. Guttmacher Policy Review 2011:14:3.
- <sup>7</sup> UNESCO. *Young people and the law in Asia and the Pacific: A review of laws and policies affecting young people's access to sexual and reproductive health and HIV services*. Thailand. 2013.
- <sup>8</sup> Ibid.
- <sup>9</sup> UNAIDS. *Report for the Asia-Pacific Regional Consultation*, March 2011.
- <sup>10</sup> World Bank. *HIV/AIDS in Afghanistan. 2012. HIV/AIDS in Afghanistan*.
- <sup>11</sup> Ibid.
- <sup>12</sup> Reddy A. 2012. *Regional Review of Strategic Information on Young Key Populations at Higher Risk of HIV Exposure*. Bangkok, UNAIDS.
- <sup>13</sup> UNAIDS. *Country Progress Report 2014: Afghanistan*. 2012.
- <sup>14</sup> Ibid.
- <sup>15</sup> Ministry of Public Health, Islamic Republic of Afghanistan. 2011. *National Strategic Framework on HIV/AIDS for Afghanistan - II 2011-2015*. Kabul.
- <sup>16</sup> Supra Note 13.
- <sup>17</sup> Ibid.
- <sup>18</sup> Supra Note 9.
- <sup>19</sup> UNDP (2013). *Legal protections against HIV-related human rights violations: Experiences and lessons learned from national HIV laws in Asia and the Pacific*, Bangkok, UNDP.
- <sup>20</sup> UNDP (2014). *Fast Facts: Multi-Country South Asia Global Fund HIV Programme*. Bangkok, UNDP.
- <sup>21</sup> Supra Note 7.
- <sup>22</sup> Supra Note 13.
- <sup>23</sup> Ibid.
- <sup>24</sup> *Afghanistan: Penal Code* [Afghanistan], Article 427. 22 September 1976.
- <sup>25</sup> Supra Note 7.
- <sup>26</sup> Ibid.
- <sup>27</sup> *Afghanistan: Penal Code* [Afghanistan], Article 373. 22 September 1976.

### For additional information contact:

UNDP, Asia-Pacific Regional Centre, Policy Advisor, Edmund Settle, +66 (0)2 304 9100 ext. 2918, [edmund.settle@undp.org](mailto:edmund.settle@undp.org)  
UNDP, Asia-Pacific Regional Centre, Human Rights & Advocacy Officer, Emilie Pradichit, +66 (0)9 29015345, [emilie.pradichit@undp.org](mailto:emilie.pradichit@undp.org)







*Empowered lives.  
Resilient nations.*

**United Nations Development Programme**  
**UNDP Bangkok Regional Hub**  
United Nations Service Building, 3rd Floor  
Rajdamnern Nok Avenue, Bangkok 10200, Thailand  
Email: [aprc.th@undp.org](mailto:aprc.th@undp.org)  
Tel: +66 (0)2 304-9100  
Fax: +66 (0)2 280-2700  
Web: <http://asia-pacific.undp.org/>