



Pathways to Achieving the Global 10-10-10 HIV Targets

Acknowledgements

This Evidence Review was developed by Priti Patel under the guidance of Mandeep Dhaliwal, Ludo Bok, and Kenechukwu Esom. Alim Atarud, Belice Odamna, Kathryn Johnson, Kevin Osborne, and Mathew Kelley also provided input and insights. Barbara Hall edited the document.

Special appreciation goes to the following people for reviewing an earlier draft of the publication and for sharing their insights, knowledge, and experience: Aditia Taslim, International Network of People Who Use Drugs (INPUD) Secretariat; Alexandrina Iovita, Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); Anuar Luna, Technical Coordinator of the LAC Platform of the Community, Rights and Gender Platform of the Global Fund; Dr. Beatriz Grinsztejn, International AIDS Society (IAS); Erika Castellanos, Global Action for Trans Equality (GATE); Emily Christie, Joint United Nations Programme on HIV and AIDS (UNAIDS); Dr Ilya Zhukov, United Nations Population Fund (UNFPA); Jay Gilliam and Jessica Morrison, United States Agency for International Development (USAID); Peter Mladenov, United Nations Population Fund (UNFPA); Rachel Baggaley, World Health Organization (WHO); and Trista Bingham, United States Centers for Disease Control and Prevention (CDC).

Proposed citation

UNDP (2023). Pathways to Achieving the Global 10-10-10 HIV Targets: A review of the evidence on key population and community-led interventions to address punitive and discriminatory laws and HIV-related discrimination. United Nations Development Programme: New York.

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Design: minhdesigns.com

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Foreword

We find ourselves at a critical juncture where successes and challenges intertwine on the path to end AIDS as a public health threat and achieve the HIV-related Sustainable Development Goals and the pledge to leave no one behind by 2030.

The [UNAIDS Global AIDS Update 2023](#) illustrates both sides of this journey. Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe have achieved the 95-95-95 targets, with an additional 16 countries close to doing the same, while several countries removed harmful and punitive laws in 2022 and 2023. But progress is uneven. New HIV infections are rising sharply in some regions fuelled in many cases by existing and worsening human rights barriers. Growing backlash against marginalized and key populations affected by HIV, including LGBTI+ communities, is coinciding with shrinking civic space, leading to increasingly unsafe and uncertain operating environments for civil society. On top of these worrying trends, funding for the HIV response declined in 2022, falling back to levels we have not seen since 2013.

This publication stands as a testament to the journey that governments, civil society, and key populations around the world have embarked upon, capturing a remarkable narrative of progress and potential, driven by a deep understanding that the heart of the HIV response lies within communities, especially key populations and people living with HIV. With the creation of the GIPA Principle in 1994, it was people living with HIV who led the advocacy pathway about engagement and inclusion – principles that are too often taken for granted. Almost thirty years later, it is key populations and people living with HIV who are still leading the way, using innovative approaches to counter discriminatory and punitive laws that criminalize and limit access to HIV services.

The historic 10-10-10 targets, as part of the 2021 Political Declaration on HIV and AIDS, commit countries to reduce the inequalities that drive the HIV epidemic: stigma, discrimination, violence and punitive laws, policies, and practices, including criminalization. This publication provides insight into how we can meet these targets by 2025, with a roadmap of practical examples and guidance by and for people living with HIV, other key populations and communities on the pathway to law reform. It is also a tool for development partners,

government officials and donors to increasingly support and fund various tactics, strategies, and approaches to use in legal and policy reform efforts.

As we delve into this report, we are reminded that progress is not guaranteed, but rather an achievement forged through solidarity, determination and an unwavering commitment to evidence-based strategies that let people living with HIV, other key populations and communities lead. We know law reform often takes time, which is why the “how” of law reform matters: it requires collective, rights-based, and coordinated efforts to focus on improving access to HIV services by removing structural barriers on the pathway to longer-term progress.

UNDP works with partners at the local, national, regional, and global levels to do just that. We remain committed to working together with communities and countries to address the harmful structures standing in the way of progress, to advocate for the dignity, health, and wellbeing of those left behind and to finally put an end to AIDS. Investing in and supporting the leadership of key populations, people living with HIV and communities is central to this.

Mandeep Dhaliwal

Director, HIV and Health Group, United Nations Development Programme (UNDP)

Abbreviations and acronyms

AKPEG	Africa Key Population Expert Group	LGBTIQ	Lesbian, gay, bisexual, transgender, intersex and queer
APH	Alliance for Public Health	LGBTI+	Lesbian, gay, bisexual, transgender, intersex and any other individual whose sexual and/or gender identity differs from the cis-heterosexual
APTN	Asia Pacific Transgender Network	MPact	Global Action for Gay Men's Health and Rights
ARJF	Africa Regional Judges' Forum	MSM	Men who have sex with men
ASEAN	Association of Southeast Asian Nations	NGO	Non-governmental organization
ASC	ASEAN SOGIE Caucus	NSWP	Global Network of Sex Work Projects
CEDAW	Committee on the Elimination of Discrimination against Women	OAMT	Opioid agonist maintenance treatment
CCM	Country coordinating mechanism	PEPFAR	U.S. President's Emergency Plan for AIDS Relief
CLHR	Coalition of Lawyers for Human Rights	PITCH	Partnership to Inspire, Transform, and Connect the HIV Response
CND	Commission for Narcotic Drugs	PrEP	Pre-exposure prophylaxis
CSO	Civil society organization	REAct	Rights, Evidence Action
ECOWAS	Economic Community of Western African States	SADC	Southern Africa Development Community
EHRA	Eurasian Harm Reduction Association	SOGIE	Sexual orientation, gender identity and gender expression
ENPUD	Eurasian Network of People Who Use Drugs	SRHR	Sexual and reproductive health and rights
GATE	Global Action for Trans Equality	SLYDCL	Social Linkages for Youth Development and Child Link
GNP+	Global Network of People Living with HIV	HJN	The HIV Justice Network
ICT	Information and communication technologies	UNAIDS	Joint United Nations Programme on HIV/AIDS
ICW	International Community of Women Living with HIV	UNDP	United Nations Development Programme
ICW-Latina	International Community of Women Living with HIV in Latin America	UNIBAM	United Belize Advocacy Movement
INPUD	International Network of People Who Use Drugs	UPR	Universal Periodic Review
LBHM	Lembaga Bantuan Hukum Masyarakat	USAID	United States Agency for International Development
LEA	Legal environment assessments		
LGBT	Lesbian, gay, bisexual, and transgender		
LGBTI	Lesbian, gay, bisexual, transgender and intersex		
LGBTQ	Lesbian, gay, bisexual, transgender and queer		

**This review recognizes that every person has the right to use the term and acronym that best describes their sexual orientation, gender identity or expression and sex characteristic. This review follows the acronym used in the corresponding referenced document. When the term is used more generally, without reference to a specific document, LGBTI+ is used.*

Executive summary

As a global community, we will not end AIDS as a public health threat by 2030 without increased commitment to addressing the structural barriers that heighten the vulnerability to HIV of key populations, namely men who have sex with men, transgender people, sex workers, people who use drugs and prisoners and other incarcerated/detained people.

The evidence is clear: the more protective and enabling the legal and policy environment in a country, the lower the HIV prevalence for key populations, and the more people from key populations accessing healthcare services, including harm reduction, HIV testing, and HIV treatment services. Considering that, in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (the 2021 Declaration), the international community committed to, among other targets, less than 10% of countries having punitive legal and policy frameworks that lead to denial or limitation of access to services by 2025. As of 2023, no country is meeting this obligation.

Meeting the 2021 Declaration's target by 2025 will require vigorous support and scaling up of tactics, strategies, and approaches known to be effective in reforming and mitigating the impact of these punitive and discriminatory laws and policies. This evidence review canvasses the peer-reviewed and grey literature published from January 2018 to December 2022 to identify tactics, strategies, and approaches that have been used to remove or mitigate the impact of discriminatory and punitive laws or policies. This evidence review is particularly focused on initiatives that were led by key populations and people living with HIV.

Punitive and discriminatory laws and policies considered in the review are as follows:

1. Law and policies related to sex work, same-sex sexual behavior, transgender people, and people who use drugs, including the criminalization of the personal possession of drugs.
2. Law and policies criminalizing HIV transmission, exposure, and non-disclosure.
3. Laws and policies regarding the age at which young people can independently consent to sexual and reproductive health services.

Though the review identified outcomes of these interventions, it did not specifically focus on the efficacy of interventions, including the factors contributing to the success of specific tactics, strategies and approaches and the relationship between the broader social, economic, and political context and the success of the intervention.

Based on the available evidence, the review identified fourteen tactics, strategies and approaches used to reform or mitigate the impact of discriminatory and punitive laws:

1. Community mobilization of key populations and people living with HIV
2. Direct action
3. Building the evidence base through research and documentation
4. Legal and policy environment monitoring
5. Establishing and working with coalitions, networks, and alliances
6. Strategic litigation
7. Engaging with international and regional processes and bodies
8. Access to and provision of legal services
9. Creating safe space for key population and people living with HIV to engage with decision makers
10. Use of information and communication technology
11. Media-based strategies
12. Enforcing protective laws
13. Training and sensitization of duty bearers
14. Capacity building of rights holders

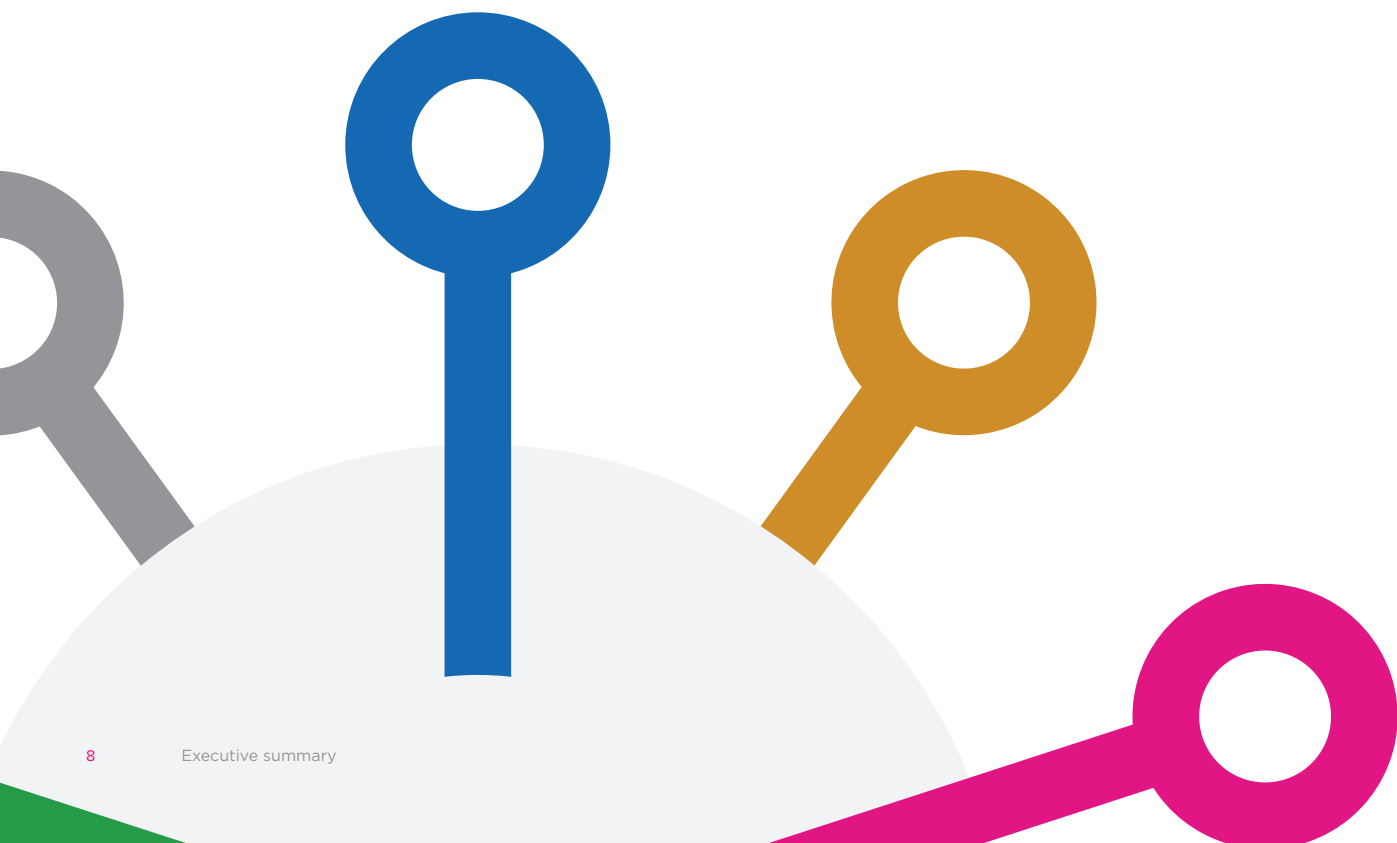
There is significant evidence for access to and provision for legal aid services, establishing coalitions, capacity building of rights holders and training and sensitization of duty bearers. There was limited evidence for enforcing protective laws, legal and policy environment monitoring, direct action, and community mobilization. This does not mean these interventions have not been effectively used, but merely that the review found limited documented evidence of their use.

These interventions have a significant, documented impact on legal and policy environments. These impacts include changes to laws and policies, increased capacity amongst key populations and people living with HIV to engage in legal and policy reform and advocacy, meaningful participation in developing laws and policies amongst key populations and people living with HIV, changes in public and decisionmakers' perception of marginalized communities and greater cross-movement solidarity, among others.

The interventions were almost always used in conjunction with each other. The combination of interventions depended on the context, the issue being addressed and the desired outcome of the intervention. The review also affirmed that a human rights-based approach, namely inclusion and meaningful participation, especially of key populations and people living with HIV, equality, and non-discrimination, either explicitly or implicitly, underpinned the use of the tactics, strategies and approaches described in the literature.

Many of the cases described in the literature highlighted the fact that law and policy reform is a long, non-linear process, and continued monitoring and advocacy from affected communities is critical to ensuring successes are not reversed. There have been significant milestones in reforming and mitigating the impact of punitive and discriminatory laws and policies in the past five years, including repeals of laws criminalizing consensual same-sex relations and HIV transmission, non-disclosure, and exposure; enactment of laws prohibiting discrimination based on sexual orientation; progress on bills decriminalizing aspects of sex work; and removal of some criminal penalties for personal possession of drugs. However, there is an alarming push for enacting more draconian anti-LGBT laws and bills in a number of countries.

Backsliding on human rights and shrinking civic space throughout much of the world highlights the need for greater commitment by all stakeholders to ensure gains are made and protected. This review identifies the evidence on how to do that. It is now up to stakeholders to scale up their efforts to remove punitive and discriminatory laws and policies and ensure the global community is on track to meet targets agreed to in the 2021 Political Declaration.



Introduction

Between 2020 to 2022, the global COVID-19 pandemic and a series of interlinked crises, among other events, have set back the global effort to end AIDS as a public health threat by 2030, and greater commitment and effort are needed if the global community is to reach this goal.¹ Specifically, the structural determinants that increase the vulnerability of key populations to HIV must be addressed. The data on the heightened vulnerability of key populations is clear: people who inject drugs have 35 times greater risk of acquiring HIV than adults who do not inject drugs; gay men and other men who have sex with men (MSM) have 28 times greater risk of acquiring HIV than other adult men (15–49) in the general population; transgender women have 14 times greater risk of acquiring HIV than adult women (15–49) in the general population; and female sex workers have 30 times greater risk of acquiring HIV than adult women (15–49) in the general population.² This higher vulnerability has translated into higher HIV prevalence rates among key populations. In 2022, compared with adults in the general population (aged 15–49 years), HIV prevalence was 11 times higher among gay men and other MSM, 4 times higher among sex workers, 7 times higher among people who inject drugs, and 14 times higher among transgender people.³

The Global Commission on HIV and the Law (Global Commission) highlighted the significant role of an enabling legal and policy environment in reducing HIV infections globally, specifically with respect to key populations. The Global Commission's 2012 report and its 2018 supplement presented actionable recommendations for addressing laws, policies and practices that impede effective, rights-based HIV responses among key populations. The Global Commission's findings have contributed to numerous advances in the legal and policy environment. Since 2012, at least 90 countries have used the Global Commission's recommendations to advance evidence and rights-based legal reforms, including carrying out almost three dozen country-level legal environment assessments.⁴

Due to the critical role that protective laws and policies play in addressing HIV, in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 (the 2021 Declaration), the international community committed to, inter alia, ensure that, by 2025, less than 10 percent of countries have

punitive legal and policy environments that lead to denial or limitation of access to services.⁵ The Fighting Pandemics and Building a Healthier and More Equitable World: Global Fund Strategy, 2023–2028 (Global Fund to Fight AIDS, Tuberculosis and Malaria) and the U.S. President's Emergency Plan for AIDS Relief's (PEPFAR) Reimagining PEPFAR's Strategic Direction: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030 also commit to fostering enabling legal and policy environments for increased access and uptake of HIV services for key populations and people living with HIV in recognition of the legal and policy barriers that they face in receiving care from healthcare providers.⁶

The 10-10-10 targets

The Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 affirms Member States' commitment to ensure that, by 2025, less than 10 percent of countries would have punitive legal and policy environments that deny or limit access to services, less than 10 percent of people living with HIV and key populations would experience stigma and discrimination, and less than 10 percent of women, girls people living with HIV, and key populations would experience gender inequality and violence; this is referred to as the '10-10-10 targets'.

In addition to addressing stigma and discrimination, in order to achieve the target of less than 10 percent of countries having punitive legal and policy environments that deny or limit access to services, some of the key legal and policy areas that must be addressed include criminalization of sex work, drug use and possession of small amounts of drugs, same-sex sexual behaviour, transgender identity, and HIV transmission, exposure, or non-disclosure, and laws related to the age at which young people can independently consent to health services. As of 2023, based on the best available data, at least 168 countries criminalize some aspect of sex work; about 115 countries criminalize the use or possession of small amounts of drugs;⁷ approximately 67 countries

continue to criminalize consensual same-sex intercourse; at least 20 countries criminalize transgender people;⁸ and 143 countries criminalize or otherwise prosecute HIV transmission, non-disclosure or exposure.⁹ In 2021, at least 40 countries had laws requiring parental/guardian consent for adolescents to access hormonal or long-lasting contraceptives: 108 required this consent for an HIV test, 43 for HIV self-testing, 92 for HIV treatment and 22 for pre-exposure prophylaxis (PrEP).¹⁰ Among these countries, some provide exceptions based on demonstrated maturity: 10 for hormonal or long-lasting contraceptives, 15 for HIV testing, eight for self-testing and nine for HIV treatment.¹¹

Meeting the 2021 Declaration's targets by 2025 will require supporting and scaling up tactics, strategies and approaches known to be effective in reforming and mitigating the impact of these punitive and discriminatory laws and policies. A critical component of any tactic, strategy or approach is for key populations and people living with HIV to lead its design, implementation and evaluation, because interventions have been shown to be most effective and sustainable when led by affected

populations.¹² Other stakeholders also play a critical role: interventions that engage with key populations and people living with HIV, uphold human rights and build trust between public authorities, other stakeholders, and communities have been shown to be the most effective and successful.¹³

To assist in meeting the 10-10-10 targets, the available evidence was reviewed, and 14 tactics, strategies and approaches were identified (Table 1) that have been used to reform or mitigate the impact of punitive and discriminatory laws and policies on access to services for key populations and people living with HIV. It outlines the various ways that each tactic, strategy, and approach has been used and its documented impact. The aim of this review is to serve as a tool for all stakeholders, including civil society, communities of people living with and affected by HIV and other key populations, development partners, government officials and donors to identify relevant tactics, strategies, and approaches to use in legal and policy reform efforts.

Examples of community-led advocacy partnerships

Community-led advocacy can take many forms, including coalitions of groups led by key populations and people living with HIV; campaigns bringing together a range of affected community-led groups for a particular advocacy strategy; and community-led groups helping co-ordinate global, regional, and national advocacy efforts to address and mitigate the impact of punitive and discriminatory laws.

The Love Alliance is a coalition of key population- and people living with HIV-led organizations, including organizations led by sex workers, people living with HIV, and lesbian, gay, bisexual, and transgender (LGBT)¹⁴ people. It is active in ten African countries. Central to its work is the premise that to end AIDS, the groups most affected by HIV must be at the centre of the response.^a

In July 2022, the Global Network of People Living with HIV (GNP+), the HIV Justice Network, Y+ Global, the International Community of Women Living with HIV (ICW), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), Global Action for Trans Equality and Global Action for Gay Men's Health and Rights (MPact) launched the #NotACriminal campaign, seeking to decriminalize HIV non-disclosure, exposure and transmission, same-sex relationships, sex work, and drug use. The campaign, *inter alia*, raises awareness of the impact of punitive and discriminatory laws and policies on key populations and people living with HIV.^b

The HIV Justice Network (HJN) is a community-led non-governmental organization building a coordinated, effective global response to HIV criminalization. HJN helps build evidence against the unjust criminalization of people living with HIV by gathering relevant data and other information, raising awareness of the harms of HIV criminalization, and conducting advocacy and capacity building. HJN co-ordinates the HIV Justice Worldwide Coalition, which campaigns to end HIV criminalization.^c

a Love Alliance 2021.

b GNP+ 2022.

c HIV Justice Network 2019a.

Methodology

This review is based on an extensive search of peer-reviewed and grey literature. It included any article or publication published between January 2018 and December 2022 that evaluated, analysed, assessed, described, or reviewed approaches, strategies or tactics that sought to, or removed or mitigated the impact of punitive and discriminatory laws or policies, including efforts led by key populations and people living with HIV. It is important to note that the documents analysed in this review were selected if published between January 2018 and December 2022. Thus, the strategies, tactics and approaches described in those documents may have taken place outside of the 2018–2022 period. Punitive and discriminatory laws and policies considered in this review are as follows:

- laws and policies related to sex work, same-sex sexual behaviour, transgender people and people who use drugs, including the criminalization of the personal possession of drugs.
- laws and policies criminalizing HIV transmission, exposure, and non-disclosure.
- laws and policies regarding the age at which young people can independently consent to sexual and reproductive health services.

Key populations as used in this review refer to MSM, transgender individuals, sex workers, people who use drugs, and prisoners and other incarcerated/detained people.

For the peer-reviewed literature, the following databases were searched: PubMed, Web of Science, Social Science Research Network, Global Health, International Bibliography of Social Science, HeinOnline.

Google Scholar, Scopus, and the quadrennial International AIDS Society Conference abstract database were searched for the grey literature.¹⁵ In addition, UNDP developed an artificial intelligence-assisted web search tool, which was used to comb through over 10,000 publications across several internet sources including Google Scholar and OpenAlex databases. The tool was used to identify grey literature from a broad range of civil society organizations (CSOs), key population-, and people living with HIV-led organizations, donors, and development partners, including multilateral organizations. In addition, publications from the

following multilateral organizations were included in the grey literature search: Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Development Program (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime, United States Agency for International Development (USAID) and United States President's Emergency Plan for AIDS Relief (PEPFAR).

Study limitations

Though every effort was made to identify a broad range of grey literature, including reports from a diverse set of CSOs working to address discriminatory and punitive laws and policies, given the vast amount of grey literature available, it is likely that specific documents were lacking. In addition, the tactics, strategies, and approaches described in this review are based solely on the documents identified. Additional research was not undertaken to, for example, determine further details on the particular use of a documented strategy, tactic, approach, or the eventual outcome or the impact if not included as subject of this review.

In addition, the evidence review did uncover the impact of specific tactics, strategies, and approaches: however, it did not specifically focus on efficacy of interventions, including the factors contributing to the success of specific tactics, strategies and approaches, the relationship between the broader social, economic, and political context, and the success of the intervention.

For this review, the search parameters included the terms, tactics, strategies, and approaches to ensure a comprehensive search of the literature. The differences between a tactic, strategy or approach were not analysed nor was each intervention categorized by whether it was a tactic, strategy, or approach.

Overview of the tactics, strategies, and approaches

Details of the 14 identified tactics, strategies and approaches identified in this review are provided in Table 1. Repealing and mitigating the impact of discriminatory and punitive laws and policies is a long-term, non-linear process comprising numerous steps along the path to change. The tactics, strategies and approaches identified and described in this review may not seem directly related to a change in a particular law or policy, or to the mitigation of the impact of laws and

policies; however, they contribute to a key step towards this goal: for instance, strengthening the capacity of key populations and people living with HIV to advocate for legal and policy change can contribute to their leading advocacy for change; and changing public and decision makers' negative perception of key populations and people living with HIV creates a more conducive climate for making changes to discriminatory and punitive law and policies, or the mitigation of their impact.

Table 1: Examples of tactics, strategies, and approaches

	Tactics, strategies, and approaches	Illustrative examples
1	Community mobilization of key populations and people living with HIV	<ul style="list-style-type: none"> Establishment of national or local organizations led by key populations and people living with HIV, including organizations led by women living with HIV, and youth organizations.
2	Direct action	<ul style="list-style-type: none"> Submission of petitions to decision makers. Organization of rallies, demonstrations, and public protests. Pride marches.
3	Building the evidence base through research and documentation	<ul style="list-style-type: none"> Community-led documentation of human rights violations, including barriers to access to services. Community-led research on the impact of laws and policies on key populations and people living with HIV and their access to services as well as on recommendations for change. Rapid online surveys by key population-led organizations.
4	Legal and policy environment monitoring	<ul style="list-style-type: none"> Key populations and people living with HIV working with government and other duty-bearers to conduct legal environment assessments. Key population- and people living with HIV-led organizations providing an overview of the state of laws on a particular topic with continued monitoring.
5	Establishing and working with coalition, networks, and alliances	<ul style="list-style-type: none"> Broad-based coalitions focused on specific advocacy aims. A coalition of experts providing guidance on best practices. Regional and global networks of lawyers working with key population and people living with HIV aimed at sharing knowledge and information. National, regional, and international cross-key population coalitions.

	Tactics, strategies, and approaches	Illustrative examples
6	Strategic litigation	<ul style="list-style-type: none"> Filing of cases in national, regional, and global courts and judicial bodies directly challenging punitive laws, including laws criminalizing same-sex sexual conduct, sex work, personal drug use and HIV criminalization. Filing of cases in national, regional, and global courts protecting the rights of key population and people living with HIV, including laws affirming the rights of key population and people living with HIV to be free from discrimination. Use of cases to limit the broad application of punitive and discriminatory laws.
7	Engaging with international and regional processes and bodies	<ul style="list-style-type: none"> Submissions of information and individual complaints to international and regional bodies highlighting human rights violations by key populations and civil society (e.g., submitting alternate reports to United Nations Human Rights Committee, filing a case before the United Nations Committee on the Elimination of All Forms of Discrimination against Women). Monitoring of international and regional processes (e.g., observation of the review of a country's human rights record as part of the Universal Periodic Review process). Engagement in and support for the development of regional strategies and frameworks.
8	Access to and provision of legal aid services	<ul style="list-style-type: none"> Civil society organizations directly providing low-cost or free legal services through lawyers or paralegals. Civil society organizations linking key populations and people living with HIV with lawyers or paralegals who offer low-cost or free legal services. The set-up of one-stop shops where communities can access legal, medical, and psychological support services in one place.
9	Creating safe space for key population and people living with HIV to engage with decision makers	<ul style="list-style-type: none"> National dialogues. Establishment of regional group of senior policy experts and advisers, including key and affected populations and decision makers.
10	Use of information and communication technology	<ul style="list-style-type: none"> Use of WhatsApp and other text-based applications to communicate with other key populations to build community and share information to protect themselves from violence and harm. Use of web-based tools to document human rights violations.
11	Media-based strategies	<ul style="list-style-type: none"> Awareness raising and the development of relationships with members of the media. The issuance of press releases and holding of press conferences when seeking to raise awareness and draw attention to specific issues. Publication of opinion pieces in influential media venues. Use of social media to raise awareness among mainstream media and members of the public. Advocacy for the inclusion of positive key population voices or actors in television and other media.
12	Enforcing protective laws	<ul style="list-style-type: none"> Key population-led organizations using advocacy to enforce laws that permit name changes or prohibit discrimination, among others.
13	Training and sensitization of duty-bearers	<ul style="list-style-type: none"> A regional network of judges, led and organized by judges to build their understanding and knowledge of the impact of punitive and discriminatory laws. Training private sector lawyers to provide legal services for free to marginalized populations. Provision of internships to police trainees with key population-led organizations to sensitize police trainees to issues affecting key populations. Training programmes, including online, for healthcare workers on issues affecting key population and people living with HIV. Work with duty-bearers, such as law enforcement to provide services or limit arrests, even in criminalized settings. (e.g., working with law enforcement to provide needle and syringes despite the criminalization of drugs).
14	Capacity building of rights-holders	<ul style="list-style-type: none"> Provision of online training and e-courses on HIV- and key population-related issues. In-person training of key populations and people living with HIV. The drafting and dissemination of publications aimed at building the capacity of rights-holders, including legal literacy ('know your rights') materials. Key population-led organizations training key populations on their rights. Regional key population networks training national key population groups.

① Community mobilization of key populations and people living with HIV

Community mobilization of key populations and people living with HIV is critical to reforming and mitigating the impact of discriminatory and punitive laws and policies. A robustly mobilized, resourced, and empowered community underpins any effective law or policy reform effort because it can ensure effective solutions to legal and policy barriers to access to services as well as the implementation and sustainability of protective laws and policies.¹⁶

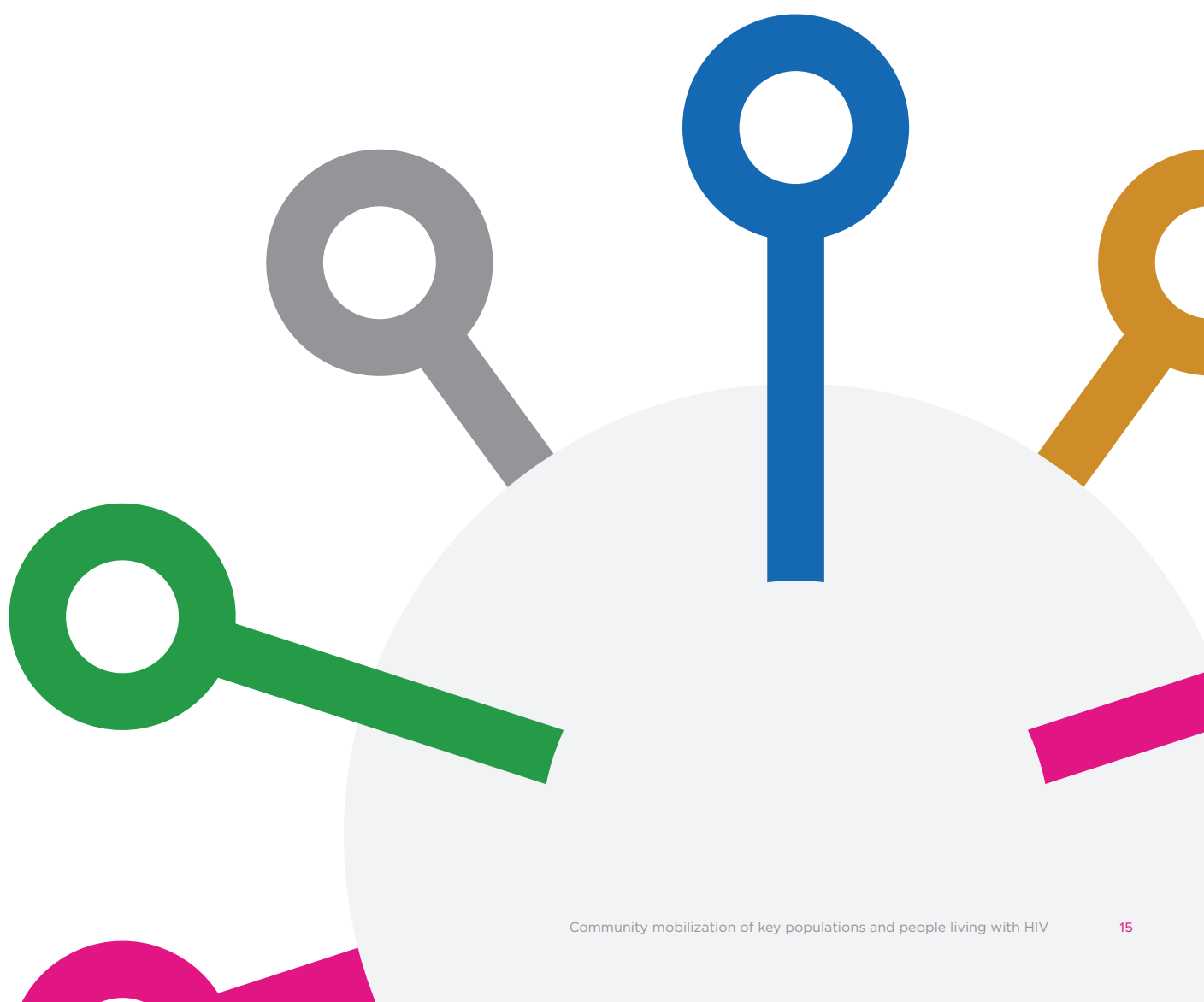
One of the most effective ways to mobilize key populations and people living with HIV is the formal and informal formation of and support to community-led groups and organizations. Support to key population- and people living with HIV-led groups and organizations includes training on organizational governance and financial accountability, and on how to secure funding and support for registering a civil society organization (CSO).¹⁷ Registering as a CSO can be difficult, especially for key population-led groups in countries where key population identity is criminalized. For instance, it emerged from a 2018 analysis of 194 countries that only 56 percent of these countries permit lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) organizations to legally register as such. In 28 percent of these countries, LGBTIQ organizations exist but cannot legally register as such, hence have generalized their mandate to focus on human rights rather than explicitly state that their focus is on LGBTIQ-related issues to obtain registration. This has been an effective strategy in restrictive environments.¹⁸ Registering as a CSO can be critical because it enables organizations to open bank accounts, access government and other donor funding, and engage in general organizational administration.

Further, empowering community-led groups can increase their ability to engage in effective advocacy on repealing and mitigating the impact of discriminatory and punitive laws and policies. In Indonesia, as a result of the provision of financial and technical assistance to community organizations and activists to engage in advocacy, key populations and people living with HIV have been empowered to speak and advocate in international spaces and directly with national decision makers on their concerns.¹⁹ In particular, various key population groups and people living with HIV working together contributed to the postponement of voting on amendments that would effectively criminalize sex work and provide for additional penalties for drug offences.²⁰ In Mozambique, organizations led by specific key populations sought to build a more common understanding between the various communities of key populations to jointly advocate on common issues. With joint advocacy and mobilization, key populations and people living with HIV were increasingly reflected in decision-making spaces and processes, including in the development of a new national strategic plan for HIV.²¹

Case study: Impact of registration of LGBT organization in Belize

In 2006, the United Belize Advocacy Movement (UNIBAM) was registered as a non-governmental organization (NGOs) in Belize. The Government needed an organization working with men who have sex with men (MSM) to provide input on the national HIV policy. UNIBAM capitalized on this need by limiting the organization's scope from lesbian, gay, bisexual, and trans (LGBT) people to MSM. Because of this limited scope, UNIBAM was able to register as an NGO, whereas a broadly focused LGBT organization would not have been able to register. UNIBAM's registration resulted in their having legitimacy in national HIV policy processes enabling them to ensure that HIV policy reflects the needs of MSM. UNIBAM's registration and its subsequent advocacy paved the way for the registration of other organizations that were more explicitly focused on LGBT issues. For instance, Our Circle, another CSO whose mission is to work to identify and develop ways to address the social inequality that faces the LGBT community, was able to register in part due to UNIBAM's mobilization of the LGBT community. Finally, as a registered organization, UNIBAM was able to file a lawsuit, which resulted in a 2016 Supreme Court judgment striking down a law criminalizing same-sex sexual relations between men.

Source: OutRight Action International 2018.



② Direct action

Direct action is often defined as when action is directly taken usually by leaders of affected communities, to directly reach their advocacy goals by organizing rallies, protests and petitions aimed at pressuring key decision makers, such as parliamentarians, and raising public awareness.²² Direct action can be a critical component of advocacy to reform laws and policies. It can: raise awareness of specific rights violations among the public, key decision makers, potential allies, and members of the affected population; reduce stigma; increase pressure on decision makers; contribute to reforms of laws and policies; and provide critical support to other interventions, including strategic litigation.²³

The HIV movement has a long history of using direct action to address barriers to access to services. The AIDS Coalition to Unleash Power (ACT UP) began in North America by engaging in public protests, demonstrations, and die-ins.²⁴ In South Africa, the Treatment Action

Campaign used direct action, including mass protests, to increase access to treatment for people living with HIV.²⁵

For key populations and people living with HIV, protests and other similar public action can be empowering and can help reduce stigma. For instance, LGBT pride marches are well recognized as a tool for reducing stigma, strengthening the community, and raising awareness.²⁶ In addition, sex workers established similar sex worker pride marches to strengthen the sex worker community and movement, and call attention to human rights violations.²⁷ In seeking to influence the Commission for Narcotic Drugs (CND) to address the criminalization of people who use drugs, CSOs organized protests featuring people who use drugs in cages outside the CND to draw attention to the unjust incarceration of people who use drugs.²⁸

Case study: LGBT+ Pride March in Sarajevo, Bosnia-Herzegovina

On 8 September 2019, lesbian, gay, bisexual, and trans (LGBT+) activists held the first LGBT+ Pride March in Sarajevo, Bosnia-Herzegovina with the goal of highlighting their experiences of discrimination. The March built on previous LGBT+ activities, including a Queer Sarajevo Festival in 2008 and a 2014 Merlinka's Queer Film Festival.

The motto of the March was “We Want to Come Out”, a play on words in the local language. The organizers called it the Bosnia-Herzegovina March to emphasize that the March represented the entire country. Organizers worked with the local government prior to the March, getting 1,000 police officers to secure the route and provide protection from counter-protestors. This was important as previous LGBT+ events had led to violence. The March was supported by a broad coalition of LGBT+ community members and activists throughout the country. There were approximately 3,000 marchers. The atmosphere was one of a protest demonstration rather than a celebration as participants were focused on protesting human rights violations of LGBT+ people. Communities called for solidarity with the LGBT+ community.

The organizers sought to mitigate accusations of the March being foreign by ensuring that it centred on Bosnians. Organizers requested international supporters to play a backseat role. Those who participated in the March reported feeling empowered.

The March was an important accomplishment for the LGBT+ community, resulting in a more robust LGBT+ movement in Bosnia, a critical component for future law and policy reform efforts. Further, the March increased awareness and support for LGBT+ communities through shifting the allocation of financial resources toward local pro-LGBT+ groups and away from opposition groups. However, these positive gains did not extend beyond Sarajevo where the March took place.

Source: Ayoub and others 2021.

③ Building the evidence base through research and documentation

Having accurate data and information is critical to building the political will for law and policy reform, and to ensure that stakeholders have the necessary information to craft effective law and policy reforms. Research and documentation to collect and analyse data and information are widely used to reform and mitigate the impact of discriminatory and punitive laws and policies.²⁹ Indeed, the lack of data is often cited by decisionmakers and others as a barrier to initiating law and policy reform.³⁰

The topics of research and documentation included a broad range of issues: medical and scientific information; epidemiological data; social science research on the effects of specific laws and policies, including the demographics of the populations impacted and how they are particularly impacted; legal research on whether laws and policies are in line with domestic, regional and international legal obligations; and documentation of experiences of key populations and people living with HIV in accessing services and obstacles they face in accessing services.³¹

Research and data collection led by affected populations, including key populations and people living with HIV, produces better results partly due to their ability to find hard-to-reach populations in a manner that does not expose them to risk, and in increasing the likelihood that the research will be used to advocate for the reform and mitigation of punitive and discriminatory laws and policies.³² In Kenya, the Trans Alliance conducted a study on the issues that affect transgender (trans) people, and included local authorities and clinics in the research process to ensure that they accepted the outcomes. This evidence helped them secure the inclusion of key populations in national guidelines and in Kenya's AIDS strategic framework.³³ Recognizing the importance of participatory research, the Southern Africa Development Community (SADC) Regional Strategy for HIV Prevention,

Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations (the SADC Regional Strategy) and the Economic Community of Western African States (ECOWAS) Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations calls for countries to ensure the inclusion of key populations in data collection, analysis and corroboration efforts.³⁴

Research led by affected communities can convince policymakers of the need for change. In Mozambique, an LGBT-led organization, Lambda, targeted specific decision makers with research findings that highlighted the barriers that stop transgender people from accessing healthcare. As a result of continued advocacy, in 2020, the National HIV/STI focal point at the Ministry of Health publicly committed to include transgender people as a key population in the country's upcoming National Strategic Plan for HIV/AIDS (2020–2024). This document was approved in December 2020 and includes transgender people.³⁵

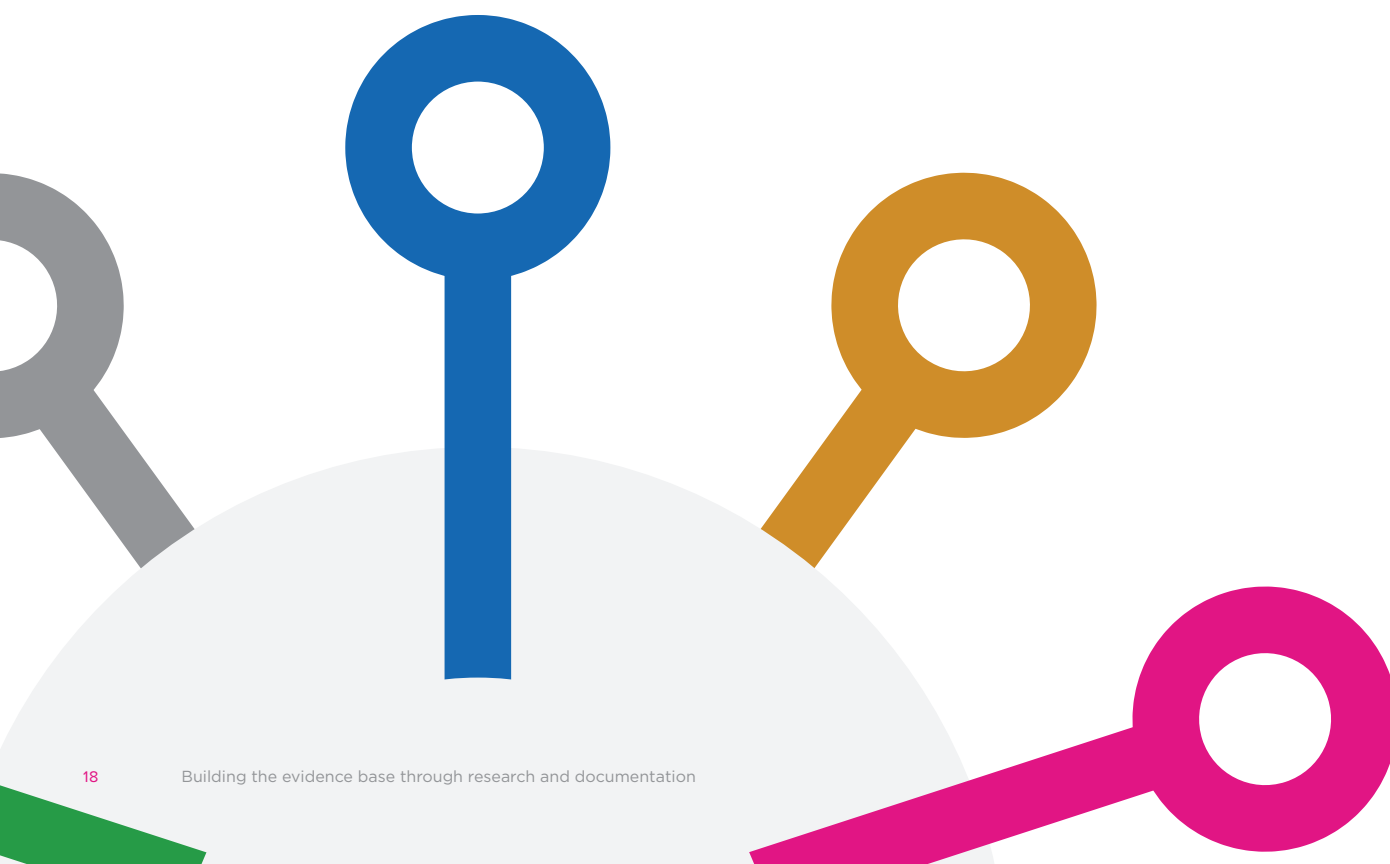
Research is useful in building an understanding of the legal and policy environment, its impact on key populations and people living with HIV and their access to services, and the ways in which the legal and policy environment can be strengthened to increase access to services. For instance, the People Living with HIV Stigma Index has been able to shed new light on the growing body of research on intersecting stigmas, how stigma and discrimination impact people living with HIV at each point in the HIV care cascade, and over time provide critical information for global stakeholders to address gaps in programme design and policies that support people living with HIV as stigma and discrimination can be barriers to building the political will for law and policy reform.³⁶

The importance of research to understand a rapidly changing legal and policy environment is most clearly seen since 2020 as key population- and people living with HIV-led organizations and other CSOs have quickly organized the documentation of human rights violations their communities experienced during the COVID-19 crisis. Many key population- and people living with HIV-led organizations conducted rapid online surveys among their members. For example, NSWP launched an online survey to understand how sex workers and sex worker-led organizations were impacted by the pandemic; how the community was supporting its members; and what support they were receiving from the government. Based on the information from the survey, NSWP developed regional impact reports for Africa, Asia and the Pacific, Europe, Latin America, North America, and the Caribbean. Sex worker-led organizations used the reports in their advocacy with international and national policymakers.³⁷ Similarly, the International Network of People Who Use Drugs (INPUD) conducted online surveys in over 50 countries to understand how COVID-19 disruptions and the use of official emergency powers impacted people who use drugs. The survey data were used to document and monitor human rights violations, service disruptions and other difficulties associated with COVID-19 experienced by people who use drugs, as well as document the steps taken to respond to these violations. The results were used in advocacy and reporting to stakeholders and shared to raise awareness.³⁸

Research and data are often used in carrying out other tactics, strategies, and approaches covered here. For instance, in a case involving access to opioid agonist maintenance treatment (OAMT) in the Russian Federation, the Government questioned the efficacy of the treatment; in response, the plaintiffs' lawyers with support from CSOs, submitted research and data from medical organizations and experts to counter the Government's claims about OAMT's alleged harms.³⁹

Research and data also combat misconceptions regarding key populations and people living with HIV and may build the capacity of affected populations when they have been empowered to conduct the research. For instance, in five countries in Latin America, groups of women living with HIV, sex workers, trans women and lesbians, among others, sought to systematically document sexual and reproductive health and rights (SRHR) violations to counter the perception of policymakers that reports of SRHR violations were anecdotal, and to provide decision makers with relevant evidence for policy and legal change.⁴⁰

Finally, research and documentation help build relationships with other organizations, communities, and medical and other experts; mobilize affected communities; convince law and policymakers to amend or repeal specific laws and policies; and highlight and call attention to violations of the rights of key populations and people living with HIV.⁴¹



Case study: Documenting human rights violations in five countries in Latin America

Between 2009 and 2014, the International Community of Women Living with HIV in Latin America (ICW-Latina) and the Mexican feminist civil society organization (CSO), Balance, coordinated a five-country (El Salvador, Guatemala, Honduras, Mexico, and Nicaragua), community-led intervention to document SRHR violations of women living with HIV, trans women, and sex workers, and to advocate for legal, policy, and programmatic changes.

In 2009 and 2010, ICW-Latina and Balance convened week-long participatory workshops in each country to build the capacity of women leaders of the HIV community on SRHR, identify advocacy priorities, and begin to work collaboratively on these priorities with national women's organizations. In these workshops, which included policymakers, women living with HIV shared experiences of discrimination regarding their access to SRH services. However, the human rights violations described by these women during the meetings were minimized by decision makers as 'anecdotal evidence'.

To counter this perception and for broader advocacy purposes, including possible strategic litigation, ICW-Latina and Balance sought to generate more evidence of SRHR violations. Representatives from ICW-Latina, the regional transgender network RedLacTrans, the sex worker network RedTraSex, feminist lawyers, women living with HIV affiliated with other organizations, and lesbian activists from Latin America participated in a weeklong training workshop. One of the outcomes of the workshop was the adaptation of a survey questionnaire for each country context. From July 2012 to February 2013, 60 peer researchers administered the questionnaires to 347 women living with HIV in all five countries to survey SRHR violations. Researchers presented the results collaboratively at face-to-face meetings with national policymakers and at press conferences held in each country. The peer researchers also implemented a referral system to link women living with HIV who wanted to use judicial or quasi-judicial mechanisms to address human rights violations with allied feminist lawyers.

This intervention resulted in legal and policy changes. For instance, in Mexico, the HIV law included language explicitly recognizing the reproductive rights of women living with HIV. In Nicaragua, coalition members negotiated the removal of draft text that made partner notification obligatory from proposed legislation. It also resulted in greater capacity among women living with HIV to identify and document SRHR violations, increased access to justice for women living with HIV and key populations, the building of strong coalitions among a broad range of communities, including trans women, female sex workers, lesbians, women living with HIV, and feminist lawyers, as well as greater capacity for advocacy and greater impact of advocacy due to the supporting documentation. In addition, women living with HIV, sex workers, and trans women serve as experts because of their increased knowledge of SRHR violations in their communities. This expertise increased their standing with other CSOs, government representatives and the United Nations, which contributed to their advocacy efforts.

Source: Kendall and others 2020.

④ Legal and policy environment monitoring

An essential step to reforming and mitigating the impact of discriminatory and punitive laws and policies is understanding and monitoring the legal and policy environment and its impact on key populations and people living with HIV. This monitoring can provide an assessment of how policy and legal barriers and gaps should be addressed, measure progress and increase accountability. Further, regular monitoring of the legal and policy environment by CSOs and organizations led by key populations can ensure that they are prepared when changes to discriminatory and punitive laws and policies are proposed. This would allow them to effectively organize an advocacy strategy to either support the changes or defeat any discriminatory or punitive laws.⁴² This monitoring can be performed internationally, regionally, or nationally. For instance, the HIV Justice Network continually monitors the state of laws criminalizing HIV transmission, exposure, and non-disclosure internationally; NSWP monitors the state of laws criminalizing sex work; and the International Lesbian and Gay Association monitors the state of laws criminalizing transgender people and same-sex sexual relations. This information is readily available on each group's website. Similarly, academic institutions in collaboration with development partners have developed online information providing the current state of the legal and policy environment, which is regularly updated.⁴³

For key populations and people living with HIV, monitoring and assessing the legal and policy environment with decision makers can be effective in changing the legal and policy environment, and can also result in the building of coalitions, networks and alliances; the creation of safe spaces for key population and people living with HIV to discuss concerns regarding the legal and policy environment with decision makers; and a sense of ownership among decision makers regarding the needed changes to the legal and policy environment. For instance, legal environment assessments (LEAs)

analyse the legal and policy environment and provide recommendations to strengthen it. LEAs bring together a range of duty-bearers and rights-holders, particularly key populations and people living with HIV. The LEA is a five-step process: (i) planning for the LEA, which includes an initial consultative meeting and the establishment of a Technical Working Group comprising duty-bearers and rights-holders; (ii) conducting the LEA, which can include consultations with policymakers, representatives of key populations and others and desk reviews; (iii) receiving feedback and finalizing the LEA, including the option of a national dialogue where preliminary findings are discussed and validated; (iv) disseminating and implementing the recommendations of the LEA; and (v) documenting the process.⁴⁴ Critical to the LEA process are widespread consultations among stakeholders, including duty-bearers and rights-holders, ownership of the process by government and key and affected populations, and continued involvement and communications among stakeholders throughout the process. The participatory nature of the LEA can lead to broad local ownership of the LEA process and its findings, and bring together stakeholders who previously may have never collaborated. Further, the LEA is adaptable to varying country contexts in that the stakeholders determine the scope of the LEA.⁴⁵

INPUD has regularly engaged in legal and policy environment monitoring to understand the impact of legal and policy changes on people who use drugs and help inform advocacy. For instance, INPUD conducted the first community-driven evaluation of the outcomes of Portugal's decriminalization of people who use drugs, identifying the positives and the shortcomings of Portugal's model of decriminalization. It found that Portugal's decriminalization of people who use drugs is not – as is claimed – a full decriminalization.⁴⁶

Case study: NSWP Global Mapping of Sex Work Laws

The Global Network of Sex Work Projects (NSWP), an international sex worker-led organization, produces and regularly updates a global mapping of sex work laws to provide all advocates with updated information on laws that criminalize the sale of sexual services, the purchase of sexual services, and the facilitation, management, or organization of sex work. The map was last updated in December 2021. In addition, NSWP has published 17 country case studies focusing specifically on the legal framework in 17 countries. The data for the global mapping was obtained through a desk review and from information from NSWP's sex worker-led partner organizations in countries, including Mexico, Senegal, Greece, Malaysia, and France. Information on laws related to sex work can be difficult to access in some countries. NSWP's access to in-country sex worker-led organizations significantly contributes to accessing this hard-to-obtain information.

Source: NSWP 2021.

⑤ Establishing and working with coalitions, networks, and alliances

A key component to successfully reforming and mitigating the impact of punitive and discriminatory laws and policies is the establishment of diverse coalitions and networks, and the building of alliances and relationships between and among stakeholders. Effective coalitions, networks and alliances have involved: for example, among CSOs working on similar issues;⁴⁷ among different affected key population groups;⁴⁸ among regional networks of duty-bearers or rights-holders;⁴⁹ among duty-bearers, affected populations and other rights-holders;⁵⁰ and among duty-bearers, rights-holders, academics and other experts, and international actors.⁵¹ The particular composition of the network, coalition, or alliance will depend on the local context and what the group seeks to achieve.

In some cases, coalitions, networks, and alliances join forces on an ad hoc basis to address a particular advocacy moment. For instance, in Malawi, a broad coalition of activists, including women living with HIV, lawyers and female sex workers, worked together to

defeat a draft bill seeking to criminalize “wilful and malicious” HIV transmission. The broad-based coalition was able to successfully empower grassroots networks of women living with HIV to voice their concerns about the bill, which contributed to its eventual defeat.⁵² In other cases, stakeholder groups or individuals come together to issue recommendations or guidance for relevant changes to mitigate the impact of discriminatory and punitive laws and policies.⁵³ For instance, a group of legal experts and other experts from civil society came together to recommend best practices to be used as guidance for prosecutors in cases involving the criminalization of HIV transmission, non-disclosure and exposure.⁵⁴ This prosecution guidance built on an Expert Consensus Statement on the science of HIV in the context of criminal law developed by 20 scientists from around the world, which provided a detailed analysis of the best available scientific and medical research data on HIV transmission, treatment effectiveness and forensic phylogenetic evidence.⁵⁵

In other instances, networks or coalitions can be more formally established as a standalone organization with its own strategy and aims. These established networks are often focused on specific key populations or issues, and can coordinate activities nationally, regionally, or internationally. The establishment of national, regional, and international HIV-focused networks of key populations and people living with HIV has been instrumental in identifying key legal and policy issues affecting specific key populations and people living with HIV, ensuring their engagement in legal and policymaking processes at the national, regional, and international levels, and in building the capacity of key population and people living with HIV to engage in legal and policymaking processes. The West Africa Drug Policy Network, a coalition of more than 600 CSOs from 17 countries, works together to support access to harm reduction services in the region.⁵⁶ In Mexico, in 2017, CSOs sought to formalize their coalition, by establishing the Mexican Network of Organizations against the Criminalization of HIV, known as Red Mexicana. Red Mexicana coordinates the work of almost 45 organizations across Mexico and can leverage the various skills of the different organizations that comprise its network to successfully advocate against laws and policies criminalizing HIV transmission, exposure, and non-disclosure. Since its founding, Red Mexicana lobbied a member of Congress who had proposed the implementation of strict punishment for HIV transmission in Quintana Roo, a state in Mexico. She abandoned the proposal following a meeting with members of Red Mexicana. A similar proposal was withdrawn in the state of Chihuahua several weeks later due in part to the lobbying efforts of Red Mexicana.⁵⁷

Finally, coalitions are established to work together on a long-term basis on a variety of advocacy aims. The Africa Regional Judges' Forum (ARJF) is not a standalone organization, but it brings together a group of judges from throughout Africa on a regular basis with the aim of training judges on HIV-related issues and sharing information. The network has been operating for approximately 10 years and has resulted in changes to discriminatory and punitive laws and policies.⁵⁸ Similarly, in Iran, a CSO spearheaded the establishment of a working group comprising civil society, community representatives, academics, medical professionals and policymakers to strengthen collaboration and ensure people who use drugs were not left behind.⁵⁹ The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, which comprises United Nations agencies, CSOs and countries, was established in 2018 to address HIV-related stigma and discrimination in healthcare, education, the workplace, legal and justice

settings, family and community and emergency and humanitarian settings.⁶⁰ In Eastern Europe, the Eurasian Network of People Who Use Drugs (ENPUD) Expert Council on Treatment as of 2021, was composed of representatives from seven countries: Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russian Federation, Ukraine and Tajikistan. This structure enables drug user communities to exchange information about their local contexts and draw on international experts to advocate for evidence- and rights-based change. These cross-regional collaborations are useful to other drug user networks for establishing connections that can be leveraged to address common and entrenched problems, including barriers to OAMT access. The ENPUD Expert Council on Treatment has contributed to the increased access to OAMT in Georgia, Belarus and Moldova, and the provision of methadone for people detained in Kazakhstan by successfully advocating for a change in guidelines. CSOs reported these successes were due in part to sharing of information among countries through the ENPUD Expert Council on Treatment.⁶¹

The impact of these varying types of coalitions, networks and alliances on reforming and mitigating the impact of discriminatory and punitive laws is widespread. Because coalitions can bring together a wide range of stakeholders, they have been successful at changing and mitigating the impact of discriminatory and punitive laws and policies, as seen in the case of Red Mexicana, the ARJF and in Malawi. They also have increased the capacity of rights-holders and duty-bearers, and increased access to justice for key populations and people living with HIV through, for instance, the creation of regional networks of lawyers focused on providing legal services.⁶² They have also: broadened social movements to include previously marginalized communities, such as including trans women and female sex workers in more mainstream women's rights advocacy;⁶³ and increased key population and people living with HIV engagement in decision-making at national, regional and international levels.⁶⁴ Finally, coalitions and collaborations among key population- and people living with HIV-led groups can enhance individual group advocacy efforts.⁶⁵ In Nigeria, as a result of a campaign against police harassment of sex workers, sex workers, people who use drugs and trans people were able to speak with one voice and highlight the similarities between the street harassment of sex workers and the harassment of people who use drugs and trans people on the streets. This collaboration resulted in a reduction in harassment.⁶⁶

Case study: Alliance to defeat HIV criminalization bill in Malawi

The HIV and AIDS Prevention and Management Draft Bill was originally introduced in 2008 in Malawi. At the time, no action was taken on the Bill. In 2017, the Bill was reintroduced and included provisions criminalizing HIV transmission, attempted transmission, and behavior that might result in transmission by those who know their HIV status, required HIV testing for pregnant women and their sexual partners, and permitted the disclosure by healthcare workers of an individual's HIV status to others.

In response to the Bill, a broad range of CSOs and development partners worked together to defeat the provisions that would undermine human rights, including the provisions criminalizing HIV transmission. However, many women affected by HIV supported the Bill as they believed that the criminalization of HIV transmission would protect women from contracting HIV from their partners. CSOs built alliances with grass-roots networks of women living with HIV, female sex workers, and female lawyers to raise awareness amongst women living with HIV of the actual impact of the Bill, including the provisions criminalizing HIV transmission, and how it would impact the lives of women living with HIV in Malawi. This alliance resulted in empowering women living with HIV, who became more vocal in their response to the Bill. They met with Parliament along with other CSOs to discuss the problematic provisions of the Bill and educated many lawmakers, who initially believed the Bill would protect women. This advocacy resulted in Parliament voting to reject most human rights-infringing provisions in the Bill, including the criminalization of the transmission of HIV.

Source: UNAIDS 2019b

⑥ Strategic litigation

Strategic litigation, defined as litigation that has a broader impact beyond the litigants in a case, can be a powerful tool for key populations and people living with HIV to mitigate, reform and repeal punitive and discriminatory laws and policies.⁶⁷ It is often used in tandem with other tactics, strategies and approaches outlined in this review. Indeed, combining strategic litigation with some of the other tactics, strategies and approaches is essential for increasing access to services for key populations and people living with HIV. Further, strategic litigation is most effective when the litigation is embedded in social movements.⁶⁸

Strategic litigation has been used to address a wide variety of issues related to discriminatory and punitive laws and policies, including: challenging laws criminalizing same-sex sexual relations, aspects of sex work, personal possession of drugs, and HIV transmission, exposure and non-disclosure; denying changes to an individual's gender on official identity documents; and restricting access

to health services, including harm reduction services.⁶⁹ Strategic litigation has been filed in national, regional and international courts. The legal arguments made, and remedies sought in strategic litigation on issues related to discriminatory and punitive laws and policies vary and reflect the context. For instance, in Lebanon, LGBTQ activists sought to limit the application of a law criminalizing sexual intercourse against nature rather than seek its repeal. Based on this argument, a judge held that “consensual same-sex relations were not ‘unnatural’, and therefore consensual same-sex relations did not fall under the law criminalizing” sexual intercourse against nature”.⁷⁰ The judge reasoned that what is often deemed ‘unnatural’ is a simple reflection of the social mores of the time and that it is ‘impossible’ to ascertain which human behaviour is unnatural. In contrast, in Botswana, LGBTIQ+ activists sought a direct repeal of laws criminalizing same-sex sexual conduct, resulting in the highest court striking down such laws.⁷¹ In Uganda, the High Court overturned

a conviction of HIV transmission, explicitly outlining the requirements for a guilty verdict in HIV criminalization cases. These requirements are that: (i) the accused was living with HIV; (ii) the accused had an infectious viral load; and (iii) the behaviour or activity of the accused posed a real risk that for HIV transmission, based on scientific and medical evidence and risk of exposure. This limited the application of the law criminalizing HIV transmission, exposure, and non-disclosure.⁷²

Strategic litigation is highly resource-intensive, especially because it is a long-term process and not a single intervention. For instance, in 2009, there was a case in Guyana where four people were arrested for loitering and wearing female attire. The case was concluded nine years later, in 2018, with a judgment from the highest court striking down the law.⁷³ Further, although effective strategic litigation should be led by the affected population, it requires the involvement of lawyers and possibly other experts who may not be from those populations. This can be difficult for issues related to discriminatory and punitive laws and policies as lawyers may not have the knowledge and capacity to litigate such cases.

Strategic litigation also brings significant risks that should be evaluated prior to engaging in litigation, which entails assessing the possibility of a negative

outcome. For common law countries, this would entail assessing whether there is a potential for establishing a negative precedent; if there is a risk to clients' and the affected populations' mental health and well-being; and if there is a risk of a political and social backlash for the affected population. These risks should be assessed and mitigated to the extent possible.

The impacts of strategic litigation can be far-reaching. It can result in a change in law or policy, and an increase in access to health services by key populations and people living with HIV. It can also ensure that existing protective laws will be enforced, that the rights of key populations and people living with HIV will be protected, and that public discourse is shaped to reduce stigma and discrimination against key populations and people living with HIV. In addition, strategic litigation may amplify the voices of and empower key populations and people living with HIV, strengthen their social movement, help build diverse coalitions, and build and develop the public record. Also, strategic litigation that leads to decisions that strengthen rights can have an impact on the legal and policy frameworks in other similarly situated countries.⁷⁴ However, as noted above, to realize many of these positive results from strategic litigation, there must be long-term commitment and funding and continued monitoring and engagement.⁷⁵

Case study: Challenging laws criminalizing LGBTQ people in Lebanon

Lesbian, gay, bisexual, transgender and queer (LGBTQ) activists in Lebanon have been successful in using strategic litigation to reform and mitigate the impact of laws criminalizing same-sex sexual relations and transgender identity. The litigation strategy has been ongoing for almost 20 years and has sought to incrementally build on previous judicial decisions and legal cases. Prior to embarking on any litigation, LGBTQ activists from 2002 built alliances with mainstream national and international civil society organizations (CSOs), for example, by framing their arguments against proposed changes to the penal code broadly to include issues affecting women and other vulnerable populations. This resulted in LGBTQ issues being integrated into broader progressive issues. Further, LGBTQ activists engaged in direct action through public discussions, art exhibits and film screenings. Organizations led by LGBTQ people provided health services, including HIV testing and treatment services. They engaged in legal advocacy and sought to influence the media, in part by building relationships with journalists.

Based on the success of these tactics, strategies, and approaches, in 2009, LGBTQ activists argued that same-sex sexual relations were not unnatural and thus did not violate a law criminalizing “unnatural sexual relations”. The Court held that consensual same-sex relations were not “unnatural”, and therefore should not be subjected to legal penalty. Since then, LGBTQ activists have used strategic litigation to affirm the rights of LGBTQ people resulting in rights-supportive decisions in 2014, 2016, 2017, 2018 and 2020. These decisions included: a judgment affirming a defendant's gender identity; an acquittal of a defendant charged with cross-dressing; and a judgment citing international human rights treaties in noting that homosexuality is not a disease. This long-term approach has shifted the public perception of LGBTQ people in Lebanon.

Source: Anabtawi 2022.

⑦ Engaging with international and regional processes and bodies

International and regional processes and bodies provide a critical avenue to support the reformation and mitigation of punitive and discriminatory laws and policies. These include international bodies and processes, such as the Universal Periodic Review (UPR) and United Nations human rights treaty bodies, and regional and sub-regional entities, such as the African Commission on Human and Peoples' Rights, the Inter-American Commission on Human Rights, and the Southern African Development Community. Engaging with these bodies can influence their recommendations, resolutions, guidelines and policies, which can in turn be used to influence national-level law and policy, including in strategic litigation and parliamentary law reform processes.⁷⁶ For example, the Tajikistan Network of Women Living with HIV, supported by the Eurasian Women's Network on AIDS, made a submission to the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW Committee), calling for the repeal of HIV criminalization provisions and the training of key stakeholders such as judges, prosecutors, police officers and representatives of the penitentiary system. This submission resulted in the CEDAW Committee recommending that the Government "decriminalize HIV and AIDS transmission".⁷⁷ In Namibia, sex worker rights advocates used the United Nations Special Rapporteur on Extreme Poverty's call for the decriminalization of sex work in the country to hold meetings with Members of Parliament to discuss the implementation of the Rapporteur's recommendations.⁷⁸ In Asia, LGBTI organizations regularly make submissions to international and regional bodies and United Nations-appointed experts tasked with monitoring country compliance with human rights, including to the United Nations Independent Expert on protection against violence and discrimination based on sexual orientation

and gender identity, and as part of the UPR process.⁷⁹ This engagement has led to an increase in the number of rights-supportive recommendations on sexual orientation and gender identity.⁸⁰

Further, collaborating with other CSOs in their engagement with international and regional bodies and processes has helped cement relationships and strengthen national-level advocacy. In Kenya, organizations led by key populations and people living with HIV worked with mainstream CSOs in the UPR process, including engaging in various diplomatic missions and advocating for the acceptance of recommendations related to discriminatory and punitive laws and policies.⁸¹

In addition, international and regional bodies develop standards by drafting strategies, model laws, and guidelines, which guide national- and sub-regional law and policymaking. Key populations, people who cultivate drugs, and other affected communities played a central role in the development of the International Guidelines on Human Rights and Drug Policy (the Guidelines) in 2019.⁸² The inclusion of key populations and other affected communities in the development of the Guidelines was critical to creating a final document that reflected the input of all parties. Since then, the Constitutional Court of Colombia heavily relied on these Guidelines in challenging laws restricting the consumption of legal drugs and alcohol in public spaces, including public venues and parks. The Guidelines were used by the Court as a reference tool to help ensure human rights compliance in drug policy, and to identify the fundamental rights relevant in the case, and how best to assess limitations on rights in the context of drug policy.⁸³

Similarly, in Africa in 2014, the Africa Key Population Expert Group (AKPEG), comprising key population community members and other experts, developed the Model Regional Strategic Framework on HIV for Key Populations in Africa (the Model Framework), which identifies what is necessary to address key structural barriers, including legal and policy barriers, impeding comprehensive HIV prevention, treatment, and care for key populations across Africa. The SADC and ECOWAS relied on this Model Framework in developing its Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations, which commits Member States to reduce violence against key populations by increasing

access to legal aid services and improving the legal and policy environment for key populations in SADC and ECOWAS.⁸⁴

In addition to international and regional recommendations, strategies and guidelines informing national law and policymaking, engaging in international and regional processes and fora can also: increase the capacity of key population- and people living with HIV-led organizations to engage in advocacy; provide them a bigger platform for reforming and mitigating the impact of discriminatory and punitive laws and policies; and ensure the inclusion of their voices in international and regional processes.⁸⁵

Case study: Using the CEDAW Committee's decision to advocate for the decriminalization of same-sex sexual conduct in Sri Lanka

Sections 365 and 365A of the Penal Code of Sri Lanka criminalize same-sex sexual conduct. Rosanna Flamer-Caldera, a lesbian activist, challenged the criminalization of same-sex sexual relations between women before the Committee on the Elimination of All Forms of Discrimination Against Women (CEDAW Committee). In February 2022, the CEDAW Committee held that the criminalization of same-sex sexual conduct in Sri Lanka violated the right to non-discrimination, to be free from gender-based violence, and to equality, family, and to participate in public and political life. Accordingly, it recommended that Sri Lanka decriminalize consensual same-sex sexual conduct between women over the age of consent, among other recommendations.⁸⁶

The CEDAW Committee's decision was the first step towards the decriminalization of same-sex sexual conduct in Sri Lanka. Just six months after its decision, Premanath C. Dolawatte, a Member of Parliament, introduced a Private Member's Bill to amend Sections 365 and 365A of the Penal Code of Sri Lanka with the aim of decriminalizing same-sex sexual conduct. The President indicated that his government would not oppose the bill and would leave it to individual Parliamentarians to choose how they wanted to vote for the bill, a significant step forward.

Source: Colombo Gazette 2022.

⑧ Access to and provision of legal services

Key populations and people living with HIV are more vulnerable to being detained, charged and arrested by law enforcement officers than is the general population because of punitive and discriminatory laws and policies and/or their discriminatory application, and thus have a greater need for legal services.⁸⁶ Nevertheless, from 2017 to 2022, only 81 countries had mechanisms in place for accessing affordable legal services for key populations and people living with HIV.⁸⁸ Obstacles to the access and provision of legal services include the lack of an operational mechanism, the failure of current mechanisms to be sensitive to the needs of key populations and people living with HIV, the cost of available legal services, and a lack of awareness or knowledge about how to use these mechanisms among key populations and people living with HIV.⁸⁹

To address this, ensuring access to and provision of low-cost or free legal aid services have been widely used strategies to mitigate the impact of punitive and discriminatory laws and policies, and increase access to justice for key populations and people living with HIV.⁹⁰

Access to and provision of legal services were ensured by CSOs through lawyers and/or paralegals who provided free or low-cost legal aid services to key populations and people living with HIV;⁹¹ government or civil society who provided payments or referrals for direct legal aid services;⁹² creating networks or organizations that link private lawyers who provided free or low-cost legal services with key populations and people living with HIV;⁹³ government, which provided free legal aid services;⁹⁴ establishing hotlines run by key population-led organizations;⁹⁵ and integrating legal, medical and psychosocial support services within a specific sector, such as the healthcare sector and creating one-stop shops.⁹⁶ Informal conflict resolution strategies and engaging traditional legal systems have been used, for instance, in Kenya to address discriminatory property rights of women living with HIV; however, this review did not find any studies documenting their use to mitigate the impact and repeal discriminatory and punitive laws and policies.⁹⁷

In Nigeria, increasing access to and the provision of legal services has had a significant impact. A group of volunteer private lawyers established an organization, the Coalition of Lawyers for Human Rights (CLHR), to provide free legal advice and representation to key populations and people living with HIV.⁹⁸ The group consists of 32 volunteer lawyers in 17 states throughout the country. Since its establishment in 2015, CLHR's legal representation has resulted in the release of a dozen men who were arrested for allegedly engaging in same-sex sexual relations and the protection of 15 young men from forced eviction because of their perceived sexual orientation. CLHR has also been able to provide legal assistance to more than 300 key populations and people living with HIV and train almost two dozen paralegals from 18 states to provide legal assistance and referrals to them.⁹⁹ In the Philippines, CSOs have supported legal cases to secure the release of people from prisons, especially people held for drug-related offences.¹⁰⁰ In Uganda, a legal CSO supported and represented people from an LGBT youth shelter who had been arrested, securing their release.¹⁰¹

Similarly, in Eastern Europe and Central Asia, the Regional HIV Legal Network (the Network) connects legal professionals who provide free legal aid to people living with and affected by HIV in 10 countries.¹⁰² The network has at least 25 organizational members that provide pro bono legal aid services. The organizations in the Network offer a range of legal services, provide general legal information to key populations and people living with HIV, and train legal professionals and healthcare workers on the impact of stigma, discrimination and rights violations on key populations and people living with HIV, and the consequences for public health. Members have different structural models and approaches. Some employ full-time legal professionals, while others contract private law firms or individual lawyers in private practice to provide services as needed. The Network has been successful in increasing access to justice for key populations and people living with HIV. In 2017, 79 key populations requested legal support from the Network's online platform. Its model of providing legal aid and

increasing access to justice is being considered in other regions, including Africa and the Middle East and North Africa.¹⁰³

Lawyers are not the only professionals who can increase access to legal services for key populations and people living with HIV, as shown by successful paralegal programmes around the world. In Kenya, a community paralegal programme trained paralegals from the affected community to provide legal assistance to people who use drugs. These trained paralegals were able to facilitate health referrals for drug use and negotiate alternative non-custodial sentencing.¹⁰⁴

The collaboration between lawyers, paralegals and government legal aid organizations can often result in enhanced legal aid services for key populations. In Sierra Leone, beginning in 2017, the Legal Aid Board partnered with key population organizations to provide legal assistance to key populations. They engaged female sex workers and MSM as peer navigators who train community outreach workers to address human rights abuses and mobilize key populations. As a result of interventions by Legal Aid Board paralegals, key populations, in most cases, female sex workers and people who inject drugs are no longer detained for lengthy periods. This is because paralegals can negotiate their bail or the withdrawal of charges, settle matters via an alternative dispute resolution mechanism, or ensure that the case is quickly referred to court where the Legal Aid Board defence counsel is able to represent indigent accused. In particular, the option of alternative

dispute resolution has allowed paralegals, supported by legal counsel, to assist with the expedited resolution of cases. In addition, the police are now less likely to harass and arrest key populations with the knowledge that the Legal Aid Board paralegals and defence counsel are available to assist. Key to the success and gender responsiveness of this programme is the partnership between the Legal Aid Board defence counsel and paralegals, and key population members. Without the support of the Legal Aid Board, staff, and volunteers of key population organizations do not have the capacity to challenge law enforcement arrests, detentions, and charges; organizations led by key populations act as a critical liaison between key populations and Legal Aid Board staff.¹⁰⁵

In addition to the impact documented above, the provision of legal services to key populations and people living with HIV has been shown to reduce violence by law enforcement and others,¹⁰⁶ and increase knowledge and awareness of rights among clients.¹⁰⁷ One study in Kenya showed that when legal services are integrated into health services, there is increased knowledge of discriminatory practices and human rights violations among service providers and an increased ability of service providers to inform, serve and refer clients to appropriate services.¹⁰⁸ Further, the provision of legal services to key populations and people living with HIV helps identify opportunities for engaging in strategic litigation because individual cases can impact laws and policies and their application.

Case study: The Community Paralegal Programme in Indonesia

Lembaga Bantuan Hukum Masyarakat (LBHM), a community legal aid institute, trains key populations and people living with HIV as paralegals to increase access to legal services and justice for marginalized communities. Since 2008, LBHM has trained over 80 community-based paralegals. Potential paralegals are identified through its outreach and training programmes. Based on an evaluation of this work conducted between 2016 and 2018, these paralegals have been successful in addressing the health needs of their clients, for example, by ensuring access to health services while in detention, by raising awareness of rights among clients, and by obtaining alternatives to incarceration or lower sentences for clients. This success is partly because clients are more likely to have greater trust in them because they come from the communities they serve and have a better understanding of their multi-faceted problems. Indeed, some of LBHM's paralegals have had the experience of being detained themselves and thus have a better understanding of the experience of their clients. In addition, strong relationships with law enforcement and healthcare providers resulted in paralegals being better able to attend to their clients' needs. However, there did need to be greater management and coordination of paralegals once they had been trained, an identified weakness in other community-based paralegal programmes.

Source: Wirya and others 2020.

⑨ Creating safe space for key populations and people living with HIV to engage with decision makers

One significant hurdle to reforming and mitigating the impact of discriminatory and punitive laws and policies is the lack of safe spaces for affected populations and CSOs to engage directly with decision makers, such as ministerial officials and members of Parliament. This engagement is crucial not only because decision makers are able to meet with communities who are hard to reach or invisible, but also because it facilitates first-hand knowledge sharing of both the impact of laws and policies on access to services and recommended solutions that work for the affected populations.

Development partners, governments, and national and international CSOs can play a critical role in facilitating access to decision makers for key populations and people living with HIV. This was achieved in a variety of ways.¹⁰⁹ In some cases, the space for direct engagement is formalized. For instance, the Global Fund's Country Coordinating Mechanisms (CCMs), where 40 percent of the body must be composed of non-state actors, have created a space to bring the viewpoint and experiences of communities of affected populations into the design and coordination of the country's HIV response.¹¹⁰ In the Philippines, the CCM established a key populations committee within the CCM; provided the committee with adequate resources to function; and developed a concrete workplan to promote and support key population engagement in the CCM and other Global Fund processes.¹¹¹ This formalized structure resulted in: an increase in the number of key population members in the CCM; the creation of a key population-friendly learning space within the CCM for new key population members; and increased understanding and engagement by the broader key population community in Global Fund processes.¹¹² In the Democratic Republic of the Congo, the formation of a multi-stakeholder technical working group provides a formal space for key population and people living with HIV communities to engage with

decision makers and enabled them to inform, and help implement, a range of activities regarding HIV and the law.¹¹³

Key populations, people living with HIV and CSOs can also be formally integrated within government working groups. For instance, in Ukraine, CSOs led by people who use drugs participate in decision-making mechanisms such as the Cabinet of Ministers' advisory body, where they have the same number of seats as those of the various members of Cabinet and are able to support policies and laws that mitigate the impact of discriminatory and punitive laws and policies.¹¹⁴ In Viet Nam, the Centre for Supporting Community Development Initiatives served as a member of the working group based at the Ministry of Health to support a pilot programme offering take-home methadone in three provinces over a two-year period. Also, it is a technical partner to the Ministry of Health in finalizing its law on gender affirmation.¹¹⁵

In other instances, ad hoc interventions provide the opportunity for engagement between key populations and people living with HIV, on the one hand, and decision makers, on the other. Meetings bringing together law and policymakers, CSOs and affected populations, relevant law enforcement officials, and other stakeholders to discuss research findings have created space for affected populations to interact and build relationships with decision makers. In Ghana, a national dialogue brought together government representatives, members of Parliament, law enforcement, judiciary, key populations and CSOs to discuss rights-based issues related to HIV. In the Democratic Republic of the Congo, a national dialogue brought together for the first time MSM with members of Parliament, the Ministry of Justice, and other stakeholders to discuss the health-related issues they face due to the legal and policy environment.¹¹⁶ These initial meetings can serve as a

basis upon which more enduring collaboration can be built. In 2016, in Peru, alliances between civil society, governmental departments, including the Ministry of Health and the Ombudsman's Office, adolescents, healthcare providers and parents contributed to providing access to contraception and other sexual and reproductive health services to adolescents aged 14 and older without requiring the consent of their parents or legal guardians.¹¹⁷

Regional and national CSOs and coalitions and development partners can leverage their authority and relationships with decision makers to create space for

affected populations.¹¹⁸ CSOs in Malawi were able to facilitate access to decision makers for women living with HIV while the legislature was considering a bill that would criminalize HIV transmission, which contributed to its defeat.¹¹⁹ A 2017 evaluation of African Men for Sexual Health and Rights' work reported that the coalition's ability to increase the visibility and evidence of issues facing MSM and LGBTI partner organizations in regional platforms, such as the African Commission on Human and Peoples' Rights, which had previously been seen as inaccessible to partners, provided a critical connection to people on the ground.¹²⁰

Case study: Africa Key Population Expert Group

The Africa Key Population Expert Group (AKPEG), established in 2014, seeks to increase engagement of key populations in HIV-related law and policy efforts. Members include men who have sex with men (MSM), people who use drugs, transgender people, and sex workers. AKPEG holds annual meetings, which allows members to update each other on national, regional, and global developments in the HIV response, share information on the best ways to understand and utilize the latest scientific evidence, plan advocacy, and jointly strategize. It also provides a regional platform for national actors, which gives their work and expertise greater influence.

The AKPEG has increased key population engagement in the development of regional policies protecting the rights of key populations through their development of the Model Regional Strategic Framework on HIV for Key Populations in Africa, which outlined the principles necessary to address key structural barriers to comprehensive HIV prevention, treatment, and care for key population across Africa. This served as the basis for Southern Africa Development Community's (SADC) Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations and Economic Community of Western African States' (ECOWAS) Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations. AKPEG has also provided input into national-level policy, including the South African national strategic plan and the South African National Sex Worker HIV Plan due to their access to national-level policymakers.

Members of AKPEG also work to increase access to decision makers by organizations led by key populations in sub-Saharan Africa and provide support and mentorship to key populations throughout sub-Saharan Africa. For instance, AKPEG supported organizations led by key populations in Zimbabwe to secure a safe environment for the participation of key populations at the International Conference on AIDS and Sexually Transmitted Infections in Africa Conference, which was held in Harare. AKPEG also facilitated the inclusion of transgender persons in the drafting of national strategic plans and the establishment of the East Africa Trans Health and Advocacy Network in Kenya, ensuring greater access of key populations to decision makers.

Source: USC Program on Global Health and Human Rights and USC Institute on Inequalities in Global Health 2021.

⑩ Use of information and communication technology

In recent years, key populations and people living with HIV have increasingly used technology in innovative ways to mitigate the impact of discriminatory and punitive laws and policies. The advent of the COVID-19-related restrictions in early 2020 led to a significant increase in use of information and communication technologies (ICT) by key population- and people living with HIV-led organizations and other stakeholders. They use ICT in implementing the other tactics, strategies and approaches described in this document, including to minimize their vulnerability to violence and assault from law enforcement, clients, and others, and to safely connect with other key populations and people living with HIV. Sex workers regularly use ICT, including internet and text messaging applications, to share information on clients and potential threats. For instance, in the United Kingdom, sex workers used WhatsApp to form private chat groups to exchange information on clients. In India, sex workers use mobile phones without internet access to communicate with regular clients and negotiate condom use prior to meeting in person.¹²¹ In addition, key populations used ICT to warn others of police activity in specific areas and smartphones and cameras to document human rights violations, evidence that was then used to obtain justice and advocate for law and policy reform.¹²²

Throughout all regions, CSOs use the Rights, Evidence Action (REAct) tool, which uses a web information management system to document human rights violations. With the advent of COVID-19-related restrictions, organizations focused their attention on ensuring that all outreach workers, street lawyers and community activists had mobile phones and internet access to continue using the REAct tool. In Georgia, activists used the dating app Tinder to market the use of the REAct tool among the LGBT community.¹²³

The shift towards digital spaces, even at high levels, has created greater flexibilities and opportunities for advocacy, but can also bring additional risks and threats, particularly for key populations and people living with HIV. To respond, INPUD published a series of digital safety and security training modules for people who use drugs. This includes a dedicated digital safety and security information and training section, a digital high-level advocacy tip sheet, and a media and social media advocacy tip sheet.¹²⁴

ICT can also help increase key population's access to legal services. For instance in Thailand, a transgender-led organization set up an online HIV and AIDS, human and legal rights counselling service run by transgender individuals for transgender individuals.¹²⁵ Key population- and people living with HIV-led organizations also utilize ICT to connect lawyers and other stakeholders with their communities.¹²⁶ Finally, ICT is regularly used for advocacy to reform and mitigate the impact of discriminatory and punitive laws and policies by raising awareness of key issues via social media platforms, such as Facebook, YouTube videos, and WhatsApp.¹²⁷ For instance, in Eswatini, the LGBT community uses social media as a cost-efficient way to reach new audiences, share resources and information with the LGBT and broader community, and learn more about target audiences.¹²⁸

Case study: Key populations using ICT tools to monitor and record human rights violations in Eastern Europe and Central Asia

Civil society organizations use the Rights, Evidence, Action (REAct) tool for monitoring and responding to the human rights violations marginalized communities' experience. The REAct tool uses a web information management system that enables organizations to track and document individuals' experiences of human rights abuses and violations.

The data regarding human rights violations from the REAct tool has deepened activists' understanding of the barriers to access services. From 2019 to 2021, more than 120 civil society organizations (CSOs) in Eastern Europe and Central Asia used the REAct to document more than 7,000 cases of rights violations. For example, in the countries where opioid agonist maintenance treatment (OAMT) is available, such as Kyrgyzstan, Moldova, and Ukraine, activists have used the REAct tool to gather evidence to show that treatment distribution points are being used as 'hunting spots' for the police. Sometimes, police arrest people who use drugs before they can collect their medication, then use the pain of withdrawal to obtain confessions or force them to inform on others. Further, in the region, the REAct tool has often shown that the main violators of rights are representatives of state institutions, including medical professionals and the police.

The evidence gathered from the REAct tool has been successfully used in advocacy to reform and mitigate the impact of discriminatory and punitive laws and policies, including providing compelling evidence to the United Nations on rights violations. For instance, the Alliance for Public Health (APH) used evidence gathered through REAct to launch a campaign centered on the Declaration of Human Rights. For each of the 30 Articles of the Declaration, APH cited a case of violation concerning the most marginalized groups in society, raising awareness of rights violations, and putting pressure on decision-makers to address these violations. Further, data collected from the REAct tool in Ukraine was the impetus for the Government to allow certificates to be granted to people enrolled in the country's opioid substitution treatment program, giving people the documentation they need to show police their right to opioid medication if searched or arrested.

Source: Frontline AIDS 2022; PITCH and others 2021a; Frontline AIDS 2019.

11 Media-based strategies

Accurate media coverage of issues related to punitive and discriminatory laws can raise awareness and help shape public perception of key populations and people living with HIV and how punitive and discriminatory laws and policies negatively impact their access to services.¹²⁹ It can further translate complicated legal and policy language into easy-to-understand language, making HIV-related issues more easily understood by the general public.¹³⁰ This in turn can increase public support for protective policies and laws. In some instances, there

will already be media attention due to the high levels of stigma surrounding issues related to key populations and people living with HIV. Thus, media engagement by CSOs and affected populations can be essential to ensuring that media coverage is not reinforcing stigma and is an accurate reflection of the issues.¹³¹ In other instances, specific activities are used as a hook for media engagement and coverage. In the southern United States, a diverse coalition of groups working with people who inject drugs organized a drug conference

that was covered in influential media publications, raising awareness of key issues covered in the conference.¹³² Organizers believed that the issues would not have been covered in major media outlets without the drug conference.¹³³ Similar experiences are reported with respect to strategic litigation where litigation is a way to engage media interest, which can then be used to raise awareness of specific issues.¹³⁴

The numerous media-based tactics include: sensitizing and building relationships with members of the media;¹³⁵ issuing press releases and holding press conferences when seeking to raise awareness and attention to specific issues;¹³⁶ publishing opinion pieces in influential media venues;¹³⁷ using social media to raise awareness among mainstream media and members of the public; building the capacity of key populations and people living with HIV to engage with the media;¹³⁸ engaging

media to amplify findings of research;¹³⁹ and facilitating key populations' and people living with HIV's access to members of the media.¹⁴⁰

The impact of media-based strategies can be hard to ascertain because they are often carried out in conjunction with other tactics, strategies, and approaches. Nevertheless, engaging the media has contributed to positively shaping public discourse regarding key populations and people living with HIV and raising awareness of punitive and discriminatory laws and policies and their impact, both of which have contributed to changing and reforming laws and policies.¹⁴¹ For instance, in Malawi, engaging and sensitizing the media was a key component in Parliament's eventual removal of discriminatory provisions in a draft HIV bill and its vote against the criminalization of "wilful and malicious HIV transmission".¹⁴²

Case study: Engaging media in Mexico to address criminalization of HIV transmission, exposure, and non-disclosure

Organizations working to reform and mitigate the impact of laws criminalizing HIV transmission, exposure and non-disclosure in Mexico have deliberately sought to engage and sensitize the media to positively shape the public discourse on issues related to HIV criminalization. At a 2017 meeting bringing together organizations working to address HIV criminalization laws, leaders of Grupo Multisectorial end VIH/Side e ITS del Estado de Veracruz (Veracruz Multisectoral Group on HIV/AIDS and STIs, or Grupo Multi) and the Sero Project specifically invited two journalists who had a long relationship with Grupo Multi and had a strong background in HIV, human rights, and gender to report on the meeting and the issues covered. The two journalists, who worked for popular news outlets, were chosen to ensure widespread, thoughtful coverage of HIV decriminalization issues. In addition to reporting on the meeting, one of the journalists' roles was to train and raise awareness among other journalists on the issue to improve their coverage. One of the journalists circulated a press release in advance detailing the meeting and oversaw bringing journalists to the event.

The meeting resulted in the formation of *Red Mexicana de Organizaciones contra la criminalización del VIH* (Mexican Network of Organizations Against HIV Criminalization), an organization bringing together 33 organizations across Mexico to address HIV criminalization. Red Mexicana has developed a press committee, which includes the two original journalists. Further, it uses social media and WhatsApp to keep media allies connected and informed of events and actions nationally and to coordinate media coverage when there is critical news. This has resulted in a more scientifically accurate and rights-based coverage of issues related to laws criminalizing HIV transmission, non-disclosure, and exposure in Mexico, including positive reporting on Red Mexicana's success in defeating bills in several states in the country seeking to criminalize HIV transmission, non-disclosure, or exposure.

Source: HIV Justice Worldwide 2018.

12 Enforcing protective laws

Even with existing protective laws, without full enforcement, the rights of key populations and people living with HIV continue to be violated. To address this challenge, they have sought to enforce protective laws to mitigate the impact of discriminatory and punitive laws and policies through other tactics, strategies and approaches, including by engaging with decision makers and through strategic litigation.¹⁴³ For instance, in the Philippines, a broad coalition of CSOs successfully advocated for the passing of an HIV law that provides a legal and accountability framework for the Government's HIV response and removes human rights-related barriers for key populations, such as lowering the age of consent

for HIV testing to 15. Since the law passed in July 2018, civil society groups have challenged discriminatory laws and policies as violating the law. For example, The Library Foundation Sexuality, Health and Rights Educators Collective (TLF Share) challenged the policies of the Insurance Commission requiring people living with HIV to demonstrate low viral load and meet other health criteria to qualify for coverage under the national health insurance programme. Joined by the Commission on Human Rights and the Department of Justice, TLF Share successfully convinced the Insurance Commission to withdraw these barriers since they violated the HIV law.¹⁴⁴

Case study: Enforcing laws providing for name changes in Panama

Panama allows to change one's name if there is evidence that the individual has been using the new name. However, civil register officials would reject the application of trans people even when they had supplied the necessary documentation. A trans-led organization, Hombres Trans, advocated with the Civil Registry Office to ensure that trans people could change their names with the necessary documentation. As a result, trans people can change their names, 15–30 days following their application.

Source: Cabrera 2022.



13 Training and sensitization of duty-bearers

Law enforcement, judges and other judicial officers, national human rights institutions, parliamentarians, government officials, and healthcare workers all bear specific duties to ensure the human rights of key populations and people living with HIV and play a critical role in reforming and mitigating punitive and discriminatory laws and policies. However, duty-bearers often do not have the knowledge, tools, and awareness to effectively protect and promote human rights and ensure access to services for key populations and people living with HIV.

To address this, key populations, people living with HIV and other stakeholders throughout all regions sought to sensitize and train duty-bearers.¹⁴⁵ These interventions have targeted judges and judicial officers, law enforcement, government officials and parliamentarians, staff at national human rights institutions and healthcare workers.¹⁴⁶ The topics covered in the sensitization and training of duty-bearers, which vary depending on the target population, have included: human rights and legal rights of key populations and people living with HIV; the impact of punitive and discriminatory laws and policies on access to services for key populations and people living with HIV; medical ethics; and epidemiological and other relevant scientific information.¹⁴⁷ The training and awareness raising among duty-bearers on key populations and people living with HIV allows them to gain a deeper understanding of the community's lived experiences. This also ensures that key populations and people living with HIV participate in the design and implementation of this training.

The form of the training and sensitization programmes also varies. Some have been one-off meetings varying in time from one day, to multiple days, to years long; some of these sessions include follow-up training.¹⁴⁸ Other interventions have sought to build long-term networks or organizations of duty-bearers who meet regularly.¹⁴⁹

Others still incorporate human rights and medical ethics in curricula for healthcare workers or law enforcement for more systemic sensitization.¹⁵⁰ Thailand offered an innovative internship to police trainees with a male sex worker-led organization; the aim was to reduce negative stereotypes that the police may have towards MSM and male sex workers.¹⁵¹

Some training has been held online, especially during the COVID-19-related restrictions. For instance, in 2020, MPact Global Action for Gay Men's Health and Rights and the Center for Public Health and Human Rights at Johns Hopkins University developed a three-month online training programme for healthcare providers from Botswana, Kenya, Tanzania and Zimbabwe. The 2020 training was rolled out in consultation with community-based LGBT organizations. Participants included healthcare workers and outreach workers from marginalized community organizations, including those who are gay or bisexual themselves. This mix enhanced peer-to-peer learning and sharing about the lived experiences of MSM in their diversity. To support participants, 12 mentors were engaged from the participating community-based LGBT organizations. Each mentor was assigned four or five mentees from their country and hosted weekly online discussion groups. In addition, mentees could also engage in one-on-one discussions with their mentors over WhatsApp.¹⁵²

The impact of this tactic can be significant. Thus far, it has resulted in repealing and mitigating the impact of punitive and discriminatory laws, including precedent-setting judicial decisions.¹⁵³ In Indonesia, the training of approximately 50 healthcare workers in two cities in West Papua to reduce stigma and discrimination by a national network of young key population members resulted in greater understanding of the lives and needs of young key populations.¹⁵⁴

Case study: Africa Regional Judges Forum

The Africa Regional Judges' Forum (ARJF), established by a group of judges in 2014, seeks to enable judges to exchange information on the latest scientific, medical, and epidemiological evidence on several HIV-related issues, regional, international, and domestic laws, judicial decisions, policies, and other legislative responses to HIV-related issues, and social and structural factors related to HIV and other sexual and reproductive health issues and tuberculosis. It also creates a space for judges to share their experiences and challenges in determining HIV-related cases and exposes judges to the lived realities of key populations and people living with HIV. Since 2021, the ARJF has shifted its emphasis to include attention now explicitly to issues affecting sexual and gender minorities, as well as HIV, tuberculosis, and malaria.*

Central to the ARJF's success is the inclusion of key populations and people living with HIV and medical, scientific, and epidemiological experts in the annual meetings. The impact of the ARJF has been far-reaching. Exposing judges to key populations and people living with HIV and their lived experiences has been critical in raising judges' understanding of the role of law and policy on the lives of the communities. This understanding is reflected in numerous judgments.

ARJF increases knowledge and access to relevant information due to the participation of key populations and people living with HIV. The ARJF shares information and learning from colleagues in other jurisdictions for their own work in their country and shares lessons learned with colleagues in their home countries. ARJF also organizes awareness training nationally and works with national judicial officials to institutionalize capacity-building of judges on HIV-related issues. The ARJF has also resulted in the establishment of similar regional judges' forums in Eastern Europe and Central Asia and the Caribbean.**

* USC Program on Global Health and Human Rights and USC Institute on Inequalities in Global Health 2021.

** UNDP 2019b.

Case study: Training and sensitizing police to institute harm reduction programmes in Sierra Leone

As part of the Global Fund's Breaking Down Barriers initiative, in 2019, in Sierra Leone, Social Linkages for Youth Development and Child Link (SLYDCL) sought to include police from the beginning of its efforts to implement a needle and syringe programme and to cultivate a good working relationship with them. In 2018, SLYDCL was among those presenting the findings of a harm reduction assessment to the Sierra Leone Police Management Board, during which Sierra Leone's Inspector General of Police expressed the need for the police to support a needle and syringe programme and requested collaboration with the National HIV/AIDS Secretariat to develop a harm reduction curriculum for the police. That year, the National HIV/AIDS Secretariat also sponsored a study tour of Kenyan harm reduction programmes, in which SLYDCL and Sierra Leone police participated. Shortly after, in March 2019, SLYDCL launched the country's first needle and syringe programme. By 2020, all of Sierra Leone's local unit commanders were informed of this programme.

Source: The Global Fund 2020d.

Other outcomes from this tactic are: increased knowledge among duty-bearers of the human rights of key populations and people living with HIV;¹⁵⁵ a reduction in stigma and discrimination among duty-bearers towards key population and people living with HIV¹⁵⁶ increased access to justice for key populations

and people living with HIV;¹⁵⁷ a reduction in violence and police harassment of key populations and people living with HIV;¹⁵⁸ the identification of champions among duty-bearers;¹⁵⁹ and stronger relationships between key populations and people living with HIV and duty-bearers.¹⁶⁰

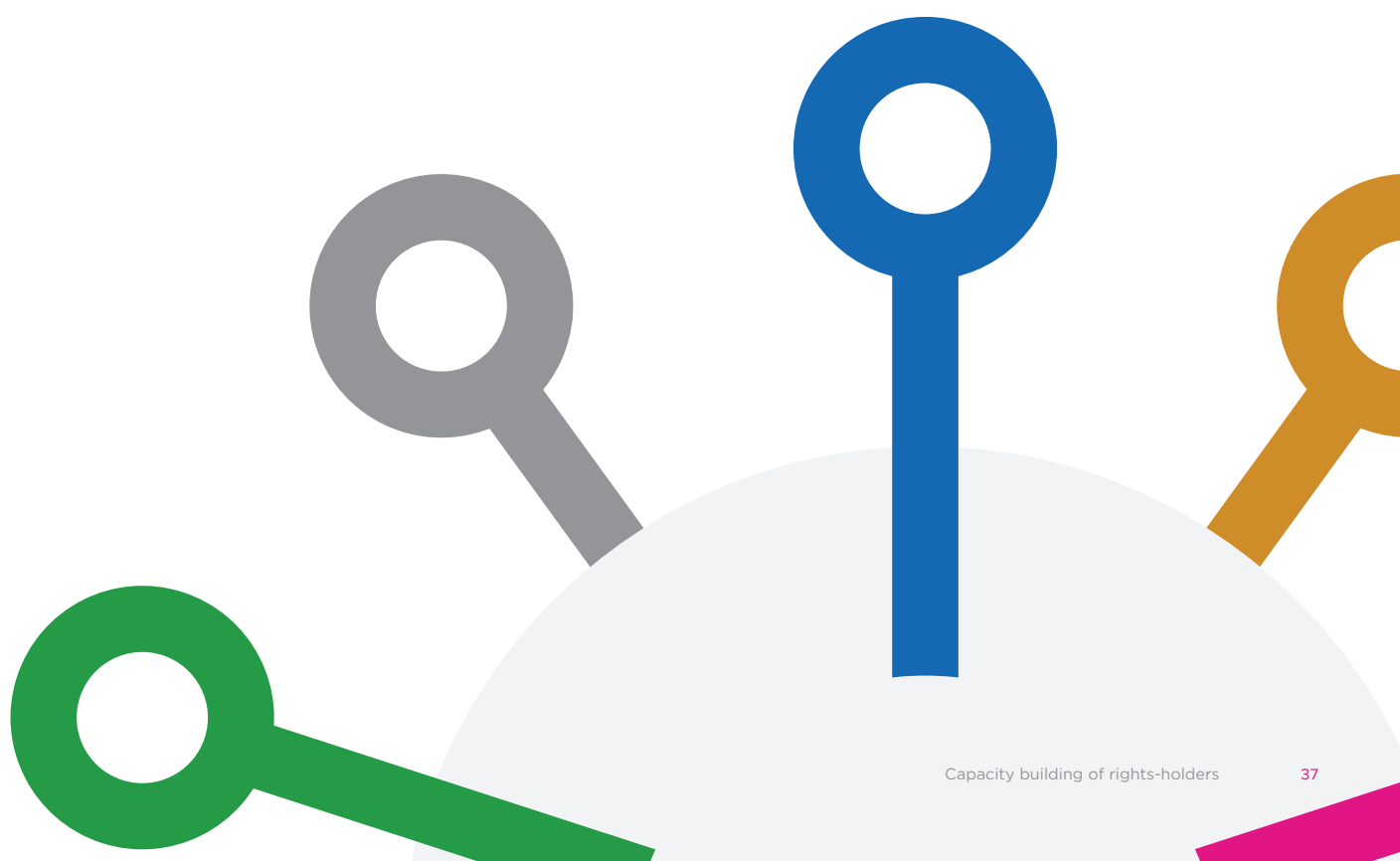
14 Capacity building of rights-holders

A significant obstacle to effective reform of punitive and discrimination laws and policies is the lack of knowledge of human and legal rights and how to engage in advocacy among rights-holders, including key populations and people living with HIV. To address this, key population-led organizations, including regional key population networks, CSOs, government officials, development partners and others, have sought to build the capacity of rights-holders and organizations working with rights-holders in many parts of the world.¹⁶¹

Many of the topics covered in capacity-building initiatives are aimed at increasing the ability of key populations and people living with HIV to engage in and utilize other tactics, approaches and strategies covered here. These topics are: how to engage with the media;¹⁶² how to conduct legal and policy-related advocacy, including how the legal environment, bills and draft policies affect key population and people living with HIV; and how to voice their concerns in legal terms;¹⁶³ knowledge of

rights, including legal and human rights literacy;¹⁶⁴ how to conduct and use research in advocacy;¹⁶⁵ how to document and report human rights violations;¹⁶⁶ how to engage international and regional mechanisms;¹⁶⁷ how to use counselling, mediation and conflict resolution to respond to cases of violence against key population and people living with HIV¹⁶⁸ and community organizing skills.¹⁶⁹

The training of rights-holders takes a variety of forms, including e-training and e-courses,¹⁷⁰ in-person training, which can range from one day to multi-day sessions,¹⁷¹ publications,¹⁷² and short training sessions provided at regular intervals.¹⁷³ In some instances, peer educators are trained and then empowered to train their peers.¹⁷⁴ Capacities of rights-holders can also be strengthened through¹⁷⁴ their engagement in other interventions, such as strategic litigation¹⁷⁵ and by documenting human rights violations where capacity is being built during the implementation of the strategy, tactic or approach.¹⁷⁶



The impact of capacity building of rights-holders can be significant. In the long term, it can contribute to the reform of laws and policies.¹⁷⁷ For instance, in five countries in Latin America, a broad coalition of groups of women living with HIV, trans women, sex workers, lesbians and others held a weeklong training workshop to build the capacity of the community to document sexual and reproductive health rights violations. This process eventually led to the documentation of SRHR violations in the five countries and changes in policy in three of the countries. For example, in Mexico, language explicitly recognizing the reproductive rights of women living with HIV was included in an HIV law and the text that made partner notification obligatory was removed.¹⁷⁸ Even in the short term, capacity building of rights-holders

can result in an increase in knowledge and awareness of the specific topics covered in the training, such as: how to document and report human rights violations; how to engage the media; and how to engage law- and policymakers; how to increase the confidence and empowerment of key populations and people living with HIV to engage with key stakeholders, such as law enforcement; and how to increase the engagement and mobilization of key populations.¹⁷⁹ For instance, INPUD worked to build the capacities of its members to engage with and better understand the complex processes of the Commission for Narcotic Drugs (CND), a highly technical, conservative international body, so that INPUD members now effectively engage with the Commission.¹⁸⁰

Case study: Regional key population networks building the capacities of national organizations led by key populations

The ASEAN SOGIE Caucus (ASC) and the Asia Pacific Transgender Network (APTN) have sought to build the capacity of national lesbian, gay, bisexual, trans, and intersex (LGBTI) organizations and people in Asia and the Pacific to effectively mobilize, advocate and contribute to policy dialogues and community empowerment activities. They achieved this by building LGBTI organizations' capacity to engage with international and regional mechanisms, carry out research and other evidence-building activities, engage with the media, and develop relationships and networks with duty-bearers and international and regional organizations.

ASC organized regional workshops that built the capacity of national LGBTI organizations to engage with international and regional mechanisms, including the Committee on the Elimination of All Forms of Discrimination against Women, the Committee on the Rights of the Child, United Nations Special Procedures, the UPR, and the Association of Southeast Asian Nations (ASEAN) Intergovernmental Commission on Human Rights. These interventions resulted in numerous submissions to international and regional bodies, including to the United Nations Independent Expert on Protection against Violence and Discrimination based on sexual orientation and gender identity, and to the ASEAN Intergovernmental Commission on Human Rights. ASC has also supported the engagement of LGBTI organizations in Indonesia, the Philippines, Malaysia, Cambodia, and Brunei in the UPR process. In Indonesia, this has resulted in 12 UPR recommendations on sexual orientation, gender identity, and gender expression (SOGIE) related issues compared to only one in the previous cycle.

ASC and APTN also support the capacity building of rights-holders to engage in and carry out research, including documenting human rights violations. ASC worked with Reder Feto, a woman's rights organization in Timor-Leste, to train local researchers to conduct an assessment that aimed to better understand the issues and needs of the Timor-Leste lesbian, bisexual, and transgender community. APTN has strengthened the data collection and monitoring of anti-transgender violence in the Asia Pacific region, collecting stories and incidents of violence, murder, and discrimination against trans people and communities as part of global efforts under the Trans Murder Monitoring project. The data will be part of global reporting on violence against the trans community, as well as an upcoming APTN report focusing on the Asia-Pacific region to be used by APTN's partners in lobbying and advocacy efforts.

Source: ASC 2017.

Overarching themes

From the evidence analysed in this review, several overarching themes regarding the implementation of the tactics, strategies and approaches emerged, such as the importance of combining them for successful advocacy and ensuring the use of a human rights-based approach when engaging in them. In addition, it was acknowledged that legal and policy reform can be a long, non-linear process.

The importance of combining tactics, strategies, and approaches

The strategies, tactics and approaches described here were almost always used together to reform and mitigate the impact of discriminatory and punitive laws. The combination of interventions will depend on the context, the issue being addressed, and the desired outcome of the intervention. For instance, the Eurasian Harm Reduction Association (EHRA) seeks to ensure the rights and freedoms, health and well-being of people who use psychoactive substances in Central Asia and Eastern Europe by mobilizing their communities, building the evidence base through research and documentation, using media-based strategies to change mindsets, and creating space for their engagement with decision makers.¹⁸¹ From 2015 to 2020, the Partnership to Inspire, Transform and Connect the HIV response (PITCH) – a five-year programme focused on support for community-led advocacy to change the services, law, policies, practices and mindsets that affect the everyday lives of key populations, people living with HIV and other affected populations in at least nine countries in Africa, Asia and Eastern Europe – used at least seven of the tactics, strategies and approaches detailed here: engaging with international and regional processes and bodies; building the evidence base through research and documentation; establishing and working with coalitions, networks and alliances; mobilizing the community of key populations and people living with HIV; using information and communication technology; building the capacities of rights-holders; and creating space for civil society engagement with decision makers. These combinations of tactics, strategies and approaches resulted in:

increased ability of key populations to engage in legal and policy advocacy; key populations having greater input into key population-related laws and policies; changes to laws, policies and practices that affect key populations and people living with HIV; changes to the public's and decision makers' perception of key populations; and stronger relationships and coordination between key populations and duty-bearers, and among key population groups.¹⁸²

Using a human rights-based approach

The importance of a human rights-based approach to addressing HIV has long been recognized as necessary to an effective HIV response.¹⁸³ Key human rights principles – inclusion and meaningful participation, especially of key populations and people living with HIV, equality, and non-discrimination – explicitly and implicitly underpinned many of the interventions described in the literature. Indeed, in some cases, the inclusion and participation of key populations and people living with HIV in the development and implementation of the tactics, strategies and approaches was identified as a key component in the success of the intervention.¹⁸⁴ Participation and leadership of key populations and people living with HIV allows for the interventions to respond directly to the specific, local legal and policy barriers, and accounts for the particular political situation, legal system, epidemiological trends and civil society capacity.¹⁸⁵

Law and policy reform can be a long-term process

In the past five years, the contributions of key populations and people living with HIV and their partners have achieved significant milestones in reforming and mitigating the impact of punitive and discriminatory laws and policies. Courts in at least four countries, Botswana, St. Kitts and Nevis, Barbados, and Antigua and Barbuda, struck down laws criminalizing consensual same-sex relations, finding that they violated fundamental

constitutional rights. In the Cook Islands and Angola, the legislature repealed laws criminalizing consensual same-sex relations, and in Angola the legislature passed a law prohibiting discrimination based on sexual orientation. In addition, the Parliament in Zimbabwe repealed a law criminalizing HIV transmission. The Constitutional Court of South Africa decriminalized personal adult consumption of cannabis in private in 2019.¹⁸⁶ Finally, South Africa successfully pushed for a bill decriminalizing sex work to go for public comment,¹⁸⁷ and a number of states in Australia decriminalized sex work to various extents.¹⁸⁸

However, despite the significant progress, achieving long-lasting substantive legal and policy reform can be a protracted process, and even after victories, the risk of reversals and backlash is ever-present. It is critical to ensure ongoing monitoring and scaling up of the use of the tactics, strategies and approaches, including by: strengthening the capacities of rights-holders; ensuring the engagement of key populations and people living with HIV with policymakers and other duty-bearers; and carrying out community-led monitoring outlined here in order to guard against regression; and ensuring that reformed and protective laws and policies affecting key populations and people living with HIV are fully implemented and effectively enforced.



Conclusion

It is imperative for the global community to scale up its collective efforts in the aim of reaching the historic 10-10-10 targets, including having over 90 percent of countries providing a protective legal and policy environment for key populations by 2025. The 14 tactics, strategies and approaches identified in this review together provide a pathway for key populations and other stakeholders to reach this goal. One of the key ingredients for effectively using these tactics, strategies and approaches is clear from this review: engagement with key population and people living with HIV communities is critical in developing, implementing, and monitoring efforts aimed at legal and policy reform and mitigation.

Law and policy reform and mitigation may not be easy nor is it solely the responsibility of key populations and people living with HIV. As shown by this review, the path towards law and policy reform and mitigation is non-linear, and gains can be easily lost even with vigilant monitoring by key populations, people living with HIV and other stakeholders. Thus, efforts of a wide range of stakeholders are essential for successful reform. Further, the involvement of other stakeholders is necessary because the safety and security of key populations and people living with HIV can be at significant risk given the deep-seated stigma and violence against them in many parts of the world, even more so when they are advocating for legal and policy change.

There is still more that could be learned about the 14 tactics, strategies and approaches identified in this review, including identifying the factors that contribute to the success of specific ones, and the social, economic, and political contexts in which specific interventions should be used. Nevertheless, there is sufficient evidence that, if scaled up with appropriate funding for a full-scale effort to remove punitive and discriminatory laws and policies that is grounded in supporting the leadership of key populations and people living with HIV, this would ensure that the global community would be on track in meeting the 10-10-10 targets.

Endnotes & References

Endnotes

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- 5 UNHRC 2021.
- 6 Global Fund 2021n; PEPFAR 2022; WHO 2022.
- 7 Even in countries where technically the possession of a limited amount of drugs for personal use is not criminalized per se, it can be an administrative offence and result in compulsory drug detention or heavy fines. In some cases, sentences in drug detention centres can be longer than prison sentences for similar offences.
- 8 In addition to laws specifically criminalizing transgender people, several broad laws are often used to harass and marginalise transgender people, including nuisance and vagrancy-related offences as well as laws that fail to provide for the ability to change one's gender on official identification documents.
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- 10 UNAIDS 2022b.
- 11 UNAIDS 2022b.
- 12 UNAIDS 2022a; Ayala and others 2021.
- 13 UNAIDS 2022a; Ayala and others 2021.
- 14 This review recognizes that every person has the right to use the term and acronym that best describes their sexual orientation, gender identity or expression and sex characteristic. This review follows the acronym used in the referenced document. When the term is used more generally, without reference to a specific document, LGBTI+ is used.
- 15 Grey literature is published informally or non-commercially, or remains unpublished. It can appear in many forms, including government reports, statistics, patents, conference papers, and even non-written resources such as posters and infographics. It is usually not indexed or organized, often making it difficult to locate.
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- 38 INPUD 2020a; INPUD 2020b.
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- 40 Kendall and others 2020.
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- 43 See HIV Policy Lab (www.hivpolicylab.org/)
- 44 UNDP 2015.
- 45 UNDP 2015.
- 46 INPUD 2018.
- 47 HIV Justice Network 2019a; TRANSSA 2022.
- 48 Kendall and others 2020; ILGA 2021.
- 49 USC Program on Global Health and Human Rights and USC Institute on Inequalities in Global Health 2021.
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- 53 Association of Prosecuting Attorneys and others 2020.
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