Response to the call for inputs into the High Commissioner’s report on *Human rights in the context of HIV and AIDS*

UNFPA is pleased to respond to the call from the High Commissioner to describe the action being taken, and recommend action to be intensified or initiated, to meet the innovative targets on societal enablers recognized in the [2021 Political Declaration on HIV/AIDS](https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids). Societal enablers are spelt out in paragraph 24 of this as including:

"enabling laws, policies, public education campaigns and anti-stigma training for healthcare workers and law enforcement that dispel the stigma and discrimination that still surrounds HIV, empower women and girls to take charge of their sexual and reproductive health and reproductive rights [SRHR], in accordance with the Programme of Action of the International Conference on Population and Development [ICPD], the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, and end the marginalization of people living with and at higher risk of HIV infection”

These are areas of work at the heart of UNFPA’s mission, particularly in the follow-up to the [ICPD Programme of Action](https://www.unfpa.org/sites/default/files/event-pdf/PoA_en.pdf), and the SDGs and an integral part of SRHR and gender equality. UNFPA is a founding Cosponsor in the Joint UN Programme on HIV/AIDS (UNAIDS) and during the 25 years of the existence of the Programme has worked with the UNAIDS Secretariat and other Cosponsors to support the multi-sectoral response to HIV/AIDS. Complementing the [UNFPA Strategy 2022-2025](https://www.unfpa.org/unfpa-strategic-plan-2022-2025-dpfpa20218) and [Global AIDS Strategy 2021-2026](https://www.unaids.org/en/Global-AIDS-Strategy-2021-2026), in 2022 it will elaborate its approach in the area with *Preventing HIV and STIs, improving sexual health - A UNFPA Strategy strengthening integration and reducing inequalities*.

Within the [UNAIDS Division of Labour](https://www.unaids.org/en/resources/documents/2019/UNAIDS-Division-of-Labour), UNFPA co-convenes the following areas:

* HIV prevention among key populations (with UNDP)
* HIV prevention among young People (with UNICEF and UNESCO)
* Decentralization and integration of sexual and reproductive health and rights and HIV services (with WHO)

The call for inputs asks for responses to three points, reproduced below with inputs at a global level from UNFPA:

1. Gaps in the HIV/AIDS response at national and local levels

UNFPA is particularly concerned at the inadequate focus on key populations (sex workers, men who have sex with men, transgender people, people who use drugs) who are affected by two-thirds of new HIV infections, being up to 30 times more vulnerable than the general population[[1]](#footnote-1). These groups face stigma and discrimination, religious and cultural barriers, and are criminalized in many countries, which has the negative effect of forcing the populations underground and less likely to seek HIV-related and other services. Furthermore UNAIDS estimates[[2]](#footnote-2) that approximately half of key populations are not measured nationally, due to the difficulty of reaching the groups and also in many cases member state reticence to record them. There is consequently a lack of funding for work for key populations as well as reduced civil society space for key population community organisations.

Another gap is insufficient comprehensive sexuality education for young people which evidence has demonstrated is one of the most effective ways to build understanding to reduce HIV transmission[[3]](#footnote-3).

1. Policies, laws and programmes to meet targets on societal enablers and address gaps in the HIV/AIDS response

There is a need for decriminalisation of key populations and HIV-related issues, e.g. decriminalisation of HIV transmission. UNFPA is also a strong proponent of improving laws around SRH laws, and its third transformative result (aiming to end gender-based violence and all harmful practices, including child marriage and female genital mutilation) has a direct and indirect effect addressing HIV.

1. Concrete action being taken to implement such laws, policies and programmes and relevant challenges

UNFPA is a co-convenor of the [Global HIV Prevention Coalition (GPC)](https://hivpreventioncoalition.unaids.org/) which includes a Key Population community of practice for coordinating support for key populations. The organisation also has an operational plan on leaving no-one behind.

The following four examples are case studies relating to UNFPA’s approach and work.

1. Closing the Gap – The Transgender Health Strategy in Jamaica

In the small island context of Jamaica, disclosure of transgender identity may raise concerns regarding arrest, discrimination, social exclusion, and physical harm. It is known that misunderstanding or stigma and discrimination may lead transgender persons to not receive or seek quality care, but the true scope of the transgender health issues remains an enigma as this population has been the subject of relatively little health research (although a 2018 survey revealed that 38.2% of transgender women had not accessed medical care in the last 12 months prior to the study).

At the national level, UNFPA Caribbean has provided technical support in collaboration with UNAIDS and Transwave Jamaica, a trans-led, trans-focused civil society organisation, for the development of a National Transgender Health Strategy. The findings of the formative research were instructive in highlighting the critical health issues, including the social determinants of health, that are specific to the transgender community in Jamaica. Respondents reported substantial barriers to healthcare, housing and access to basic social amenities as a result of their gender identity or gender expression, high levels of psychological stress, and barriers in terms of stigma and discrimination commited against them. As a result, they also reported a generally low uptake of health services, especially in the public sector. Almost one-third had some form of disability and one-third were living with HIV.

Developed using a participatory and consultative approach, the National Transgender Health Strategy (2021-2025) has a mission to promote evidence-based care, education, research, public policy, and respect and dignity for transgender and gender non-conforming Jamaicans so they are free to pursue all aspects of their civic, social, economic, emotional, and intellectual lives. It provides a combination prevention approach and a logical structure on which a rights-based health vision for transgender and gender non-conforming Jamaicans is advanced.

1. Improving access to SRHR services by Adolescents and Young People in East and Southern Africa

The majority of the countries in East and Southern Africa set the legal age of majority as 18

years old while the average age of criminal responsibility is 12.1 years[[4]](#footnote-4).

Studies show that HIV, AIDS and TB epidemics, as well as being exposed to a high prevalence

of violence, trauma and injuries in particular, most adversely affect young people, in particular

adolescent girls[[5]](#footnote-5). This underscores the immense need to eliminate barriers for this age group to

access quality health services and medical treatment. While some countries have policies that

aim to enable access to SRH services for adolescents and young people regardless of age,

these policies are not enough. Clear legislative provisions need to be in place that consider

young people’s autonomy and evolving capacities. The majority of countries in the region do not

have clear laws and policies that determine the age of consent to medical treatment, including

access to contraceptives, HIV counselling and testing, and abortions (where legal). This can

lead to confusion as to when young people may access medical treatment without a parent or

guardian’s consent. This uncertainty also creates a barrier to accessing services. Health-care

providers end up using personal discretion on ‘an appropriate age’ instead of practising within

the legal framework. Only 3 out of 21 countries (Malawi, South Africa and Uganda) in the region

have made legislative provision for the age of consent to HIV testing and counselling by setting

the minimum age at 12 years[[6]](#footnote-6). Parental consent requirements undermine the right to health of

adolescents. The original intention may have been to protect minors, but these stipulations often have the opposite effect and increase the risk of HIV and other health problems among

adolescents[[7]](#footnote-7). Research in sub-Saharan Africa shows that in countries where the age of consent to services is 15 years or lower, adolescents are 74% more likely to have been tested for HIV in the past twelve months compared with countries where the age of consent is 16 years or higher—with girls especially benefiting from the easier access[[8]](#footnote-8).

1. It’s not funny - social media campaign in Peru

In Peru, 71% of LGTBIQ + community, 70% of people living with HIV, and 64% of indigenous people suffer from discrimination and stigma. Forty percent of Peruvians would not hire a transgender person.

However in recent years, despite opposition from some groups, Peru has demonstrated significant progress in the human rights sector with the enactment of the National Human Rights Plan 2018-2021, the Multisectoral Plan for the Prevention of Adolescent Pregnancy, the National Gender Equality Plan, the Ministry of Health comprehensive health standards for trans women, and others. These achievements constitute a platform on which to build an inclusive society respectful of human rights.

UNAIDS and UNFPA have collaborated to support the Ministry of Justice in finding ways to raise awareness about the gaps that still prevail in terms of legal and social norms that affect the full exercise of the rights of adolescents, youth, and key populations, as well as to put discrimination as a violation of human rights and gender equality at the center of the discussion on the needs and demands of these populations.

As part of this the UNFPA campaign # NoDaRisa (It's not funny) showcased three short videos focusing on the normalization of discrimination. The campaign sought to fight discrimination that is disguised as humour on issues such as gender inequality, ethnic-racial origin, and sexual orientation. In addition, it strived to generate changes in attitudes promoting improvements in the living conditions of the most vulnerable people, and mobilise rapid and joint actions in favour of human rights. It ran from 2019 to 2020 and reached 6.4 million people in the first month, including social media accounts outside Peru, mainly in Spain and USA, as well as half of the 2,8 million Twitter users in Peru. The campaign also was supported by seven key opinion leaders and Grupo Radio Programas del Perú (RPP), the largest Peruvian media conglomerate.

1. Closing the Gap – Access to HIV services by Key populations in Rwanda

Since 2010, the HIV prevalence for the general population in Rwanda has stabilised at 3%. However, HIV prevalence in key populations remains high, 35.5% for female sex workers[[9]](#footnote-9) and 4.3% for men who have sex with men[[10]](#footnote-10). The country’s HIV strategic plan responds to this by targeting key populations as a high risk group for HIV transmission and has led to the implementation of HIV combination prevention interventions

In 2016, a manual on key population friendly services with a comprehensive package of interventions was developed by Rwanda Biomedical Centre in collaboration with partners, and a series of trainings targeting health services providers have been implemented since then.

With Global Fund support, the Ministry of Health, Rwanda Biomedical Centre and other partners developed a linkage system with reporting tools between the community and health facility supported through NGOs and CSOs.

A recent assessment of this programme revealed that there was improvement in the area of stigma and discrimination in communities where key population programs have been introduced. Capacity building for health care providers contributed towards the enhancement of provision of services such as self-testing, index testing, ART, PrEP and PEP.

Members of key population groups acted as peer educators and assisted in identification, linkage and follow up, which led to better treatment outcomes evidenced by high rate of virology suppression among female sex workers.

Moving forward, key population friendly services integration need to be scaled up in all remaining health facilities and strengthened through continuous capacity building of health facilities and communities where services are still weak.

1. <https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update> [↑](#footnote-ref-1)
2. <https://www.unaids.org/en/resources/documents/2021/2021-World-AIDS-Day-report> [↑](#footnote-ref-2)
3. <https://unesdoc.unesco.org/ark:/48223/pf0000260770> [↑](#footnote-ref-3)
4. UNICEF, Age Matters! Exploring age-related legislation affecting children, adolescents and youth, Youth Policy working paper, 2016. Available at http://www.childrenandaids.org/sites/default/files/2018-11/Age%20Matters%20-

   %20Exploring%20age-related%20legislation%20affecting%20children%2C%20adolescents%20and%20youth.pdf [↑](#footnote-ref-4)
5. UNESCO, Emerging evidence, lessons and practice in comprehensive sexuality education: A global review (2015) p 13. [↑](#footnote-ref-5)
6. UNFPA, Harmonization of the legal environment on adolescent sexual and reproductive health in East and Southern Africa – A review of 23 Countries, 2020. [↑](#footnote-ref-6)
7. Eba PM, Lim H. Reviewing independent access to HIV testing, counselling and treatment for adolescents in HIV-specific laws in sub-Saharan Africa: implications for the HIV response. J Int. AIDS Soc. 2017; 20(1):21456. [↑](#footnote-ref-7)
8. 5 McKinnon B, Vandermorris A., National age-of-consent laws and adolescent HIV testing in sub-Saharan Africa: a propensity-score matched study. Bull World Health Organ. 2018; 97 (1):42-50. [↑](#footnote-ref-8)
9. Integrated behavioural and biological surveillance survey for female sex workers (FSW) in Rwanda, 2019 [↑](#footnote-ref-9)
10. Integrated behavioural and biological surveillance survey among Men who have sex with men (MSM) in Rwanda, 2020 [↑](#footnote-ref-10)