

MAKING IT WORK:

LESSONS LEARNT FROM THREE REGIONAL WORKSHOPS TO INTEGRATE HUMAN RIGHTS INTO NATIONAL HIV STRATEGIC PLANS



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The Alliance's national members help local community groups and other NGOs to take action on HIV, and are supported by technical expertise, policy work, knowledge sharing and fundraising carried out across the Alliance.

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“ HUMAN RIGHTS CANNOT BE SEPARATED FROM HIV PREVENTION, TREATMENT, CARE AND SUPPORT. ”

*Christine Stegling, Associate Director:
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1. INTRODUCTION

Human rights are legal guarantees: they apply to everyone. However, these may be perceived by stakeholders in the national HIV response as separate from HIV prevention, treatment, care and support. And yet without a human rights-based approach to HIV, it is unlikely that an HIV response will be effective. Social and legal environments characterised by stigma and discrimination and the criminalisation of people living with HIV and key populations (people at higher risk of HIV, such as men who have sex with men, sex workers and people who inject drugs) undermine effective HIV programmes by preventing people from coming forward for testing, prevention, treatment, care and support. This means that in practice, investments in HIV may not be reaching those most in need.

A human rights-based approach to HIV addresses the needs of all those affected and ensures the meaningful participation of all sections of society, including the most vulnerable and marginalised in the HIV response. Such an approach includes specific programmes to reduce HIV-related stigma and discrimination and increases access to justice in the context of HIV.

To strengthen the rights-based national response to HIV, the Joint United Nations Programme on HIV/AIDS (UNAIDS), with the technical support of the International HIV/AIDS Alliance (the Alliance), initiated a project in 2011 to help national stakeholders (national AIDS programme managers, officials from ministries of health, gender and justice, civil society representatives, members of affected communities and UN staff) integrate human rights programmes into National Strategic Plans (NSPs). This brief report outlines some short-term outcomes and lessons learnt from this initiative.

“ UNLESS THE LEGAL AND SOCIAL ENVIRONMENTS ARE PROTECTIVE OF THE PEOPLE LIVING WITH AND VULNERABLE TO HIV, PEOPLE WILL NOT BE WILLING, OR ABLE, TO COME FORWARD FOR HIV PREVENTION AND TREATMENT. ”

Dr. Sheila Tlou, Director, UNAIDS Regional Support Team East and Southern Africa

2. BACKGROUND

Countries have committed to protecting the human rights of people living with and vulnerable to HIV, and increasingly report addressing stigma, discrimination and human rights in their national HIV responses.¹ Most recently, in the 2011 Political Declaration on HIV/AIDS, countries committed to:

*National HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV, including their families, including through sensitising the police and judges, training health-care workers in non-discrimination, confidentiality and informed consent, supporting national human rights learning campaigns, legal literacy and legal services, as well as monitoring the impact of the legal environment on HIV prevention, treatment, care and support.*²

The challenge remains to translate these commitments into programmatic actions in the context of national HIV responses. An analysis carried out by UNAIDS and the Alliance in the form of desk reviews of NSPs³ confirmed the results of earlier studies by UNAIDS/Alliance, UNDP and the Global Fund to Fight AIDS, Tuberculosis and Malaria.⁴ These showed that although countries may include human rights as overarching principles in their NSPs for HIV, they often fail to plan, cost and budget for specific human rights programmes, and to include monitoring and evaluation (M&E) indicators.

More specifically, analysis of the NSP desk reviews carried out by UNAIDS and the Alliance found the following:

- In principle, all NSPs commit to a rights-based approach. However, few include a comprehensive set of programmes to reduce HIV-related stigma and increase access to justice.
- Most NSPs, especially in the Asia–Pacific region, acknowledge law and policy reform as an urgent need.
- Most NSPs include some programmes to reduce HIV-related stigma and discrimination. However, NSPs often pay scant attention to increasing access to justice for people living with and affected by HIV. For example
 - there is a limited focus on training law enforcement agents on HIV and the importance of protecting the rights of key populations in the NSPs reviewed;
 - most NSPs do not include legal literacy programmes or HIV-related legal services.
- Although most NSPs identify training healthcare workers, it is not clear whether such training embraces human rights issues such as confidentiality, informed consent and non-discrimination.
- Although the involvement of people living with HIV is often included, few NSPs identify the involvement of other key populations as part of the strategy.
- Few NSPs cost rights-based programmes and only a few M&E frameworks include human rights related indicators.

1. 'Declaration of Commitment on HIV/AIDS' (2001) and the 'Political Declaration on HIV/AIDS' (2006).

2. United Nations General Assembly, 'Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS', A/RES/65/277, adopted on 10 June 2011. Available at: www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

3. Three desk reviews of NSPs were carried out: in the Eastern and Southern Africa (ESA) region, the Middle East and North Africa (MENA) region and the Asia/Pacific region. The review of the ESA region included 11 countries: Botswana, Ethiopia, Lesotho, Kenya, Mozambique, Rwanda, Seychelles, South Africa, Tanzania, Uganda and Zimbabwe. The review of the MENA region looked at 14 countries: Algeria, Djibouti, Egypt, Iraq, Iran, Jordan, Libya, Morocco, Palestine, Somalia, Sudan, Syria, Tunisia and the Republic of Yemen. The desk review of the Asia and Pacific region encompassed eight countries: China, India, Kiribati, Nepal, Philippines, Sri Lanka, Thailand, Vanuatu.

4. See UNDP, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria (2011), Analysis of key human rights programmes in Global Fund supported HIV programmes. Available at: <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/analysis-of-key-human-rights-programmes-in-global-fund-supported-hiv-programmes.html>

To strengthen the rights-based national response to HIV, UNAIDS, with technical support of the Alliance and funding from the Ford Foundation held three regional workshops between September 2011 and March 2012 to share experiences, build knowledge and skills, and identify challenges and opportunities for integrating human rights in NSPs. The workshop participants included national AIDS programme managers, officials from ministries of health, gender and justice, civil society representatives, members of affected communities and UN staff. The workshops aimed at building knowledge and skills of national stakeholders to better address human rights programmes within their national HIV responses.

The workshops were participatory and practical. Each regional workshop included an update on the epidemic, the response in each region and the national strategic planning context for HIV. The workshops were organised around the national strategic planning cycle, and demonstrated how human rights can be included in a practical way in the situation and response analyses, programmatic activities, budgets, and monitoring and evaluation frameworks of NSPs. A key output was the development of country action plans, drawn up and owned by participants themselves, which were intended to strengthen the integration of human rights programmes into the NSP based on country specificities and priorities.

The three workshops were held in:

- **Johannesburg, South Africa**, for the Eastern and Southern Africa (ESA) region (September 2011), bringing together participants from 12 countries.⁵ The workshop was held in collaboration with Health Economics and HIV/AIDS Research Division (HEARD), UNDP, ATHENA, Office of the High Commissioner for Human Rights (OHCHR), World Bank and Sonke Gender Justice Network.
- **Riyadh, Saudi Arabia**, for the Middle East and North Africa (MENA) region (November 2011), bringing together representatives from 14 countries.⁶ The workshop, entitled the 'Saudi Forum: Uniting the Arab Countries to Fight AIDS', was organised jointly with the Kingdom of Saudi Arabia and the League of Arab States.
- **Bangkok, Thailand** (March 2012) for participants from nine countries in the Asia/Pacific region.⁷ The workshop was co-hosted by UNAIDS, UNDP and the Alliance.

The comprehensive training guide used at the workshops can be easily adapted to other regions and countries and is available at www.unaids.org and www.aidsalliance.org.

RIGHTS-BASED APPROACHES TO HIV:

A human rights based approach to HIV brings human rights standards and principles into the heart of all HIV programming. It empowers people to know and claim their rights and ensures that Governments fulfil their human rights obligations in the context of HIV. In particular, a human rights-based approach to HIV ensures:

- a focus on those most affected by the HIV epidemic;
- informed, active, free, and meaningful participation by those affected by HIV in HIV-related programme design, implementation, monitoring, and evaluation;
- equality and non-discrimination in expenditure on HIV programmes and services;
- implementation of programmes to reduce stigma and discrimination and increase access to justice in the context of HIV; and
- accountability mechanisms for governments, intergovernmental organizations, donors, and the private sector.

5. Botswana, Ethiopia, Kenya, Lesotho, Mozambique, Rwanda, Seychelles, South Africa, Tanzania, Uganda, Zimbabwe and South Sudan.

6. Algeria, Bahrain, Djibouti, Egypt, Jordan, Kuwait, Lebanon, Morocco, Oman, Saudi Arabia, Sudan, Syria, Tunisia and United Arab Emirates.

7. Cambodia, China, India, Fiji, Myanmar, Nepal, Philippines, Sri Lanka and Thailand.

SLSE

Understanding our rights

- right to own property
- right to life
- right to education



Teacher, Maureen Mwanza, talking to pupils about sexual health rights in Chipata, Zambia © Alliance

3. SUCCESSFUL OUTCOMES OF THE INITIATIVE TO INTEGRATE HUMAN RIGHTS INTO NATIONAL STRATEGIC PLANS FOR HIV

3.1 IMPACT ON NATIONAL HIV RESPONSES

Key outcomes in the Eastern and Southern Africa region⁸

Key challenges in this region, identified by the participants, included the denial of the existence of key populations and their human rights as well as laws that criminalise same-sex relations and sex work. Gender inequality and the lack of promotion of the rights of women and girls were also identified as challenges.

Participants at the Johannesburg workshop reported the following short-term outcomes of the workshop:

- All participants reported some success in integrating human rights programmes into the NSP as a result of the workshop.
- Participants from Uganda reported success in incorporating human rights and gender equality programmes into Uganda's new NSP, including sensitising policymakers to the human rights of key populations to access HIV services, and specific indicators to measure the impact of human rights and gender equality interventions. The workshop also helped the participants from Uganda to carry out a number of initiatives on gender equality, including launching a gender budgeting tool in parliament, undertaking a gender audit of the NSP that informed the new NSP, and finalising an action plan on women, girls and HIV prevention. Establishing a task force on human rights is work in progress.

- In Botswana, a number of human rights related initiatives were incorporated into a costed National Operational Plan, including developing training materials for law enforcement officers, developing stigma and discrimination reduction plans, sensitising healthcare workers, and training on stigma and discrimination reduction strategies.
- Two CSOs that took part in the workshop from Kenya – the Kenya Legal and Ethical Issues Network (KELIN) and the Kenya AIDS NGOs Consortium (KANCO) – were able to integrate human rights programmes into the Kenya NSP in the context of its mid-term review. The workshop enabled KELIN to provide better input into the analysis of the Kenyan constitution from the perspective of people living with HIV, and helped articulate which human rights programmes were needed. The KANCO representative was appointed advisor to the development and implementation of the strategic plan. In addition, the workshop provided the impetus for KANCO to initiate a rights-based organisational strategic planning process, involving its board and stakeholders.
- The workshop also had influence on Tanzania's new NSP (*see case study on right*).

8. To assess the short-term impact of the workshop in the ESA region, five participants from the Johannesburg workshop were interviewed: one from Botswana, two from Kenya, one from Tanzania and one from Uganda.

“BY LIBERATING SPEECH, ACTION IS LIBERATED TOO.”

Professor Abdelaziz Tadjeddine, Association de Protection Contre le Sida en Algérie (APCS) MENA workshop

INTEGRATING HUMAN RIGHTS INTO THE NATIONAL STRATEGIC PLAN IN TANZANIA

A desk review undertaken by UNAIDS and the Alliance found that human rights and gender equality issues were not comprehensively mainstreamed in the previous NSP in Tanzania. In September 2011, Children Education Society (CHESO) attended the Johannesburg workshop as the sole Tanzanian CSO representative. *“This workshop provided new knowledge and foundation for us to strive for integrating human rights into the NSP in Tanzania,”* commented Richard Shilamba, CHESO’s executive director.

CHESO had also participated in another important events, the ‘African Dialogue on HIV and Law’, held in Pretoria in August 2011. The timing of these workshops was fortuitous as in January 2012 the Tanzanian Commission for AIDS began the process of drafting a new NSP, the ‘Third National Multi-Sectoral Strategic Framework on HIV and AIDS of 2012–2017’ (NMSF III).

At the initiative of CHESO, and with support from UNAIDS, CSOs decided to harness the knowledge gained from the two events to advocate for integrating human rights and gender equality issues into the new NSP. A civil society task force was established to take the lead in mobilising institutions, civil society and other stakeholders. In addition, a pioneering workshop, ‘Civil Society Dialogue on Mainstreaming Human Rights and Gender Equality Issues in the NMSF III’, took place in March 2012 to

enhance effective civil society participation in the process. This meeting was attended by government officials, including those who were present at the September 2011 workshop, and UNAIDS. A key output of this dialogue was a civil society resolution that has attracted the interest of more CSOs to endorse the resolution, including those representing people living with HIV. The CSOs expect to appear before the government steering committee for the NMSF III to present the resolution. The CSO resolution would be used as a tool to monitor and advocate for integration and implementation of human rights and gender equality issues in the NMSF III.

The government has engaged consultants to review the NMSF II and draft the NMSF III, incorporating inputs from various stakeholders, including CSOs. CHESO plans to share the resolution with these consultants and key government officials. The organisation is expecting to receive the first draft of the NMSF III by August 2012, and is poised to make strategic contributions to ensure the meaningful inclusion of human rights and gender equality issues. Signs are encouraging. Betty Saimon Malaki of the Commission for AIDS confirmed that one consultant will be responsible for gender and human rights, and added, *“I see gender and human rights as a priority in the coming national strategic plan.”*

Key outcomes in the Middle East and North Africa region⁹

The workshop in Riyadh was seen as a real breakthrough in the region in terms of open dialogue about HIV and the rights of vulnerable groups, including men who have sex with men and sex workers. Key challenges in this region include the need to involve Islamic leaders; stigma and discrimination experienced by men who have sex with men; and travel restrictions for people living with HIV in Gulf Cooperation Council countries.

Participants of the Riyadh workshop reported the following short-term outcomes of the workshop:

- The NSP for **Morocco** has incorporated the rights of people living with HIV and key populations, although the criminalisation of men who have sex with men remains a key challenge.
- The **Moroccan** CSO, OPALS is to implement a project in collaboration with the International Development Law Organisation, which will not only include legal literacy for people living with HIV and key populations but also practical legal advice related to HIV, with a telephone hotline offering legal support and advice. Other plans include a roundtable to sensitise judges and train lawyers, in collaboration with human rights organisations.
- **Algeria's** NSP has included key populations, including men who have sex with men and sex workers.
- Two workshops were held in Oran, **Algeria**, organised by *the Association de Protection Contre le Sida en Algérie* (APCS), in order to sensitise Imams on the rights of key populations (a direct result of the Riyadh workshop).
- The **Arab AIDS Initiative** has made significant progress (see case study below).

RIYADH WORKSHOP ACTS AS A SPRINGBOARD FOR A RIGHTS-BASED REGIONAL HIV STRATEGY IN THE ARAB STATES¹⁰

An unprecedented policy development, the Arab AIDS Initiative, has resulted from the Saudi Forum on Uniting Arab Countries to Fight AIDS (Riyadh, November 2011). Following a series of consultations and advocacy efforts led by UNAIDS, including the Gulf Cooperating Council Initiative on HIV and AIDS, and strategic partnership with the League of Arab States, the Saudi Forum made specific recommendations on human rights. These were officially endorsed at the high-level meeting of the Council of the Arab Ministers of Health (Amman, March 2012) and led to the launch of the Arab AIDS Initiative.

This initiative is of great political significance. The Council of the Arab Ministers of Health is a high-level political forum in the Arab region, representing all 22 ministers of the League of Arab States, and it is noteworthy that all the recommendations of the Saudi Forum were agreed. The Arab AIDS Initiative aims to accelerate national and regional AIDS responses to achieve the targets set in the 2011 Political Declaration on AIDS.

The next steps in this development are the formulation of a rights-based Arab AIDS strategy (2013–2015) under

the umbrella of the League of Arab States, and the creation of a technical committee on HIV/AIDS to monitor the development and implementation of this strategy. UNAIDS, the League of Arab States and Saudi Arabia have developed a roadmap on the strategy development process that will be monitored by the technical committee.

This initiative represents a growing partnership between UNAIDS and the League of Arab States. It comes in the wake of another important initiative, the Arab Convention on HIV Prevention and Protection of the Rights of People Living with HIV, which was adopted in early 2012 by the regional Arab parliament.

The Arab AIDS Initiative is a prime example of increasing political commitment by the Arab League to a rights-based approach to HIV. “The Arab AIDS Initiative also demonstrates how it is possible to address human rights not only as a notion but in concrete programmes and strategies that are politically and culturally acceptable.” – Mrs Hind Khatib-Othman, former director, UNAIDS Regional Support Team for Middle East and North Africa.

9. To assess the short-term impact of the workshop in the MENA region, one person from Algeria and one person from Morocco were interviewed.

10. UNAIDS Regional Support Team for Middle East and North Africa, contributed information for the case study on the Arab AIDS Initiative.



A couple hold hands at a support group for people living with HIV, China © Kevin Sare/Alliance

Key outcomes in the Asia and Pacific region¹¹

Specific challenges identified by workshop participants in this region included the fact that the experience of discrimination by key populations such as sex workers, men who have sex with men, transgender women, and hijras, goes largely unrecognised. In addition, participants reported that inadequate attention was being given to programmes to address harmful gender norms and their impact on women and girls within national HIV responses.

Participants of the Bangkok workshop reported the following short-term outcomes of the workshop:

- Stronger focus on human rights in the new NSP for **Fiji**.
“The workshop in Bangkok and the final stages of the Fiji NSP work were going on at the same time and it gave me an opportunity to provide comments from Bangkok back to the office to include some human rights points in the NSP.”
 – Losana Korovulavula, UNAIDS Pacific office, Fiji.
- Start of a project on legal literacy for key populations, including people living with HIV, in three states, implemented by the CSO, **India** HIV/AIDS Alliance. This was a direct result of the workshop. A key learning

point for the CSO participant was the significance of legal literacy; how important it is to help people understand the law – *“the law of the books, rather than the street law”* – as well as the need to sensitise law enforcement agents.

- Documenting the human rights abuses experienced by people who use drugs, within a project implemented by the **Sri Lankan** CSO, Grassrooted Trust. The next stage of the project is to draft a list of key human rights of people who use drugs and to encourage law enforcement agents to agree to include a telephone number for providing practical legal support and advice if people who use drugs are arrested.
- The transfer of knowledge to others. The government official from **India** passed on understanding, skills and tools relating to human rights programming through mentoring support to officials at various levels. The CSO participants from **China** and **India** have briefed and shared lessons learnt with other CSOs.
- The incorporation of two human rights indicators within the M&E plan as part of the NSP for the **Philippines**, and implementation of a number of human rights initiatives, as outlined *below*.

PHILIPPINES – KEY INITIATIVES FOLLOWING THE BANGKOK WORKSHOP

A number of the obstacles identified at the Bangkok workshop were linked to the limited involvement of key populations and the need for a clearer understanding by duty-bearers of human rights issues. A recommendation from the Filipino participants was to address capacity issues from the perspective of rights-holders as well as government officials. Building on current initiatives in country to address the perceived gap in accessing redress for HIV-related human rights violations, the following developments have taken place since the workshop:

- A document *Seeking redress for HIV-related violation of human rights in the Philippines* was published in April 2012, based on the Stigma Index study of Pinoy Plus and the mapping of redress mechanisms. This document was launched and disseminated (including through social networking sites) as part of the AIDS Candlelight Memorial in May 2012.
- A series of workshops are being planned for 2012 in at least three NSP priority sites to bring together people living with HIV and free legal aid practitioners, in order to deepen understanding of HIV and human rights and to foster partnerships.

An important recent development is the signing of an agreement between the Department of Justice and the Commission on Human Rights in the Philippines. A key component of this agreement is the recognition

of the Commission’s legal and investigative roles. This means that any human rights cases investigated by the Commission and recommended for criminal charges can now be referred to the Department of Justice for prompt action through prosecutors trained in human rights. Discussions are under way to advocate for the investigation of HIV-related human rights violations as part of the protection of social, economic and cultural rights.

A continuing challenge is the documentation of what is happening on the ground regarding HIV-related human rights issues. It is therefore significant that the Philippines government has incorporated two human rights indicators within the M&E plan, as part of the NSP. This inclusion, which is a direct result of the Bangkok workshop, stems from collaboration by the government (National AIDS Council and other government agencies), CSO representatives and UNAIDS within the M&E working group. Teresita Marie Bagasao, UNAIDS Country Office, Philippines, commented: *“Every activity is critical if seen through a human rights lens. The workshop sessions on the seven programme areas and investment in human rights provided us with clear tools and concrete illustrations of a rights-based programme that impacts on the epidemic. Human rights cannot be reduced to just one measure – it needs to be built across inputs, activities, outputs and outcomes which lead to impact.”*

11. Four participants were interviewed from this region: from China, India (two participants) and Sri Lanka. In addition, the UNAIDS Pacific office (Fiji) and UNAIDS country office (Philippines) contributed by email.

3.2 ENHANCED KNOWLEDGE

A significant outcome of the workshops was the participants' enhanced knowledge about human rights programmes in the context of HIV. When asked about the value and usefulness of the workshop, participants said that they had improved their knowledge and strengthened their understanding of HIV-related human rights issues and how to address them.

The majority of participants stated that they found the reference materials useful. The participant from China said that the workshop increased her confidence to engage in human rights, and that she appreciated the way the workshop 'broke down' human rights concepts. *"I've not been working specifically on human rights so you think human rights is out there somewhere and you could never implement it in China, but what I found very useful was the introduction of human rights in a very simplified and practical way. It demystified the process."* – Grace Lo, country director, China Office of the International HIV/AIDS Alliance.

Some participants described how the workshops had helped in the presentation and justification of human rights concepts and programmes to other stakeholders involved in the HIV response. They explained how they had experienced some success in advocating for *specific*, concrete human rights programmes rather than all human rights. This

approach had provided a way in – an entry point – to talk about the right to health in challenging contexts. The Algerian participant reported some success in sensitising Imams specifically about the rights of vulnerable groups to access health care, regardless of sexual orientation, rather than human rights in general, which may have been opposed.

Those participants who were already familiar with human rights found that the workshop enriched their knowledge and validated their approach. Others found that it had provided a new way of looking at HIV programming.

Several civil society participants valued the active participation of governments at the workshop, which facilitated a constructive dialogue and helped ensure a balanced discussion. They found this particularly useful when working together to plan and influence the NSP. They appreciated that governments participated fully, shared good practice and learnt from the experience.

Some participants said that they welcomed the exchange of views with other countries. They valued the opportunity to learn from each other and to see what stage they were at in the process of integrating human rights programmes into their NSPs, compared to other countries.

“ AT THE NATIONAL LEVEL, THIS WORKSHOP HAS REALLY GIVEN ME A DIFFERENT PERCEPTION AND A DIFFERENT DIMENSION: TO LOOK AT HIV PROGRAMMING FROM A NEW PERSPECTIVE – FROM THE HUMAN RIGHTS ANGLE. IT HAS MOTIVATED ME TO DO THINGS DIFFERENTLY. ”

Dr T L N Prasad, technical expert, NACO, New Delhi, India



A nurse measures out methadone at Ar Rahman mosque in Kuala Lumpur, Malaysia © International HIVAIDS Alliance

“ I FOUND THE WORKSHOP VERY BENEFICIAL FOR MY WORK. IT PROVIDED CLARITY ON HUMAN RIGHTS AND GENDER EQUALITY PROGRAMMING, AND ENABLED US TO MEASURE THE IMPACT OF HUMAN RIGHTS AND GENDER INTERVENTIONS AS WE DEAL WITH HIV. WE WERE ABLE TO PICK A FEW INDICATORS IN OUR MONITORING PLAN WHICH WOULD SHOW WE’RE MAKING PROGRESS. ”

Elizabeth Mushabe, co-ordinator, partnership affairs, National AIDS Commission, Uganda

3.3 USEFULNESS OF THE TOOLS PRESENTED AT THE WORKSHOPS FOR A HUMAN RIGHTS-BASED APPROACH

Some participants said that they valued the tools and guidance provided by the workshops for integrating human rights programmes into NSPs. The participant from China particularly welcomed the list of the seven key programmes to reduce stigma and discrimination and increase access to justice that UNAIDS recommends should be part of every national HIV programme (see below).

Tools for costing programmes to reduce stigma and discrimination and increase access to justice programmes

“We’ve been utilising the [UNAIDS] Human Rights Costing Tool to cost human rights programmes. If we’re training women on human rights issues, that will cost x amount of money, that is helpful for our fund-raising to donors: we know how much it costs.” – Allan Maleche, coordinator, KELIN.

- Participants learnt that if costing for human rights programmes is not included in the NSP, there is a strong probability that programmes will not be implemented.

Tools for monitoring and evaluating human rights programmes

“The Stigma Index is a very valuable tool, and it also helps us to influence bureaucrats and other senior policy-makers.” – Dr T L N Prasad, technical expert, NACO, New Delhi, India

- Monitoring and evaluating human rights programmes is challenging. However, a number of tools do exist, with specific indicators to measure the outputs, outcomes and impact of these activities. Participants learnt, for example, that it is possible to use different indicators to measure different aspects of stigma and discrimination.
- A learning point from the workshop was that it may be necessary to use not only official data to assess human rights and gender equality concerns but also data gathered from civil society groups, women’s shelters and human rights institutions.

SEVEN KEY PROGRAMMES TO REDUCE STIGMA AND DISCRIMINATION AND INCREASE ACCESS TO JUSTICE IN THE NATIONAL HIV RESPONSE

1. Stigma and discrimination reduction
2. Legal services
3. Reforming law, regulations and policies
4. Legal literacy (i.e. ‘know your rights’)
5. Sensitisation of policymakers and law enforcement agents
6. Training for health care providers
7. Reducing harmful gender norms and violence against women

KEY TOOLS FOR HUMAN RIGHTS:

- UNAIDS Guidance note (2012), Key programmes to reduce stigma and discrimination and increase access to justice in national HIV responses
- People Living with HIV/AIDS Stigma Index
- UNAIDS Human Rights Costing Tool
- International Community of Women Living With HIV/AIDS, Positive Women Monitoring Change tool.

4. LESSONS LEARNT

AN IMPORTANT LEARNING POINT WAS THE FACT THAT HUMAN RIGHTS CAN BE PROGRAMMATIC RATHER THAN ABSTRACT PRINCIPLES.

Various factors determine the success of participants' efforts to incorporate human rights programmes into NSPs.

Timing

Participants learnt that when seeking to plan and influence an NSP, timing is key. Countries were at different stages of planning their NSPs. Some were in the process of reviewing their NSP; some had finalised it. Some were developing an operational plan. It is therefore important to utilise key entry points in order to maximise advocacy opportunities.

Participants learnt that:

- efforts to integrate human rights are most likely to be effective when the NSP is about to be reviewed;
- the mid-term review of an NSP presents another good opportunity to integrate human rights;
- development of the operational plan provides another key opportunity;
- once an NSP is finalised, there is a need to ensure that human rights activities are costed and financial resources for their implementation are raised. NSPs that meaningfully integrate costed human rights programmes serve as a vital tool for advocacy and resource mobilisation.

Harnessing different entry points

Participants learnt that each planning step of the NSP roadmap offers entry points or opportunities to integrate human rights:

Step 1: analysing past response and the current situation

Step 2: identifying goals, principles and priorities

Step 3: identifying programmes and activities

Step 4: developing a monitoring and evaluation framework

Step 5: costing and budgeting

- It is vital that people living with HIV, women, young people and members of other key populations are engaged and involved in each of the steps to ensure that human rights issues are fully integrated.
- It is important to use the practical tools and lessons provided by the workshops for identifying, costing and monitoring and evaluation of human rights programmes.

Identification of key target groups and stakeholders

When seeking to plan and influence the NSP, participants learnt the importance of:

- identifying those in power who are 'agents of change', with control over decisions to include human rights in national HIV responses. These include government decision-makers (Ministry of Health, Finance, Interior and Justice as well as the National AIDS Council). Parliamentary committees have key authority over setting the budget. Therefore MPs are an important target group to lobby for the inclusion of human rights programmes in the NSP at the costing stage.

Framing human rights messages

Participants learnt that fostering a more supportive legal environment entails not only drafting and formulating protective laws but also ensuring that these laws are enforced. This means guaranteeing that people living with and affected by HIV have access to justice and are protected against human rights abuses and discrimination. Participants learnt that it is vital to employ a range of arguments to justify the rationale for a human rights-based approach to HIV within the NSP in order to gain acceptance and 'buy-in'. It is also important to tailor messages according to the target audiences. Arguments used include:

- **a public health perspective**, demonstrating that human rights programmes will maximise the impact, coverage, uptake and quality of HIV services
- **cost-benefit arguments** (for example, to a parliamentary budgets committee or Ministry of Finance), emphasising that investments now in human rights will mean lower healthcare costs in the future. At a time of diminishing international funding for HIV, there is a need to direct funding where it will have the most impact: to key populations most affected by the epidemic. In essence, a human rights-based approach helps ensure that investments are better targeted and represent better value for money. The 'New Investment Framework for the Global AIDS Response'¹² emphasises that an enabling legal environment and the protection of human rights are critical enablers to any effective and meaningful national HIV programme.¹³

- **national legislation and international commitments**, making the case that governments have obligations to protect human rights. *"First, as a priority aspect in our NSP, we had to look at how our legal environment could permit us to work with some of those restricted populations. A major activity was how we could engage policy-makers to allow us to give services to those people from a public health point of view, where you need everyone to access services, irrespective of your belief and orientation. Our Constitution states health as a human right. So we used this to argue our cause."* – Elizabeth Mushabe, co-ordinator, partnership affairs, Uganda AIDS Commission.

12. UNAIDS (2011), 'A New Investment Framework for the Global HIV Response'. Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2244_InvestmentFramework_en.pdf

13. For the first time, human rights and gender equality have been elevated to the same level as prevention and treatment, in the UNAIDS strategy 2011–2015, 'Getting to Zero'. Available at: www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

5. CONCLUSION

The three regional workshops succeeded in contributing to building the skills, capacity and knowledge of the participants in integrating human rights programmes into their NSPs.

The workshops have led to concrete outcomes, namely the integration of HIV-related human rights into NSPs in a number of countries. Participants have also initiated (or are planning) innovative human rights projects as a direct result of the workshops.

Many participants found the tools and guidance useful in identifying, costing, monitoring and evaluating human rights programmes. The workshops have also enhanced skills and knowledge about different entry points, target audiences, arguments and language to use when planning and influencing the NSP.

For some participants, the workshops have introduced new ideas and demystified a rights-based approach. For others who have more experience in working in human rights, the workshops have validated their approaches.

The workshops have given governments, civil society representatives, affected communities and UNAIDS an opportunity to share good practice, exchange views and learn from each other.

The challenge remains to continue to apply this learning to the protection and promotion of a rights-based approach in the national response to HIV, and to make the commitments of the 2011 Political Declaration a reality.

APPENDIX: METHODOLOGY

The purpose of this assessment was to gauge the usefulness of the workshops on integrating human rights into NSPs for the participants and to assess the initial impact of the workshops on national HIV responses. The assessment, which is largely based on participants' testimonies, draws on the following sources of information:

- reports from the three regional workshops
- responses to a Survey Monkey sent to the participants of the ESA regional workshop¹⁴
- desk reviews of existing NSPs produced ahead of the workshops
- training guide on Integrating a human rights-based approach into NSPs on HIV
- testimonies gained from telephone interviews and email correspondence with 11 participants. Selected participants representing government, civil society and the UN were emailed and invited to take part in a telephone interview. Questions concerned the usefulness of the workshop, its application to their work and the implementation of country action plans
- correspondence by telephone and email with three UNAIDS regional representatives regarding workshop feedback and case studies.

The main limitation in interpreting results is the limited size of the group who agreed to be interviewed and who responded to the Survey Monkey. A further limitation is the challenge in attributing action after the workshop directly to the workshop itself. However, this report provides a good snapshot of the work undertaken and some of the major insights gained in working with the three regions.

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14. All workshop participants from the ESA region were invited to respond to the Survey Monkey, however, only four responded in full. Therefore, due to the poor response rate, the Survey Monkey was not sent to the participants of the Riyadh and Bangkok workshops.

