

**From:** Enrique Restoy **Sent:** Wednesday, 12 November 2014 19:17 **To:** ['advocacy@unaids.org'](mailto:advocacy@unaids.org) **Subject:** Global non-discrimination targets- Input from the International HIV/AIDS Alliance and Stop Aids Now (SAN!)

Dear Chris,

Thank you for the opportunity to provide input on the draft global targets on non-discrimination. In addition to the comments the International HIV and AIDs Alliance and Stop AIDS Now (SAN!) have made on the google document. Here are our main general points:

We believe that Option A is by far the most appropriate as it encapsulates more holistically the key barriers to discrimination. We do see that at present, Option B presents more clearly defined targets and indicators, but they totally miss on discrimination against key populations other than people living with HIV as regards to state-level laws, policies and practices.

Our general comments/suggestions therefore focus mostly on **Option A:**

- In the Social environment of equal opportunity tear of, box C is referring to similar things to A. We suggest adding; 'access to high quality social protection including food, income support, housing, education, health and employment through quality services which are are non-discriminatory , and uphold, confidentiality, privacy and all other human rights'.

**In PROPOSED TARGET 1:**

- HIV related discriminatory laws' could be subject to either being interpreted as just HIV prevention or control laws or to ambiguity as to which laws are HIV related. We suggest: PROPOSED TARGET: By 2020, no laws, regulations or policies discriminating against key populations are passed, and 50% of countries that have such laws, regulations and policies repeal them.

- In this respect, we believe there should be an indicator on criminalisation of specific key populations: ‘% of countries which do not criminalise drug use, any particular sexual orientation or gender identity, and sex work.’
- We miss more positive targets on laws and regulations, for example: ‘% countries reporting the introduction of laws protecting key populations and women’ (NCPI). This is more inclusive than having a target only on laws addressing VAW. Even in the latter case, it should be gender-based violence, as this kind of violence doesn’t only affect women.
- In indicator ‘% of countries reporting by civil society that there is a policy to reduce VAW’. Why does it have civil society reporting? This is a very objective fact. We suggest: ‘% countries reporting that they have a policy, law or regulation to reduce VAW’. Sources can easily be country reports to Human Rights Council as part of UPR or other country reports to UN procedures.
- There is an important lack of reference to state ‘practices’ as often the problem is not in the laws or policies, but in how these are enforced. We believe this should be in part a about legal and policy environment. Proposed indicator could be: ‘% of countries reporting an increase of persecutions/convictions for human rights violations committed against key populations’.
- In the indicator on ‘% of recommendations of international human rights mechanism and bodies pertaining to HIV,’ it is not clear if that means recommendations specific to the country in question or general recommendations. If it is the former, it is very difficult to verify since many recommendations by human rights bodies are not followed up with implementation reports. And when there are country reports, what is the source: state reports or civil society reports? A suggestion would be “% recommendations by of international human rights mechanism and bodies pertaining to HIV acknowledged to being addressed by these bodies”.

## **In PROPOSED TARGET 2:**

- In indicator ‘% of PLHIV who sought redress if rights violated’, this is incomplete, it should include ‘justice and redress’. There can be redress without justice, and most often, when there is justice, there is no redress.
- The indicator on ‘% of women who can decide own health care’, be believe it doesn’t’ below there.
- The indicator of key populations reporting physical violence identifying police as perpetrator. We think there is no need for this to be so narrow on type of incident and perpetrator, especially because there is a myriad of human rights violations being committed by KPs, and in terms of perpetrators and in the context of HIV, we should include public health care professionals. We suggest ‘% of KPs reporting human rights violations directly committed by state representatives (law enforcement officers, public health care workers, state education professionals, etc....)’
- We believe the potential indicators suggested fall short in analysing access to justice, as they just address inability to challenge. We propose that there are indicators as to the former. For instance ‘% cases of discrimination based on HIV states with persecutions’ and/or ‘% of convictions for discrimination against KPs’

## **In PROPOSED TARGET 3:**

- We suggest a rewording of target to read: ‘By 2020, at least 90% of people living with or affected by HIV are accepted within their communities, ad are able to seek and enjoy their human rights and social protection, including basic income support, healthcare, food, employment, education and legal and social support’
- The indicator on ‘% of key populations citing stigma as reason form not seeking HIV treatment and care’ should include ‘prevention and care and support and HIV-related legal assistance’.

Below are several additional potential indicators:

- 'Number and percentage of HIV care and treatment clients vulnerable to food insecurity referred from clinical facilities to food security services' (routine programme and clinic records, including referrals to food security services);
- National capacity to implement and scale up HIV-sensitive social protection and HIV and child-sensitive social protection strengthened' (joint United Nations team survey, UNAIDS);<sup>16</sup>
- 'National health financing and/or social protection strategies in place which explicitly address HIV' (joint United Nations team survey, UNAIDS);
- 'Percentage of total health expenditure that is paid out-of-pocket is less than 15%' (WHO Global Health Expenditure Database (GHED));
- '% of Proportion of the poorest households who received external economic support in the last three months' (global AIDS response reporting (GARPR) indicator 10.2);<sup>15</sup>
- 'Current school attendance among orphans and non-orphans (10–14 years old, primary and secondary school age)' (GARPR indicator 10.1);

Comments on **Option B:**

- As indicated earlier, we believe that even being a proxy approach, Option B totally miss on discrimination against key populations other than people living with HIV as regards to state-level laws, policies and practices. And therefore we strongly advice that Option A is retained.

Bellow are however some suggestions on option B:

- In proposed target 2, we suggest: 'By 2020, all people living with or affected by HIV enjoy access to quality healthcare services with no stigmatisation and discrimination'.
- In proposed target 1, we think that the second indicator is very convoluted. A way of simplifying it could be '% of cases of

prosecution/or conviction of people for intentional or negligent transmission of HIV in application of HIV specific laws’

- Indicator on % of key populations citing stigma as reason for not seeking HIV treatment and care, should include ‘prevention and care and support and HIV-related legal assistance’.
- Proposed target 2 could include the following indicator: ‘% of PLHIV understand basic human rights principles and norms and mechanisms to realise them available to them’
- Proposed target 3 could be put in positive: instead of ‘less than 10% are discriminated’ , it could be ‘More than 90% are not discriminated’
- Given the strong focus on PLHIV we believe that there are a number of strong and relevant indicators in the PHDP framework that could be included here.

We hope these are useful  
Best regards,  
Enrique

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