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# Strategy Development: Landscape Analysis – Human Rights, Gender and Equity

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## SDGs and Human Rights, Gender & Equity

Investments contribute to SDG3 on health & SDGs 5, 10 and 16 on gender equality, reduced inequalities and justice, among others.

## UNAIDS Fast Track targets

By 2020	By 2030
<b>90-90-90</b> Treatment	<b>95-95-95</b> Treatment
<b>500 000</b> New infections among adults	<b>200 000</b> New infections among adults
<b>&lt; 500 000</b> AIDS-related deaths	<b>&lt; 500 000</b> AIDS-related deaths
<b>ZERO</b> Discrimination	<b>ZERO</b> Discrimination

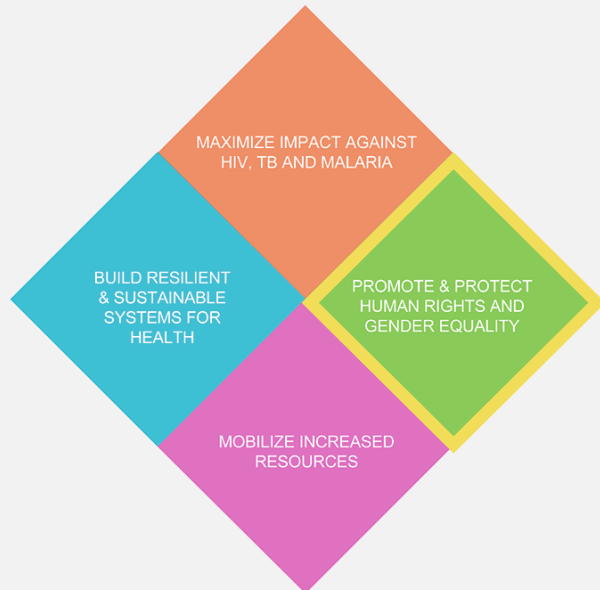
## WHO End TB targets

By 2025	By 2030
<b>90%</b> Reduction in deaths	<b>90%</b> Reduction in deaths
<b>50%</b> Reduction in incidence	<b>80%</b> Reduction in incidence
<b>ZERO</b> Families facing catastrophic costs	<b>ZERO</b> Families facing catastrophic costs

## WHO End Malaria targets

By 2020	By 2030
<b>75%</b> Reduction in mortality (at least)	<b>90%</b> Reduction in mortality (at least)
<b>75%</b> Reduction in case incidence (at least)	<b>90%</b> Reduction in case incidence (at least)
<b>20</b> Countries eliminated malaria	<b>35</b> Countries eliminated malaria

## 2017-2022 GF Strategy: SO3

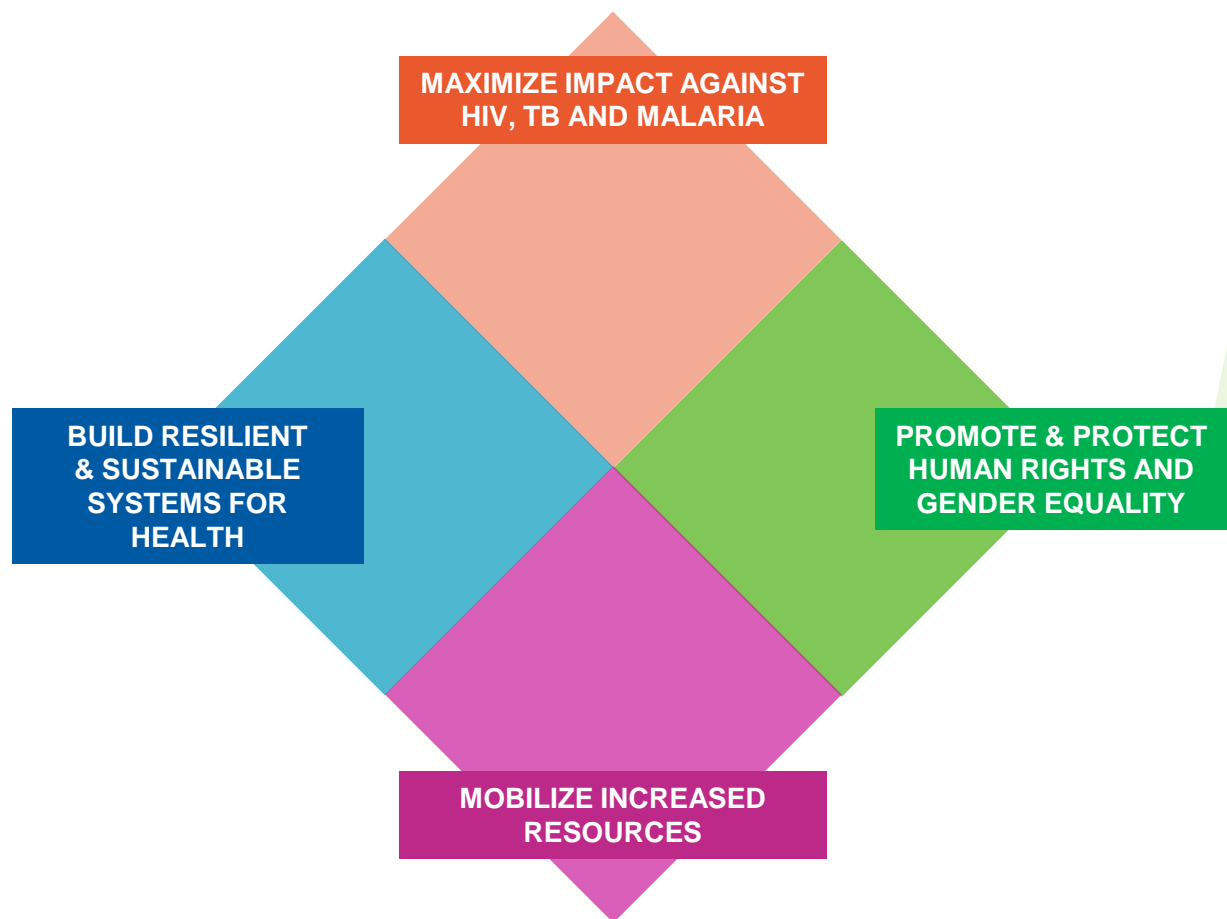


## Key messages

- Human rights and gender-related barriers remain major obstacles to achieving global disease targets and SDG3.
- Deep and intersecting inequities across sex, age, income, groups, and geography exist within the global response to the three diseases.
- Many of the populations experiencing the highest rates of infection and lowest coverage of services are often those also experiencing the most substantial human rights and gender-related barriers – including key and vulnerable populations (KVPs), and adolescent girls and young women (AGYW).
- Specific areas of notable progress include increased funding for human rights; expanded collection of sex and age disaggregated data; and targeted efforts to address some critical inequities, such as disproportionate HIV risk for adolescent girls and young women in sub-Saharan Africa.
- TB and malaria have been less integrated into this discussion, and there is more work to do to understand and address significant economic and social inequities, human rights and gender-related barriers to TB and malaria services.
- COVID-19 has increased risk for many already marginalized communities, as well as heightened the importance of community-based service delivery.

# Human rights and gender in the 2017-2022 Strategy – Strategic Objective 3

## Strategic Objectives of the Global Fund 2017-2022 Strategy



## Operational objectives:

- Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights
- Invest to reduce health inequities including gender- and age-related disparities
- Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services
- Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes
- Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes

# Human rights and gender-related barriers are numerous and intersectional

## For people living with or at risk of HIV

- Stigma and discrimination
- Gender inequality
- Harmful gender norms
- Punitive laws, law enforcement and policies
- Gender-blind service delivery
- Violence, including gender-based violence

## For those living with TB

- Stigma and discrimination
- Unjustified involuntary detention of patients or suspected “carriers”
- Gender inequality
- Harmful gender norms
- Gender-blind service delivery
- Lack of access to justice, including detention without trial

## In the context of malaria

- Gender inequality
- Harmful gender norms
- Gender-blind service delivery
- Legal, social and cultural barriers

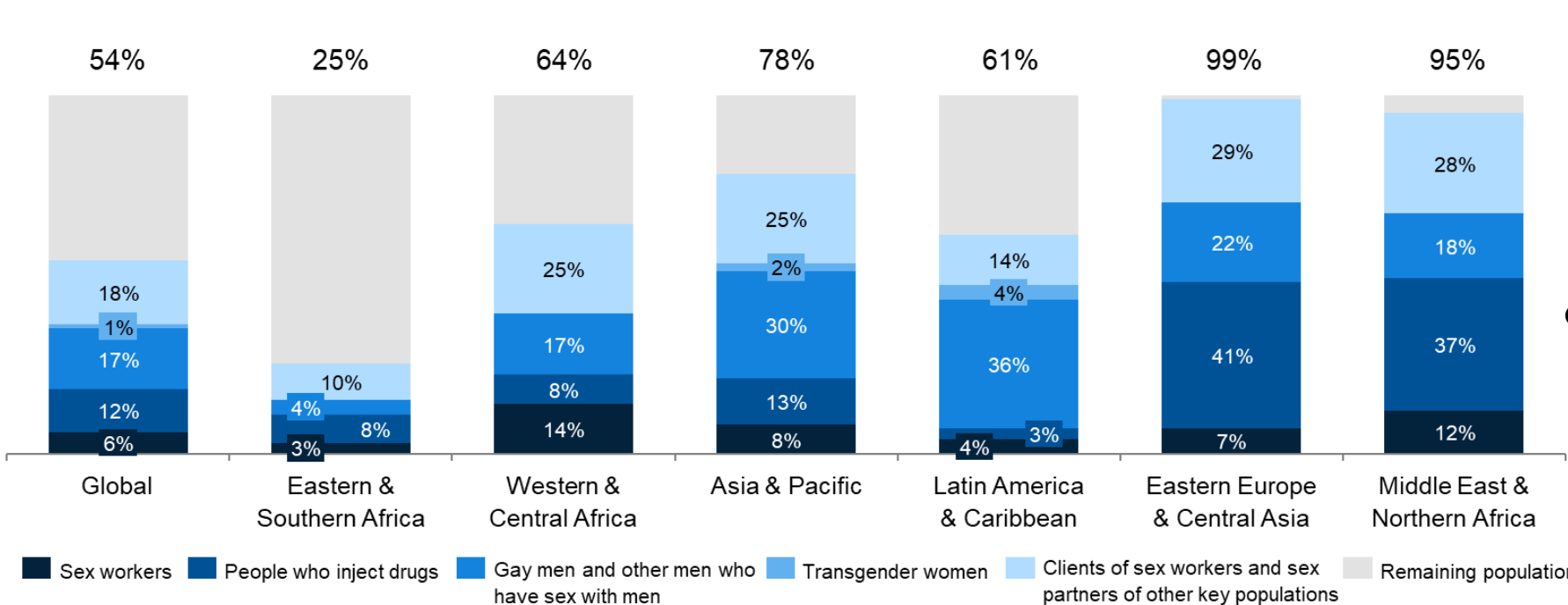
## Summary findings of GF human rights baseline assessments in the 20 GF *Breaking Down Barriers* focus countries:

- Barriers to health services are many and severe, and there is high intersectionality of these barriers
- Programs to address human rights-related barriers exist but are small, inadequately supported, not coordinated and not evaluated
- Such programs are not sufficiently integrated into or linked to the prevention, treatment and key population programming they are meant to support
- Capacity of and support for key population-led organizations is insufficient
- There is need for adequate support to and roll out of increased monitoring and evaluation efforts
- Costs for comprehensive programs are not being met, and the range of donors available to support programs is limited

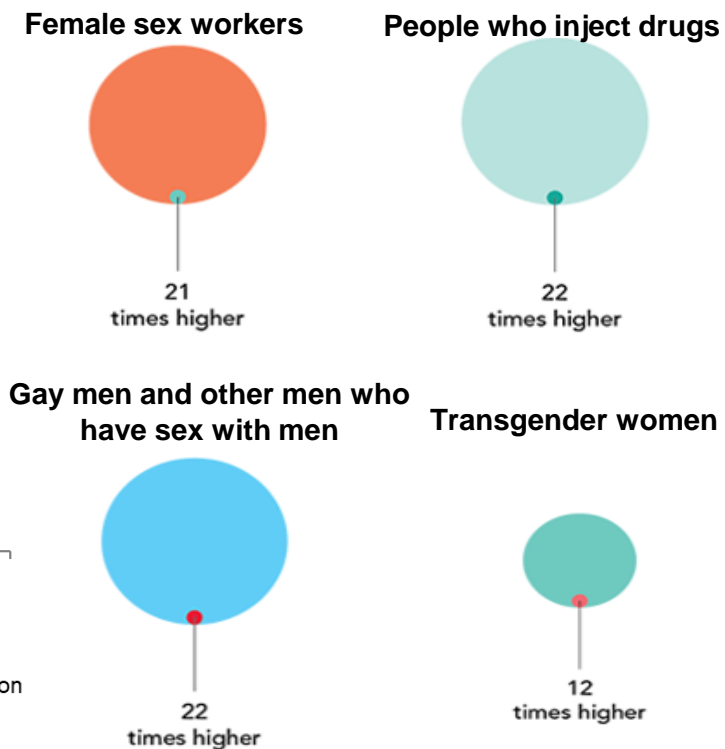
Human rights and gender-related barriers are multidimensional, intersectional and cross-cutting; they can obstruct access to services *as well as* increase risk of transmission

# Groups that face substantial human rights and gender-related barriers experience disproportionately high risk of HIV infection and account for the majority of new infections globally

Share of new HIV infections among key populations, by region, 2018



Relative risk of HIV acquisition, compared to general population, global, 2018



54% of all new HIV cases are among key & vulnerable populations and their partners; > 80% of all new cases outside Africa are among key & vulnerable populations

# Gender – influence on risk and access to services

## HIV

### Risk of infection



In sub-Saharan Africa, 4 in 5 new HIV infections among 10-19 year-olds are among girls



Transgender women are 12 times more likely to acquire HIV than members of the general population



Female and transgender sex workers are 11 times more likely to be living with HIV than other women

### Access to services



Men being less likely to access HIV testing or to seek, use and adhere to ART, and being more likely to have a lower CD4 count at treatment initiation due to late diagnosis

## TB

### Risk of infection



64% of new global TB cases are among men and boys

### Access to services



Evidence that women may have more difficulties accessing TB treatment and be significantly more vulnerable to stigma than men

## Malaria

### Risk of infection



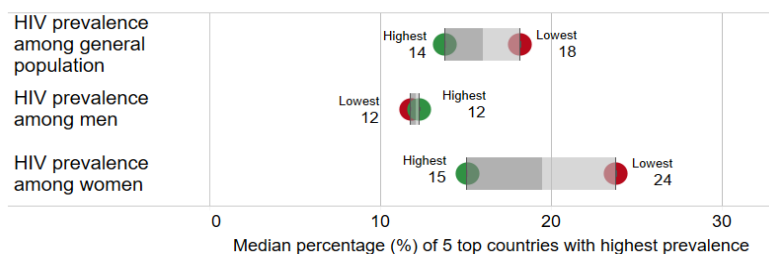
Pregnant women face severe risks when infected with malaria. In West and Central Africa, 35% of pregnancies were exposed to malaria infection.

Gender is a crucial factor in the fight against the three diseases; winning this fight requires accelerated progress on gender equity and scale-up of gender-responsive health services for all

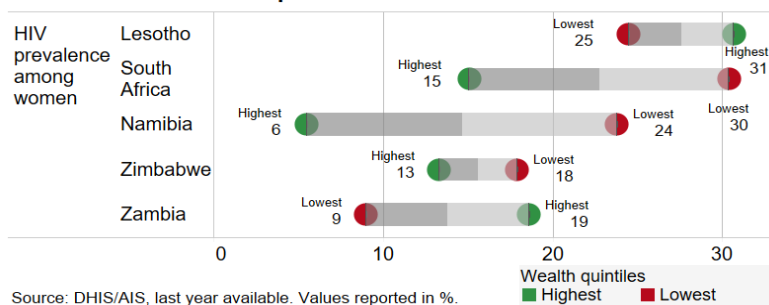
# Equity – knowing the epidemics and leaving no one behind

**Equity** is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO)

**Difference in HIV prevalence by wealth quintiles: 5 highest prevalence countries**

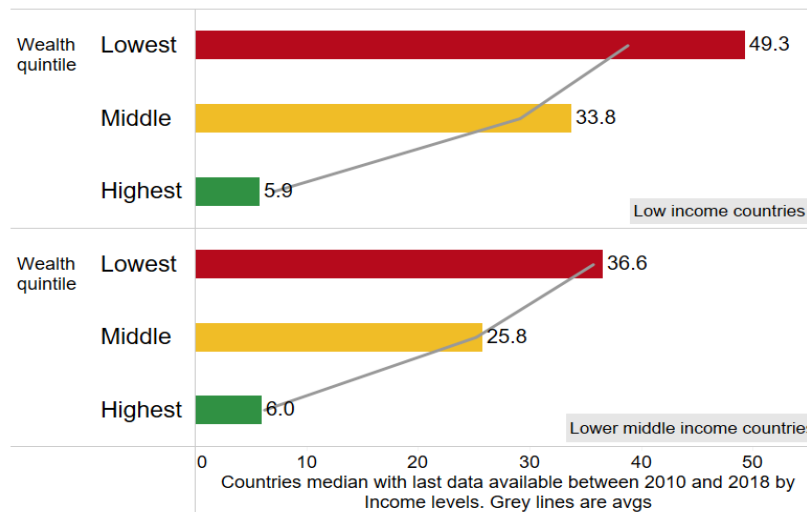


**HIV prevalence among women by wealth quintile: 5 highest prevalence countries**



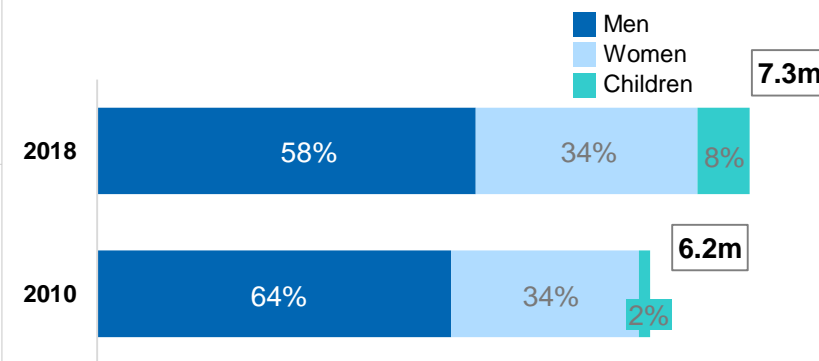
Source: DHIS/AIS, last year available. Values reported in %.

**Percentage of children age 6-59 months tested using a rapid diagnostic test (RDT) who are positive for malaria, by wealth quintiles**



Source: DHS/MIS, last year available between 2010 and 2018. 21 High Impact countries analysed.

**TB case notifications**



Despite significant progress in addressing morbidity & mortality, in most cases vast inequities in health outcomes for the three diseases persist, preventing progress towards ending the epidemics

# Stigma & discrimination against people living with and affected by the three disease is pervasive and has a direct effect on risk and access to services

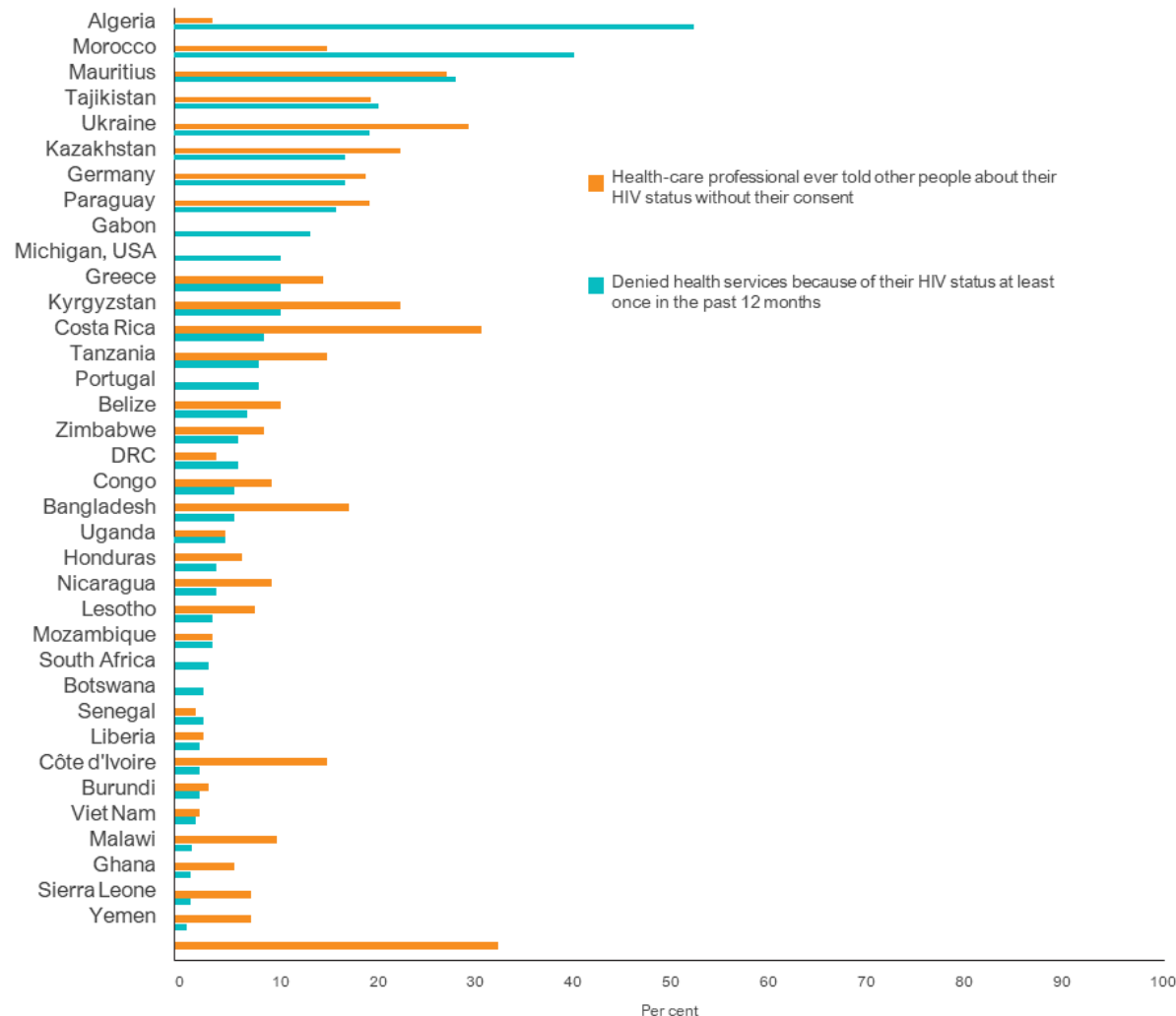
Experiences of stigma in men who have sex with men (MSM) and perceived stigma among female sex workers are associated with HIV infection

Fear of seeking healthcare among MSM and having been denied healthcare because of sexual orientation associated with diagnosed/treated for sexually transmitted infections

People who inject drugs are likely to avoid testing if they have been previously refused treatment or services by health care workers

A study of 10 sub-Saharan African countries found “punitive and non-protective sex work laws” and high levels of stigma to be associated with HIV infection among female sex workers

People living with HIV who experienced discrimination in health-care settings, %, 2012–2017





# Punitive laws and policies increase vulnerability to HIV infection and remain a critical barrier to many communities accessing health services

## % of countries (global) with criminalizing laws, cohesive policies, 2019\*

Laws criminalizing the transmission of, non-disclosure of, or exposure to HIV transmission



- Criminalized
- Not criminalized, but prosecutions exist based on general criminal laws
- Not criminalized
- Data not available at this time

Criminalization of sex work



- Any criminalization or punitive regulation of sex work
- Sex work is not subject to punitive regulations and is not criminalized
- Issue is determined/differs at subnational level
- Data not available at this time

Drug use or possession for personal use is an offense



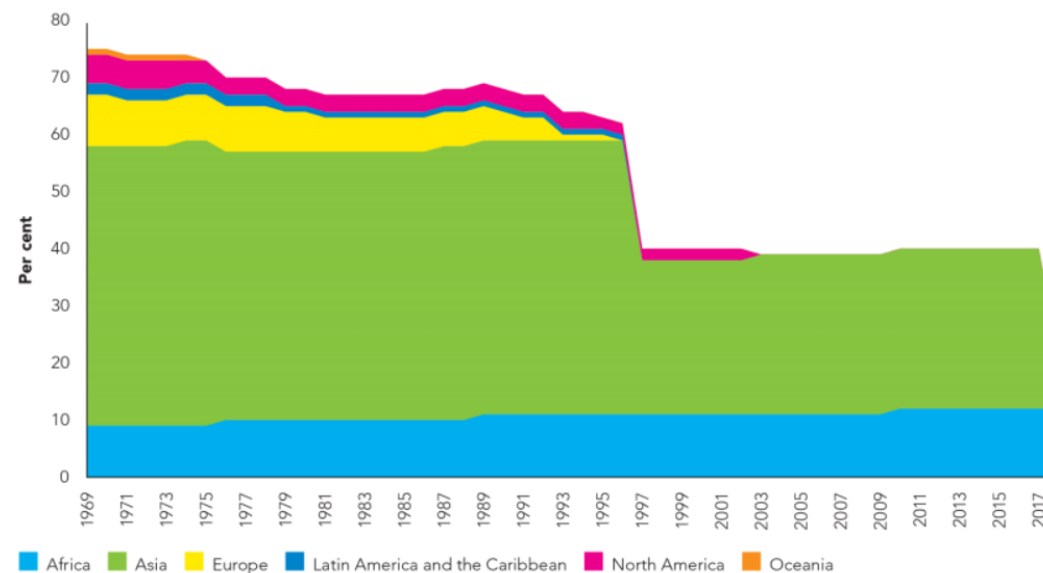
- Drug use or consumption and/or possession of drugs for personal use is specified as a criminal offence
- Drug use or consumption and/or possession of drugs for personal use is specified as a non-criminal offence
- Not an offence
- Data not available at this time

Less than 1% of people who inject drugs globally live in countries with sufficient access to harm reduction services

A systematic review found that 80% of eligible studies suggested that drug criminalization has a negative effect on HIV prevention and treatment

Modeling has predicted that decriminalizing sex work could avert 33–46% of new HIV infections over ten years

## % of global population that lives in a country that criminalizes consensual same-sex sexual relation



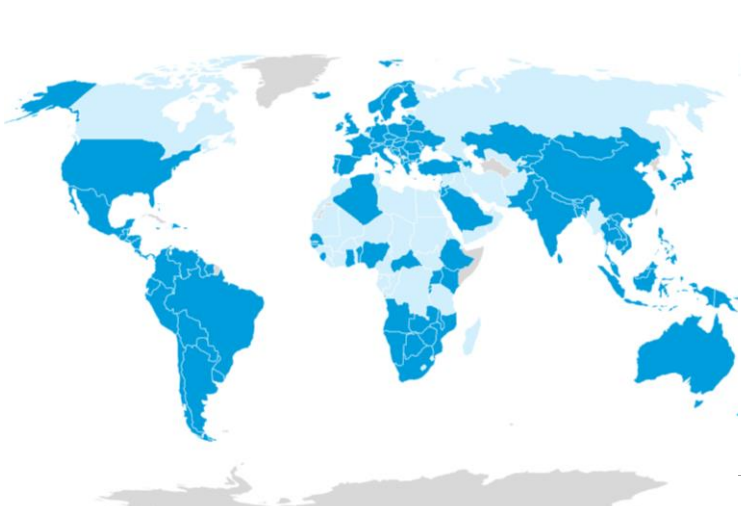
Despite progress, consensual same-sex sexual relations remain criminalized in at least 67 countries and territories

6 countries allow for the death penalty for consensual same-sex sexual relations

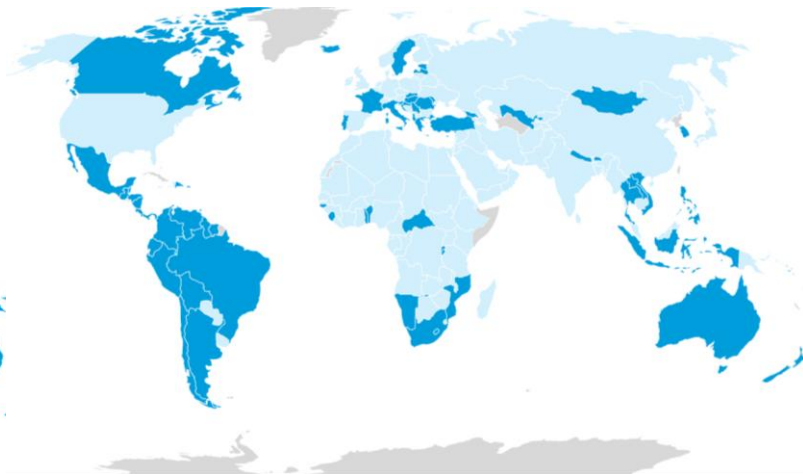
The existence of anti-LGBTQI (lesbian, gay, bisexual, transgender, queer and intersexed) legislation has been associated with increased fear of seeking and overall avoidance of health care among MSM

# Constrictive legislative environments limit progress from achieving gender-equity for HIV/AIDS

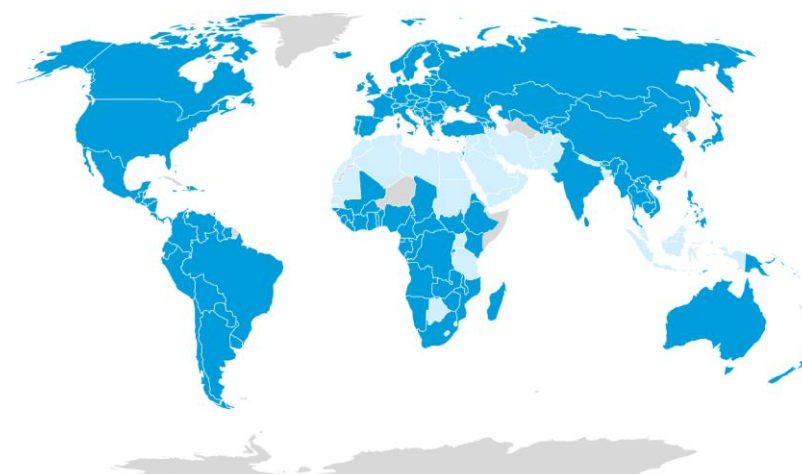
Is there domestic violence legislation?



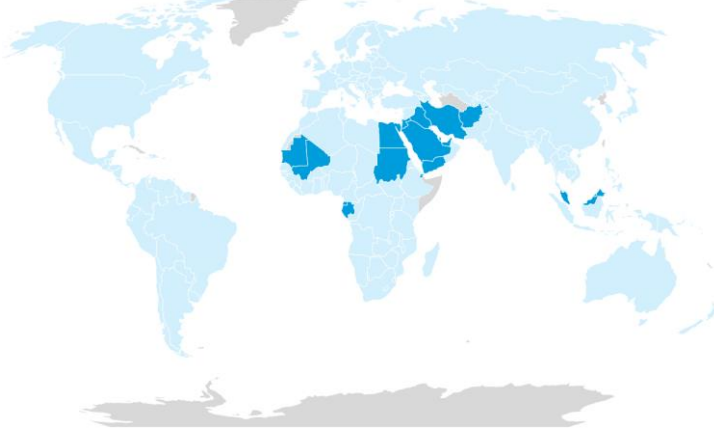
Does legislation explicitly criminalize marital rape?



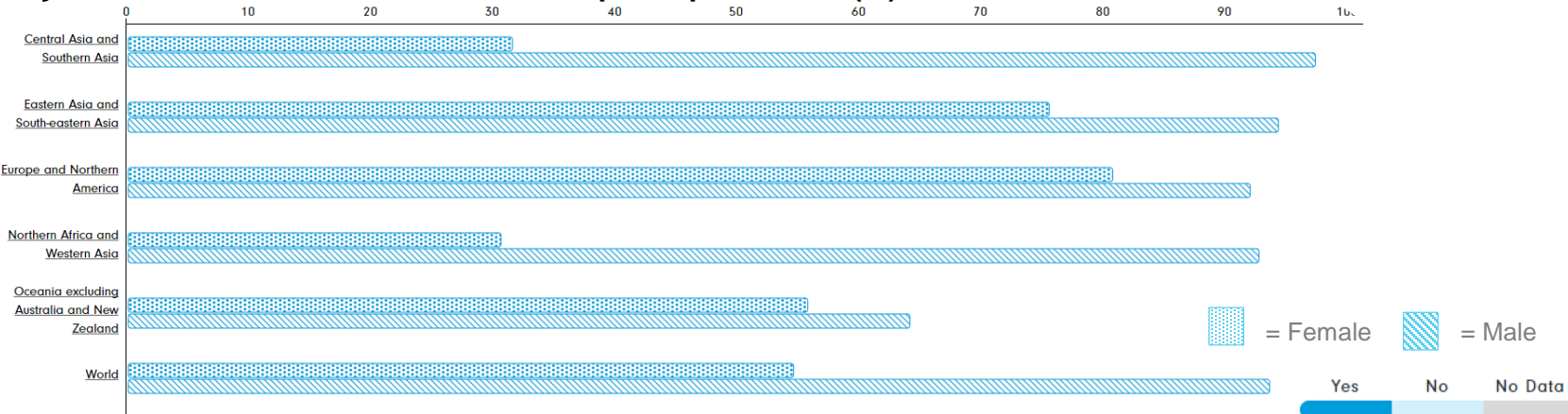
Do sons and daughters have equal rights to inherit assets from their parents?



Are married women required to obey their husbands by law?



Labor force participation rate (%)



# Violence, including gender-based (GBV) and intimate partner violence (IPV)

Women who are beaten by their intimate partners are 48% more likely to be infected with HIV

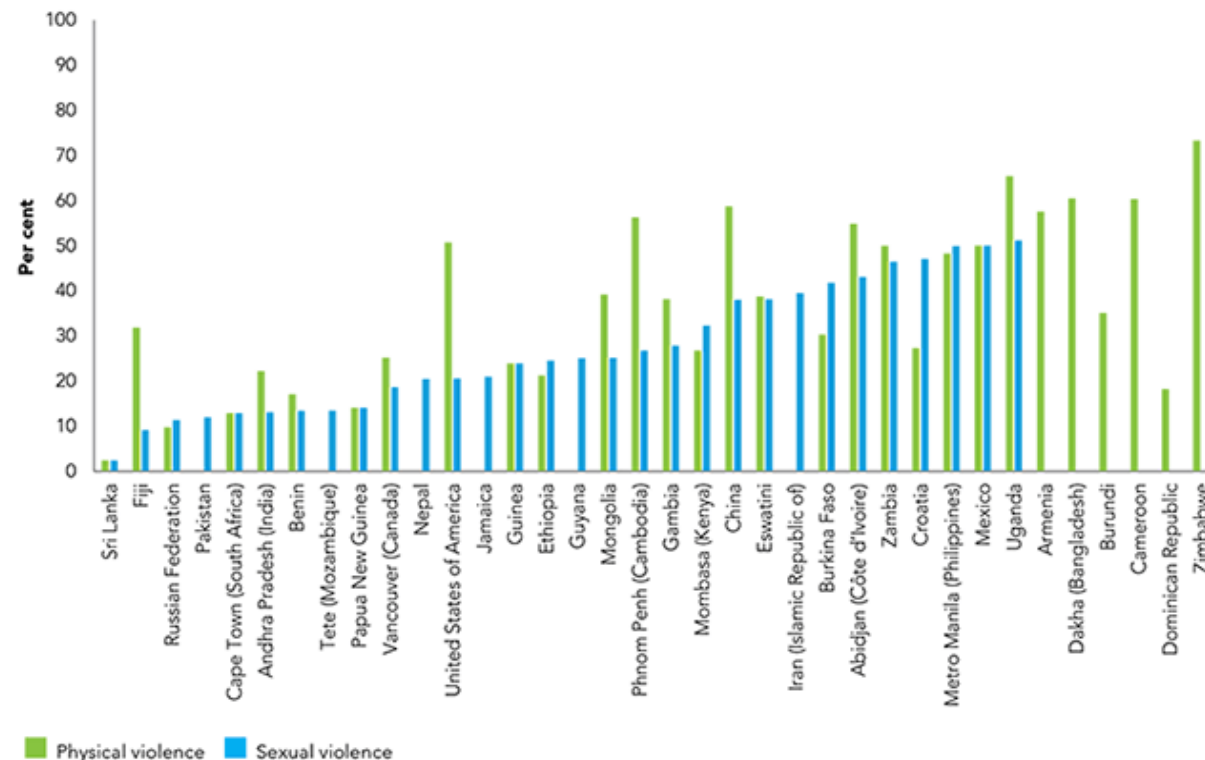
Women living with HIV who experience IPV are significantly less likely to start or adhere to ART, with worse clinical outcomes

In eight of 36 countries with recently available data, more than half of sex workers reported experiencing physical violence, and in two countries, at least half reported experiencing sexual violence

In four of 17 countries with recently available data, more than one in five gay men and other MSM reported experiencing sexual violence

COVID-19: Quarantine and stay-at-home orders have increased risk and occurrence of GBV and IPV for many

Percentage of sex workers who reported experiencing physical and sexual violence, selected countries, 2014-2018



Violence is both a consequence and driver of inequity, stigma, and discrimination, with a proven link to increased vulnerability to HIV transmission and poor clinical outcomes

# Scaling up comprehensive, evidence-based human rights & gender responsive interventions

## HIV & TB

- Stigma and discrimination reduction
- Sensitization of health care workers on medical ethics & human rights
- Training of law-makers and law enforcement officials
- Reducing discrimination against women in the context of HIV and TB
- Legal/rights literacy
- HIV and TB-related legal services
- Monitoring and reforming policies, regulations and laws relating to HIV and TB

## TB

- Ensuring confidentiality and privacy within TB services
- Mobilizing and empowering patient and community groups
- Rights and access to services in prisons and other closed settings

## Malaria

- Assessing inequities, human rights and gender-related barriers
- Meaningful participation of affected populations
- Strengthening of community systems for participation in malaria programs
- Programs to monitor and reform laws, regulations and policies relating to malaria prevention and control
- Specific program approaches to address inequities and remove rights and gender-related barriers, as part of malaria module interventions (barriers to ITN, IRS, IPTp, case management)

Global Fund recommends a range of evidence-based interventions to address human rights and gender-related barriers

# Opportunities to mainstream, integrate and create linkages in services

## Strengthening linkages between sexual and reproductive health and rights (SRHR) & HIV services

Advancing SRHR, an existing operational objective under SO3 of current GF Strategy; opportunity to expand HIV service access and retention through linkages between HIV and SRHR.

ECHO trial (2019) noted the high rates of new HIV infections (3.8% year) amongst AGYW participants already accessing sexual health services – missed opportunity for service integration.

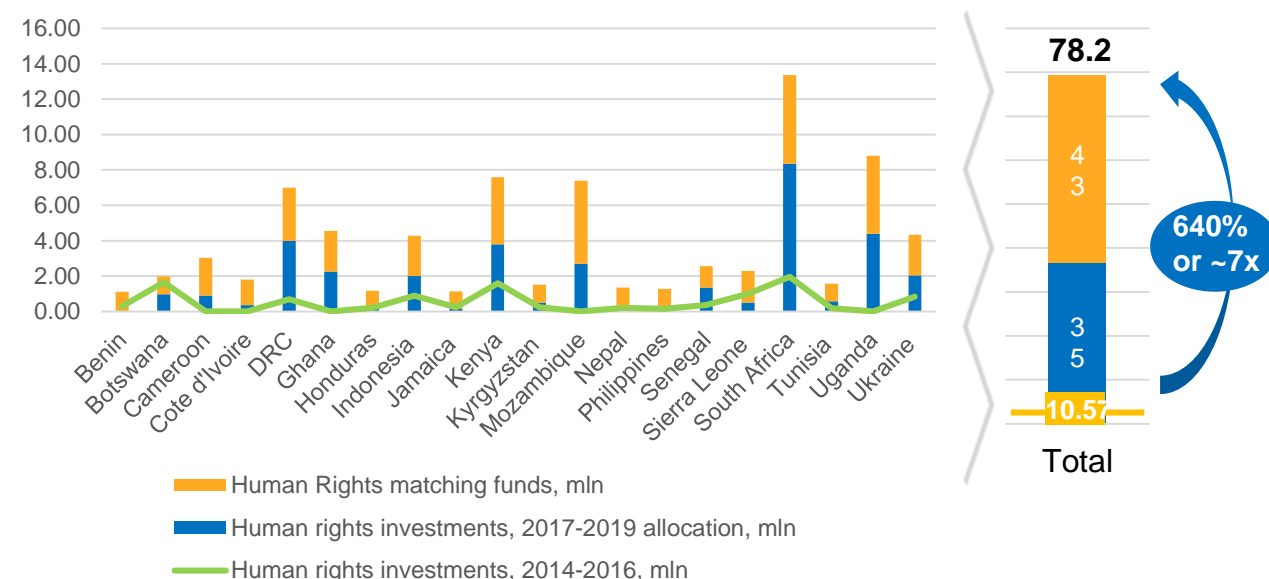
While there has been some success in incorporating SRHR and family planning services into HIV testing programs, there has been less success the other way – i.e. incorporation of HIV testing in SRH/Family Planning Programs.

## Mainstreaming lessons learned from the *Breaking Down Barriers* initiative

The GF's *Breaking Down Barriers* initiative has catalyzed substantial increases in human rights investments across the program's 20 pilot countries; a seven-fold increase between the 2014-2016 and 2017-2019 allocation cycles.

Concerted effort will be required to determine how to sustain these gains while applying the lessons learned across the GF's portfolio to ensure human rights and gender-related barriers are adequately addressed *everywhere*.

**Global Fund investments in programs to reduce stigma & discrimination & increase access to justice, \$ Million of USD, 2017-2019 allocation**



# Expanding focus on malaria and TB

There is a need to continue to expand efforts to address the human rights and gender-related barriers and deep economic and social inequities that drive TB and malaria. Technical partners, communities and civil society are key partners at the forefront of this effort.

2019 saw the release of the *Declaration of the Rights of People Affected by TB*, Stop TB's *TB Stigma Assessment Tool*, and the joint-Global Fund/Rollback Malaria *Malaria Matchbox Tool*.

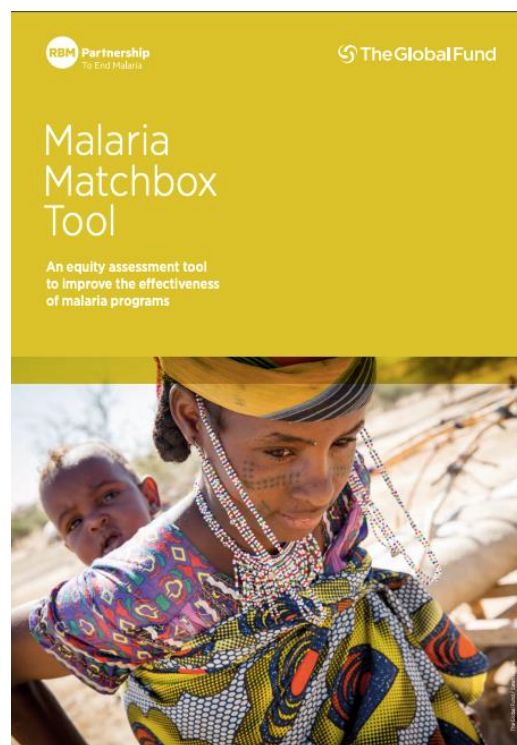
Scaling up an equitable response to TB and malaria will require leveraging these and other tools, as well building capacity at all levels to understand the human rights and gender-related aspects of the two diseases.

## DECLARATION OF THE RIGHTS OF PEOPLE AFFECTED BY TUBERCULOSIS



Stop TB Partnership

TB PEOPLE



Stop TB Partnership hosted by UNOPS



TB STIGMA ASSESSMENT  
IMPLEMENTATION HANDBOOK



The Global Fund

## Doubling-down on human rights due diligence

### Minimum human rights standards for GF grants

1. Non-discriminatory access to services for all, including people in detention
2. Employing only scientifically sound and approved medicines or medical practices
3. Not employing methods that constitute torture or that are cruel, inhuman or degrading
4. Respecting and protecting informed consent, confidentiality and the right to privacy concerning medical testing, treatment or health services rendered
5. Avoiding medical detention and involuntary isolation, to be used only as a last resort

The Global Fund's *I Speak Out Now!* human rights complaints mechanism allows individuals to submit a complaint to the Global Fund's Office of the Inspector General if any of five minimum human rights standards is believed to have been violated by an implementer of Global Fund grants

### THE GLOBAL FUND HUMAN RIGHTS COMPLAINTS PROCEDURE

Responding to Community Concerns

TheGlobalFund  
Office of the Inspector General

I SPEAK  
OUT  
NOW!

# COVID-19

- The COVID-19 pandemic has significant implications for the advancement of a human rights and gender-responsive HIV, TB and malaria response
- KVP may face heightened stigma and denial of health care, being judged "unworthy of care" at overwhelmed health facilities
- Quarantine/isolation may lead to coercion, and women, children and young people may find themselves at greater risk of interpersonal and gender-based violence with no possibility of escape
- Prisoners, detainees, slum dwellers, persons with disabilities and refugees, among others, will face heightened risk of exposure and potentially limited access to basic preventative measures
- Measures introduced to curb spread of COVID-19 may be enforced in ways that lead to human rights violations - including violence and other abusive treatment
- Individual groups and communities may face heightened stigma and discrimination or be accused of 'carrying' the virus (e.g. migrant workers, refugees, ethnic minorities, sex workers)
- Law enforcement may resort to violence to enforce quarantine or stay-at-home orders, with KVP at heightened risk of being targeted
- Technology deployed for contact tracing and surveillance may be abused, placing key and marginalized populations at particular risk
- A rights-based and gender-responsive approach will enable countries to best respond to the COVID-19 crisis, including in the context of their ongoing epidemics of HIV, TB and malaria
- The Global Fund is committed to advancing human rights-based and gender-responsive responses to HIV, TB and malaria, and injecting these values into the global response to COVID-19



# Additional resources

[Frontline AIDS: A Practical Guide: Implementing and Scaling Up Programmes to Remove Human Rights-Related Barriers to HIV Services](#)

[Achieving Quality in Programs to Remove Human Rights- and Gender-Related Barriers to HIV, TB and Malaria Services](#)

[Advisory review: Removing human rights-related barriers: Operationalizing the human rights aspects of Global Fund Strategic Objective 3](#)

[Gender Equality and Key Populations Results, Gaps and Lessons From the Implementation of Strategies and Action Plans](#)

[Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief](#)

[Health and Human Rights Journal: Human Rights and the Global Fund: How Does a Large Funder of Basic Health Services Meet the Challenge of Rights-Based Programs?](#)

[Removing Human Rights Barriers to Health: Findings and Lessons](#)

[The Global Fund: Focus on Human Rights](#)

[The Global Fund Gender Equality Strategy](#)

[The Global Fund Gender Equity Technical Brief](#)

[The Global Fund HIV, Human Rights, and Gender Equality Technical Brief](#)

[The Global Fund HIV Programming for Adolescent Girls and Young Women in High-HIV Burden Settings Technical Brief](#)

[The Global Fund Malaria, Gender and Human Rights Technical Brief](#)

[The Global Fund Strategic Support for Strengthening Reproductive, Maternal, Newborn, Child and Adolescent Health Technical Brief](#)

[The Global Fund Strategy in Relations to Sexual Orientation and Gender Identities](#)

[The Global Fund Tuberculosis, Gender and Human Rights Technical Brief](#)