Making the UNIVERSAL PERIODIC REVIEW work for HIV

Findings from a global analysis on the first and second cycles

PITCH Partnership to Inspire, Transform and Connect the HIV response

BRIDGING THE GAPS Health and rights for key populations

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1 The Free Space Process (FSP) convenes a partnership of 11 key global civil society and community networking organisations with a focus on HIV. FSP aims to enhance the HIV response and the role of civil society by facilitating proactive exchange of information and positions among partners, strategising on (joint) policy advocacy and increased collaboration. icssupport.org/what-we-do/free-space-process/

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Acronyms

ART	Antiretroviral treatment
CSO	Civil society organisation
EAP	East Asian and Pacific
EECA	Eastern Europe and Central Asia
GBV	Gender-based violence
GNP+	Global Network of People living with HIV
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
KP	Key population
LAC	Latin America and the Caribbean
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MSM	Men who have sex with men
NHRI	National Human Rights Institution
OHCHR	Office of the High Commissioner for Human Rights
PLHIV	People living with HIV
PWID	People who inject drugs
PWUD	People who use drugs
SDGs	Sustainable Development Goals
SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
SRHR	Sexual and reproductive health and rights
SuR	State under review
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNHRC	United Nations Human Rights Council
UPR	Universal Periodic Review

1. Executive summary

1.1 Introduction

The protection of human rights is essential to safeguard human dignity in the context of HIV/AIDS and to ensure an effective, rights-based response. [...] When human rights are protected, fewer people become infected and those living with HIV/AIDS and their families can better cope with HIV/AIDS.[2]

There is growing global political consensus that realising the human rights of people living with HIV (PLHIV) and key populations (KPs) affected by HIV is critical in order to end the AIDS epidemic. The 2016 Political Declaration on AIDS[3] reaffirmed that the full realisation of all human rights and fundamental freedoms for all are essential elements in the global response to the HIV epidemic.

However, these commitments have not translated into actions, and the challenges ahead are significant. More than 35 years since the HIV/AIDS epidemic began, HIV continues to cause two million new infections each year, and more than 15 million people do not have access to treatment.[4] Human rights violations continue to fuel high rates of infection among KPs at higher risk of institutional or social exclusion, such as sex workers, gay, bisexual, and other men who have sex with men (MSM), transgender people, people who use drugs (PUD) and other KPs;[5] as well as the generalised epidemic in much of sub-Saharan Africa. Key challenges and barriers to ending AIDS and realising the human rights of all remain, including:

- HIV-related stigma and discrimination;
- Structural barriers, such as laws and policies that criminalise HIV transmission, non-disclosure and KPs;
- Gender inequality and gender-based violence (GBV);
- Violence and human rights violations in the context of HIV;
- A shrinking civil society space that limits the ability of human rights organisations and defenders to operate and advocate for political, economic and social change.

2 UNAIDS (2006), 'International Guidelines on HIV/AIDS and Human Rights'. Geneva: UNAIDS. www.unaids.org/en/resources/documents/2006/20061023_jc1252-internguidelines_en.pdf
3 United Nations General Assembly (7 June 2016), 'Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030'. A/70/L.52. undocs.org/A/70/L.52
4 UNAIDS (2008), 'Fact Sheet – Latest statistics on the status of the AIDS epidemic'. Geneva: UNAIDS www.unaids.org/en/resources/fact-sheet
5 UNAIDS (2015), 'Terminology Guidelines'. UNAIDS: Geneva. www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

The Universal Periodic Review (UPR), alongside other international and national human rights mechanisms, is an important tool for holding States accountable for fulfilling their pledge to ending AIDS, alongside respecting, promoting and fulfilling the human rights of PLHIV and KPs. The UPR has the potential to improve human rights everywhere, for everyone. States can use it to initiate processes at the national level, and open up new avenues for engaging governments on issues related to human rights in the context of HIV and KPs.

This report describes the outcomes of a global analysis of the two UPR cycles completed between 2006 and 2017. It focuses on the level of attention paid to HIV and AIDS; maps trends; and assesses achievements, gaps and challenges. It offers recommendations and provides information to help national-level partners to prioritise their efforts in engaging with the UPR; opening up country-led dialogue among key stakeholders to position human rights in the context of the HIV epidemic on the national agenda. It also aims to aid other UPR stakeholders, including States, national human rights institutions (NHRIs), and United Nations (UN) agencies and bodies to effectively advance human rights and HIV within the reporting process. The ultimate goal of this report is to strengthen State accountability for upholding the human rights of PLHIV and KPs through the effective utilisation of international human rights mechanisms, in particular, the UPR.

1.2 Summary of key research findings

This research provides evidence for the valuable contribution of the UPR, alongside other human rights mechanisms, to affecting change in HIV and AIDS responses, and reinforces the importance of engaging meaningfully with the UPR process.

1. Out of a total of 193 States reviewed, 129 (67%) raised HIV-related issues in their national reports. This provides important entry points for stakeholders to engage in dialogue with the State and to support the implementation of recommendations and actions. The UN and civil society raised HIV-related issues in national reports in 166 countries.

2. Over eight years, 97 States under review (SuRs) received a total of 346 HIV-related recommendations, including twenty-two of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Fast-Track countries.[6, 7] Of those recommendations, 314 (91%) were accepted, and 32 noted (9%). Most of the recommendations were related to African countries (61%), followed by East Asian and Pacific countries (EAP) (17.4%). Western European countries received zero recommendations.

3. Most HIV-related recommendations were general (67% versus 33% specific); 52% were consistent with human rights principles and standards;[8] and 30% neutral, whereby member States recommended the SuR continue what they were doing.

4. The largest number of recommendations pertained to HIV prevention (42%) and included a number of general recommendations about 'combating' and 'fighting' HIV and AIDS. This was followed by recommendations on stigma and discrimination (16%) and treatment (13%).

5. A number of critical HIV-related legal and human rights issues have not received adequate attention through the UPR process so far. For instance, there were no recommendations on the criminalisation of HIV exposure, non-disclosure and transmission.

6. Although KPs carry the greatest burden of the HIV epidemic, the focus on KPs in the context of HIV was quite low. This research also found a high number of 'note' rather than 'accepted' recommendations pertaining to men who have sex with men (MSM) and transgender people, which raises questions about the likelihood of the noted recommendations being implemented.

7. Only 9% of all HIV-related recommendations pertained to laws and legal measures.

8. Most recommendations pertained to HIV programmes (20%), with increased attention on policy-related recommendations in the second cycle.

9. Close to 50% of reviewing States made HIV-related recommendations. Thailand was the State that made the most, followed by Algeria, Canada, Singapore, Brazil, Cuba and Bangladesh.

10. HIV intersects with a range of issues in practice; therefore the implementation of UPR recommendations on a number of connected topics also has the potential to advance HIV and human rights situations.

For the recommendations, see page: 31

6 Fast-Track Countries account for 89% of all new infections.
7 UNAIDS (2014), 'Fast-Track – Ending the AIDS epidemic by 2030'. Geneva: UNAIDS. www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report
8 Office of the High Commissioner for Human Rights (OHCHR) (2018), 'International Standards and principles'. Geneva: OHCHR. www.ohchr.org/EN/Issues/OlderPersons/Pages/InternationalStandards.aspx

2. HIV and the Universal Periodic Review: an introduction

2.1 What is the UPR?

The Universal Periodic Review (UPR) is a human rights monitoring mechanism established by the United Nations Human Rights Council (UNHRC) in 2006, wherein Member States review each other's human rights situation every 4.5 years.[9]

The UPR's main objective is to 'undertake a universal periodic review, based on objective and reliable information, of the fulfilment by each State of its human rights obligations and commitments in a manner which ensures universality of coverage and equal treatment with respect to all States.'[10] The UPR process differs from the ten core human right treaties[11] for two reasons: firstly, it is not legally binding under international law, and secondly it is a peer-to-peer process rather than a constructive dialogue with expert members of an elected treaty body committee.

In preparing for the review, national stakeholders, including the State, CSOs, NHRIs and UN agencies and bodies submit 'national reports', providing information about the human rights situation in the country under review, and actions taken by the State to improve it. Whilst preparing its information, the SuR is encouraged to conduct broad consultations in order to reflect the priorities and perspectives of a wide range of stakeholders, including human rights experts and civil society.

The review is conducted in Geneva by the UPR Working Group, comprised of Member States that act as 'reviewing states'. They engage in dialogue with the SuR, asking questions and making recommendations for implementation and action. The SuR may also make voluntary commitments to actions that it intends to take.

The outcomes of the review include:

- A set of recommendations made to the SuR by reviewing States;
- The SuR's response to each recommendation;
- Any voluntary commitments expressed by the SuR during the review process.

9 For more information visit: www.ohchr.org/EN/HRBodies/UPR/Pages/BasicFacts.aspx
10 UN General Assembly (03 April 2006), Res. 60/251, UN Doc. A/RES/60/251. www2.ohchr.org/english/bodies/hrcouncil/docs/A.RES.60.251_En.pdf
11 MSM Global Forum (MSMGF) (2017), 'Achieving HIV targets through Human Rights Instruments' Eds. Leonelli S and Ruiz Villafranca D. msmgf.org/achieving-hiv-targets-human-rights-instruments/

The State has primary responsibility for implementing the UPR recommendations it has accepted. The most important stage of the process occurs after the review, and for the four years before the next periodic review – when States implement recommendations and voluntary commitments at a national level.

Source: UPR

Stages of the UPR Process

2.2 Why is the UPR important?

The ultimate goal of the UPR is the improvement of the human rights situation in every country with significant consequences for people around the globe. Its scope is very broad and extends to all human rights issues. Two complete cycles of the UPR were completed between 2008 and 2016. Each country has been reviewed twice, and over 59,000 recommendations and voluntary commitments have been made. Each of these provides an opportunity for meaningful action to tackle human rights violations.

The UPR mechanism strengthens States' accountability to advance human rights, as it ensures that – at every review – all countries report on actions they have taken to implement recommendations from the previous review; as well as reporting any significant changes in the human rights situation. As the UPR is a peer-review process, it carries significant political weight, and in many cases SuRs appear to be taking the UPR seriously and investing efforts in implementation, monitoring and reporting.

The UPR has spurred action on a range of issues in many countries, including HIV and AIDS. For example, after Cuba's first review, a legal act regarding efforts to control HIV/AIDS and offer protection to PLHIV was adopted and publicised. After the first review in the Democratic Republic of Congo, HIV education was integrated into primary schools, secondary schools and lycees. Based on lessons-learned from the global movement for the human rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people, we know that engaging both expert bodies and political mechanisms at the UNHRC can make a significant difference. This engagement has been crucial in building momentum for resolutions on, and integration of sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in global human rights discourses.

The UPR has facilitated the building of coalitions among civil society, both issue-based and across movements. It has also enabled greater coordination and communication between sectors of the State, as well as between UN agencies within a country. Dialogue has increased between national stakeholders: State, civil society, the UN system and national human rights institutions. The UPR has created a new dynamic between States and civil society, and many of the success stories of the UPR come from collaboration among national actors.[12] Evidence illustrates to the political opportunity represented by the UPR at the country level to enhance government accountability and national dialogue on sexual and reproductive health and rights (SRHR) among key stakeholders.[13]

CSOs, academia, NHRIs and UN agencies and bodies can input into the preparation of the State national report, as well as provide independent information for the review. They can encourage reviewing States to raise certain questions and recommendations with the SuR, and can advocate with the latter to accept robust and progressive recommendations that are aligned to and consistent with human rights norms and standards. They can advise the State about how best to implement UPR commitments, as well as support the State with implementation and monitoring efforts. (Please refer to existing toolkits for more detailed guidance about engaging with the UPR.)[14,15,16]

12 UPR Info (2014), 'Beyond promises – The impact of the UPR on the ground'. Geneva: UPR info. www.upr-info.org/sites/default/files/general-document/pdf/2014_beyond_promises.pdf

13 Gilmore K et al (2015), The Universal Periodic Review: A Platform for Dialogue, Accountability, and Change on Sexual and Reproductive Health and Rights, Health and Human Rights Journal, 17 (2):167-79. www.hhrjournal.org/2015/12/the-universal-periodic-review-a-platform-for-dialogue-accountability-and-change-on-sexual-and-reproductive-health-and-rights/

14 Sexual Rights Initiative (SRI) (2018), Sexual Rights and the Universal Periodic Review: A toolkit for advocates. Geneva: SRI. www.sexualrightsinitiative.com/universal-periodic-review/upr-toolkit/

15 UPR Info (2017), The Civil Society Compendium: A comprehensive guide for Civil Society Organisations engaging in the Universal Periodic Review. Geneva: UPR Info. www.upr-info.org/sites/default/files/general-document/pdf/upr_info_cso_compendium_en.pdf

16 OHCHR (2013), A Practical Guide for Civil society: Universal Periodic Review. Geneva: OHCHR. www.ohchr.org/_layouts/15/WopiFrame.aspx?sourcedoc=/Documents/AboutUs/CivilSociety/HowtoFollowUNHRRecommendations.pdf&action=default&DefaultItemOpen=1

The UPR is not without its challenges. For example, SuRs may fail to engage meaningfully with civil society, NHRIs and other national stakeholders, and this may result in critical human rights issues not being addressed. They may choose not to accept certain recommendations that are aligned to and consistent with human rights norms and standards, or not to undertake robust implementation of recommendations. Civil society organisations (CSOs) may not have the capacity to fully engage with and utilise the UPR process. Evidence of HIV-related human rights violations that has been gathered at community level may never be used by civil society organisations because they are unaware of the information. Some CSOs may face restrictions or obstruction by their States.

2.3 HIV, human rights and the UPR: looking forward

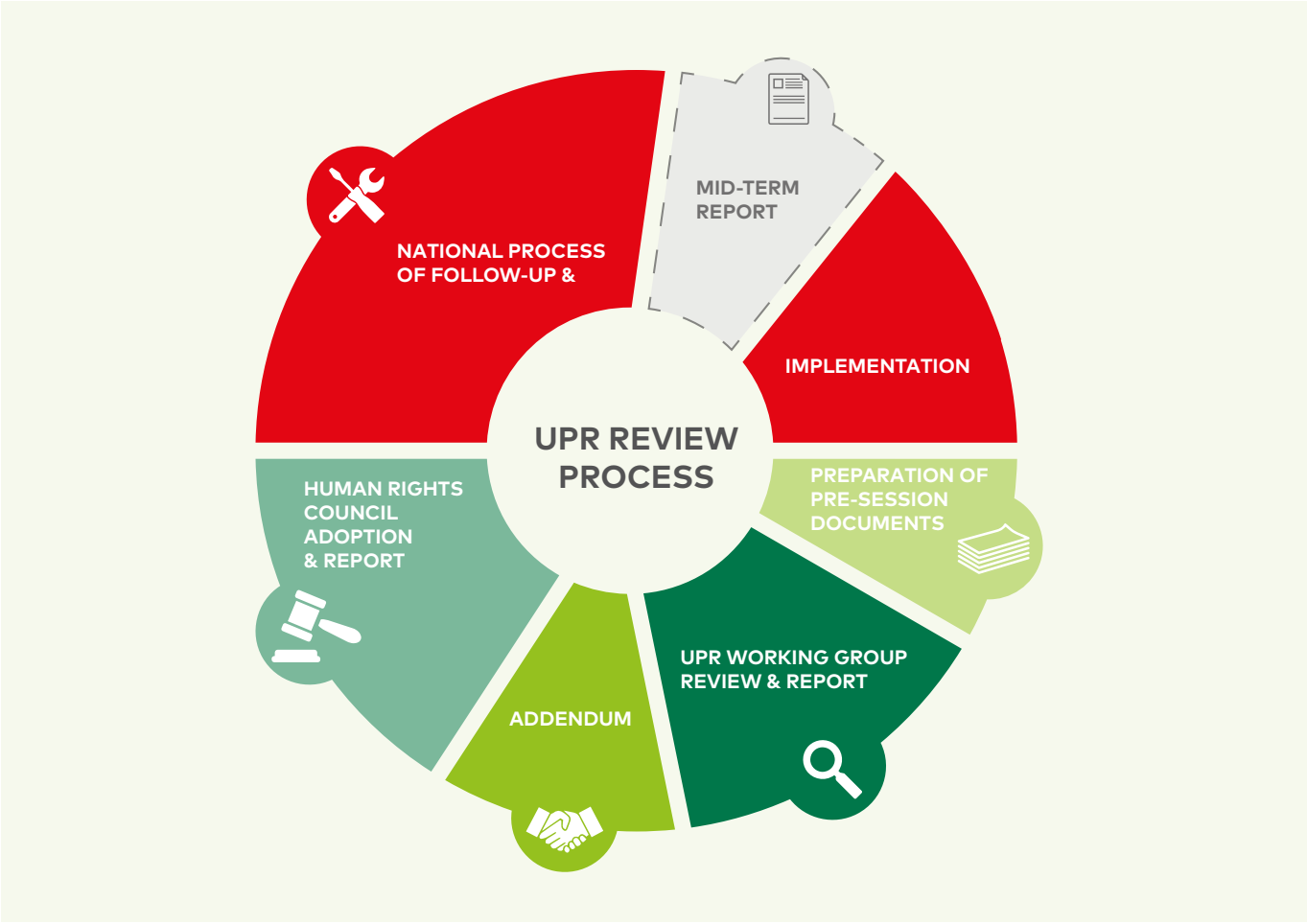
In the 2016 Political Declaration on HIV and AIDS, States pledged to mainstream the respect, protection and promotion of human rights into all HIV and AIDS policies and programmes.[17] The UPR and other international human rights monitoring mechanisms are important tools for holding States accountable for fulfilling this pledge and realising the human rights of PLHIV and KPs affected by HIV. Stigmatised, criminalised and marginalised groups face a disproportionate HIV disease burden, and so it is crucial that human rights abuses and violations against those populations are effectively included in the UPR process, reports and recommendations.

Member States should utilise the Sustainable Development Goals (SDGs) as a driver for accelerating their human rights performance. Therefore, States are encouraged to include UPR recommendations in their SDG implementation plans. If they receive robust recommendations related to HIV and human rights, these could positively shape States' policy and programme efforts.

HIV-related policy commitments, such as the 2016 Political Declaration on HIV and AIDS; the outcomes of the 20-year review of the Programme of Action of the International Conference on Population and Development (ICPD); the jurisprudence established by the ten core human rights treaty bodies;[18] and UN special procedures, can all play a role in informing UPR recommendations. Together these policy commitments

17 United Nations General Assembly (2016), 'Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030', Paragraph 7. undocs.org/A/70/L.52

18 For example, see a compilation of jurisprudence on sexual orientation and gender identity including references to HIV: International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA) (2015), United Nations Treaty Bodies: References to sexual orientation, gender identity, gender expression and sex characteristics. Geneva: ILGA. ilga.org/downloads/2015_UN_Treaty_Bodies_SOGIEI_References.pdf



Source: UPR

have the potential to strengthen the UPR process and, in turn, implementation of the SDGs and realisation of Agenda 2030.

2.4 This report: aim and focus

In order to more effectively utilise the UPR to advance the human rights of PLHIV and KPs, it is important to assess how HIV and AIDS have been addressed in the process so far. This report details findings from an analysis of the two UPR cycles completed between 2008 and 2016, when all 193 UN Member States were reviewed twice. It examines the level of attention paid to HIV and AIDS; maps trends; assesses achievements, gaps and challenges; and importantly makes recommendations to strengthen the process.
This report examines the attention paid to HIV in review documentation from:

- States ('national reports')
- The UN system ('compilation of UN information')
- Other stakeholders' including NHRIs and CSOs ('summary of stakeholders' information')
- Recommendations made to, and voluntary commitments made by, SuRs.

It discusses the quality and focus of HIV-related recommendations, as well as examining available information on the implementation of recommendations at the country level, which is arguably the most critical part of the UPR process. Interspersed throughout the global analysis is a focus on the 30 Fast-Track countries.[19, 20]

This analysis demonstrates the value of the UPR for movements, organisations and advocates working on HIV and AIDS, and provides information to help them prioritise their efforts in engaging with the UPR. It also aims to aid other UPR stakeholders, including States, NHRIs and UN agencies and bodies, to effectively advance HIV-related human rights within the process. The ultimate goal of this report is to strengthen State accountability for the human rights of PLHIV and KPs through the effective utilisation of international human rights mechanisms, in particular, the UPR.

19 Fast-Track Countries account for 89% of all new infections
20 UNAIDS (2014), 'Fast-Track – Ending the AIDS epidemic by 2030'. Geneva: UNAIDS. www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

2.5 Methodology

The analysis was carried out between August 2017 and September 2017. The first step was a review of existing literature published between 2011 and 2017. Of particular interest were resources evaluating the mechanism's impact, and those assessing the UPR through the lens of SRHR, including issues of sexual orientation and gender identity.

The following databases were used to compile data for quantitative analysis. Topic searches were carried out on the Sexual Rights Initiative's UPR Sexual Rights Database[21] in order to compile a list of UPR recommendations that included references to HIV, or that were related to HIV. These searches also identified content from review documentation, and recommendations on complementary topics covered in this report, with the exception of drug use, which is not included in this database. UPR Info's Database of UPR recommendations and voluntary pledges[22] was used to compile UPR recommendations related to drug use, by using a keyword search. 'HIV-related' recommendations and content from review documentation refer to data that explicitly mention HIV and/or AIDS, whether in relation to law, policy, incidence, prevention activities, treatment programmes, stigma or discrimination, among others.

In order to assess the UPR's contributions to advancing the human rights of PLHIV and KPs affected by HIV, recommendations from both cycles were categorised in relation to quality, issues addressed, measures recommended and populations covered, while first cycle recommendations were categorised by level of implementation.

In-depth country analysis
As well as the global review, an in-depth country analysis was carried out from October to November 2017 in Indonesia, Ukraine and Uganda. The aim was to document different stakeholders' experiences of engaging with the UPR process, and the UPR's contribution to advancing HIV-related human rights in each country. Key informant interviews were conducted with representatives from civil society, NHRIs, the UN system and government.

21 Universal Periodic Review Sexual Rights Database. www.uprdatabase.org/
22 UPR Info's Database of UPR recommendations and voluntary pledges. www.upr-info.org/database/

2017 Chris de Bode for Aidsfonds

Gathering of support group LIGA in the Ukraine.

3. HIV and the UPR: a global analysis

3.1 Inclusion of HIV-related issues into State, United Nations and civil society reports

3.1.1 Findings

Out of the 193 States reviewed, 129 raised HIV-related issues in their **national reports** in the first two cycles of the UPR, and 64 (33%) did not, including three Fast-Track countries – Iran, Russia, and the United States of America. In Cycle 1, 112 States raised HIV-related issues in their national reports. In Cycle 2, 73 States raised HIV-related new developments since their previous review.

Example

States reported on a range of HIV-related matters, including law, policy, institutional mechanisms and programme interventions. For example, States reported the development of laws and policies (Democratic Republic of Congo, South Sudan, Vanuatu); conducting a situational analysis of HIV in the country (Bhutan, Seychelles); establishing a National AIDS Council (Seychelles); opening new clinics (Egypt, Solomon Islands); and training health workers and educators (Central African Republic, Equatorial Guinea, Gabon, Maldives, Timor-Leste). Several States also reported on challenges they had encountered and identified actions that still need to be taken. This includes the effect of reduced funding on treatment programmes (Guyana); the need to survey KPs to understand the dynamics of transmission of HIV (Angola); the need to improve sexuality education (Costa Rica); and the need to focus attention on persons with disabilities in the HIV and AIDS response (Dominican Republic).

On the other hand, **UN and stakeholder reporting** raised HIV-related issues for the majority of States (166 or 86%), with the exception of 27 States (14%)[23] – see Table 1.

There were instances where issues raised by States and those raised in UN or stakeholder reporting did not align, or were inconsistent. For example, examining the Fast-Track countries, this review observed that China reported on increased spending for HIV prevention and treatment, and social benefits for children affected by HIV and AIDS, whereas civil society reported on issues such as forced HIV testing; travel restrictions against PLHIV; and lack of prevention and treatment services in jail. Another example is of Ukraine, where the State reported on efforts to modernise diagnosis and treatment of HIV, whereas the UN system reported on discrimination against HIV-infected children, and lack of access to HIV services for injecting drug users.

3.1.2 Thematic analysis of HIV-related issues in State, United Nations and civil society reports

It is encouraging that, in the first two UPR cycles, 129 States reported on HIV-related issues. It is important that all States provide an analysis of the human rights context in terms of HIV, the measures they have undertaken and plans they have made to address human rights issues. This provides entry points for stakeholders to engage in dialogue with the State, and to support the implementation stage.

23 Algeria, Australia, Bahrain, Belgium, Brunei Darussalam, Colombia, Cyprus, Czechia, Democratic People's Republic of Korea, Finland, Hungary, Ireland, Israel, Liechtenstein, Luxembourg, Monaco, Montenegro, Netherlands, Norway, Oman, Pakistan, Qatar, Republic of Korea, Slovenia, Tonga, United Arab Emirates, and Vanuatu.

	Number of countries reporting HIV-related issues	Number of countries not reporting HIV-related issues	Total
National reports	129	64	193
UN and stakeholder reporting	166	27	193

Table 1: HIV-related issues in State national reports, UN and stakeholder reporting

The lack of reporting on HIV-related issues in one-third of States reviewed could be due to different factors:

- A lack of prioritisation of HIV;
- Lack of recognition of the human rights dimensions of HIV;
- Stigma, discrimination and criminalisation associated with HIV;
- Lack of consultation with stakeholders who could have raised pertinent issues related to HIV and human rights. This goes against the agreement by States "to prepare the information through a broad consultation process at the national level with all relevant stakeholders." [24]

UN and stakeholder reporting on HIV-related issues are valuable resources for reviewing States to be able to raise pertinent and context-specific questions and recommendations with the SuR. They often carry information about regressive laws and policies as well as systemic human rights violations, and can bring to the fore the perspectives of marginalised groups and KPs.

The lack of UN and stakeholder reporting on HIV-related issues for 27 States could be due to:

- An absence of UN agencies working on HIV in the country;
- The shrinking space for civil society and KPs – in particular, because of stigma, discrimination and criminalisation of KPs, and lack of financial resources;
- Limitations placed on CSOs to engage in dialogue on human rights and/or HIV;
- Lack of organised civil society working on human rights and/or HIV;
- Lack of information and/or capacity of civil society working on human rights and/or HIV to engage with the UPR;
- Satisfaction that HIV-related issues are adequately covered in State reporting.

The disparity between reporting by the State on one hand, and by the UN system and other stakeholders on the other, could be for a number of reasons, mostly connected to their different interests and/or perspectives:

- The State may choose to focus on their efforts, achievements and/or technical assistance needs rather than policy and programme shortcomings and/or contentious matters;
- The State report may touch very lightly or broadly on HIV due to a greater focus on other issues, or in an attempt to focus on a wider range of issues;
- Stakeholder reporting may focus more on policy and programme shortcomings, and the situation of marginalised groups.

This disparity demonstrates how critically important it is that non-State actors engage in the UPR in order to provide a comprehensive picture of the human rights situation related to HIV in the country under review.

3.2 HIV-related recommendations in outcome reports

3.2.1 Findings

This section includes research findings in six areas:

A. Countries that received HIV-related recommendations;
B. Quality of recommendations;
C. HIV issues addressed in the UPR recommendations;
D. Actions recommended to the SuR;
E. Populations covered in the recommendations;
F. The relationship between national reports and recommendations: the links and disparities.

A. Countries that received HIV-related recommendations

The UPR outcome report includes recommendations received by the SuR as well as voluntary commitments made by the SuR. A total of 346 HIV-related recommendations were made during the first two cycles of the UPR – see Figure 1.

Fifty per cent of the UN Member States (97) received HIV-related recommendations and 50% (96) did not. The Africa region received 61% of all recommendations, followed by East Asian and Pacific countries (EAP) (17.4%). No Western European countries received a recommendation (see Figure 2). A closer look at the two UPR cycles reveals that the number of HIV-related recommendations has increased by 6% (168 in the first cycle versus 178 in the second). Two SuRs made one HIV-related voluntary commitment each:

> **Colombia** (Cycle 1):
> 'Combating HIV/AIDS, malaria and other serious illnesses.'
>
> **Uruguay** (Cycle 2):
> 'Implement the conclusions of the National Dialogue on HIV and Human Rights, and adopt the proposed bill.'

24 Human Rights Council (18 June 2007), Resolution 5/1, Institution-building of the United Nations Human Rights Council. hrlibrary.umn.edu/iwraw/Inst-building-UN.pdf

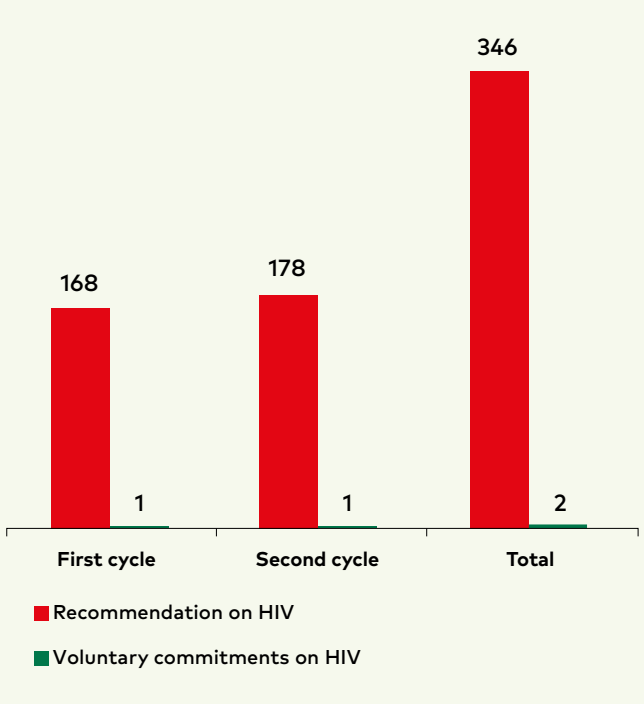
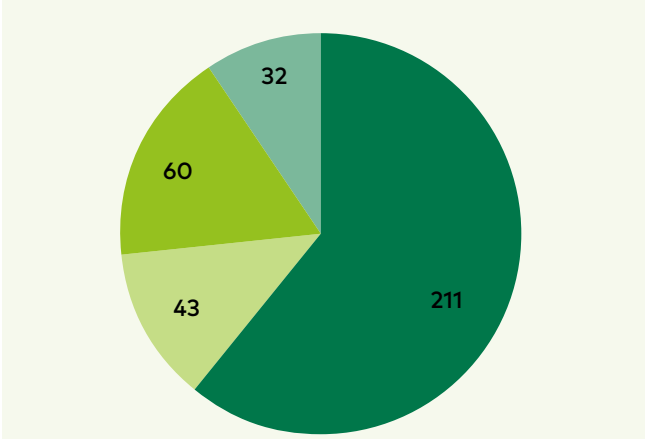


Figure 1: HIV-related recommendations in UPR outcome reports – Cycles 1 and 2



Region	Countries	N Recommendations	% Recommendations
Africa	38	211	61
EAP	26	60	17.4
EECA	11	32	9.2
LAC	21	43	12.4
Total	96	346	100

Figure 2: UPR recommendations – geographical breakdown

Box 1: Fast-Track Countries and HIV-related recommendations

Received HIV-related recommendations (no. of recommendations received)	Did not receive HIV-related recommendations
Angola (5)	Chad
Brazil (1)	Haiti
Cameroon (7)	India
China (2)	Iran
Côte d'Ivoire (5)	Kenya
Democratic Republic of the Congo (1)	Russian Federation
Ethiopia (3)	South Sudan
Indonesia (1)	United States of America
Jamaica (7)	
Lesotho (20)	
Malawi (7)	
Mozambique (12)	
Nigeria (6)	
Pakistan (3)	
South Africa (15)	
Swaziland (16)	
Uganda (4)	
United Republic of Tanzania (1)	
Ukraine (2)	
Vietnam (1)	
Zambia (11)	
Zimbabwe (5)	

B. Quality of HIV-related UPR recommendations

HIV-related recommendations were analysed for quality and categorised as being one or more of the following:

1. **Consistent with human rights principles and standards –** these recommendations are consistent with human rights principles and standards.[25] This includes a focus on fulfilling human rights; equality and non-discrimination; meaningful participation; empowering rights holders; focusing on marginalised groups; addressing root causes; ensuring accountability; and monitoring and evaluation, e.g. *'Take necessary measures to eliminate the discriminatory barriers to access to HIV-related health services, especially for women and girls in rural zones'.*

2. **Inconsistent –** these recommendations are inconsistent with human rights principles and standards, e.g. *'Consider enacting a legislation that among others would help to contain or restrain certain behaviours that enhance the spread of the HIV/AIDS killer disease'.*

3. **Specific –** these recommendations enumerate specific actions for the SuR that are measurable, and therefore feasible to implement, e.g. *'Issue clear directives to health officials to prohibit the sterilisation of women living with HIV/AIDS without their informed consent'.*

4. **General –** these recommendations are very general, do not enumerate specific actions for the SuR, and are often very broad in scope. Such recommendations are difficult to measure, and therefore challenging to implement. However, they give more space for country dialogue to decide the way forward, and can bring positive results in some contexts, e.g. *'Continue to fight HIV/AIDS with the support of the international community'.*

5. **Deferential –** these recommendations ask the SuR only to consider taking some action, e.g. *'Consider the possibility of eliminating the required parents' consent for HIV testing for minors under the age of 16'.*

6. **Neutral –** these recommendations ask the SuR to continue what they are doing and/or share their experiences. Often these recommendations serve to praise the SuR rather than hold them accountable to their obligations, e.g. *'Continue to implement its initiatives in combating the HIV/AIDS pandemic and share its experiences in this regard'.*

All recommendations were categorised as either 'specific' or 'general'. The remaining categories were assigned to recommendations as relevant. Therefore, recommendations may be assigned one or more of these categories or none at all.

Over the two cycles, only 33% (115) of HIV-related recommendations were specific and measurable, while 66.7% (231) were general. This was a consistent trend from the first cycle to the second. It is also consistent with broader UPR trends; one report notes that about one-third of Cycle 1 and 2 recommendations were specific action recommendations.[26]

Over 52% of all recommendations were consistent with human rights principles and standards (179), and there was a small increase over the two cycles (50% in the first versus 53% in the second). Thirty per cent of all recommendations were neutral (105); there was also an increase in neutral recommendations over the two cycles (24% in the first versus 36% in the second) – see Table 2.

Total recommendations	Cycle 1		Cycle 2		Both cycles	
	168		178		346	
	N	%	N	%	N	%
Consistent with human rights principles and standards	84	50%	95	53%	179	52%
Inconsistent	2	1%	0	0%	2	1%
Specific	56	33%	59	33%	115	33%
General	112	67%	119	67%	231	67%
Deferential	7	4%	3	2%	10	3%
Neutral	41	24%	64	36%	105	30%

Table 2: Quality of HIV-related recommendations – UPR Cycles 1 and 2

25 Office of the High Commissioner for Human Rights (OHCHR) (2018), 'International Standards and Principles'. Geneva: OHCHR. www.ohchr.org/EN/Issues/OlderPersons/Pages/InternationalStandards.aspx

26 McMahon E R and Johnson E (2016), Evolution Not Revolution: The First Two Cycles of the UN Human Rights Council Universal Periodic Review Mechanism, p 10. Berlin: Friedrich-Ebert-Stiftung.

HIV-related recommendations	Specific		General	
	N	%	N	%
Accepted	94	82%	220	95%
Noted	21	18%	11	4.8%
Total	**115**		**231**	

Overall UPR recommendations				
Accepted	11,274	54%	19,082	85%
Noted	9,494	46%	3,469	15%

Table 3: Status of specific and general recommendations – UPR Cycles 1 and 2

Consistent with the overall trend in UPR recommendations, specific HIV-related recommendations had a lower rate of acceptance by the SuR than general ones (82% versus 95%) – see Table 3.

C. HIV issues addressed in the UPR recommendations

The following issues were identified as key dimensions of human rights related to HIV:

1. **Criminalisation of HIV exposure, non-disclosure and transmission**
2. **HIV-related stigma and discrimination**
3. **HIV prevention**
4. **HIV treatment**

HIV-related recommendations were analysed for their coverage of the above issues. The categories were assigned to recommendations as relevant. Therefore, recommendations may be assigned one or more categories or none at all.

The highest number of recommendations pertained to HIV prevention (42%); including a number of general recommendations about 'combating' and 'fighting' HIV and AIDS. Recommendations relating to HIV prevention increased over the two cycles (35% in the first versus 50% in the second). Increases over the two cycles were also found in recommendations on HIV-related stigma and discrimination (12% in the first versus 20% in the second); and HIV treatment (11% in the first versus 15% in the second). In stark contrast to this, there were no recommendations across the two cycles pertaining to criminalisation of HIV exposure, non-disclosure and transmission – see Table 4.

Total recommendations	Cycle 1		Cycle 2		Both cycles	
	168		178		346	
	N	%	N	%	N	%
Criminalisation of HIV exposure, non-disclosure and transmission	0	0%	0	0%	0	0%
Stigma and discrimination	20	12%	35	20%	55	16%
Prevention	58	35%	89	50%	147	42%
Treatment	19	11%	27	15%	46	13%

Table 4: Issues addressed in HIV-related recommendations – UPR Cycles 1 and 2

Examples of HIV-related issues addressed in the UPR recommendations include:

Recommendation on stigma and discrimination
Recommendation received by Uganda (Session 9, Cycle 1) made by the Netherlands.
'Take necessary measures to ensure that discrimination on the basis of disability, economic status, sexual orientation or living with HIV/AIDS is prevented.'

Recommendation on prevention
Recommendation received by Mozambique (Session 21, Cycle 2) made by Namibia.
'Suitably address the disproportionate impact of HIV/AIDS on women and girls by increasing efforts to further reduce the number of women and girls affected by the HIV pandemic and to increase prevention of mother-to-child transmission of HIV and AIDS.'

Recommendation on treatment
Recommendation received by Botswana (Session 26, Cycle 2) made by the Maldives.
'Continue efforts to combat diseases including malaria and HIV/AIDS by investing in pharmaceutical research and public access to treatment options.'

D. HIV-related actions recommended to SuR

HIV-related recommendations were analysed for the actions recommended to the SuR, including:

1. **Laws** (including enactment, implementation and reform), e.g. *'Adopt quick and effective measures, as well as necessary legislation, in order to explicitly prohibit, prevent, punish and abolish discrimination on any grounds, including on the basis of HIV/AIDS status'.*

2. **Policies** (including development and implementation of national and sub-national policies, strategies, action plans and budgets), e.g. *'Give emphasis to allocating adequate national funding for the response to the HIV/AIDS epidemic to implement all required actions in the country'.*

3. **Programmes** (including establishment, implementation and evaluation), e.g. *'To take action in order to provide for effective education programmes with regard to HIV/AIDS prevention and to expand coverage and access to services that prevent transmission of HIV from mother to child'.*

The categories were assigned to recommendations as relevant. Therefore, recommendations may be assigned one or more categories or none at all.

The lowest number of recommendations related to laws (9%); this was consistent across the two cycles – see Table 5. The highest number pertained to programmes (20%); however, these decreased over the two cycles (15% in the second versus 25% in the first). Policy-related recommendations more than doubled (36 in the second versus 15 in the first) – see Table 5.

Total recommendations	Cycle 1		Cycle 2		Both cycles	
	168		178		346	
	N	%	N	%	N	%
Laws	15	9%	15	8%	30	9%
Policies	15	9%	36	20%	51	15%
Programmes	42	25%	27	15%	69	20%

Table 5: HIV-related actions recommended in outcome reports – UPR Cycles 1 and 2

E. Populations addressed in HIV-related recommendations

HIV-related recommendations were analysed for attention to KPs and other populations disproportionately affected by HIV and AIDS, including:

1. People who use drugs (PWUD)
2. Sex workers
3. Transgender people
4. Men who have sex with men (MSM)
5. Prisoners
6. Migrants
7. Women and girls
8. Adolescents and youth
9. Children

The analysis specifically examined recommendations that addressed these populations in relation to human rights and HIV. For example, 'strengthen awareness-raising campaigns about the forms of contracting HIV/AIDS and respective preventive measures, particularly focusing on marginalised young persons, drug users, and female, male and transgender sex workers and other groups vulnerable to being infected'. The categories were assigned to recommendations as relevant. Therefore, recommendations may be assigned one or more categories or none at all.

Overall, focus on specific populations was quite low in HIV-related recommendations. The highest number pertained to children, including in the context of prevention of vertical transmission and support for 'AIDS orphans' (13%), followed by women and girls (8%) and by adolescents and youth (6%). There was a decrease in the number relating to MSM (2 in the second cycle versus 17 in the first) and transgender people[27] (2 in the second cycle versus 10 in the first).

There were five recommendations related to decriminalisation of same-sex activity in the context of HIV, all of them in Cycle 1. There were no recommendations explicitly connecting HIV and the decriminalisation of sex work or drug use – see Table 6.

Total recommendations	Cycle 1		Cycle 2		Both cycles	
	168		178		346	
	N	%	N	%	N	%
PWUD	2	1%	2	1%	4	1%
Sex workers	1	1%	1	1%	2	1%
Transgender people	10	6%	2	1%	12	3%
MSM	17	10%	2	1%	19	5%
Prisoners	3	2%	1	1%	4	1%
Migrants	1	1%	1	1%	2	1%
Women and girls	15	9%	12	7%	27	8%
Adolescents and youth	12	7%	8	4%	20	6%
Children	19	11%	27	15%	46	13%

Table 6: Populations addressed in HIV-related recommendations – UPR Cycles 1 and 2

27 Recommendations pertaining to decriminalisation of same-sex sexual activity have been included as pertaining to transgender people since these criminal laws are known to affect trans women.

F. The relationship between State, United Nations and civil society reports and recommendations the links and disparities

When looking at reviews of the Fast-Track countries, this analysis found instances where UN and other stakeholder reporting was not reflected in the recommendations made by reviewing States. For example, in the case of China, while the UN system and stakeholders raised a range of issues (as mentioned in the previous section), these were not reflected in recommendations made to the SuR. Another example is of Zimbabwe, where UN and stakeholder reports recommended reviewing criminal laws on HIV-related issues; training midwives to provide free antiretroviral treatment (ART) to rural women; implementing public education campaigns to eliminate stigma and discrimination against those living with HIV or AIDS; and meeting the needs of prisoners living with HIV or AIDS. However, recommendations were quite general, and related to the need to combat the HIV/AIDS pandemic and reduce HIV-related deaths.

Despite this, there are instances where recommendations are heavily informed by stakeholders' submissions. For example, stakeholders recommended that Malawi expand free ART services, including in rural and remote areas, and finalise the HIV/AIDS Bill. Malawi received recommendations from reviewing States to 'seek international assistance in order to address the challenges of extreme poverty and HIV/AIDS, in particular to ensure the supply of antiretroviral drugs' and 'adopt a comprehensive social security system and the HIV Bill'. Another example is of South Africa's review, where stakeholder reports recommended that all State departments be involved in developing and implementing plans aimed at reducing physical and cost barriers to accessing HIV-related health services in rural areas. The SuR then received a recommendation to 'develop and implement plans to reduce physical and cost barriers to accessing HIV-related health services in rural areas'.

There are also examples of recommendations that draw on UN system information. For example, the UN Country Team in Indonesia recommended that to prevent early marriage, pregnancy and the spread of HIV among adolescents, the Ministry of National Education should ensure the inclusion of life skills-based sexual and reproductive health education in the national secondary school curriculum, and the SuR received an identical recommendation. In the case of Jamaica, UN system information included a recommendation by the Committee on Economic, Social and Cultural Rights to provide adequate resources to effectively implement the National HIV/STI Programme and ensure that discrimination against persons with HIV/AIDS was prohibited under its legislation. Jamaica received a recommendation in less specific terms to 'strengthen the implementation of the national programme to combat HIV and sexually transmitted diseases and ensure that discrimination against persons with HIV be prohibited'.

2014 Adriaan Backer for Aidsfonds

Meeting of youth outreach group in Uganda

3.2.2 Thematic analysis of HIV-related recommendations in outcome reports

A. Countries that received HIV-related recommendations

Each UPR recommendation presents an opportunity to apply pressure on the SuR to accelerate national efforts, and to demand action from their States in terms of respecting, promoting and fulfilling the human rights of PLHIV and KPs. Civil society, NHRIs, UN agencies and Parliamentarians in 50% of the UN Member States (97) can use the recommendations in this way. However, 50% of the States did not receive HIV-related recommendations; this raises concerns about the level of priority accorded to HIV among States. Sixty-seven per cent of States raised HIV-related issues in their own national reports, and yet reviewing States did not deem the issue important enough to raise recommendations in all their reviews. This begs the question – why? Is it that the links between HIV and human rights are not widely understood; or that HIV is not seen as a human rights issue; or that KPs are often criminalised and/or marginalised populations? Or is it because States consider other human rights issues more of a priority within the UPR?[28]

This research found a tendency towards de-prioritisation of HIV within the UPR process. The increase in HIV-related recommendations from the first cycle to the second is in keeping with the overall trend of the UPR – the total number of recommendations increased from the first cycle (n=21,355) to the second cycle (n=36,331).[29] However, the percentage increase in the number of HIV-related recommendations from the first cycle to the second (6%) is much smaller than the percentage increase in overall UPR recommendations (70%) and illustrates the low level of priority accorded to HIV.

Far fewer voluntary commitments than recommendations have been made. Only 1,100 have been made over the two cycles in comparison with nearly 58,000 recommendations. HIV-related voluntary commitments present an opportunity for States to demonstrate their political will for change, and their priorities for action. This, in turn offers valuable opportunities for stakeholders within these countries to utilise these commitments in their advocacy. These commitments also present opportunities to conduct targeted advocacy, and for States making voluntary commitments to champion the issues and raise questions and recommendations related to HIV during future reviews of other States. Only two SuR – Uruguay and Colombia – made HIV-related voluntary commitments (one each).

B. Quality of HIV-related UPR recommendations

Considering the purpose of the UPR, i.e. to advance the human rights situation in all countries – it is concerning that nearly half of all HIV-related recommendations (48%) did not qualify as being actively aligned to and consistent with human rights norms and standards. Recommendations such as 'strengthen efforts to combat the spread of HIV/AIDS' and 'advance in designing a health programme to tackle Malaria, Tuberculosis and HIV/AIDS, and continue decreasing the child and maternal mortality rates, and increase life expectancy' do not demonstrate a robust application of human rights principles and standards. This may reflect a fundamental misunderstanding of what constitutes human rights violations in the context of HIV at country level.

The increase in neutral HIV-related recommendations is consistent with broader UPR trends. One report observes that the most notable difference between the two cycles is the increase in recommendations asking that the SuR continues to undertake particular actions. It surmises that reviewing States will want to revisit their recommendations from the first cycle, and if they have not been met and remain relevant, they would again cite them and suggest that continued progress should be made towards their realisation.[30] Additionally, reviewing States might want to tread lightly in order not to upset the SuR and maintain friendly relations, and/or in anticipation of similar reciprocal treatment during their own review, and/or expecting that more neutral recommendations are more likely to be accepted.

General recommendations are difficult to measure and therefore to fully implement, and as such may be ineffective for improving the human rights situation in the SuR.[31] However, general recommendations are much more readily accepted than specific ones, partly for the reasons outlined above, and can open space for country dialogue in response to a particular issue and ensure that efforts and resources go into implementing them.

Specific, action-oriented and measurable recommendations are easier to assess and therefore more useful for holding States accountable for their implementation. However, specific recommendations are not without challenges: they might be more difficult to implement because they require very precise actions. This might contribute to the fact that specific recommendations are not accepted as frequently as general recommendations. In addition,

28 Statistics compiled by UPR Info show that the top five issues raised in recommendations are: international human rights instruments, women's rights, children's rights, torture, and justice.
29 UPR Info's Database of UPR recommendations and voluntary pledges. www.upr-info.org/database/
30 UPR Info's Database of UPR recommendations and voluntary pledges. www.upr-info.org/database/
31 UPR Info (2014), 'Beyond promises – The impact of the UPR on the ground'. Geneva: UPR info. P 60-61. www.upr-info.org/sites/default/files/general-document/pdf/2014_beyond_promises.pdf

recommendations on contentious issues may have a lower acceptance rate if they call for very specific actions. Accepted recommendations of a general nature can be useful because States may take some action to implement them, which may or may not be the case for noted recommendations.

While it is desirable for all UPR recommendations to be specific, critical, aligned to and consistent with human rights norms and standards, recommendations that are not can still be utilised in national dialogue and advocacy.

C. HIV issues addressed in the UPR recommendations

The highest number of recommendations pertained to HIV prevention, followed by HIV-related stigma and discrimination and HIV treatment. However, there were zero recommendations on criminalisation of HIV exposure and transmission.

Recommendations related to prevention included a number of general recommendations about 'combating' and 'fighting' HIV and AIDS, which are usually less contentious. The prominence of HIV prevention highlights potential concern or reluctance by States to address cultural or religious beliefs that underpin some laws that criminalise HIV transmission, PLHIV and KPs. The greater emphasis on prevention compared to treatment, stigma and discrimination, raises the question of whether PLHIV are being left behind in the UPR.

The fact that there were no recommendations pertaining to criminalisation of HIV disproportionately impacts socially marginalised groups, and acts as a proxy for social factors such as social moralism, classism, racism, sexism, homophobia, and transphobia. Over 50 countries in different regions around the world have criminal laws against HIV exposure, non-disclosure and transmission.[32] This points to a major gap in the utilisation of the UPR to hold States accountable for addressing this important human rights concern.

Recent years have seen the creation, particularly in parts of Africa, Asia, Latin America, and the Caribbean, of HIV-specific laws that criminalise HIV transmission and exposure. At the same time, particularly in Europe and North America, existing criminal laws are increasingly being used to prosecute people for transmitting HIV or exposing others to HIV transmission.[33]

This research found a total of 55 recommendations (16%) pertaining to HIV stigma and discrimination. A total of 4784 recommendations on any type of discrimination were made during the first two cycles. The increase in recommendations related to stigma and discrimination is an encouraging sign and might reflect the increased attention among member States to this issue. Over the past few years there have been increased efforts towards the Zero Discrimination in Health Care Settings agenda, which could have also played an important role.

One in eight PLHIV report having been denied health care. But examples of HIV-related stigma and discrimination go beyond denial of care or lower quality care, and include forced sterilisation; stigmatising treatment; negative attitudes and discriminatory behaviour from providers; lack of privacy and/or confidentiality; and mandatory testing or treatment without informed consent. In these contexts, discriminatory practices undermine people's access to HIV prevention, treatment and care services and the quality of healthcare delivery, as well as adherence to HIV treatment.[34]

D. HIV-related actions recommended to SuR

Enactment and reform of laws have the potential to be quick and cost-effective measures for realising the human rights of PLHIV and KPs. In that sense, recommendations pertaining to laws lend themselves well to the UPR process, as they can often be easily implemented in the period between two reviews. However, HIV-related recommendations pertaining to laws have not been popular within the UPR. This might be due to a concern that they may be perceived as too critical. Most recommendations pertained to HIV programmes (20%); with an increased attention to recommendations related to policies, which were the most popular in the second cycle.

As noted earlier, a high number of recommendations did not detail specific actions, and for that reason they were not assigned any of these three categories. Therefore, substantial scope remains for reviewing States to include specific measures in their recommendations, especially with regard to laws.

32 Global Network of People living with HIV (GNP+), International Harm Reduction Association (IHRA), ILGA, International Planned Parenthood Federation (IPPF) and UNAIDS, (2010) 'Making the Law Work for the HIV Response'. files.unaids.org/en/media/unaids/contentassets/documents/priorities/20100728_HR_Poster_en.pdf

33 Open Society Institute (OSI) (2008), '10 reasons to oppose the criminalisation of HIV exposure or transmission'. New York: Open Society Institute. www.opensocietyfoundations.org/sites/default/files/10reasons_20081201.pdf

34 UNAIDS (2017), 'Agenda for Zero Discrimination in Health Care'. Geneva: UNAIDS. www.unaids.org/en/resources/documents/2017/2017-agenda-zero-discrimination-health-care

E. Populations addressed in HIV-related recommendations

HIV-related issues pertaining to children, women and girls were the most addressed in Cycles 1 and 2. However, the focus on KPs was quite low.

Whereas issues related to HIV in MSM and transgender people were well profiled in Cycle 1, they were totally deprioritised in Cycle 2. This could be because during the first cycle a number of recommendations referred to the connection between HIV and criminal laws on same-sex sexual practices, or discrimination on the basis of sexual orientation or gender identity; this linkage was largely missing during the second cycle (with the exception of one recommendation). This runs concurrent to an overall decrease in reference to LGBTI groups in UPR recommendations.[35] Even if there are more than 1,500 recommendations on SOGIESC, there is little that links these populations with HIV.

The lack of specific focus on KPs is consistent with the general nature of the majority of HIV-related recommendations. Additionally, discussions regarding KPs have historically been avoided or contentious in UN spaces, reflecting societal taboos and criminalisation related to sexual orientation, gender identity, sex work and drug use. These may be contributing factors to the lack of attention paid to KPs in UPR recommendations. In addition, arrest, detention and violence directed at KPs is grossly under-reported and is less likely to make it to the UPR. People who are most marginalised and under-resourced are also unlikely to have the means to access reporting mechanisms like the UPR.

It is important to note that there were no recommendations where transgender people were the only population addressed. All recommendations pertaining to transgender people were tied in with issues of sexual orientation or same-sex sexual activity, potentially obscuring their specific situation and needs.

Stigmatised and criminalised groups face a disproportionate HIV disease burden. As of January 2016, over 78 countries or jurisdictions criminalised same-sex relations, and in nine of these, same-sex acts may be punished by death. Gender non-conforming and transgender people are explicitly criminalised and prosecuted in 57 countries, and they suffer from widespread discrimination and violence throughout the world.[36] Sex work is illegal or criminalised in 116 countries.[37] In many places where sex workers are not criminalised, punitive laws and policies are enforced that violate their human rights, such as mandatory registration and testing. An estimated 56-90% of people who inject drugs (PWID) will be incarcerated at some point during their lives,[38] and yet only 8% of people who need harm reduction services (such as needle and syringe programmes or opioid substitution therapy) have access.[39]

F. The relationship between State, United Nations and civil society reports and recommendations: the links and disparities

Other research has shown that UPR recommendations reflect, to a considerable extent, the perspectives and themes contained in civil society reporting, but the majority of these recommendations are framed in more general terms than expressed by civil society.[40] Examining the reviews of the Fast-Track countries corroborates and expands on this view. It is observed that HIV-related reporting by the UN system and other stakeholders may be reflected quite accurately and specifically in UPR recommendations, or reflected in more general terms, or neglected entirely.

On the one hand, the findings demonstrate that the UPR submissions made by CSOs, NHRIs and UN agencies or bodies have made valuable contributions to the UPR process, including strengthening its outcomes. On the other hand, they point to the underutilisation by reviewing States of the valuable information provided by these parties. There may be various factors contributing to this underutilisation: recommendations made by CSOs, NHRIs and the UN system might be more specific and/or critical than reviewing States would like their recommendations to be; reviewing States might not want to appear to be repeating recommendations made by CSOs, NHRIs or the UN system; or reviewing States might draw on specific information provided by CSOs, NHRIs and the UN system to formulate more general recommendations – expecting these to have a higher probability of being accepted by the SuR.

35 ARC International et al (2016). 'Sexual Orientation, Gender Identity and Expression, and Sex Characteristics at the Universal Periodic Review', P 43. arc-international.net/research-and-publications/research-and-analysis/sexual-orientation-gender-identity-and-expression-and-sex-characteristics-at-the-universal-periodic-review/

36 Transgender Europe (TGEU) (2018), Criminalisation and prosecution of trans people. transrespect.org/en/map/criminalization-and-prosecution-of-trans-people/.

37 UNDP, Global Fund Programme: legislation and law reform, www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hivaids,-tb-malaria-responses/enablers/4-programming/legislation-and-law-reform.aspx Accessed on 26 January 2016.

38 Dolan K et al (2015), People who inject drugs in prison: HIV prevalence, transmission and prevention. International Journal of Drug Policy. 26(1): S12–S25. www.sciencedirect.com/science/ article/pii/S095539591400293X

39 Mathers B. M. et al (2010), HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage. The Lancet. 375 (9719): 1014-1028. DOI: 10.1016/S0140-6736(10)60232-2

40 Edward R. McMahon et al (2013), 'The Universal Periodic Review: Do Civil Society Organization-Suggested Recommendations Matter?' Geneva: Friedrich Ebert Stiftung. www.researchgate.net/publication/277555522_Universal_Periodic_Review_Do_Civil_Society_Organization-Suggested_Recommendations_Matter

3.3 State response to recommendations

SuRs can choose to either accept or note recommendations, indicating how willing they are to implement the recommendation. The comments States make on recommendations illustrate different approaches. For instance, they may comment that they consider a recommendation is already implemented or in the process of implementation, and accept it. This implies that they might not take additional actions to implement the recommendation, and therefore the problem may not be fully addressed. In relation to noted recommendations, comments by States may indicate that the issue raised has already been addressed; is being addressed; or that it is not a problem in the country. Alternatively, they may explicitly state their disapproval or rejection of the recommendation. In the last scenario, States may or may not provide reasons for their disapproval or rejection. In a few instances, SuRs have not accepted recommendations from reviewing States that they have unfriendly relations with.

Below are examples of noted recommendations related to HIV:

Recommendation to Barbados: 'Allow for the distribution of condoms within prisons in order to stem the prevalence of HIV/AIDS in these institutions'. Explanation by SuR: 'In a national consultation conducted by the National HIV/AIDS Commission there has been strong opposition to the issuance of condoms in prison. Under the laws of Barbados, distribution of condoms in an all-male State institution is impermissible as encouraging sexual behaviour which is criminalised'.

Recommendation to Cameroon: 'Consider enacting a specific law for HIV/AIDS-related cases'.
Explanation by SuR: 'The Cameroonian legal arsenal contains provisions that can usefully be invoked in HIV/AIDS-related cases, and a law setting forth the rights of persons living with HIV/AIDS is under consideration. This recommendation is being followed up closely'.

Recommendation to Botswana: 'With regard to consensual same-sex activity between adults, adopt measures to promote tolerance and allow effective educational programmes on HIV/AIDS prevention'. Explanation by SuR: 'Botswana does not accept the recommendation. Educational programmes and awareness campaigns on HIV/AIDS target all adults'.

3.3.1 Findings

HIV-related recommendations had a high rate of acceptance – 87% in the first cycle, 94% in the second, and 91% overall – see Table 7. This is higher than the 73% acceptance rate of all UPR recommendations.[41]

Of the noted HIV-related recommendations, in the first cycle 41% pertained to laws and legal measures, and 50% in the second. Examining all the HIV-related recommendations pertaining to laws and legal measures, it is observed that 60% of such recommendations in the first cycle were noted and 33% in the second cycle.

Of the noted HIV-related recommendations, in the first cycle, a significant proportion pertained to MSM (50%) and transgender people (41%). As noted earlier in this report, the number of HIV-related recommendations pertaining to MSM and transgender people was negligible during the second cycle.

90% of all recommendations received by the 22 Fast-track countries were accepted. Only one country (Tanzania) did not accept any HIV-related recommendations – see Box 2.

	Cycle 1		Cycle 2		Both cycles	
	N	%	N	%	N	%
Accepted	146	87%	168	94%	314	91%
Noted	22	13%	10	6%	32	9%
Total	**168**	**100%**	**178**	**100%**	**346**	**100%**

Table 7: Status of HIV-related recommendations – UPR Cycles 1 and 2

41 During Cycle 1, 21,355 recommendations were made; 15,634 (73%) were accepted. During Cycle 2, 36,331 recommendations were made; 26,694 (73%) were accepted. Overall, 57,686 recommendations were made and 42,328 (73%) were accepted.

Box 2: Fast Track Countries: Status of HIV-related recommendations

	Accepted	Noted	Total
Angola	5		**5**
Brazil	1		**1**
Cameroon	5	2	**7**
China	2		**2**
Côte d'Ivoire	3	2	**5**
Democratic Republic of the Congo	1		**1**
Ethiopia	3		**3**
Indonesia	1		**1**
Jamaica	5	2	**7**
Lesotho	20		**20**
Malawi	6	1	**7**
Mozambique	12		**12**
Nigeria	6		**6**
Pakistan	3		**3**
South Africa	12	3	**15**
Swaziland	16		**16**
Uganda	4		**4**
United Republic of Tanzania		1	**1**
Ukraine	2		**2**
Vietnam	1		**1**
Zambia	10	1	**11**
Zimbabwe	5		**5**

3.3.2 Thematic analysis of State responses to recommendations

The high rate of acceptance of HIV-related recommendations among States could be due to their political will and commitment to addressing the HIV epidemic. It could also be down to the fact that a significant proportion of the recommendations were general and/or didn't pertain to contentious subjects such as criminalisation of KPs and HIV exposure.

HIV-related recommendations pertaining to laws and legal measures have a lower acceptance rate than recommendations for other types of measures; this might indicate reticence on the part of States to take legislative action. A high rate of 'noting' of recommendations pertaining to MSM and transgender people is likely due to prevalent homophobic and transphobic social norms.

Twenty-one Fast-Track countries have accepted one or more HIV-related recommendation, demonstrating their willingness to address the HIV epidemic. These recommendations present opportunities to galvanise further action by States in relation to laws, policies and programmes, in order to realise the human rights of PLHIV and KPs.

3.4 Implementation of recommendations

Issues with the highest implementation rate were HIV, human trafficking and persons with disabilities.[42] For this report, available information[43] about the implementation of HIV-related recommendations from the first cycle was analysed to classify recommendations as 'fully implemented', 'partially implemented', and 'not implemented'. Where no information was reported regarding implementation of the recommendation, the classification 'no information' was used. For recommendations that cover a range of issues including HIV, only the HIV-related aspects of those recommendations were assessed for implementation.

Example of implementation of HIV-related recommendations to Swaziland

Recommendation to Swaziland: 'Develop and implement a national strategy to eliminate stigma and discrimination against people living with HIV/AIDS'.

Implementation information. National Report: 'Through the National Emergency Response Council on HIV/AIDS, the State of Swaziland reviewed the National Multi Sectoral strategic Framework for HIV and AIDS 2009-2014, and developed an extended National Multi Sectoral Strategic Framework 2014-2018. The framework guides the national response to HIV and AIDS. The strategy covers issues of prevention, treatment, impact and mitigation, including addressing issues of stigma and discrimination.

Over and above the aforementioned strategy, the country has also enacted a Code of Good Practice on Industrial Relations, which has specific provisions on HIV and AIDS. The objective of this HIV and AIDS provision is to eliminate discrimination in the workplace based on a person's HIV status'.

UN Compilation: 'In 2014, the Extended National Strategic Framework on HIV/AIDS (2014-2018) had been adopted, the main goals of which were: to reduce new HIV infections among adults and children by 50 per cent by 2015; to reduce mortality and morbidity among people living with HIV; to alleviate the socioeconomic impacts of HIV/AIDS among vulnerable groups; and to improve efficiencies and effectiveness in the national response planning, coordination and service delivery'.

3.4.1 Findings

Fifty per cent of HIV-related recommendations from the first cycle were implemented to some degree – either fully or partially – see Table 8.

Example of implementation of HIV-related recommendations to Senegal

Recommendation to Senegal: 'Review policies aimed at protecting the rights of children, with a view to establishing a juvenile justice system to address violations of children's rights, in particular, discrimination against children affected by HIV/AIDS, disabled children and those born out of wedlock'.

Implementation information. National Report: 'Senegal adopted Act No. 2010-03 of 9 April 2010 on AIDS with a view to addressing the threat posed by the pandemic to the economic and social development of the country. Accordingly, a national policy has been developed for the prevention, assistance, protection and promotion of the rights of infected and affected persons and of groups identified as vulnerable.'

Stakeholder Summary: 'JS1 reports that Act No. 2010-03 of 9 April 2010 on HIV was a step forward in preventing, addressing and eliminating all forms of stigmatisation and discrimination against persons infected with or affected by HIV/AIDS...'

	N	%
Fully implemented	7	4%
Partially implemented	77	46%
Not implemented	38	23%
No information	46	27%
Total	**168**	**100%**

Table 8: Implementation levels of HIV-related recommendations – UPR Cycle 1

42 UPR Info (2014), 'Beyond promises – The impact of the UPR on the ground'. Geneva: UPR info. Pp. 5 & 28. www.upr-info.org/sites/default/files/general-document/pdf/2014_beyond_promises.pdf

43 The SRI's UPR Sexual Rights Database compiles information from review documentation (national reports, NU compilation reports, and stakeholder summary reports) pertaining to the implementation of recommendations. www.uprdatabase.org/

By analysing SuRs' responses to recommendations, it is observed that over 50% of accepted recommendations were implemented to some degree – see Table 9. Over a quarter of noted HIV-related recommendations were also implemented to some degree; this is notably higher than the 19% rate for overall UPR recommendations.[44]

Example of a noted recommendation by the Democratic Republic of Congo

Recommendation noted by the Democratic Republic of Congo: 'Step up its efforts to make the community aware of the risks of HIV and establish a campaign to increase awareness among young people.'

Implementation information. National Report: 'Two major outpatient health centres have been established at Brazzaville and Pointe-Noire, together with several other screening centres in other towns. Permanent information campaigns in the media, and condom distribution in streets, hotels and at border posts by State agencies and NGOs are noteworthy activities. Thanks to these grass roots activities the disease is regressing in the country.'

Textbooks that integrate human rights into the Congolese education system are still being prepared. An encouraging sign of progress in this direction is the integration of efforts to raise awareness about HIV and AIDS in primary schools, secondary schools and lycees using publications such as 'Learn about HIV and AIDS.'

Following an intense campaign in its favour, Act No. 30-2011, of 3 June 2011, on efforts to control HIV/AIDS, and protection for people living with HIV was adopted by both houses of parliament (the National Assembly and the Senate) and promulgated by the President of the Republic. It has been in force since that date and implementing legislation is now being drafted. In the wake of the Act's introduction, numerous activities were organised to publicise the Act. An information handbook on HIV/AIDS control and protection of the rights of infected or affected persons, which was drafted with the support of the United Nations Development Programme (UNDP), was approved in February 2013.'

Analysing implementation of recommendations in relation to their specificity, it is observed that all the recommendations that were fully implemented were classified as being specific – see Table 10. Of the 77 recommendations that were partially implemented, 83% were general in nature.

SuR response to recommendation

	Accepted		Noted	
Implementation level	N	%	N	%
Fully implemented	7	5%	0	0%
Partially implemented	71	49%	6	27%
Not implemented	35	24%	3	14%
No information	33	22%	13	59%
Total	**146**	**100%**	**22**	**100%**

Table 9: Implementation levels of accepted and noted HIV-related recommendations – UPR Cycle 1

Specificity of recommendation

	Specific		General		Total
Implementation level	N	%	N	%	**N**
Fully implemented	7	100%	0	0%	**7**
Partially implemented	13	17%	64	83%	**77**
Not implemented	15	39%	23	61%	**38**
No information	21	46%	25	54%	**46**

Table 10: Implementation levels of specific and general HIV-related recommendations – UPR Cycle 1

44 UPR Info (2014), 'Beyond promises – The impact of the UPR on the ground'. Geneva: UPR info, p 5. www.upr-info.org/sites/default/files/general-document/pdf/2014_beyond_promises.pdf

3.4.2 Thematic analysis of the implementation of recommendations

The implementation phase is the most important phase of the UPR process. At this stage the State decides what actions it will take, how it will do so, by when, and then proceeds to carry them out.

Evidence of the implementation of HIV-related recommendations from the first cycle underscores the valuable contribution of the UPR process in affecting change in HIV and AIDS responses, and reinforces the importance of engaging meaningfully with the UPR process. The change may not be solely attributable to the UPR; other international and regional policy commitments and human rights mechanisms, and national policy and advocacy play a part. However, the UPR contributes by adding pressure and increasing State accountability.

The findings show the importance of continuing to engage in dialogue with the SuR regarding the implementation of noted recommendations. They also reinforce the assertions made earlier in this report that general recommendations are difficult to measure, and therefore challenging to implement fully, and that it is important to make specific and measurable recommendations in order to hold States accountable to their commitments – see Box 3.

Box 3: Fast Track Countries: Implementation of UPR recommendations from Cycle 1

Angola:	partially implemented 2 recommendations
Cameroon:	partially implemented 1 out of 3 recommendations
Côte d'Ivoire:	partially implemented 3 out of 4 recommendations
Democratic Republic of the Congo:	did not implement 1 recommendation received
Ethiopia:	partially implemented 2 recommendations
Jamaica:	did not implement 1 recommendation received
Lesotho:	received 11 recommendations; fully implemented 1, partially implemented 6
Malawi:	partially implemented 2 out of 4 recommendations
Mozambique:	partially implemented 6 out of 9 recommendations
Nigeria:	partially implemented 3 recommendations
South Africa:	partially implemented 3 recommendations
Swaziland:	received 7 recommendations; fully implemented 1, partially implemented 3
Uganda:	did not implement 4 recommendations received
Viet Nam:	did not implement 1 recommendation received
Zambia:	partially implemented 1 out of 3 recommendations
Zimbabwe:	did not implement 5 recommendations received

3.5 Reviewing States and HIV

Ninety-five reviewing States made HIV-related recommendations during the UPR process. The State that made the most over the two cycles was Thailand – see Figure 3.

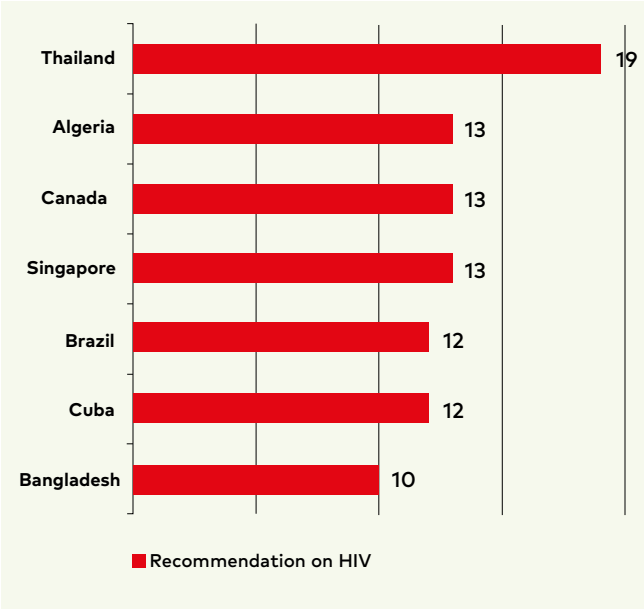


Figure 3: Reviewing States – HIV-related recommendations

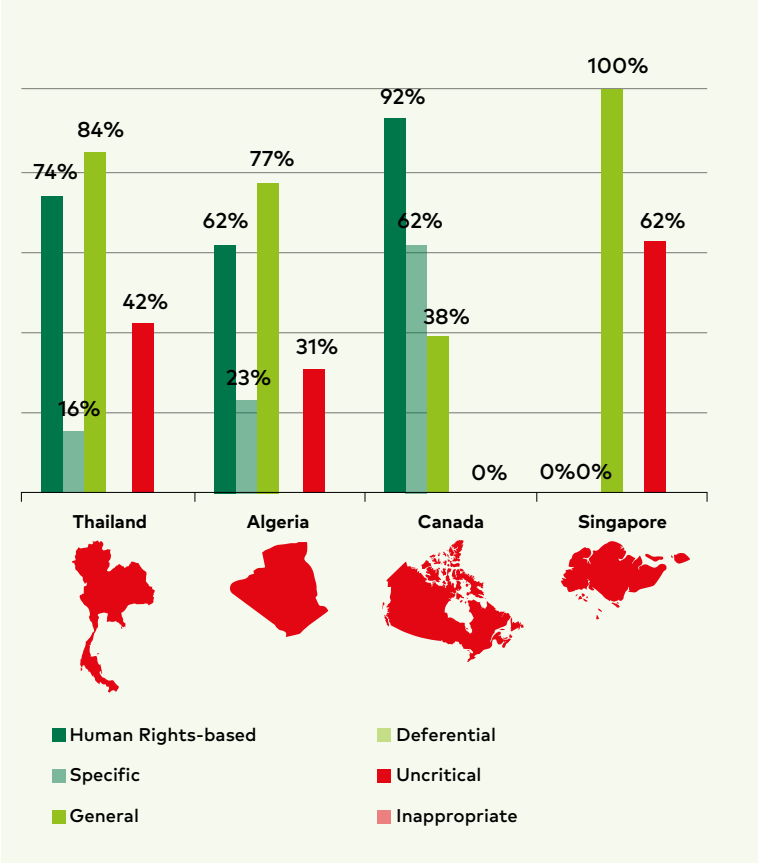


Figure 4: Quality of recommendations made by top reviewing States

Canada and Czechia made the highest number of HIV-related recommendations during the first cycle (11 and 9 respectively), but their support for the issue fell during the second cycle, perhaps signifying a shift in priorities. On the other hand, Thailand's support for the issue increased (from 4 recommendations during the first cycle to 15 in the second), as did Colombia, Cuba and Singapore's. Algeria and Brazil's support has been consistent across the two cycles. These States could be targeted for advocacy to raise HIV-related questions and recommendations to SuRs during the third cycle.

Seventy-four per cent of the recommendations made by Thailand were human rights-based, but only 16% recommended specific actions. Similarly, 62% of the recommendations made by Algeria were human rights-based but only 23% were specific. All recommendations made by Singapore were general in nature, and none were aligned to, and consistent with human rights norms and standards; 62% were uncritical. On the other hand, 92% of the recommendations made by Canada were human rights-based and 62% were specific. By these measures, Canada emerges as the true champion of HIV-related recommendations in the UPR process – see Figure 4.

Some States made general template recommendations to multiple SuRs, for example, *'Maintain and further build upon its HIV/AIDS preventive, care and treatment programmes'* (by Singapore); and *'Continue to fight HIV/AIDS with the support and cooperation of the international community'* (by Bangladesh). These may not be as effective as specific recommendations tailor-made to address the context and the particularities in the SuR.

Eighty-nine per cent of the recommendations made by Czechia pertained to MSM, and 67% pertained to transgender people. Forty-four per cent of the recommendations made by Mexico pertained to adolescents and youth, and 42% of the recommendations made by Thailand pertained to women and girls. These States could be targeted for advocacy to raise HIV-related recommendations pertaining to these populations during future reviews.

3.6 Recommendations on connected topics

Recommendations that directly address the issue of HIV are not the only entry points to engage in dialogue with the SuR. As HIV intersects with a range of issues in practice, UPR recommendations on various connected topics could be utilised to encourage implementation measures that advance the HIV and human rights situation. This approach would contribute to the integration of pertinent HIV issues across a range of legal, policy and programmatic measures in the implementation of UPR recommendations. Another benefit of this approach is that it allows for engagement with the State on HIV, even when no recommendations related to HIV have been made. There were 96 UN Member States that received no recommendations related to HIV during the first two cycles of the UPR; however, recommendations on other topics can be used to engage in dialogue with and encourage specific action that has an impact on HIV. Collaboration between HIV and other human rights groups, networks and coalitions to do this could potentially strengthen national civil society through increased dialogue and cooperation, and integration of different human rights issues across sectors. It could also bolster advocacy outcomes.

One study found that using recommendations on connected topics in this way is already underway. Human rights defenders working on SOGIESC reported using recommendations on GBV, HIV and AIDS, freedom of assembly and torture, among others, in their UPR follow-up and implementation work.[45] Similarly, HIV-focused CSOs could utilise various recommendations to encourage action on HIV, including recommendations related to the right to health, SRHR, sexuality education, sexually transmitted infections, decriminalisation of sex work, same-sex sexual activity, drug use, GBV, and anti-discrimination policies, among others. For example, they could advocate for the implementation of recommendations to decriminalise same-gender sexual activity, which would greatly benefit the HIV and AIDS response. Or they could utilise recommendations on improving women's access to health services in order to advocate for improved HIV prevention and treatment services for female sex workers.

Examples of recommendations on connected topics that might be useful for HIV-related advocacy:

'Put in place comprehensive and evidence-based sexual and reproductive health education programmes.' (To Russia^*; status: accepted)

'Decriminalise sexual relations between consenting adults of the same sex.' (To Kenya^*; status: noted)

'Strengthen efforts to address the phenomenon of alcoholism and drug addiction of children and youth, and in this regard strengthen health-related awareness-raising programme.' (To Benin*; status: accepted)

'Initiate public programmes to increase knowledge and awareness of sexually-transmitted diseases and contraception.' (To Bulgaria*; status: accepted)

'Revise and harmonise anti-discrimination laws to ensure equal protection on all grounds of discrimination.' (To Austria*; status: accepted)

'Apply a comprehensive sexual and reproductive health and rights approach to guarantee access of all sex workers, as well as their clients and clients' spouses and partners, to adequate health services and sexual education.' (To Thailand; status: accepted)

'Strengthen and expand protections and programmes addressing gender-based violence and sexual exploitation of children, including victims of trafficking, by ensuring that survivors have access to shelter, as well as to justice, health-care services, and support services.' (To Suriname; status: accepted)

Key:
^Fast track country
*SuR did not receive any UPR recommendations related to HIV

45 ARC International et al (2016). 'Sexual Orientation, Gender Identity and Expression, and Sex Characteristics at the Universal Periodic Review', P 62. arc-international.net/research-and-publications/research-and-analysis/sexual-orientation-gender-identity-and-expression-and-sex-characteristics-at-the-universal-periodic-review/

Educational project by Yeyasan Intermedika Foundation in Indonesia.

2013 Marieke van der Velden for Aidsfonds

4. Conclusion and recommendations

UPR recommendations pertaining to HIV and other connected topics can equip non-State actors to advocate with States around the world to take action to respect, promote and fulfil the human rights of PLHIV and KPs affected by HIV.

Within the UPR process, civil society, NHRIs and the UN system have played an important role in raising critical issues relating to the human rights of PLHIV and KPs. However, States have not optimally utilised the information provided by these actors and have not adequately prioritised HIV within the UPR process. As a result, HIV-related recommendations have been limited in quantity and quality over the first two cycles.

Reporting on implementation efforts so far shows that the UPR process is contributing to change at the national level, and helping to hold States accountable for improving the human rights situation in relation to HIV, PLHIV and KPs affected by HIV.

To further optimise the impact of the UPR, the following recommendations are made:

4.1 Recommendations

For States under review:

- Use a consultative and participatory process that starts way in advance of the review; collaborate with diverse civil society groups, including those working on HIV and AIDS, in UPR reporting, implementation and monitoring efforts;
- Include a broad range of issues relating to human rights, HIV and KPs affected by HIV, such as decriminalisation of HIV exposure and anti-discrimination laws in State reporting;
- Make HIV-related voluntary commitments during reviews;
- Increase acceptance of specific and/or critical recommendations, including on enactment and reform of laws;
- Include all relevant ministries (ministry of foreign affairs, of health, education, gender, interior etc) in the development of national action plans to implement recommendations.

For peer reviewing States:

- Give greater priority to issues relating to the human rights of PLHIV, and KPs affected by HIV, when participating in country reviews;
- Apply human rights principles, standards and norms rigorously and consistently when formulating recommendations;
- Increase specific and measurable recommendations, including on enactment and reform of laws, for greater impact on the human rights situation at the national level;
- Understand the context in the SuR and tailor-make specific recommendations to address the particularities. If the reviewing State has an embassy in the country that is being reviewed, the embassy should be encouraged to help inform the decision made by the capital about the recommendations being tabled to the SuR. The embassy can also create space for dialogue between CSOs and government officials;
- Increase the number of questions and recommendations related to criminalisation of HIV exposure, non-disclosure and transmission, treatment, stigma and discrimination, and the situation of KPs;
- Increase utilisation of critical information provided by civil society to inform questions and recommendations. It may be important to encourage the SuR to defer their recommendation until they conduct an inter-ministerial consultation and dialogue with civil society.

For civil society:

Global and in- country CSOs and communities can have different roles to play in the process, but together they can achieve change through coordinated advocacy.

- Collaboration between HIV and other human rights groups, networks and coalitions could potentially strengthen national civil society through increased dialogue and cooperation, and integration of different human rights issues across sectors, as well as bolstering advocacy outcomes;

- Engage in the different stages of the UPR process, including participating in the national consultation process for the preparation of the State's national report; preparing and submitting stakeholder reports individually and/or in coalition with other organisations; advocating directly with the representatives of other countries to make recommendations related to the issues raised in stakeholder reports; advocating with the State to accept recommendations received and then implement them in a way that benefits affected populations; and monitoring State implementation efforts;
- Utilise HIV-related recommendations, regardless of quality, to advocate for implementation of specific actions aligned to, and consistent with human rights norms and standards;
- Amplify the perspectives of KPs in the UPR process by engaging KP communities, groups or representatives in UPR reporting, advocacy and monitoring efforts;
- Increase reporting and advocacy on issues related to criminalisation of HIV exposure, non-disclosure and transmission, treatment, stigma and discrimination, and the situation of KPs
- Strategically target States that have a consistent record of making HIV-related recommendations aligned to, and consistent with human rights norms and standards, and those who have made voluntary commitments related to HIV, for advocacy during future reviews. This engagement may be done in the country capital, permanent missions and embassies, to ensure recommendations are aligned;
- Utilise UPR recommendations on connected topics to engage in dialogue with the State and advance human rights issues related to HIV;
- Utilise and maximise the whole human rights 'machinery', which can tailor recommendations and exert pressure on States to accept them, e.g. the Treaty Monitoring Bodies Concluding Observations can be used as a basis for recommendations. This can help civil society persuade the reviewing State to raise a recommendation, as a Treaty Body has already issued it. Similarly, consider how CSOs can use the thematic reports or country visits of relevant Special Procedures in their advocacy, as the basis for States to raise recommendations.

For UN agencies and bodies:

- Increase reporting and advocacy on issues related to criminalisation of HIV exposure, non-disclosure and transmission, treatment, stigma and discrimination, and the situation of KPs;
- Support HIV-focused CSOs and KP groups to engage with the UPR process;
- Consult with CSOs and KPs at national level to ensure their voices are being heard in the UN submission, and inform the relevant ministry of the concerns being raised;
- Provide support and critical input to States during the preparation of their national report to enable robust reporting;
- Advise and support the State in the implementation of UPR recommendations, including those that may have been noted. This includes the provision of technical support to relevant ministries to help with the development of national action plans to implement accepted recommendations.

For independent monitoring bodies – national human rights institutions and ombudspersons:

- Increase reporting and advocacy on issues related to criminalisation of HIV exposure, non-disclosure and transmission, treatment, stigma and discrimination, and the situation of KPs;
- Collaborate with HIV-focused CSOs and facilitate dialogue between them and the State;
- Engage in dialogue with the State about implementing robust recommendations that might have been noted.

For donors:

- Increase resource mobilisation for non-State actors, especially organisations of PLHIV and KPs affected by HIV, to undertake policy research and advocacy, including engaging with all stages of the UPR process;
- Support CSOs to build capacities and strategies around engagement with the UPR.

About us...

PITCH Partnership to Inspire, Transform and Connect the HIV response

aidsfonds

International HIV/AIDS Alliance Together to end AIDS

Ministry of Foreign Affairs

About the Partnership to Inspire, Transform and Connect the HIV response

The Partnership to Inspire, Transform and Connect the HIV response (PITCH) enables people most affected by HIV to gain full and equal access to HIV and sexual and reproductive health services.

The partnership works to uphold the sexual and reproductive health and rights of lesbian, gay, bisexual, and transgender people, sex workers, people who use drugs and adolescent girls and young women. It does this by strengthening the capacity of community-based organisations to engage in effective advocacy, generate robust evidence and develop meaningful policy solutions.

PITCH focuses on the HIV response in Indonesia, Kenya, Mozambique, Myanmar, Nigeria, Uganda, Ukraine, Vietnam and Zimbabwe. Partners in these countries also share evidence from communities to influence regional and global policies that affect vulnerable populations.

PITCH is a strategic partnership between Aidsfonds, the International HIV/AIDS Alliance and the Dutch Ministry of Foreign Affairs.

BRIDGING THE GAPS
Health and rights for key populations

About Bridging the Gaps

Bridging the Gaps is an alliance of nine international organisations and networks and more than 80 local and regional organisations in 15 countries, working towards the end of the AIDS epidemic among key populations. To get there we envision a society where sex workers, lesbian, gay, bisexual and transgender (LGBT) people and people who use drugs (PWUD), including those living with HIV, are empowered and have their human rights respected.

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AFEW International Интернешнл

GNP+ GLOBAL NETWORK OF PEOPLE LIVING WITH HIV

INPUD International Network of People who Use Drugs

ITPC INTERNATIONAL TREATMENT PREPAREDNESS COALITION

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MSM GF

nswp

Colophon

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PITCH Partnership to Inspire, Transform and Connect the HIV response

BRIDGING THE GAPS
Health and rights for key populations