HUMAN RIGHTS FOR HIV, TB, MALARIA AND HSS GRANTS
INFORMATION NOTE

Introduction

The Global Fund Strategy, *Investing for Impact 2012-2016*, has five objectives. One of these commits to protecting and promoting human rights by:

1. Integrating human rights considerations throughout the grant cycle;
2. Increasing investment in programs that address human rights-related barriers to access; and
3. Ensuring the Global Fund does not support programs that infringe human rights.

The Global Fund's mandate focuses on ensuring access to health services and in this way, promoting the right to health. A growing body of evidence demonstrates that the right to health can only be realized if other intersecting human rights are protected, promoted and fulfilled. However, a 2011 UNDP, UNAIDS and Global Fund study found that in settings where key populations are criminalized, Global Fund proposals and grants often did not include human rights programs that benefit the populations who need those services most.

In the new funding model, **applicants are strongly encouraged** to incorporate human rights programming in their concept notes.

The Global Fund's Technical Review Panel (TRP) stated in its 2012 report[1],
"In order to ensure effective program implementation, applicants should be instructed that human rights-related issues be given due importance in the discussion of how the proposal will be implemented, and that failure to do so will jeopardize the application."
Early applicants to the new funding model that have included strong human rights programs in their concept notes and budgets have received positive comments from the TRP.

This note provides guidance and practical examples on human rights programming, which if included in concept notes, will contribute significantly to improving health outcomes and access to health services.

It is strongly recommended that applicants:

1. Identify **who is at risk of HIV, TB or malaria, who has the disease, and what activities are needed to address human rights barriers and effectively reach those populations.**
2. Design all disease programs using a **human rights-based approach.**
3. Invest in a package of services to **remove human rights barriers to access, including community system strengthening.**

[1] Report of The Technical Review Panel and The Secretariat on the Transitional Funding Mechanism (GF/B26/ER 07)

1. Identify who is at risk and what activities are needed

Human rights are standards that are written in international treaties which states sign and ratify, and which they must uphold in laws, governance and other practices. Because human rights are universal, interconnected and interdependent, there are many human rights that intersect with the right to the highest attainable standard of health. In order to make progress on the right to health, it is also necessary to address intersecting human rights. There is no country without any human rights barriers to accessing health services. There is also no one approach that will work in every country. However, there are lessons that can be learned from many countries' experiences.

For this reason, the Global Fund strongly recommends that applicants engage in frank and in-depth discussion about human rights in the process of developing the National Strategic Plan, investment case for HIV responses, and country dialogue, which leads to writing the concept note. By including representatives of people living with and affected by the three diseases, including key populations, and domestic and regional human rights experts in these discussions, applicants can look at all the information honestly, and design a robust and thoughtful concept note. The concept note should explain what human rights barriers exist, which priority human rights areas the applicant will focus on, and how the applicant will address these barriers with specific activities to ensure Global Fund investments have a strategic impact.

HIV, TB and malaria are very different diseases; however, they have something in common. All three are made worse by discrimination and marginalization. In some cases, all three diseases may disproportionately affect the same populations, such as migrants, internally displaced people (IDPs) and refugees.

Why human rights?

HIV - Where populations most vulnerable to the disease, or "key populations" are criminalized, lack of respect for human rights fuel the spread of HIV by adding to the risk environment and further marginalising people living and affected by the disease, such as: sex workers, people who use drugs, men who have sex with men, transgender people and prisoners. When their human rights are not respected and protected, people are less likely to access available prevention, testing, treatment, care and support services.

In addition, people living with HIV face tremendous stigma and discrimination, even in places where treatment is widely available. Without effective redress against discrimination, if health providers do not respect informed consent or medical confidentiality, people vulnerable to HIV may be reluctant to come forward for testing, treatment and care.

TB - is a disease associated with poverty and social inequality that particularly affects vulnerable populations with poor access to basic services, those living in substandard housing and poor sanitation conditions, as well as populations in prisons and other closed settings. TB has often been depicted as a disease driven by biomedical determinants, but increasingly efforts are focusing on addressing the social inequalities by putting affected people at the centre of the health response. A growing number of TB experts are also focusing on the needs of migrants, IDPs, miners, and prisoners.

Malaria - is also linked to poverty. In some parts of the world, it is widespread among pregnant women and children. In others, it is concentrated among migrants, refugees, prisoners, rural populations and indigenous populations. For those populations, social inequality and political marginalization may impede access to health services, and there may be additional barriers created by language, culture, poor sanitation lack of access to health information, lack of informed consent in testing and treatment, and inability to pay user fees for medical services.

The resources listed at the end of this information note give additional technical guidance on human rights in the three diseases. In addition, applicants are strongly encouraged to consult with technical partners and with domestic and regional human rights experts, including those at National Human Rights Institutions and at human rights organizations.

The Global Fund defines **key populations** as follows:

"Key populations face high risk and burden of the three diseases. Their access to relevant services is significantly lower than the rest of the population, and thus dedicated efforts and strategic investments are required to expand coverage, equity and accessibility. They face frequent human rights violations, high barriers to services and limited recourse because of systematic disenfranchisement and social and economic marginalization and criminalization. They contribute valuable insights, guidance, and oversight to implementing organizations and the Global Fund as Board members, staff, grant recipients, technical assistance providers and beneficiaries due to their direct experience and personal investment in the fight against the three diseases."

A partial list of some key populations could include: prisoners, migrants, men who have sex with men, transgender people, women and girls, youth, people with disabilities, sex workers and their clients, people who inject drugs, indigenous people, internally displaced people, and others.

How to identify human rights barriers to access

Ideally, human rights activities would be included in National Strategic Plans. Where this has not been done, country dialogue offers a second opportunity to consult with key populations, people living with HIV, TB and/or malaria, and domestic or regional human rights experts. The proposed steps to assess the epidemic and identify barriers are as follows:

Step 1: Define the epidemic

Analyze existing data, both quantitative and qualitative health and human rights data, to understand health inequities in relation to the three diseases. This should include looking at issues of coverage, quality and uptake across the continuum of prevention, testing, treatment, care and support, particularly for key populations.

- Define: who are the key populations? (see text box above) Who has the disease? Who is at risk of getting the disease? Define whether persons are at increased risk because of legal or human rights barriers.

Step 2: Define the activities

- What activities are needed to reach key populations and people living with the diseases? Define human rights barriers to accessing these services. Define activities to address barriers.
- Where barriers to accessing services exist outside of Global Fund-supported programs that impede access to health services, interventions should be defined to address these barriers, and should be included in funding requests.
- If rights violations occur within Global Fund-supported programs (for example, discrimination, violations of confidentiality, violations of informed consent, or other violations) they must be ended immediately. Individuals with information about wrongdoing in Global Fund programs should contact the Office of the Inspector General at http://www.theglobalfund.org/en/oig/contact/.

Step 3: Define the financial gap to implement the activities.

Step 4: Identify potential partnerships to carry out the activities, including with other government agencies, with domestic or regional Civil Society Organizations (CSOs), or domestic or regional key populations networks.

The following list of questions can help countries to identify human rights barriers to accessing HIV, TB and malaria services. These questions do not summarize all possible human rights barriers, but they should help applicants to begin to brainstorm and discuss them in country dialogue.

Sample discussion questions on human rights barriers to access

➢ Are prevention, testing, treatment and care initiatives effectively reaching the most vulnerable groups? Are there specific subpopulation groups that may face exacerbated vulnerability to HIV, TB and malaria, due to access barriers?
➢ Have key populations, including women and girls, been named in the national strategic plan? Are strategies outlined for responding to their specific needs? Have representatives of these populations participated meaningfully in the development of the national strategic plan?
➢ Are approaches to prevention, treatment and care based on scientific evidence and grounded in domestic laws?
➢ Are testing and counseling services voluntary, confidential, accessible, affordable and respectful?
➢ Are key populations (including men who have sex with men, transgender people, people who inject drugs, sex workers, or others) criminalized? Are there realistic opportunities to change the laws in the current environment? If not, are there short-term practical solutions, for instance by working with police, to enable criminalized populations to access condoms, clean needles, medical treatment, and opioid substitution therapy?
➢ Do populations most vulnerable to the three diseases have access to appropriate health education and information? Is such information medically and culturally appropriate?
➢ Are health services affordable to all? Are there any financial barriers to accessing health services, such as user fees? Are health services of an acceptable quality?
➢ Do all health services have laws or policies on non-discrimination on the basis of health status? Are these laws or policies enforced? Are health providers trained in principles of non-discrimination and informed consent? Are there penalties if the laws or policies are violated?
➢ Are health services within safe physical reach for all, including key populations, such as women and girls? Do indigenous people, migrants and IDPs have equal access to HIV, TB and malaria health services and information in their own languages?
➢ Do police use condoms as evidence of prostitution? Do police arrest people using drugs at or near health facilities? If so, is it possible to either change the evidentiary laws, or to work with police and courts to sensitize them to HIV and TB?
➢ Are men who have sex with men, sex workers and transgender people at risk of violence that might drive them further underground? Do they have access to health services without discrimination?
➢ Do TB patients and people living with HIV face discrimination or stigma? Are there laws

and policies in place to protect against discrimination, especially by health providers? Are these enforced?
➢ Are there existing platforms where communities can gather cases of violations and share these with health providers or officials, in order to find solutions?
➢ Are there effective means for accountability when rights are violated, such as legal aid services, ombudsperson's offices in hospitals, complaints committees, or other ways to file complaints and receive redress?

If applicants lack sufficient information to have an informed discussion, a Legal Environment Assessment, discussed in section 3 below, can also help to identify barriers that could affect access to health services. Applicants are encouraged to consult with OHCHR, UNAIDS, UNDP, Stop TB Partnership, or domestic or regional human rights organizations that have experience conducting such assessments.

2. Design disease programs using a human rights-based approach

A human rights-based approach to health and to addressing HIV, TB and malaria, means integrating human rights norms and principles in the design, implementation, monitoring, and evaluation of disease programs. These principles include human dignity, non-discrimination, transparency, and accountability. A human rights-based approach also means empowering vulnerable groups and key populations, ensuring their participation in decision-making processes which concern them, as well as incorporating accountability mechanisms which they can access. **The human rights-based approach does not have a separate set of modules and indicators in the measurement framework, but is described in the scope of services for HIV, TB and malaria.**

Step 1: Consult closely with populations who will use health services in program planning processes, implementation and monitoring and evaluation. This should include looking at issues of coverage, quality and uptake across the continuum of prevention, testing, treatment, care and support, particularly for key populations. Key populations and people living with HIV, TB or malaria can be meaningfully engaged in routine program supervision, program reviews and periodic analysis of equity in program access and results. This can be done through national, regional and local consultations, and by providing support for community representation and engagement (e.g. subsidies for transport, food and lodging to attend stakeholders meetings).

Step 2: Based on these consultations, design disease programs with testing, prevention, treatment, care and support services that pay special attention to challenges, barriers, and outreach opportunities in order to meet the needs of those who will use the services. This includes national-reach interventions that transform program design and M&E frameworks, incorporating activities in health services that help to overcome geographical, financial, social, legal and cultural barriers, for example:

- Move from hospital-based MDR-TB care to ambulatory and community-based care models, which WHO recommends to reduce the economic and social burden on patients.
- Strengthen capacity of frontline health providers to provide prevention, testing, treatment and care services for key populations, including women and girls, as well as to link with communities such as migrants, prisoners, people in remote rural areas, and people in high-density areas such as slums or townships. This includes providing sensitization for health care workers in relation to the human rights and needs of these communities.
- Engage key populations, including women and girls, in promoting testing and counseling, positive, and treatment literacy, either through hiring representatives as staff or by partnering with networks that represent them. Support the development of safe meeting spaces, such as drop-in centers.

- Support an integrated approach to prevention, testing, treatment, care and support services within strengthened health systems, for example by integrating services with family planning, maternal and child health, community surveillance, and other entry points within primary health care.
- For TB, provide appropriate treatments that meet patients' needs to prevent the development of drug resistance; for HIV, ensure equal access to second and third-line treatment. This could include community-based DOTS or HIV testing, to mobile outreach to remote areas, to facilitated patient transport.
- Implement policies to make malaria prevention interventions (e.g. bed nets) affordable to all population groups.
- Actively and meaningfully engage key populations in routine program design and planning, supervision, monitoring, program reviews, and periodic analysis of quality and equity in program access and results.

Step 3: Form inter-sectoral partnerships between ministries of health and other parts of government to better embed HIV, TB and malaria concerns explicitly within poverty reduction programs, national human rights priorities and other development policies, such as those relating to labor, nutrition/food security, housing/urban planning, social protection, justice and other development initiatives, for example:

- Sensitize relevant government staff to support income-generating activities for people living with and affected by HIV, TB and malaria.
- Sensitize relevant government staff to ensure equal access for TB patients, people affected by malaria and people living with HIV to agricultural subsidies, housing allocation and other social benefits.
- Sensitize government actors to mainstream HIV, TB and malaria considerations in national policies and programs relating to labor, nutrition/food security, housing/urban planning, corrections, social protection and other development initiatives.
- Sensitize National Human Rights Institutions on human rights dimensions of HIV, TB and malaria.

3. Remove legal barriers to access

This package of interventions to remove legal and human rights barriers for accessing health services should be discussed during the country dialogue process and considered for inclusion in concept notes. Because these interventions reinforce one another, they are recommended as a package.

Based on the barriers identified in country dialogue, applicants are strongly encouraged to develop specific interventions to address legal and human rights barriers that impede access to prevention, testing, treatment, care and support services for HIV, TB and malaria. Investing in interventions to remove legal and human rights barriers to access health services is especially recommended in settings where:

- Discrimination based on health status is widespread and not effectively addressed through existing systems.
- Women and girls lack equal access to health services.
- Women living with HIV experience forced testing and forced sterilization and abortions.
- Gender-based violence is widespread.
- People living with HIV, sex workers, people who use drugs, transgender people, and men who have sex with men are criminalized.
- People who use drugs lack access to harm reduction services.

- Policing practices, such as use of condoms as evidence of prostitution or police harassment of people who use drugs, sex workers, men who have sex with men and transgender people, impede access to Global Fund-supported health services.
- Prisoners and other people in closed settings experience conditions harmful to their health – for example, overcrowding, forced labour, and lack access to health services.
- People generally, including young people, lack access to health information, and are tested and treated for HIV, TB or malaria without their informed consent.
- There is no accommodation in health services to meet the needs of people with disabilities.
- Migrants, refugees and IDPs lack access to health services and former detainees are excluded from services.

Intervention 1: Legal environment assessment and law reform – If no Legal Environment Assessment has been conducted for the country in the past two years, conduct a national Legal Environment Assessment (LEA) of HIV, TB and malaria-related laws, regulations, policies as well as access to justice and law enforcement, in order to identify to what extent a country's national legal and regulatory framework addresses key HIV, TB and malaria related human rights issues. In some countries, applicants may choose to work with UN agencies or other technical partners to conduct the Legal Environment Assessment. In others, National Human Rights Institutions or human rights CSOs may have experience and expertise needed to do it. It is recommended that this assessment be concluded in the first six months of the grant, and that based on the assessment, specific costed activities be added to the budget and work plan.

Based on the priorities identified in the LEA, design a costed, time-bound plan to reform policies and laws to enable greater access to health services. For HIV, the plan could address the recommendations from the Global Commission for HIV and Law through advocacy, national and community dialogue, and specific interventions to promote legal reform and access to justice programs. Note that in many countries, legal or policy reform is unlikely to be completed in the three-year time period of the grant. For this reason applicants should include the other four interventions in the Removing Legal Barriers to Access package in order to make short-term progress.

Intervention 2: Legal literacy and legal services – Educate communities about their legal and human rights, and support their access to justice through either community paralegals or legal services. A growing body of evidence shows that this intervention improves uptake of health services, provides additional entry points for outreach, testing and treatment, and helps to ensure that policies and laws are enforced in a widespread and systematic way. Examples include:

- Conduct "Know your rights" campaigns to improve legal and human rights literacy of people living with and affected by the three diseases, especially in relation to the rights issues and concerns identified in the legal environment assessment.
- Provide legal services for women and girls, including transgender women, who survive gender-based violence as an integrated part of psychosocial support, testing and treatment services.
- Support development of community paralegals who are integrated into peer outreach services.
- Support legal services for key populations and people with TB and HIV, as well as for people vulnerable to malaria, for instance to support them in filing suit when access to health care is denied.
- Provide legal services as an integrated part of palliative care, to enable patients to create wills and plan for their families.

While these services are an important part of the Removing Legal Barriers to Access package, the other four interventions in the package are also necessary to create an enabling environment for the health response.

Intervention 3: Training for officials, police and health workers – While law and policy reform are important, in the short term, training and communication with those who implement laws and policies can help to create a more enabling environment for the health response. Sensitize officials, police, members of parliament, judges and health workers on the legal and human rights of key populations, women and girls, helps to ensure more consistent implementation of laws and policies. Integrating community representatives in these trainings also helps to create channels of communication among key populations, officials and police. Examples include:

- Sensitize police, judges and parliamentarians on HIV and human rights about the harmful effects of enforcing laws those act as barriers and the role of protective laws.
- Provide training on HIV, TB and malaria for national human rights institutions, and establish independent ombudsperson's offices and complaint mechanisms.
- Training and capacity development with health care service providers on confidentiality, non-discrimination, and disclosure, and principles of human rights-based interventions to service provision.
- Integrate HIV, TB, malaria and human rights within existing professional learning processes such as continuing legal education modules or continuing professional development programs for health providers.

Note that while training and communication with officials, police and health providers is an important intervention, without a strong legal and policy framework and mechanisms to ensure accountability, training alone is unlikely to result in measurable change.

The following two interventions are shared with the CSS module, which exists in each of the HIV, TB, and malaria programs.

Intervention 4: Community-based monitoring – Monitor and report on incidences of rights violations, including discrimination, gender-based violence, issues with policing of key populations, violations of informed consent, and violations of medical confidentiality, denial of healthcare services, among others.

Intervention 5: Policy advocacy and social accountability – Support community-led advocacy for law and policy reform, including engagement in systems in health facilities that address complaints, and impact litigation.

For example:

- Implement community-based research and advocacy, such as *The People Living with HIV Stigma Index* (www.stigmaindex.org), and use the evidence generated to inform access to justice and sources of redress for experiences of discrimination for people living with HIV.
- Develop and support processes to collect the voices and perspectives, or images, of the experiences of key populations. This could be done in a way (for example through participatory processes) that can empower the community while also building the evidence base about experiences of rights violations, resilience, and structures that safeguard rights.
- Document cases of HIV or TB-related discrimination by health providers, and support regular meetings to share the results of this research with local, regional and/or national health services, to ensure patients receive needed treatment and care.
- Monitor cases where police use condoms as evidence of prostitution, and support publication of reports, articles and recommendations for legal and policy reform that would change evidentiary standards and/or police and court practices.
- Support policy advocacy by migrants to change regulations and provide migrants and their children with essential health services.
- Support impact litigation aimed at bringing cases of rights violations to court in order to establish new legal precedents.

Measurement framework

Removing Legal Barriers to Access is a separate module in HIV, TB, Malaria and HSS measurement frameworks. The module, with interventions, illustrative activities and illustrative milestones and input/process indicators which can be tracked in the grant's work plan, can be found in Annex 1.

Examples of law reform, legal aid and legal literacy programs

- A team of legal and public health experts in **Malawi** implemented a participatory, multi-stakeholder Legal Environment Assessment (LEA). Among other recommendations, the LEA recommends that the law must set out state responsibilities to take all reasonable measures to provide for the regulation of and access to affordable, quality HIV services. The results of the LEA are being used to reform the HIV law in Malawi.
- Durbar Mahilla Samanwaya Committee (also known as the Sonagachi project), a program run by sex workers to train police and empower sex workers in Kolkata, **India** helped to reduce HIV prevalence among sex workers from 11 percent in 2001 to less than 4 percent in 2004. These gains have been sustained and the program has been scaled up across the state of West Bengal.
- In **Russia**, the website Hand-Help.ru provides crucial legal information tailored to the needs of people who use drugs. The interactive legal information website channels advice from lawyers to peer educators and outreach workers who share the advice with people using drugs.
- KELIN, a **Kenyan** NGO, conducted community training for TB patients, people with HIV, health care workers and community members on knowledge about the law, human rights and TB in Kenya. To address the problem of TB patients being arrested by public health officials for failing to adhere to TB treatment, KELIN conducted a training and community dialogue forum in Kapsabet and Mwea where such cases were reported. A national advocacy forum was conducted in Nairobi, which sought to build awareness about the links between HIV, TB and human rights. KELIN has also filed a Constitutional petition at the Eldoret High Court seeking to challenge the constitutionality of Section 27 of the Public Health Act, which provides for the arrest and isolation of TB patients. The petition questions whether the prison is the envisioned place for isolation under the Act.
- In **Peru**, Victoria Castillo de Canaless is an organization of people affected by TB, who work to regain health, defend human rights and support TB patients to regain their self-esteem and overcome the social conflict that often comes with TB. The organization promotes a multi-sectoral approach to TB, provides peer-to-peer education and support, leadership training using theater, and provides monthly food baskets to patients in extreme poverty. It also provides legal assistance to patients.
- In a case of impact litigation, **South African** advocacy organization SECTION27 brought a landmark case to the Constitutional Court of South Africa in 2012, *Dudley Lee v. Minister for Correctional Services.* The applicant was a prisoner incarcerated at a maximum-security prison in Pollsmoor, South Africa (the Prison). After three years in detention, he was diagnosed with tuberculosis; he was not infected at the time of his incarceration. The prison was extremely congested and provided ideal conditions for transmission of TB. The applicant claimed that the Minister for Correctional Services failed to provide him with adequate medical treatment and medication to cure his condition and to prevent further transmission of the disease under the common law, as well as claiming violations of his right to human dignity, right to life and right to freedom and security of the person guaranteed by the Constitution. The Minister of Correctional Services was found liable for the harm done to the applicant. SECTION27 continues to follow up on this case and to work with prisoner support groups to monitor their access to health services.

Examples of community-based monitoring and advocacy programs

- In **Guatemala**, a civil society organization (CEGSS) trains rural indigenous communities on the legal framework, health entitlements and participatory monitoring. These communities then assess on a regular basis whether public healthcare facilities comply in delivering the services. They also collect users' complaints of discriminatory treatment. Community leaders present their findings to local and national authorities and agree on action plans to improve the situation. Community leaders provide follow-up to the implementation of plans and carry out advocacy to remove structural barriers.
- In **Myanmar**, national networks of key populations and people living with HIV plan to document cases of discrimination on the basis of TB and HIV status by health providers. Cases will be shared with networks at the regional level, and with a national-level working group on law and policy reform that combines key populations, people with HIV, health officials and lawmakers.
- In **China**, Asia Catalyst's Nonprofit Leadership Cohort brings together ten staff from community-based health organizations (including people living with HIV, people with disabilities, sex workers, people using drugs, and hepatitis C groups) for a series of weekend trainings in strategic planning, organizational governance, budget management, leadership development, and human rights advocacy. Over the course of the year-long program, the cohort members provide mutual support as they integrate skills learned in their home institutions, and work together on joint community, national and international advocacy projects.
- In **Thailand**, public health researchers and people who use drugs collaborate on the Mitsampan Community Research Project, a serial cross-sectional study that investigates drug-using behaviour, barriers to accessing healthcare and other drug-related harm among people who inject drugs in Bangkok. The MSCRP both empowers people who use drugs to participate in all levels of the research and advocacy, and provides quality public health data to inform national-level policy development.

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Annex 1: Module on Removing Legal Barriers to Access

The following module, "Removing Legal Barriers to Access," is included in the HIV, TB, malaria and HSS measurement frameworks. The list of activities and milestones and input/process indicators, or Work Plan Tracking Measures, provided here is illustrative. As country contexts vary, applicants may design their own activities and set indicators in consultation with the relevant Fund Portfolio Manager. In addition to these indicators, the Global Fund is working with technical partners to develop other evaluation procedures to assess progress on outcomes and impact every two to three years.

Intervention	Activity	Indicator
Legal assessment and reform	Conduct an assessment of laws, policies and their implementation in consultation with key populations and human rights experts	1. Assessment report of laws, policies and their implementation published; 2. Costed action plan finalized, based on the report recommendations; and 3. Action plan implemented. **(MILESTONES) NOTE: As the process of law and policy reform will normally require many years, it is usually not recommended to set enactment of laws or policies as a milestone.**
	Engage stakeholders in developing common policy agenda and develop policy/law draft a. Meet and share the assessment with people living with and affected by the diseases b. Prioritize policy issues to be addressed defined c. Identify national deliberative body (or individual) to target for policy change d. Consult relevant government representatives to share assessment report and policy/law draft	
	Implement legal/policy reform a. Develop a measurable, time-bound, costed plan to reform laws b. Disseminate plan; carry out awareness raising and education activities c. Carry out strategy implementation/capacity strengthening	
	Draft rights-based laws and policies	
	Technical assistance	
	Other	

Intervention	Activity	Indicator
Legal aid services and legal literacy	Provide training for people living with or affected by the disease a. Design training in legal rights b. Deliver training in legal rights C. Develop and implement pre and post-training assessment tools	1. Number of individuals trained and informed, demonstrating increased knowledge and understanding as a result
	Publish legal literacy information (print, video, online)	
	Provide legal aid services	1. Number of individuals receiving legal aid services 2. Number of legal aid cases resolved 3. Proportion of people indicating satisfaction with legal services received
	Integrate community paralegals into health outreach services	
	Design and maintain legal aid case management system	
	Technical assistance	
	Other	
Training on rights for police, officials and health workers	Provide training for police, judges, officials, and/or health workers 1. Design legal literacy training 2. Deliver legal literacy training 3. Develop and implement pre- and post-training assessment questionnaire	1. Number of individuals trained and informed, demonstrating increased knowledge and understanding as a result
	Publish legal literacy information (print, video, online)	
	Technical assistance	
	Other	

Intervention	Activity	Indicator
Community-based monitoring	Design and implement research plans in order to document violations of legal rights	1. # of people trained in monitoring who are meeting standards in performance of monitoring as established by the project (disaggregated) 2. Measurable, time-bound research plan developed, including risk management plan and data management system; 3. Monitoring plans/tools/system developed, 4. Number of interviews/cases in research plan is met; 5. Reports or submissions based on community monitoring are completed and referenced, 6. # of reports or submissions based on community monitoring are completed and disseminated
	Training in research methods for community researchers	
	Develop monitoring framework with indicators to measure rights violations	
	Create and maintain data systems for monitoring rights violations	
	Publish reports and submissions on rights violations	
	Technical assistance	
	Other	
Policy advocacy and social accountability	a. Develop a measurable, time-bound, and costed advocacy plan including periodic monitoring b. Undertake consultation(s) for the draft plan	1. Costed advocacy plan completed and implemented, 2. # individuals trained in Advocacy and involved in conducting advocacy / implementing advocacy plans (disaggregated), 3. # Advocacy activities conducted (by type of event and level) as per project plan, 4. # of advocacy products that are produced/disseminated (as per project plan)
	Implementation of advocacy activities a. Representatives of people living with and affected by the diseases meet to begin implementing advocacy plan b. Specific advocacy activities planned and assigned to individuals or groups	
	Consultations with relevant government representatives a. Leadership engagement/mobilization b. Revise draft policy accordingly	
	Develop and print advocacy material or other media activities	
	Public advocacy events	
	Technical assistance	
	Other	

Annex 2: Legal Environment Assessment

A Legal Environment Assessment (LEA) is a report that should include assessing experiences of stigma and discrimination that may be creating barriers to early testing for HIV, and TB, barriers to malaria testing and treatment for women, especially pregnant women and girls, rural populations, indigenous populations, people in closed settings and migrants, challenges relating to treatment adherence, laws and practices relating to key populations, laws and practices on quarantine, communicable diseases, and to control the movement of people, including in the context of HIV, MDR and XDR TB. Some countries may not know the specific subpopulation groups facing exacerbated vulnerability to malaria. Thus, specific studies to identify those populations may be appropriate.

Existing data from the country report to the Human Rights Council Universal Periodic Review as well as any report by the UN Special Rapporteur on the Right to Health on the country may also be useful and it will be important to involve local human rights organizations who may have relevant data and assessments. It will also be important to look at existing data from stigma (such as *The People Living with HIV Stigma Index,* www.stigmaindex.org) and gender-based violence; laws that criminalize people who use drugs, sex workers and people who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI); laws and policies against or undermining components of harm reduction; compulsory drug detention centers; mandatory testing and treatment policies and practices; and involuntary sterilization of women living with HIV.

In a country where TB prevalence is high among a specific population such as people who use drugs, applicants may opt to examine the country's policies and laws to assess whether these create an enabling environment for interventions among people who use drugs, or whether reforms would help to ensure these other interventions are successful.

For more information, consult with UNAIDS, UNDP, and human rights CSOs that have experience in conducting LEAs.

Annex 3: Key Resources & Reference Materials

1. General Comment No. 14: The Right to the Highest Attainable Standard of Health
2. UNDP (2013). Discussion Paper: The Role of Human Rights in Responses to HIV, Tuberculosis and Malaria. http://www.undp.org/content/dam/undp/library/hivaids/English/TheRoleofHRinResponsestoHIVTBMalaria-UNDP-DP-web.pdf

HIV and Human Rights

1. OHCHR & UNAIDS. The *International Guidelines on HIV/AIDS and Human Rights (2006*)
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