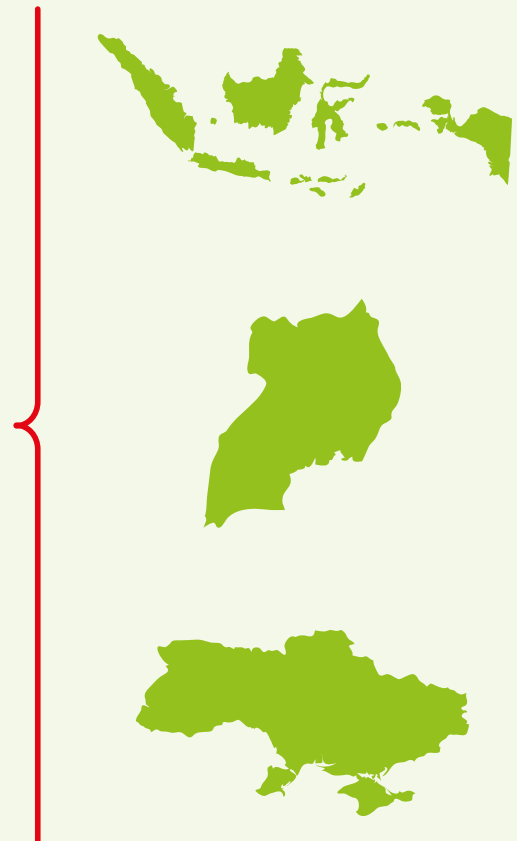


Experiences from Indonesia, Uganda and Ukraine



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Neha Sood and Linda M. Saleh, FemJust – Feminist Solutions towards Global Justice

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Acronyms

ADPG	AIDS Development Partners Group
ART	Antiretroviral treatment
CSO	Civil society organisation
FGD	Focus group discussion
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HURINET-U	Human Rights Network Uganda
KII	Key informant interview
KP	Key population
LGBTI	Lesbian, gay, bisexual, transgender and intersex
MSM	Men who have sex with men
NHRI	National human rights institution
OHCHR	Office of the United Nations High Commissioner for Human Rights
PITCH	Partnership to Inspire, Transform and Connect the HIV response
PLHIV	People living with HIV
PWUD	People who use drugs
SDGs	Sustainable Development Goals
SuR	State under review
UHRC	Uganda Human Rights Commission
UN	United Nations
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
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 AIDS³ 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.

Community action has been key in pushing governments to address the structural barriers that impede access to HIV prevention, care and treatment services. Unfortunately, government-led responses to the epidemic have generally focused more on biomedical interventions than repealing and replacing laws, policies and practices that fail to uphold human rights. Global HIV governance bodies, donors and governments have increasingly recognised the impact of human rights violations on the HIV epidemic, but fail to support the interventions needed to uphold rights as an integral aspect of the HIV response.⁴

Applying the most advanced scientific and biomedical interventions, new technologies and programmatic knowledge is essential for improving health, decreasing mortality and reducing HIV incidence. However, these elements are only part of a comprehensive response to HIV – addressing structural barriers and human rights violations are equally important components. Communities must be meaningfully engaged and exert ownership in all aspects of the response, including reviewing government's role in fulfilling the human rights of PLHA and KPs affected by HIV.

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 end AIDS, alongside respecting, promoting and fulfilling the human rights of PLHA and KPs. Civil Society Organisations (CSOs) clearly have the potential and perhaps even the actual ability, to have their voices heard in the UPR process.⁵

While the UPR is primarily an international and intergovernmental mechanism, there is potential for the perspectives and experiences of civil society/CSOs to enrich the process and strengthen its impact.

The International HIV/AIDS Alliance and Aidsfonds, through their joint Partnership to Inspire, Transform and Connect the HIV response (PITCH) programme, carried out a global analysis of the first two cycles of the UPR that were completed between 2006 and 2017. The full report – Making the Universal Periodic Review work for HIV: Findings from a global analysis of Cycles 1 and 2 is available separately. A brief summary of key findings can be found in Annex 1.

1.2 This report: aim and focus

In order to examine the UPR, its process and impact at a country level, fieldwork was carried out in **Indonesia, Uganda and Ukraine**. This report describes the findings of this in-depth analysis of the UPR. It examines the experiences of a wide range of stakeholders in engaging with the process, as well as the UPR's contribution to advancing HIV-related human rights in each country. The ultimate goal of this report is to inform the work of those utilising, or interested in utilising the UPR to advance human rights related to HIV; and 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.

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 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/

5 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

1.3 Methodology

Three countries were selected in order to analyse engagement with the UPR process at the country level, as well as to assess the UPR's contribution to advancing HIV-related human rights. Criteria for selection included: being a Fast-Track country;⁶ a focus country for the PITCH⁷ and Bridging the Gaps⁸ programmes; and regional distribution. Based on these criteria, Indonesia, Uganda and Ukraine were chosen. Researchers based in each of the countries were selected to carry out the analysis, and participated in an online workshop to discuss the research objectives and methodology.

The study took place between October and November 2017. Desk reviews were conducted to collect information from secondary sources regarding UPR follow up and implementation efforts at the national level. Key informant interviews (KII) and focus group discussions (FGD) were held in each country with representatives from civil society, national human rights institutions (NHRIs), the UN system and government.

In Indonesia, 13 respondents participated in nine interviews and one FGD; eight KIIs were conducted in Ukraine, and eight in Uganda. All respondents were informed of the research objectives; that their participation was voluntary; and that they could withdraw at any time. They were assured that information they provided would not be disclosed to other respondents, and consent was obtained prior to recording interviews. Permission was also sought to include quotes in the report. Those that requested anonymity were assured that no individual identities, such as names, would be linked to the information they provided, or to any direct quotes. However, they were told that their sectoral affiliation may appear in the text to illustrate the point of view of their particular sector. All respondents were informed that their names, positions and institutional affiliations would appear in the report in a general list of research participants.

1.4 Experiences from Indonesia, Uganda and Ukraine: summary of key findings

1. Civil society engagement is increasing with every round of the UPR. Multiple stakeholders now appreciate the UPR as a tool to increase State accountability for human rights, and have strengthened their engagement with it.
2. States haven't engaged civil society sufficiently in UPR reporting and implementation processes. Civil society engagement with the UPR has been given low priority compared to, for example, work with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to ensure the accessibility of HIV/AIDS-related services for all.
3. Civil society, the United Nations (UN) system and other stakeholders rely on a combination of mechanisms, including but not limited to the UPR, to advance human rights related to HIV at the national level.
4. HIV-focused CSOs have had little engagement with human rights monitoring mechanisms, including the UPR. Numerous cases of human rights violations against KPs have triggered HIV-focused CSOs to equip themselves and their communities with knowledge of human rights in order to advocate for the rights of KPs. This has also led to CSOs building more solid networks with other human rights organisations and legal aid providers. For example, in the 3rd cycle of the UPR – for the first time – HIV-focused CSOs in Indonesia submitted a joint stakeholder report as part of a coalition with other CSOs.⁹
5. There has been a lack of integration of UPR recommendations in the implementation of the Sustainable Development Goals (SDGs). Many respondents did not clearly understand the connection between the UPR and the SDGs.

6 Fast-Track countries refer to 30 priority countries identified in UNAIDS' Fast-Track Strategy: Angola, Brazil, Cameroon, Chad, China, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Haiti, India, Indonesia, Iran, Jamaica, Kenya, Lesotho, Malawi, Mozambique, Nigeria, Pakistan, Russian Federation, South Africa, South Sudan, Swaziland, Uganda, Ukraine, United Republic of Tanzania, United States of America, Viet Nam, Zambia, and Zimbabwe

7 For more information: aidsfonds.org/projects/pitch

8 For more information: www.hivgaps.org/

9 Rutgers WPF Indonesia et. al. (2017), Republic of Indonesia Joint Submission to the UN Universal Periodic Review – 27th Session of the UPR Working Group – May 2017. www.upr-info.org/sites/default/files/document/indonesia/session_27_-_may_2017/js10_upr27_idn_e_main.pdf

2. Country Analysis Indonesia

Author – Cornelius Damar Hanung



2.1 Introduction

Indonesia is experiencing one of Asia's fastest growing HIV epidemics.¹⁰ Since the first case was documented in Bali in 1987, HIV has spread to 407 out of 507 cities and regencies in all provinces in the country. In 2015, approximately 36.7 million people were living with HIV – an increase of 3.4 million from 2010. Realising the need to fast-track the HIV and AIDS response, the National AIDS Commission of Indonesia increased investment in HIV prevention, and utilised epidemiological modelling in order to achieve a 'zero' target for HIV by 2030 – in alignment with the SDGs.

As an international human rights mechanism, the UPR serves as a tool to monitor the government's actions, including those on combating HIV and AIDS. So far, Indonesia has participated in three cycles of the UPR (2008, 2012 and 2017). It has received 415 recommendations, of which it accepted 333 and noted 82. Some of the recommendations are directly or indirectly related to HIV and AIDS prevention and response mechanisms.

2.2 Key findings

Engagement with the UPR

State reports are coordinated by the Ministry of Foreign Affairs and the Ministry of Law and Human Rights, and prepared in consultation with related ministries and agencies. At least two consultations with CSOs and the NHRI were conducted in each UPR cycle to ensure the inclusion of a wide range of issues and input from a variety of stakeholders.¹¹ In the most recent cycle (2017), two ministers represented the government – demonstrating for the first time a strong commitment to the UPR.¹²

The United Nations Country Team (UNCT) prepares and submits its report after consolidating input from different UN bodies. In doing this, UN bodies conduct consultations with relevant stakeholders, ranging from government representatives to CSOs. The regional

office of the Office of the High Commissioner for Human Rights (OHCHR) in Bangkok has provided CSOs with workshops and training to build capacity in the preparation of UPR submissions at the national level. To some extent it has also provided financial support for CSO representatives to meet with reviewing States' missions in both Jakarta and Geneva – both before the review and during the adoption of recommendations. Despite this significant support, CSOs may feel that engagement with the UN system isn't very strategic, especially for those who work on contentious human rights issues, and may fear allegations of 'western influence' by the government and parts of the public.¹³

NHRIs play a significant role in Indonesia's UPR process – acting as the bridge between the government and CSOs. They have close relations with the government, especially the Ministry of Foreign Affairs, and play an important role in influencing it on which human rights issues should be included in the State report, and which recommendations should be accepted. Komnas HAM (National Commission on Human Rights) and Komnas Perempuan (National Commission on Violence against Women) actively conducted a series of consultations with CSOs before developing their submissions for each UPR cycle. However, the function of NHRIs needs to be developed beyond that. For example, Riri Khariroh, a Commissioner from Komnas Perempuan, emphasised the importance of the potential role of NHRIs' in monitoring and evaluation of the implementation of UPR recommendations.

10 UNAIDS (2014), 'Accelerating the HIV response in Indonesia'. Geneva: UNAIDS. www.unaids.org/en/resources/presscentre/featurestories/2014/may/20140512indonesia

11 Interview with Human Rights Working Group (HRWG), Indonesia – November 2017.

12 The Minister of Foreign Affairs, H.E. Retno Marsudi, and the Minister of Justice and Human Rights, H.E. Yasonna Laouly, PhD.

13 Interview with anonymous respondent – November 2017.

Civil society involvement in the UPR process in Indonesia is strong and has significantly grown from the first to the third cycle. CSO representatives reflected that the UPR is the only international mechanism in which any issue can be raised and reviewed without waiting for domestic mechanisms to be exhausted. CSOs that work on similar issues (including women's rights, human rights, and the death penalty) have formed coalitions to engage with the UPR. This includes preparing and submitting joint stakeholders' reports, and conducting diplomatic and media briefings and campaigns to raise awareness of the issues and the recommendations proposed by them. Respondents felt that the benefits of engaging with the UPR include, not only raising awareness on human rights issues, but also forming more solid networks with other CSOs at national, regional and international levels.

Overall, all parties (government, UN agencies, NHRIs and CSOs) have shown increased engagement in the UPR from Cycle 1 to Cycle 3, demonstrating the will to take the mechanism seriously.

HIV in the UPR

In the **first cycle (2008)**, there was no substantive discussion of HIV-related issues in the State report, the compilation of UN information or the summary of stakeholders' information, and no recommendations related to HIV were made.

For the **second cycle (2012)**, again the State report did not mention any HIV-related issues. However, these issues were raised in the compilation of UN information and the summary of stakeholders' submissions. This included concerns about the country's failure to provide universal access to treatment for HIV, and the discrimination faced by PLHIV, especially women, in accessing health services. The proliferation of HIV among adolescents was also highlighted, and the Ministry of National Education was urged to include life skills-based sexual and reproductive health education in the national secondary school curriculum. Despite a range of HIV-related issues being raised in these two reports, only one HIV-related recommendation was received and accepted by Indonesia:

- "Ensure, through the Ministry of National Education, the inclusion of sexual and reproductive education on the national secondary curriculum as part of the preparation for adult life, which will contribute to preventing, inter alia, early marriage, unwanted pregnancy and the spread of HIV/AIDS among adolescents." (made by Honduras)

In the **third cycle (2017)**, the State report highlighted the inclusion of preventive measures against the spread of HIV and other sexually transmitted infections in the national secondary school curriculum.¹⁴ A report from a coalition of CSOs highlighted that – contrary to the government's claim – the lack of quality comprehensive sexuality education and access to sexual and reproductive health services hampered young people's ability to make decisions about their sexual lives; negatively impacting their health outcomes; and leading to a high prevalence of issues such as adolescent pregnancy, unsafe abortion and HIV infection.¹⁵ Concerns around the lack of access to treatment were raised again,¹⁶ as were human-rights abuses that women living with HIV were subjected to, including sexual violence, economic discrimination and forced or coerced sterilisation.¹⁷

Although there was increased reporting, the number of HIV-related recommendations remained low. In the third cycle, only one HIV-related recommendation was made, which was accepted by the Government of Indonesia:

- "Redouble efforts in sex education and access to sexual and reproductive health in the whole country, with a view to reducing maternal mortality and combating AIDS, early pregnancies, abortions carried out in situations of risk, child marriages and violence and sexual exploitation." (made by Colombia)

This recommendation follows up and builds on the one made during the second cycle. It is a general recommendation, rather than containing specific and critical substance; it does not enumerate specific actions that need to be taken by the government. Therefore, it does not have specific and measurable indicators or targets.

UPR Implementation and HIV

The government has acted on the HIV-related recommendation from the second review by including an objective to 'increase knowledge and understanding of reproductive health for young people' in the Mid-term National Development Plan 2015-2019. In an attempt to prevent and halt HIV infection in the

14 UN Human Rights Council (2017), National report submitted in accordance with paragraph 5 of the annex to Human Rights Council resolution 16/21.A/HRC/WG.6/27/IDN/1.

15 Rutgers WPF Indonesia et. al. (2017), Republic of Indonesia Joint Submission to the UN Universal Periodic Review – 27th Session of the UPR Working Group – May 2017. www.upr-info.org/sites/default/files/document/indonesia/session_27_-_may_2017/js10_upr27_idn_e_main.pdf

16 Jerat Papua et.al. (2017), Republic of Indonesia Joint Submission to the UN Universal Periodic Review – 27th Session of the UPR Working Group – May 2017. www.upr-info.org/sites/default/files/document/indonesia/session_27_-_may_2017/js18_upr27_idn_e_main.pdf

17 UN Human Rights Council (2017), Compilation on Indonesia: Report of the Office of the United Nations High Commissioner for Human Rights. A/HRC/WG.6/27/IDN/2.

long-term, the Ministry of Education and Culture included objectives to increase the average age of marriage and reduce the number of teenage pregnancies in its Strategic Plan 2015-2019. The government claimed that this demonstrated the will to comply with the UPR recommendations made during the 2012 review, in particular the recommendation from Honduras.¹⁸

The government also issued Government Regulation No 61 of 2014 – on Reproductive Health; and Government Regulation No 87 of 2014 – on Population Development, Family Development, Family Planning and Family Information System, promoting sexual and reproductive health services that are accessible for all. It also issued Presidential Instruction No. 5 of 2014 – to end sexual abuse of children – as a way to prevent HIV infection among adolescents. This includes an initiative to ensure reproductive health and child empowerment are included in the curriculum to be implemented by the Ministry of Education and Culture, the Ministry of Health and the Ministry of Religious Affairs.

In Indonesia there is an absence of coordination and monitoring bodies for the implementation of UPR recommendations. Information is unavailable about which ministries are responsible for implementing which recommendation, and what their mandates are within the UPR implementation process – therefore creating a loophole in the implementation and monitoring process.

The UPR and the SDGs

The UPR and the SDGs have different implementing agencies in Indonesia. The Ministry of Foreign Affairs and the Ministry of Law and Human Rights oversee engagement with the UPR; and the Ministry of Development Planning has responsibility for producing guidelines for developing an action plan and assigning related ministries to making national and regional action plans and mapping each goal of the SDGs. The latter has more efficient and comprehensive planning systems when it comes to the SDGs, compared to those for the UPR. Recently a joint secretariat for the UPR and the SDGs has been established between the National Planning Agency (Bappenas) and the Ministry of Law and Human Rights.

2.3 Conclusion

There is a lack of awareness of the importance of the UPR process among HIV-focused CSOs in Indonesia. This has contributed to the lack of attention paid to HIV in the country's UPR recommendations and implementation so far. All respondents stated that the

engagement of HIV-focused CSOs with human rights protection mechanisms is still low. Engagement with the UPR is less prioritised compared to; for example, work with the GFATM to ensure the accessibility of HIV/AIDS-related medical services for all. Some respondents believe that the UPR has not had much impact on the execution of HIV and AIDS-related programmes. However, the situation has been changing recently. Numerous cases of human rights violations against KPs have surfaced in the last three years. This has triggered HIV-focused CSOs to equip themselves and their communities with knowledge of human rights in order to advocate for the rights of KPs, and to build more solid networks with other human rights organisations and legal aid providers. In a key development – in the 3rd cycle of the UPR – for the first time, HIV-focused CSOs submitted a joint stakeholder report as part of a coalition with other CSOs.¹⁹

Many respondents did not clearly understand the connection between the UPR and the SDGs. Ricky Gunawan, the Director of LBH Masyarakat considers it important that CSOs develop a better understanding of the connections between both of these mechanisms. The recent creation of a joint secretariat provides an opportunity to advocate for the inclusion of UPR recommendations in the action plans developed for the implementation of the SDGs. CSOs would be best placed to facilitate dialogue among stakeholders and their communities on how UPR recommendations should be incorporated in the planning, implementation and monitoring of the SDGs at the national level, including what actions the State should take to implement the UPR and the SDGs.

¹⁸ Based on interviews with CSO and Government representatives.

¹⁹ Rutgers WPF Indonesia et. al. (2017), Republic of Indonesia Joint Submission to the UN Universal Periodic Review – 27th Session of the UPR Working Group – May 2017. Retrieved from: www.upr-info.org/sites/default/files/document/indonesia/session_27_-_may_2017/js10_upr27_idn_e_main.pdf

2.4 Recommendations

For the Government:

- Establish a dedicated team or body to monitor the implementation of UPR recommendations and oversee inter-ministerial coordination to ensure the government's continuous commitment to implementing recommendations.
- Establish a clear method for classification and assignment of recommendations.
- Establish indicators for monitoring and evaluation of UPR implementation in consultation with other stakeholders, including CSOs.
- Meaningfully engage CSOs beyond the preparation of the State report to the UPR, for example in planning, implementation and monitoring of UPR recommendations.

For HIV-focused CSOs:

- Learn about the UPR and other human rights protection mechanisms, and how to effectively use them to advance HIV-related human rights.
- Advocate for the human rights of communities affected by HIV, by submitting information to the UPR; advising the government on implementation of recommendations; and monitoring UPR implementation.
- Find intersectionality between the human rights approach and the development approach enshrined in the SDGs, and advocate for the inclusion of recommendations from the UPR and other human rights mechanisms in the implementation of the SDGs.

For UN agencies:

- Build capacity of national level HIV-focused CSOs on the human rights framework, the UPR, research and advocacy.
- Facilitate an enabling environment for HIV-focused CSOs, including by assisting in the review of discriminatory laws, connecting with legal aid providers, and accessing human rights mechanisms.

For NHRIs:

- Monitor the implementation of UPR recommendations through the creation of a continuous monitoring platform comprising of the three NHRIs: National Commission on Human Rights, National Commission on Violence against Women, and National Commission on Child Protection.
- Regularly (preferably annually) collectively discuss progress and challenges in the implementation of UPR recommendations, and communicate feedback and advice to the government.
- Engage other stakeholders, including CSOs, in monitoring so that they are continuously engaged in the UPR process, rather than only in the stage preceding the review.
- Sustain constructive engagement by facilitating dialogue between CSOs and the government.

3. Country Analysis Uganda

Author – Josephine Kankunda



3.1 Introduction

In the early phase of the HIV/AIDS epidemic, Uganda was hailed for successfully reducing the very high HIV prevalence rate (18%) in the 1990s down to 6.4% by 2005. These earlier gains in rapidly reducing new infections were, however, not sustained, and HIV and AIDS remains a major public health challenge. In a bid to re-invigorate the national HIV/AIDS response efforts, the government has taken steps to curb the impact of the epidemic through strengthening multi-sectoral efforts. As part of its international commitments Uganda is implementing several decisions and resolutions, including the 2011 and 2016 Political Declarations on HIV and AIDS, providing a roadmap towards achieving the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths by 2030. Key to realising this target is the National Strategic Plan 2015/2016-2019/2020.

In light of the above, the UPR provides a mechanism for the government to meet its international obligations and improve its national performance. Uganda has been reviewed twice (2011 and 2016). During the two reviews it received 397 recommendations, of which it accepted 273 and noted 124. The third review is scheduled for 2021.

3.2 Key findings

Engagement with the UPR

In preparing the **State** report, the National Steering Committee, which comprises of all government agencies, invites representatives from the Uganda Human Rights Commission (UHRC) and CSOs to participate in consultations, and a list of stakeholders consulted is attached to the report. Interviews conducted for this study highlight an improvement in the level of cooperation between government and CSOs. For example, SPECTRUM, a local Ugandan CSO that advocates for the rights of lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons, noted that CSOs were able to access the State report prior to the 2016 review, which was not the case in 2011.

The **UN** OHCHR has been a critical player in the UPR process in Uganda. It facilitated meetings among State and non-State actors to explain the importance of the UPR mechanism and how the various actors can engage in the process.²⁰ OHCHR also organised in-country live screenings of both reviews.

CSO participation in the UPR process is coordinated by Human Rights Network Uganda (HURINET-U), a network of human rights organisations. HURINET-U formed clusters aligned to different thematic issues. A total of 12 clusters were formed with approximately 300 members in total. Each of these clusters submits a report from its membership to HURINET-U, which then compresses them into one report.²¹ This has enabled more comprehensive data collection on current human rights concerns, including contentious issues such as sexual orientation and sex work.²² However, many CSOs, including HURINET-U, remain apprehensive about openly discussing contentious issues such as rights of LGBTI persons, which limits equal participation of these communities in the UPR process.²³

Prior to both reviews, CSOs participated in consultative meetings for the drafting of the State reports. They have also carried out advocacy at the national and international levels. At the national level, CSOs lobbied relevant embassies in order to influence the UPR process,²⁴ while at the international level, a number of CSOs lobbied State representatives on key human rights concerns prior to the reviews. CSOs also organised side events on the margins of the reviews. Following both reviews, CSOs held workshops to track recommendations accepted by the government.

20 Interview with James Nkubi, Programme Officer, Regional and International Mechanisms of Human Rights and Justice, Human Rights Network-Uganda – 14 November 2017.

21 Ibid.

22 Ibid.

23 Interview with Pepe Julian Onziema, Deputy Executive Director, Sexual Minorities Uganda – 10 November 2017. Sexual Minorities Uganda is a local NGO that advocates for the protection and promotion of human rights of gay persons in Uganda.

24 Ibid.

In December 2016, CSOs developed an implementation matrix outlining their expectations from the government during the implementation process.²⁵ However, there is a general perception that CSOs only seem to garner momentum for the UPR process as the review approaches.²⁶

As part of its advisory and monitoring role, the **UHRC** has been at the forefront of monitoring the government's efforts in implementing recommendations accepted during the first review. UHRC provided technical support, and monitored the status of the development of a National Action Plan on human rights issues to coordinate implementation of the accepted recommendations. It also submitted its recommendations on the voluntary pledges made by Uganda during the second review in 2016.²⁷ With support from the OHCHR, the UHRC developed a database to monitor the government's implementation of its human rights obligations, such as the recommendations from international and regional mechanisms and those from UHRC's annual reports that are presented to relevant Ministries, Departments and Agencies.²⁸

HIV in the UPR

The **State report** for the first review (2011) focused on initiatives taken to address HIV and AIDS, such as establishing the Uganda AIDS Commission to coordinate the National Strategy to Combat HIV/AIDS. The second State report (2016) contained far more HIV-related information, as it reported on steps taken to address HIV-related recommendations received during the previous review. For instance, it was noted that since 2011, funding for malaria, tuberculosis and HIV/AIDS has increased to US \$2.4 million; the number of health workers providing HIV and AIDS-related services had increased; and that HIV testing of children exposed to vertical transmission had improved.²⁹

An examination of the compilation of **UN information** for the first review shows that little attention was given to HIV and AIDS. On the other hand, the second report covered a range of issues, including continued discrimination against LGBTI persons in accessing health care, among others.

Stakeholder reports submitted for Cycle 1 and 2 centred on highlighting programming and policy shortcomings in the HIV and AIDS response. The first stakeholder report included information about the human rights implications of the then HIV/AIDS Prevention and Control Bill if passed into law.³⁰ The second report discussed the need to combat discriminatory attitudes, and raised the issues of early treatment, HIV testing and mother-to-child transmission. Some respondents thought that HIV-related issues were not given due prominence, but rather absorbed under health.³¹

Uganda received and accepted four HIV-related **recommendations** during the first review and two during the second:

First review:

- "Maintain measures to reduce HIV/AIDS mainly through strategies of abstinence and fidelity as well as through better access to medicines for all people in need, to avoid an increase in the infection rate." (made by Holy See)
- "Continue to work with the World Health Organization (WHO) and other relevant international agencies to further reduce the prevalence rate of HIV/AIDS and enhance access to quality health services for its people." (made by Singapore)
- "Request international assistance in order to combat scourges such as malaria, tuberculosis and HIV/AIDS." (made by Angola)
- "Advance in designing a health programme to tackle Malaria, Tuberculosis and HIV/AIDS." (made by Cuba)

Second review:

- "Strengthen the response against the HIV/AIDS pandemic through combatting discriminatory attitudes and stigmatisation of persons living with the virus. The guides on HIV and human rights are a valuable tool for this goal." (made by Colombia)
- "Pursue national efforts to combat HIV and provide health services for all." (made by Egypt)

CSO representatives expressed concern about the content of recommendations; consensus was that reviewing States had not given much attention to the stakeholder reports submitted.³² For example, for the first review stakeholders raised the critical issue of decriminalising transmission of HIV as stated in the HIV and AIDS Prevention and Control Act; however, this was not raised by reviewing States during the review.³³ Overall, the majority of the recommendations were very general in nature; one was inappropriate and counter-productive to HIV and AIDS efforts; and recommendations did not suggest specific and measurable actions for the government to take.

25 UPR Info (2017), 'Ugandan CSOs finalise suggested implementation matrix', www.upr-info.org/en/news/ugandan-csos-finalise-suggested-implementation-matrix

26 Interview with Moses Mulindwa Kimbugwe, Programmes Director, SPECTRUM – 13 November 2017.

27 Uganda Human Rights Commission (2016), '19th Annual Report', pg. 171. uhrc.ug/reports

28 Ibid.

29 National Report submitted to the UN Human Rights Council, 31st October-11th November 2016, pg. 11.

30 Summary prepared by the Office of the High Commissioner for Human Rights, Twelfth Session, 3-14 October 2011.

31 Interview with James Nkubi.

32 Interview with Joanne Naluyange, Ag. Deputy Executive Director, Human Rights Awareness and Promotion Forum – 15 November 2017.

33 Interview with Patrick Otto, Programme Manager, Action Group for Health, Human Rights and HIV/AIDS (AGHA) Uganda – 8 November 2017.

UPR implementation and HIV

Following Uganda's review in 2011, the government undertook to develop and implement a National Action Plan on human rights issues in order to coordinate implementation of the accepted recommendations. Key to the UPR process, the Plan was intended to coordinate the implementation of recommendations from treaty bodies and, as appropriate, special mechanisms.³⁴ In addition, the Plan made specific reference to addressing HIV and AIDS, and noted specific actions to be taken in order to protect the rights of PLHIV.³⁵ However, a delay by the government in rolling out the Plan has stalled the implementation of UPR recommendations.³⁶

While the HIV-related recommendations from the first cycle were worded quite generally and did not suggest specific actions, the government has taken progressive steps aimed at improving access to HIV and AIDS-related care and treatment. For example, it passed the Integrated National Guidelines on Antiretroviral Therapy Prevention of Mother to Child Transmission of HIV Infant & Young Child Feeding 2012, and established the AIDS Development Partners Group (ADPG). The ADPG harmonises and coordinates efforts against the spread of HIV/AIDS with government priorities and plans. The government also strengthened its collaboration with development partners, and increased funding for HIV, AIDS, malaria and tuberculosis. In addition, it launched a Ministerial Directive on Health without Discrimination in June 2014. The Directive, among others, provides guidance to health practitioners not to discriminate against any persons on grounds including sexual orientation³⁷ – the first time the government has recognised sexual orientation as a legal ground.

In line with the recommendation to enhance access to quality health services for all, the government has developed policies towards programming for KPs; these efforts are welcomed by KPs.^{38, 39, 40} The National HIV and AIDS Priority Action Plan 2015/2016-2017/2018 highlights various categories of KPs, such as LGBTI persons, fishing communities and sex workers, and makes a deliberate effort to serve them in programming.⁴¹ The government has also rolled out the Test and Treat Guidelines 2016 to contain mortality and morbidity due to HIV. The Guidelines provide for prompt treatment once someone tests positive, as a preventative approach in alignment with the 90-90-90 UNAIDS targets.⁴² The country also adopted the Anti-Retroviral Therapy (ART) Guidelines in 2013 to increase access to ART services and HIV prevention.⁴³

UPR and SDG implementation

Uganda was one of the first countries to develop its second National Development Plan 2015/16–2019/20

(NDP II) in line with the SDGs.⁴⁴ The government estimates that the Plan reflects 76 per cent of the SDG targets adapted to the national context.⁴⁵ One of the noted challenges in implementing the previous National Development Plan (NDP I) was the limited integration of cross-cutting issues in sectoral plans, programmes and projects. This was due to a lack of synergies and coherence across sectors and local governments regarding which priorities to undertake, key among which were HIV and AIDS.⁴⁶ As such, mainstreaming of HIV-related issues in government programmes and projects during the implementation, monitoring and evaluation of the National Development Plan II, was highlighted as one of the key strategies to realising its objectives.⁴⁷ This will ensure coordination and monitoring of HIV and AIDS response mechanisms.

There is alignment between recommendations by different regional and international human rights mechanisms, since they have a common agenda to ensure the promotion and protection of human rights. If the government implements, for instance, UPR recommendations, it indirectly implements recommendations from the African Commission on Human and Peoples' Rights and treaty bodies as well.⁴⁸ For this reason, the National Action Plan is a critical framework, as it seeks to harness all these various mechanisms and ensure better coordination.⁴⁹ Further, ensuring alignment between the National Action Plan and the National Development Plan II, so that human rights recommendations inform actions taken to achieve development priorities, will be important for achieving meaningful progress on the SDGs.

34 Draft Uganda Human Rights National Action Plan, pg. 9.

35 1) Reviewing the legal framework to protect PLWHIV/AIDS from discrimination and to avoid legal processes which stigmatise and marginalise PLWHIV/AIDS by aligning the law with the East African Community (EAC) Law on HIV/AIDS; 2) Promoting public awareness on the rights of PLWHIV/AIDS and adopt programmes intended to reduce stigma and discrimination of PLWHIV/AIDS and to promote their acceptance by society; 3) Adopting measures to ensure that the needs of PLWHIV/AIDS are met, including addressing their psychosocial needs and ensuring that they have access to health care services, including timely, quality and adequate antiretroviral medication and other health services; and 4) Ensure that all public health facilities have HIV/AIDS testing and counselling facilities and scale up the current initiatives to encourage voluntary testing and counselling.

36 Interview with Bisereko Kyomuhendo, Chairperson of the Human Rights Desk, Ministry of Justice and Constitutional Affairs – 23 November 2017.

37 Guideline 5(b) of the Ministerial Directive on Access to Health without Discrimination, 2014.

38 Interview with Moses Mulindwa Kimbugwe.

39 Interview with Patrick Otto.

40 Interview with Enid Wamani, Director Partnerships Uganda Aids Commission – 15 November 2017.

41 National HIV and AIDS Priority Action Plan 2015/2016-2017/2018, pg. 9.

42 According to the 90-90-90 target, by 2020: 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression.

43 Interview with Patrick Otto.

44 www.ug.undp.org/content/uganda/en/home/sustainable-development-goals.html

45 Ibid.

46 Second National Development Plan 2015/2016-2019/2020, pg. 9.

47 Ibid, pg. 104.

48 Interview with James Nkubi.

49 Ibid.

3.3 Conclusion

There have been several major hindrances to effective implementation of UPR recommendations by the government and other non-State actors. Among these are a failure to adopt the National Action Plan to coordinate implementation efforts, and limited appreciation by CSOs of the importance of continuous engagement with the UPR process. Several gains have been made in the national HIV/AIDS response, but these cannot be solely attributed to the UPR process; they are perceived to have been achieved largely within the HIV/AIDS Policy framework.⁵⁰ SDG implementation is underway and HIV-related issues have been mainstreamed in implementation plans; integrating recommendations from the UPR and other human rights mechanisms will contribute to ensuring that SDG implementation efforts are human rights-based.

For Civil Society:

- Integrate UPR reporting, advocacy and monitoring within organisational work plans to increase effectiveness of UPR engagement.
- Raise awareness about the UPR process within their constituencies and communities, especially at the grassroots level. Maintain regular communication and information flow, and foster meaningful participation in the process.

3.4 Recommendations

For the Government:

- Promptly approve the National Action Plan to kick-start the government's implementation of accepted recommendations.
- Improve coordination of UPR implementation efforts. For example, by establishing a UPR working group comprising of government officials and CSO representatives from all thematic clusters.
- Increase meaningful collaboration with CSOs in the different UPR stages, especially the implementation of recommendations.
- Ensure alignment between the National Action Plan and the National Development Plan II.

For UN agencies:

- Support CSOs to engage more effectively with the UPR process, including through information sharing, capacity building, convening and funding.

For NHRIs:

- Collaborate with CSOs in monitoring the government's implementation of UPR recommendations, to include their on-the-ground perspectives and experience.

4. Country Analysis Ukraine

Author – Marina Kornilova



4.1 Introduction

Ukraine is experiencing one of the fastest growing HIV epidemics in Europe. Since its onset in the late 1990s, it has primarily been driven by drug use. Tremendous efforts invested in HIV prevention have slowed down the spread of the disease among people who use drugs (PWUD). HIV prevalence among PWUD has stabilised at 22%, but new infections are still occurring, and other populations such as men who have sex with men (MSM), sex workers and bridge populations are increasingly affected by the epidemic.

Ukraine has participated in two cycles of the UPR (2008 and 2012). During the two reviews it received 184 recommendations, of which it accepted 148 and noted 36. At the time of publication, Ukraine's third review had taken place (in late-2017) but the State had yet to provide its response to the recommendations received, and the review outcomes were yet to be published.

It is important to note that, since the second review, Ukraine has gone through major social, political and geopolitical changes caused by the political crisis in 2013, followed by the 'Revolution of Dignity' in early 2014. These events resulted in the unseating of the acting president, the election of the new president and parliament, and the appointment of the new presidential administration and government. They also led to changes in the political course, which turned towards integration with the European Union, 'westernisation of foreign policy, and more open dialogue inside the country. In addition, these events catalysed a process of reform of all fundamental sectors, including financial, law enforcement, and

healthcare. These developments were also followed by the annexation of Crimea by Russia, and the outbreak of military conflict in the territories in the South of Ukraine, which even now is far from being resolved.

4.2 Key findings

Engagement with the UPR

State reports are prepared by the Ministry of Justice with the participation of relevant ministries and agencies. The government engages in dialogue with non-governmental entities about the UPR process through consultations facilitated and supported by the UN system. The government's engagement with CSOs however, is not as meaningful as it could be. "I don't see any move from the Government. Yes, they sometimes invite us for consultations (not within the UPR process though), but only those people whom they know and with whom they have already worked for a long time. And it doesn't mean that at the end all that we say is transferred into real actions or decisions," said a civil society representative interviewed for this study.

UN agencies in Ukraine have a clear and positive understanding of the UPR process and the role of each player in it. United Nations Development Programme (UNDP), as the lead UN agency in the UPR process, supports the development and dissemination of stakeholder submissions; conducts capacity building on the UPR process and the opportunities it offers to civil society in human rights protection; and provides a platform for dialogue between CSOs, NHRIs and the government. Dialogue and consultation pertaining to HIV-related recommendations are led by the UNAIDS Country Office.

"With no financial implications or strong political influence, the government takes it only as recommendations which are not obligatory to follow."

– civil society representative

"UPR is the road map for the State and gives recommendations on how to improve the protection of human rights in the country. UPR is always a joint work of the government and civil society, although we often see the predominance of the voice of civil society in this process. Civil society has more than one task: on one hand to aid the government and to guide it in the direction of the best possible solution, and on the other hand, they have a right to their own alternative point of view and therefore can articulate where and to what extent the government under-fulfills its responsibilities and goals. We really want to help; the government needs to be ready to hear our voice, accept our aid and use it to the maximum effect."

– Valeria Lutkovskaya, the Parliament Commissioner for Human Rights

NHRIs, such as the Office of the Parliament Commissioner for Human Rights (hereinafter, the Ombudsman) also have a clear understanding of the UPR process. The Ombudsman is participating actively in the third cycle of the UPR, both directly – by writing a submission for inclusion in the summary of stakeholders' information – and indirectly through providing briefings to the government, and serving as a mediator between the government and CSOs. The Office of the Ombudsman also has a mandate to monitor the implementation of UPR recommendations, and to provide direct feedback and recommendations to the government and the relevant ministries. In addition, with the financial support of UNDP, the Office of the Ombudsman has conducted the first nation-wide survey on the population's perception of human rights. It is important to note that HIV-related issues are not the focus of the Ombudsman.

For the third cycle, **CSOs**, including community-based organisations, human rights organisations and activists, are proactively taking part in the UPR process from the very beginning. Advocacy groups are interacting with the government and the relevant ministries. A large coalition of Ukrainian CSOs has prepared a joint submission – the first comprehensive document prepared specifically within the framework of the UPR process, with the involvement of a number of strong players in the field of human rights protection. This submission was published in both Ukrainian and English, and made publicly available.

Involvement of CSOs working on HIV remained low in the submission of information to the UPR, and perhaps as a result there is very little information about HIV-related concerns in the stakeholder information for Ukraine's third UPR.

According to information provided by respondents, until recently the UPR mechanism was not fully utilised in Ukraine. During previous cycles, governmental involvement has been no more than the formal reporting efforts, and CSOs were engaged only at the initial stage of the review. The process for implementation of UPR recommendations has been unclear; as have the roles to be played in the implementation process, particularly in monitoring. In addition, the benefits of participating in the process – especially to civil society – have not been clear. Compared to other mechanisms, such as the Global Fund, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and Committee on the Elimination of All Forms of Discrimination against Women review, the influence of the UPR on decision-making and implementation efforts has been quite modest. However, with the third cycle, the situation is changing. Preparation for the upcoming third review is remarkably different from the previous cycles due to the active participation of the Ombudsman and CSOs.

HIV in the UPR

During the **first review (2008)**, the State report included information about policies and programmes aimed at preventing the spread of HIV; challenges related to insufficient funding; inadequate awareness-raising and treatment efforts; and violations of the human rights of PLHIV, particularly prisoners. The Committee on Economic, Social and Cultural Rights recommended that Ukraine improve the availability of HIV prevention and treatment, and combat discrimination against PLHIV and high risk groups. Stakeholders reported that health workers often violate the privacy of PLHIV by disclosing confidential information about their HIV status, and police regularly interfere with the delivery of HIV prevention information and services, including drug users' access to legal needle exchange services. Despite all this information, no HIV-related UPR recommendations were made to Ukraine during the first review.

"UPR is a good mechanism, but very few know about it. And those who know do not believe it is useful."

– civil society representative

During the **second review (2012)**, the State report provided information about the release of prisoners living with HIV/AIDS on grounds of serious illness, and efforts to modernise the diagnosis and treatment of HIV. The UN system reported that while progress had been made in relation to vertical transmission, most HIV-infected children were not allowed to attend kindergartens or schools; ART coverage remained low; and access to HIV services for injecting drug users was limited. They reported high rates of HIV infection among women; high health care costs; health system inefficiencies and medical supply shortages as constituting the greatest challenges in ensuring access to HIV prevention, treatment and care. The Committee on the Rights of the Child recommended allocating adequate public funding and resources to HIV prevention programmes. Stakeholders recommended that harm reduction programmes take into account clients' needs, and that law enforcement practices do not obstruct HIV prevention programmes.

While a number of HIV-related issues were raised in information submitted for the second review, only two recommendations were made, and the Government of Ukraine accepted both:

- "Study the possibility of expanding measures to combat discrimination, especially in the case of children with disabilities and HIV." (made by Argentina)
- "Adopt effective measures to ensure access of all categories of citizens to treatment and prevention of HIV." (made by Uzbekistan)

Both recommendations were quite general, and did not suggest specific human rights-based actions the government could take to advance human rights related to HIV.

UPR implementation and HIV

UPR recommendations are currently implemented mainly through the National Human Rights Strategy and the Action Plan developed and adopted in 2015, with the aim of improving the protection of rights and freedoms throughout Ukraine. The practical implementation of the Strategy is happening through the process of reform. Although several big and important steps have been taken, including police reform, there is still a long way to go in terms of addressing human rights issues. The most urgent of these are protecting the rights of sexual minorities, establishing gender equality; and addressing hate crimes.

So far, HIV-related recommendations have been implemented to some extent. The state law, 'On prevention and combating discrimination' was adopted in May 2014 as part of the Euro-integration package,

"Even when severely discriminated against, people don't bring their cases to court. There are no administrative penalties envisaged for discrimination and this makes the procedural process itself dead-ended. Besides, people are afraid of publicity and disclosure of confidential information, which can and eventually will lead to even more severe discrimination."

– human rights expert

and amendments were made to the law on 'prevention of the spread of the disease caused by the human immunodeficiency virus (HIV) and legislative and social protection of the people living with HIV', which prohibit all types of discrimination based on HIV status or affiliation with KPs. However, several issues are still prevalent and require further action, for example, discrimination, loss of work, denial of employment, medical aid or admission of HIV-positive children to school or pre-school; and family violence (especially concerning women living with HIV and members of KPs, such as sex workers, MSM and PWUD). There are no established working law-enforcement mechanisms relating to the anti-discrimination law; no mechanisms for investigation of cases related to discrimination; no administrative penalties in place for its violation; and no coordination with other legislative acts. Therefore, according to the acting legislative norms, PLHIV, as well as transgender people and people with disabilities, are denied the right to adopt children; gay and transgender people cannot be blood donors, and the procedures for adopting children living with HIV are more complicated and less transparent than for children with HIV-negative status.

The Ministry of Health has made tremendous progress in preparing a package of amendments that would address this violation of the rights of PLHIV, transgender people and people with disabilities, in terms of adopting children. Unfortunately, these amendments are still not being considered by the parliament, and no further actions have been taken for the adjustment of the current legislation.

Prisoners continue to face challenges in accessing HIV prevention services and ART; the current closed structure of the penitentiary system provides opportunities to manipulate access to treatment of tuberculosis, HIV and other diseases. In 2015, the European Court of Human Rights issued judgments in four cases where people who were imprisoned in 2012 and 2013 were not receiving medical aid (ART) in connection with their HIV-positive status.

UPR and SDG implementation

Ukraine accepted the SDGs in 2015, and by doing so is obligated to report on its progress towards achieving these goals. The process of implementation of the SDGs is currently underway at full scale. A High Level Working Group has been established, which includes all relevant ministries. To date, four national and 10 regional consultations have been conducted. A road map has been developed for the implementation of the SDGs, which includes country-specific targets, indicators and timeframes to help monitor progress. The current process of national reform is, to a significant extent, based on the intent to achieve the SDGs. UPR outcomes should be an integral part of the implementation of the SDGs, but so far these seem to be two parallel processes run by different government actors. In the interviews conducted for this study, only UN representatives understood the importance of integration of the UPR with the implementation of the SDGs.

The processes of national reform and implementation of the SDGs are ongoing and provide opportunities to address human rights issues; at the same time, the UPR and other international human rights mechanisms provide opportunities to advocate for necessary changes in national law, policy and programmes.

4.3 Conclusion

This study reveals that Ukraine's UPR got off to a slow start. Both engagement with the process, and the UPR's contributions to the national HIV and AIDS response, were far from optimal for several years. Knowledge about the UPR, especially among civil society, was low, and the important role of the UPR was underestimated. In recent times, multiple stakeholders have come to appreciate the UPR as a tool to increase State accountability for human rights in the country, and have strengthened their engagement with it. Going forward, the UPR mechanism can and should be used to emphasise the presence of discriminatory norms in current Ukrainian legislation; the need to harmonise the national legislation with international human rights law; and the need to develop compliance mechanisms to make the existing anti-discrimination laws work.

4.4 Recommendations

For the Government:

- Meaningfully engage a wide range of CSOs in the ongoing reform process, as well as in the different stages of the UPR, including reporting, implementation and monitoring of recommendations.
- Integrate recommendations from the UPR and other human rights mechanisms in the implementation framework for the SDGs.

For UN agencies:

- Intensify support for CSOs to effectively engage with the UPR, including through information sharing, capacity building, convening and funding.
- Continue to provide a platform for dialogue between CSOs and the government.
- Continue to advise and support the government to address human rights issues in all sectors, including HIV/AIDS, through its UPR implementation efforts.
- Support the government to integrate recommendations from the UPR and other human rights mechanisms in the implementation framework for the SDGs.

For NHRIs:

- Include HIV-related issues in the institution's work plans and programmes.
- Build capacity of CSOs to effectively engage with and utilise the UPR process.
- Advise the government on how to integrate UPR recommendations and a broader human rights-based approach in its implementation of the SDGs.

For Civil Society:

- Take a more proactive position in the UPR process, especially in monitoring the implementation of UPR recommendations, and providing feedback and advice to the government on the process of implementation.
- Advocate for the integration of recommendations from the UPR and other human rights mechanisms in SDG implementation efforts.

For HIV-focused CSOs:

- Increase engagement with the UPR process, including reporting on HIV-related human rights issues.
- Utilise HIV-related and other pertinent UPR recommendations to support existing advocacy efforts.

For all stakeholders:

- Use the ongoing healthcare reform and the development of the National HIV/AIDS Program for the next 5-year period (2018-2013) to address existing concerns related to HIV and AIDS; formulate new UPR recommendations; and suggest improvements in the implementation of the existing ones.

About us...



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.



Annex 1: Global analysis: summary of key findings

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.

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.^{51, 52} 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;⁵³ 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.

51 Fast-Track Countries account for 89% of all new infections.

52 UNAIDS (2014), 'Fast-Track – Ending the AIDS epidemic by 2030'. Geneva: UNAIDS. www.unaids.org/en/resources/documents/2014/JC2686_WAD2014report

53 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

Colophon



Design

de Handlangers, Utrecht

Copy editing and proofreading

Jane Coombes (independent consultant)

