Key Questions
for Monitoring Health System Compliance with Human Rights Obligations

The questionnaire below provides a tool for assessing your health system’s compliance with human rights obligations regarding STIs, including HIV. Under human rights law, the participation of people living with HIV and other STIs, key populations, and other at-risk populations in the development of policies and programmes that affect them is critical to ensure that all interventions are grounded in lived realities and respect rights.
1. Has the state developed and implemented national strategies or plans to address the sexual health and well-being of the population that integrate plans or strategies aimed at the prevention, treatment, and management of HIV and other STIs?

   ALWAYS  OFTEN  SOMETIMES  RARELY  NEVER

Examples of Implementation

Facilitate multisectoral discussions—inclusive of people living with HIV, key populations, and other populations at risk of HIV—aimed at developing or strengthening national and subnational strategies and plans concerning sexual health and well-being, HIV, and other STIs, including ensuring access to testing, prevention, and treatment programs (including programs to reduce both sexual and vertical parent-to-child transmission) and addressing stigma and discrimination against people living with HIV and key populations.

Support reviews of state resource allocations to implement such strategies or plans, including budgetary, human, and administrative resources. Put in place governance and oversight structures that include community representation to develop, implement, and monitor the delivery of sexual health services, including for HIV and other STIs.

KEY RESOURCES
UNAIDS, Checklist and Reference List for Developing and Reviewing a National Strategic Plan for HIV
OHCHR and UNAIDS, Handbook on HIV and Human Rights for National Human Rights Institutions

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58 See, e.g., ESCR Committee, General Comment No. 14, supra note 6, para. 16.
59 See, e.g., ESCR Committee, General Comment No. 14, supra note 6, para. 12(b); ESCR Committee, Gen. Comment No. 20, supra note 25, para. 33.
2. Are quality goods, services, information, and facilities for preventing and treating HIV and other STIs available and accessible to all as needed?

ALWAYS  OFTEN  SOMETIMES  RARELY  NEVER

Examples of Implementation

Partner with government and nongovernment providers, including private practitioners, to ensure universal access to sexual health services, particularly tailored, people-centered, and community-led services for people living with HIV, key populations, and other marginalized populations at risk of HIV (e.g., people with disabilities). Integrate or link HIV and sexual health services with contraceptive care, antenatal and cancer screening services, and broader primary health care.

Ensure that science-based combination HIV prevention is centralized in HIV service provision and includes the following evidence-based interventions: male and female condoms and lubricants, treatment as prevention, pre-exposure prophylaxis, post-exposure prophylaxis, voluntary medical male circumcision, harm reduction (including needle-syringe programs and opioid substitution treatment), CSE in and out of school, screening and treatment of STIs, and blood safety.60

Work with local health officials, key populations, youth, and civil society organizations to ensure comprehensive condom programming, including the promotion of male and female condoms and lubricants. Ensure that condoms are accessible without discrimination,61 including to adolescents, and promoted within family planning programming.

Support the procurement of pre- and post-exposure prophylaxis for HIV, and train health care providers regarding their use, especially for key populations, women and girls in high-HIV-prevalence settings, and survivors of sexual and gender-based violence.

Partner with local health officials to increase the accessibility of STI prevention and case management, such as by guaranteeing adolescents access to free, confidential, adolescent-responsive, and nondiscriminatory counseling and services.62

Ensure universal HIV, syphilis, and hepatitis B virus testing and treatment in all antenatal settings. Refer and follow up with pregnant women diagnosed with HIV. Develop STI case management services for provision via emergency obstetrics and newborn care facilities. Test and follow up on infants who can become infected during pregnancy, childbirth, or breastfeeding. Include services for infants at highest risk of HIV acquisition, as well as treatment for those who sero-convert.63

Ensure universal access, particularly for poor and marginalized adolescents of diverse SOGIESC, to vaccines for human papillomavirus, which can lead to cervical, oral, and anal cancer.

Encourage government partnerships with and support for civil society organizations led by people living with HIV, key populations, young people, and other marginalized populations. Support the civil society provision of community-led services (including mobile outreach, community development, peer education, and support) to reduce risks of HIV and STI acquisition or transmission and encourage uptake of sexual health services. Support these services in the inclusion of key population peer navigators to encourage sexual health service utilization.

KEY RESOURCES

UNAIDS, End Inequalities. End AIDS. Global AIDS Strategy 2021-2026
WHO, HIV Prevention, Diagnosis, Treatment and Care for Key Populations
WHO, Actions for Improved Clinical and Prevention Services and Choices: Preventing HIV and Other Sexually Transmitted Infections among Women and Girls. Using Contraceptive Services in Contexts with High HIV Incidence
GNP+, ICW, Young Positives, EngenderHealth, and IPPF, Advancing the Sexual and Reproductive Health and Human Rights of People Living with HIV: A Guidance Note
UNFPA, Sexually Transmitted Infections: Breaking the Cycle of Transmission
WHO, Guidelines for the Prevention and Control of Cervical Cancer

See also questionnaires on "Contraceptive Information and Services" and "Comprehensive Sexuality Education"

61 CRC, Gen. Comment No. 4, supra note 91, para. 30.
62 CRC Committee, Gen. Comment No. 20, supra note 25, para. 59.
3. Do all people have access to comprehensive, unbiased, scientifically accurate\textsuperscript{64} information regarding HIV and STI prevention, diagnosis, and treatment in a manner that is understandable to all (considering age, language, ability, etc.)?\textsuperscript{65}

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**Examples of Implementation**

Work with affected communities to design scientifically accurate public education campaigns on HIV and other STIs in local languages to raise awareness (including on methods of STI transmission and prevention) and reduce stigma against, and promote the rights of, people living with HIV.\textsuperscript{66}

Partner with education officials to develop inclusive CSE programs as part of the mandatory school curriculum, with a focus on HIV and other STIs.\textsuperscript{67}

Develop and fund out-of-school CSE programs, especially for young key populations.

Conduct assessments of sexuality education programming to ensure that such programs raise awareness of safer sex practices (including combination HIV prevention), highlight the importance of seeking care for STIs to prevent longer-term health harms, provide tools to understand, prevent, and report gender-based violence, and challenge discriminatory gender stereotypes.

Conduct social and mass media behavior-change communication campaigns to raise awareness of STIs and promote safe sex behaviors.

**KEY RESOURCES**


See also questionnaires on “Contraceptive Information and Services” and “Comprehensive Sexuality Education”

\textsuperscript{64} By “scientifically accurate,” this toolkit refers to objective international standards as determined by established authorities in the field of sexual and reproductive health, such as WHO.

\textsuperscript{65} ESCR Committee, Gen. Comment No. 22, supra note 5, paras. 18-19.

\textsuperscript{66} See, e.g., ESCR Committee, General Comment No. 14, supra note 6, para. 16.

4. Has the state developed tailored measures to address HIV among key populations and other high-risk groups, including through community-led responses?

ALWAYS  OFTEN  SOMETIMES  RARELY  NEVER

Examples of Implementation

Commit to implement the Greater Involvement of People Living with HIV/AIDS principle and engage with national health officials and civil society networks of individuals living with HIV, key populations, and other high-risk communities to develop national guidelines and strategies to address HIV and other STIs in target high-risk groups, such as men who have sex with men, people who inject drugs, sex workers, transgender people, young women, people with disabilities, people in rural areas, migrants and displaced people, indigenous people and other marginalized ethnic groups, and older people.

Support national health officials in tailoring HIV-related service delivery to meet the needs of key populations and other high-risk populations and to address inequalities in health care, including among individuals without legal status, criminalized populations, individuals in humanitarian settings, and adolescents.

Strengthen the availability and use of strategic data on HIV, particularly data on young key populations.

Establish epidemiological, behavioral, programmatic, community-led, and participatory monitoring and evaluation systems that generate, collect, and use the disaggregated data needed to reach, support, and empower key populations and other populations affected by HIV.

Support civil society monitoring and assessments of the impact of parental and guardian consent requirements and mandatory reporting of child sexual offenses on access to HIV care.

KEY RESOURCES

Global HIV Prevention Coalition, Implementation of the HIV Prevention 2020 Road Map, p. 10
UNFPA, UNAIDS, WHO, and OHCHR, Translating Community Research into Global Policy Reform for National Action

5. Has the state addressed social, cultural, and structural factors that may exacerbate the transmission of HIV and other STIs, including poverty, criminalization of key populations, stigma and discrimination, gender-based violence, gender stereotyping, lack of or inadequate sexuality education, and child, early, and forced marriage?74

**Examples of Implementation**

Engage with national officials on gender to map social and cultural factors that compound the risk of contracting HIV and other STIs, and host consultations to identify possible policy responses.

Provide values clarification and attitudinal change training to health care providers and community leaders in order to sensitize them and reduce stigma and discrimination around HIV, other STIs, and sexuality (including diverse SOGIESC, sex work, and the sexual behavior of adolescents and young people).

Provide professional, quality, and people-centered sexual health services to all sexually active people to manage the risk of acquiring HIV and other STIs (including support for individuals who are exposed to intimate partner or family violence; child, early and forced marriage; or other gender-based violence).

Support the formation of multisectoral coalitions—inclusive of people living with HIV, key populations, and other populations affected by HIV—to integrate government programming on HIV and other STIs, gender-based violence, and SRHR.

**KEY RESOURCES**

WHO, UNFPA, OHCHR, and UNAIDS, Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV

UNFPA, UNAIDS, WHO, and OHCHR, Translating Community Research into Global Policy Reform for National Action, p. 10


UNFPA, Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage

See also questionnaires on “Harmful Practices,” “Gender-Based Violence,” and “Comprehensive Sexuality Education”

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6. Has the state removed legal barriers that hinder its HIV response, including requirements of parental or guardian consent for information and education on STIs (including HIV),\textsuperscript{75}

- laws that criminalize unintentional HIV transmission and exposure,\textsuperscript{76} and
- criminalization of key populations at high risk of HIV (including men who have sex with men, sex workers, people who inject drugs, and transgender people)?\textsuperscript{77}

### Examples of Implementation

Partner with civil society to provide capacity-building and sensitization programs for health officials, judges, and legislators to raise awareness of human rights standards on adolescents’ sexual and reproductive health, CSE, and the criminalization of HIV transmission.

Support law and health officials in reviewing and reforming laws and policies related to HIV to eliminate legal barriers that undermine the HIV response and access to justice (including the criminalization of HIV transmission and key populations).

Facilitate engagement by civil society (including women’s movements, youth movements, LGBTIQ movements, sex worker movements, and other key population-led organizations) in international treaty body reviews and Universal Periodic Reviews.

Contribute to HIV-related reporting before international treaty bodies, and support states in implementing treaty bodies’ recommendations.

Contribute to states’ implementation of the 2021 Political Declaration on HIV and AIDS and the UNAIDS Global AIDS Strategy 2021–2026.\textsuperscript{78}

### KEY RESOURCES


UNFPA, SDG 5.6.2: *Country level data on laws that restrict access to HIV testing and care*, pp. 30-32

UNDP and UNAIDS, *Legal and Policy Trends Impacting People Living with HIV and Key Populations in Asia and the Pacific 2014–2019*

\textsuperscript{75} ESCR Committee, Gen. Comment No. 22, supra note 5, para. 44.

\textsuperscript{76} Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Rep. of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, paras. 76(a), 76(c), U.N. Doc. A/HRC/14/20 (2010) (by Anand Grover).


7. Has the state enacted legislative or regulatory protections to eliminate HIV-related discrimination, ensure confidentiality in testing and treatment, and ensure the rights of individuals living with or at risk of HIV to give informed and voluntary consent to health goods and services, including HIV testing? 

| ALWAYS | OFTEN | SOMETIMES | RARELY | NEVER |

Examples of Implementation

Engage with legislators to raise awareness of the need to eliminate involuntary or punitive measures in HIV testing, prevention, and treatment programs, such as the involuntary HIV testing of pregnant women and girls.

Work with health officials to develop protocols for the respectful treatment of patients with HIV, including on how to ensure informed consent and confidentiality, as well as patients’ access to their medical records.

KEY RESOURCES

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79 See, e.g., CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 22; ESCR Committee, General Comment No. 14, supra note 6, para. 8.

80 See, e.g., ESCR Committee, Gen. Comment No. 14, supra note 6, para. 8.
8. Does the state guarantee that individuals living with HIV have the same right to sexual and reproductive health as HIV-negative individuals, including the freedom to decide whether and when to reproduce\(^{81}\) and the freedom to have a safe and satisfying sex life?\(^{82}\)

**Examples of Implementation**

Work with local health officials to develop facility-level protocols to ensure that individuals living with HIV have access to respectful, quality sexual and reproductive health care, including contraceptive information and services, safe abortion services, perinatal care, skilled attendance during birth, emergency obstetric care, and medicines and technology essential to sexual and reproductive health.\(^{83}\)

Support national health officials and legislators in eliminating policies and programs that promote or condone involuntary sterilization or abortion for people living with HIV.\(^{84}\)

Develop information campaigns to address discriminatory stereotypes and misconceptions that women living with HIV should not reproduce, which often lead to involuntary sterilization and abortion.

Partner with national medical professional associations to strengthen and align ethical guidance on the treatment of patients with HIV with human rights standards, with the aim of eliminating discrimination and increasing respect for bodily autonomy and integrity.

**KEY RESOURCES**

UNAIDS, *Evidence for Eliminating HIV-Related Stigma and Discrimination*

WHO, UNFPA, OHCHR, and UNAIDS, *Consolidated Guideline on Sexual and Reproductive Health and Rights of Women Living with HIV*


See also questionnaires on “Comprehensive Abortion Care,” “Maternal Health,” and “Contraceptive Information and Services”

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\(^{81}\) See, e.g., CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 22.


\(^{83}\) See, e.g., ESCR Committee, Gen. Comment No. 20, supra note 25, para. 33 (proscribing differential treatment in access to health care for persons living with HIV).

\(^{84}\) See, e.g., CEDAW Committee, Gen. Recommendation No. 24, supra note 6, para. 22.
9. Has the state enacted administrative or judicial safeguards to provide remedy and redress regarding violations of human rights related to HIV and other STIs, including where an individual living with HIV or member of a key population has been denied essential health care on the basis of their HIV status or has received abusive or discriminatory treatment in health care settings?

Examples of Implementation

Support accountability for HIV-related human rights violations by increasing meaningful access to justice for people living with and affected by HIV, in particular key populations, by increasing collaboration among key stakeholders, supporting legal literacy programs, increasing access to legal support and representation, and supporting community monitoring. 

Develop programming tools that promote awareness of rights among key populations and other groups vulnerable to HIV, UN staff, service providers, and communities.

Support initiatives to promote free legal services for individuals facing HIV-related discrimination, abuse, or denial of essential health care.

Support local health officials in strengthening accountability mechanisms within health facilities to respond to complaints of discrimination, abuse, and denial of essential health care.

Build capacity among judges, law enforcement officials, ombudspersons, health complaint units, and national human rights institutions to address HIV-related violations of human rights.

Support national human rights institutions in conducting hearings or inquiries on the HIV response for key populations and other high-risk groups from a human rights perspective.

KEY RESOURCES
