



Guidance for Joint UN Teams on AIDS on engaging uniformed services in AIDS responses in Asia and the Pacific

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Abbreviations

DPKO Department of Peace Keeping Operations

HIV human immunodeficiency virus

IBBS Integrated Biological and Behavioural Surveillance

NGO nongovernmental organization

NSP national strategic plan

SCR Security Council Resolution

SGBV sexual and gender-based violence

UN United Nations

UNAIDS Joint United Nations Programme on HIV/AIDS

UNDP United Nations Development Programme

UNFPA United Nations Population Fund

UNODC United Nations Office on Drugs and Crime



Many of us [police officers] used to be hawks in the war on drugs. We aren't doves now, but more like owls – wiser about what works and what doesn't... Here's what we've seen doesn't work: Arresting people outside health clinics or places where service providers distribute clean needles and condoms that prevent HIV, or methadone for the treatment of heroin addiction. Forcing people into "treatment" centres that offer nothing but punishment, insults and locked doors. Harassing physicians who work with drug users or sex workers, and demanding their patient lists... We hope that ... police from around the world will be willing to join us in speaking up to support policing that protects public health. The messages are simple: good drug policy is good AIDS policy. Drug users and sex workers benefit more from services than from beatings and prison. And as law enforcement officials committed to protecting the public, we can support public health, sending people who need HIV services to programs that provide them, and focusing on arresting the real criminals.¹

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¹ Originally posted on the Huffington Post on 25 April 2013 (http://www.huffingtonpost.com/aleksandr-zelichenko/rethinking-policing-in-th_b_3156145.html). Aleksandr Zelichenko is a former police colonel from Kyrgyzstan and current Director of the Central Asian Center on Drug Policy; Tan Sri Mohd Zaman Khan is the former Director of Criminal Investigation and Commissioner of Police for the Royal Malaysia Police.



Background

At the June 2011 United Nations General Assembly High Level Meeting on AIDS in New York, Member States unanimously endorsed the *Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* and committed to its bold new targets for 2015. These include reducing sexual transmission of human immunodeficiency virus (HIV) by half, reducing transmission of HIV among people who inject drugs by half, increasing the number of people living with HIV who are on treatment to 15 million, halving tuberculosis-related deaths in people living with HIV, and eliminating new HIV infections among children. Member States also committed to eliminating HIV-related stigma and discrimination, and eliminating gender inequalities and gender-based abuse and violence.²

Also in June 2011, the United Nations Security Council adopted Security Council Resolution (SCR) 1983. This outlines the pivotal roles played by uniformed services personnel in addressing HIV and security. It reinforces the need to leverage uniformed services to safeguard security and societal stability in all phases of development and humanitarian programming. In the context of the epidemics in Asia and the Pacific, the Political Declaration and SCR 1983 mutually mandate Member States and the United Nations (UN) to engage uniformed services personnel as agents of change to:



In this document, uniformed services personnel are men and women serving in defence, civil defence and law enforcement. This includes personnel from the military, police and other law enforcement personnel, prison staff and border guards.

2 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS, A/RES/65/277, 10 June 2011.

- prevent HIV among uniformed services personnel;
- create an enabling environment, including through legal and policy reform affecting sites where uniformed services personnel engage with the community;
- protect key populations at higher risk of HIV exposure (key populations)³ and increase their access to services; and
- eliminate gender-based violence, including sexual violence.

Despite good progress made in the region in implementing SCR 1983, a recent Joint United Nations Programme on HIV/AIDS (UNAIDS) stock-taking report highlighted that greater use of SCR 1983 as a policy instrument is needed to increase the interface between uniformed services personnel and key populations in the region.⁴ The report also notes that one of the main challenges across many countries in the region is building and scaling up effective partnerships with uniformed services personnel to address sexual and gender-based violence (SGBV), and promote laws and practices that protect human rights of key populations. It calls for UNAIDS and its cosponsors at all levels to accelerate the engagement of uniformed services personnel in national HIV responses by:

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- 3 Key populations, or key populations at higher risk of HIV exposure, are groups of people who are more likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs, and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response, based on the epidemiological and social context (UNAIDS 2011 2015 Strategy: Getting to Zero; http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf).
- 4 See UNAIDS. Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific. Geneva: UNAIDS; 2013. The report documents and synthesises progress made in Asia and the Pacific region by UN agencies during this period through a systematic review of data obtained from AIDS national strategic plans of 26 countries in the region, strategic reviews of national AIDS programmes, and funding proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria.
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- strengthening the evidence on effective interventions involving uniformed services groups;
- building the capacity and knowledge of the security sector on human rights and SGBV, particularly in the context of working with key populations;
- integrating programmes to eliminate SGBV into existing HIV plans and programmes; and
- promoting documentation, sharing of good practices and lessons learned.⁵

5 *ibid.*



Purpose and audience

The purpose of this resource is to provide guidance to the Joint UN Team on AIDS in Asia and the Pacific on practical policy advocacy and programming actions to strengthen the role of uniformed services personnel in:

- preventing HIV among uniformed services personnel;
- creating an enabling environment, including through legal and policy reform affecting sites where uniformed services personnel engage with the community;
- protecting key populations at higher risk of HIV exposure and increasing their access to services; and
- eliminating gender-based violence.

Building on the evidence accumulated through past and ongoing work, as well as the lessons learned from the countries in the region, the guidance provides insights on the following key strategies for the UN to support through practical actions and approaches:

- developing and implementing policy to engage uniformed services personnel in HIV responses and in addressing SGBV;
- promoting advocacy and leadership of uniformed services personnel in HIV responses and social justice efforts;
- fostering partnerships to engage uniformed services personnel in HIV responses and in addressing SGBV; and
- monitoring and measuring the effectiveness of engagement of uniformed services personnel.

The guidance document includes a checklist for Joint UN Teams in planning and implementing interventions that engage uniformed services personnel, key elements of comprehensive uniformed services programming in response to HIV and SGBV (Annex 2), and a selection of useful programme and policy tools and documents (Annex 3).



UN mandates for engaging with uniformed services personnel on HIV

Under the UNAIDS Division of Labour,⁶ cosponsors have specific mandates to support interventions with uniformed services personnel in the following areas:

- preventing and addressing SGBV (United Nations Population Fund – UNFPA, UN Women, United Nations Development Programme – UNDP; UN Department of Peacekeeping Operations – UN DPKO – also has a key role within the broader UN system);
- drug control, and crime prevention and control (United Nations Office on Drugs and Crime – UNODC);
- law reform – changes in punitive laws, policies, and justice and administrative practices relating to people living with HIV and key populations (UNDP, UNFPA, UNODC);
- integrating HIV prevention, treatment, care and support programmes in the workplace (International Labour Organization);
- HIV and security programmes in conflict/post conflict, humanitarian emergencies, and in early recovery, reconstruction and development following such emergencies; and disarmament, demobilization and reintegration (UNFPA, UNDP, UN Women; UN DPKO also has a key role within the broader UN system); and
- supporting advocacy efforts and leadership development among uniformed services personnel involved in the HIV response (UNAIDS Secretariat in collaboration with the key UN agencies listed above).

Together, the UNAIDS Secretariat and cosponsors can ensure the engagement of uniformed services personnel in achieving the UNAIDS vision of zero new infections, zero discrimination and zero AIDS-related deaths.

6 http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2063_DivisionOfLabour_en.pdf

Principles for engaging uniformed services personnel

- Recognize the essential role of uniformed services personnel in achieving positive health and social outcomes.
- Recognize the HIV-related service needs of uniformed services personnel.
- Engage uniformed services personnel from a positive and enabling perspective that contributes to realization of human rights and gender equality for all.
- Engage uniformed services personnel as active partners in the HIV response.
- Aim to change social environments and practices that encourage or condone violence against key populations, women and girls, and hinder access to HIV services.
- Build on the evidence base, UN mandates and international commitments.
- Promote alliances and partnerships between uniformed services personnel and organizations of key populations and civil society partners.



UN support for policy development and implementation to engage uniformed services personnel in HIV responses and in addressing SGBV

Historically, the response to HIV has emphasized the importance of policies and programmes to address the HIV-related service needs of uniformed services personnel themselves. However, there is growing evidence that engaging uniformed services personnel as agents to address HIV as well as broader health and social issues has the potential to bring about far-reaching changes. For example, there have been positive results from involving uniformed services personnel in countering inappropriate application of criminal and administrative laws and harmful law enforcement practices, implementing initiatives to eliminate HIV-related stigma and discrimination, and addressing SGBV and gender inequalities. Joint UN Teams on AIDS have an opportunity to support countries in Asia and the Pacific to build on a shared policy agenda and leverage existing investments in the uniformed services architecture to generate broad public health and social justice benefits.⁷

Several recent international commitments made by Member States, and recommendations by other landmark initiatives, such as the Global Commission on HIV and the Law (see Annex 1), call for increased positive engagement of the uniformed services sector in the HIV response and social justice efforts.

There are three broad policy and programmatic areas to engage uniformed services personnel:

- providing HIV prevention, treatment, care and support for uniformed services personnel and their families;
- creating an enabling environment for HIV responses, including social justice benefits; and
- addressing SGBV against women, girls and key populations at higher risk of HIV, including men who have sex with men and transgender people.

7 Joint United Nations Programme on HIV/AIDS. Securing an AIDS free future: practical lessons about security and AIDS in conflict and post-conflict settings. Geneva: UNAIDS; 2012.

Although countries can prioritize any of the three areas, a comprehensive focus on all three will maximize the gains in HIV and social justice programmes in the long run. Because these areas are interlinked, engaging in one will have positive impacts on the others.

Myanmar National Strategic Plan: a comprehensive policy and programme for uniformed services engagement in the HIV response

Myanmar's second National Strategic Plan (2011–2015) on HIV and AIDS and its operational plan prioritize uniformed services personnel (mainly police and other law enforcement, military and prison staff) as key partners for the following strategic priorities:

- providing HIV prevention, treatment, care and support programmes for uniformed services personnel (strategic priorities 1 and 2)
- coordinating, facilitating and establishing an enabling environment for a national response to HIV (strategic priority 4).

As well as including interventions to achieve universal coverage of uniformed services personnel in terms of prevention, treatment, care and support programmes, the strategic plan prioritizes focused interventions with uniformed services personnel to create enabling environments for key populations, including for addressing violence. For example, the plan includes interventions that:

- engage police and sex worker populations from the national to the township level in ending the practice of using possession or use of condoms as evidence leading to the arrest of sex workers;
- train and build the capacity of prison staff to protect the rights of prison populations to access HIV services;
- address drug policy, drug control practices and harm reduction among people who use drugs; and
- build the leadership, coordination and administrative capacity of uniformed services groups, as a key part of the national response to HIV.

Key actions

Key actions for providing HIV prevention, treatment, care and support for uniformed services personnel and their families are as follows:

- Ensure that uniformed services personnel, and their families and dependents are included in the national AIDS policy and strategic plans, and have access to quality HIV prevention, treatment, care and support services and commodities, including the right to privacy of their HIV status.
- Promote and protect occupational health and safety at workplaces for all uniformed services personnel by integrating HIV workplace policies into sectoral plans of uniformed services.⁸

Key actions for engaging uniformed services personnel in creating an enabling environment for HIV responses are as follows:

- Ensure that the national AIDS policy and strategic plans address punitive laws, policies and practices (including criminal and administrative laws) that undermine HIV prevention and treatment efforts among key populations.
- Facilitate review of punitive laws, policies and practices, and support rights-based legal reform processes.
- Develop consistent and coordinated policy options and approaches within the UN system to address the conflation of human trafficking and sex work.⁹
- Support formulation and implementation of sectoral policies for comprehensive human rights and gender sensitization training for uniformed service sectors (implemented in partnership with affected communities).

8 This is consistent with Recommendation 200 of the International Labour Organization (see summary in Annex 1).

9 See Discussion paper: Responses to human trafficking, HIV and the human rights of sex workers in Asia and the Pacific: Towards a harmonized UN position in Asia Pacific, Nov 2012 (on file with UNAIDS Secretariat, Regional Support Office Asia and the Pacific).

- Provide support for modernizing law enforcement by shifting the focus from a “war on drugs” approach to a “harm minimization” approach – that is, drug and law enforcement policies and strategies that manage drug control in a way that minimizes harm to communities, including people who use drugs.¹⁰

Key actions for engaging uniformed services personnel in addressing SGBV are as follows:

- Ensure that security sector reform¹¹ processes include diverse policy options and strategies to address SGBV, access to social protection for women and girls, and the promotion and protection of the rights of key populations.
- Support development of policies that have zero tolerance of SGBV within the uniformed services sectors, including prevention, reporting and prosecution of SGBV.

Key approaches

Key approaches to policy development and implementation to engage uniformed services personnel in HIV responses and addressing SGBV are as follows:

- Support integration of HIV prevention and treatment efforts into the existing policies and plans of ministries responsible for public security, home affairs and defence, and national strategic plans (NSPs) on HIV.
- Ensure the involvement and participation of uniformed services personnel, as well as key populations, during formulation of NSPs and other national policies and plans relating to uniformed services.

10 See Monaghan G, Bewley-Taylor D. Police support for harm reduction policies and practices towards people who inject drugs. Report 1 on modernising drug law enforcement. London: International Drug Policy Consortium; 2013.

11 Although security sector reform does not have a universally agreed definition, it is generally used to refer to a comprehensive framework within which all or part of a state's security sector undergoes a process of normative and operational transformation to bring it more into line with principles such as democratic oversight, good governance and the rule of law. Through gender-responsive reform, security sector reform processes therefore seek to enhance the delivery of effective and efficient security and justice services by security sector institutions. These include armed forces; law enforcement and intelligence services; institutions responsible for border management and customs services; justice and penal institutions; and those that play a role in managing and overseeing the design and implementation of security, such as ministries, parliaments, ombudspersons, human rights commissions and civil society organizations. In some contexts, security sector reform also addresses non-state armed groups, and private security and military companies.

- Facilitate policy dialogue between relevant stakeholders, including uniformed service sectors and key populations, on alternatives to punishment, prosecution and criminalization of key populations, and ensuring access to HIV prevention and treatment services in the community and closed settings.
- Expand policy options for engaging uniformed services personnel on the health and social development agenda, particularly by integrating issues of human rights, social protection and gender equality into security sector reform and other initiatives to develop institutional capacity.
- Strengthen the evidence base on the investment benefits and efficacy (in terms of HIV and other public health objectives, and the objectives of uniformed services) of engaging uniformed services personnel in HIV and social justice efforts. Use this to inform development of appropriate policy and strategy, as well as strategic resource mobilization.
- Mobilize resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria and other development partners, and increase investment for HIV and SGBV interventions that engage uniformed services personnel.
- Mobilize relevant UN agencies and strengthen interagency collaboration to ensure that anti-human trafficking efforts do not hinder sex workers' access to HIV services.¹²
- Develop tools and mechanisms to improve data collection on SGBV and analysis of the data, and use these to formulate policies and protocols for incident tracking, responding and reporting.¹³

12 Since 2012, members of the United Nations Regional Inter-agency Team on AIDS for Asia and the Pacific, in partnership with civil society, have been working to build a common understanding of, and coherent approaches among UN agencies and entities working in Asia and the Pacific to, human trafficking and sex work in order to reduce the rights violations experienced by sex workers as a result of anti-trafficking laws, policies and programmes that affect their vulnerability to HIV and AIDS.

13 An example of this is an innovative tripartite collaboration between UNAIDS, DPKO and the Social Science Research Council called the Security Intelli-GENce: Access to Lifesaving Support (SIGNALS) project. Launched in 2012, this initiative uses mobile and tablet-based applications to improve women's security and increase their access to emergency services. With support from peacekeeping missions, the initiative will use a GPS-enabled incident tracking, reporting and emergency alert system that will connect those in need with the nearest available security/protection, transportation and emergency services.

- Mobilize partners and resources to support gender-sensitive reform processes for the security sector by putting in place operating practices, incentive systems and performance measures that motivate and reward new forms of policing that respond to women's needs.¹⁴

Institutionalizing capacity development of police cadets in addressing HIV-related stigma and discrimination: an experience from Thailand

The 2009 Stigma and Discrimination Index Study showed that people living with HIV and other key populations in Thailand face high levels of stigma and discrimination from all segments of society, including from law enforcement officials.

Through a partnership with the Royal Thai Police, the Ministry of Justice and the Ministry of Public Health, UNDP launched an HIV-related stigma reduction programme for junior police cadets in Thailand in 2012. As part of the programme, more than 10 000 junior police cadets each year receive training on HIV stigma and discrimination. They also learn about how HIV is transmitted, the rights of people with HIV and AIDS and of key populations, and how they can integrate a rights-based attitude and approach into their work as police officers.

Interventions in the first phase of the programme included:

- development of a curriculum for preventing stigma and discrimination, and integration of this curriculum into the police department's programme of human rights education;
- national training of trainers – this included selected police officers acting as trainers; and
- 4–6 hours of training provided for more than 10 000 junior cadets from different provinces.

Since early 2013, with support from the UNDP, key partners have been scaling up the training programme among senior police officers (commanders, superintendents, etc.), and providing mentoring and coaching support to address issues of stigma and discrimination.

14 This is consistent with the UN Women policy guidance on gender-sensitive police reform in post-conflict societies, 2012 (see <http://www.unwomen.org/~media/Headquarters/Media/Publications/UNIFEM/GenderSensitivePoliceReformPolicyBrief2007eng.pdf> for further details).



UN support for promoting advocacy and leadership for uniformed services personnel on HIV issues

Leadership development among uniformed services personnel can be an effective approach to institutionalizing rights-based HIV responses within the security sector, and in mobilizing such responses to address structural barriers to public health efforts.¹⁵ There is compelling evidence that strong leadership by uniformed services can also kick-start and sustain evidence-informed and rights-based comprehensive health and social justice interventions. For example, in India, strong leadership by the police has helped institutionalize human rights and HIV training for nodal officers, who then ensure that HIV prevention, treatment, care and support services are accessible to key populations.¹⁶ Likewise, the support of key law enforcement officials for harm reduction among people who use drugs in Malaysia, and their leadership in this area, led to rapid scale-up of harm reduction programmes, and a transition from compulsory to voluntary treatment for drug dependency.¹⁷ Strong leadership by uniformed services personnel is needed to provide services for key populations in countries that have harsh legal environments, such as Malaysia.¹⁸ In Timor-Leste, developing strong leadership among uniformed services personnel has led to successful gender-sensitive reform of the security sector, including positive changes in organizational practices and improved attitudes of uniformed services personnel towards gender-based crimes. In turn, this has resulted in attitudinal changes in the general public regarding SGBV, encouraged reporting and improved services for affected women.¹⁹

Joint UN Teams on AIDS can (and should) continue to use their convening power to bring together relevant partners and stakeholders to set a common agenda, and identify resources for strengthening the leadership and strategic engagement of uniformed services in such efforts at the country level.

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- 15 UNAIDS. Meeting proceedings and recommendations from the Regional Consultation on the Role of Police and Law Enforcement in AIDS Response in Asia Pacific. Geneva: UNAIDS; 2009.
- 16 Official government orders issued by Ministry of Home Affairs, Government of India, 2011. Also see the text box Effective police leadership for HIV prevention among key populations: nodal officers in India for details on leadership development among nodal officers in India for high-impact HIV interventions among key populations.
- 17 World Bank. Harm reduction study visit, evaluation report from Kuala Lumpur, Malaysia. Washington, DC: World Bank; 2011. The report noted that a key factor in the success of scaling up the interventions was the strong leadership of Malaysia's National AIDS Program and the Drug Control Program, headed by a senior police commissioner.
- 18 See Monaghan G, Bewley-Taylor D. Police support for harm reduction policies and practices towards people who inject drugs. Report 1 on modernising drug law enforcement. London: International Drug Policy Consortium; 2013.
- 19 UN Women. Gender sensitive police reform in post conflict societies. Policy brief, 2nd edition. New York: UN Women; 2012.
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Key actions

Key actions for promoting leadership and advocacy of uniformed services personnel in the HIV response and in addressing SGBV are as follows:

- Promote and support leadership among uniformed services personnel for policy change, and expanding institutional capacity development and human rights programming in public health and social justice efforts, particularly in response to HIV and SGBV.
- Foster initiatives and platforms for collaboration, taking into account models of effective engagement, and transfer of leadership skills and expertise between countries.
- Leverage “champions” and support their engagement as resource persons for relevant policy dialogues and initiatives at national, regional and global fora.
- Encourage the top leadership within uniformed services to institutionalize capacity building and interventions for addressing SGBV, occupational health and safety, and safeguards against discrimination based on actual or perceived HIV status among uniformed services, and in community programmes aimed at reducing stigma and discrimination experienced by key populations.
- Facilitate active participation of relevant leaders and officials from ministries of justice, health, defence, public security and home affairs, among other partners, to develop a joint advocacy strategy to address SGBV, amend punitive law enforcement policies and practices, and promote human rights–based health and social justice interventions.
- Facilitate and promote public commitment of uniformed services to responding to SGBV, reducing violence against key populations, and addressing stigma and discrimination related to HIV.

- Support intra-ministerial and inter-departmental policy dialogues and programmatic collaboration among ministries of justice, social welfare, health, defence, public security and home affairs to address criminalization of key populations and other complex social issues, such as SGBV.

Effective police leadership for HIV prevention among key populations: nodal officers in India

In 2007, the Indian Ministry of Home Affairs, at the behest of UNAIDS, ordered the Director Generals of all states to create designated nodal police officers to support outreach efforts by nongovernmental organizations (NGOs) and community-based organizations (CBOs), as well as successful implementation of other HIV prevention measures. This institutionalized approach to leadership development among police officers strengthened the collaboration between NGOs, CBOs and the police in HIV prevention efforts. It also increased the accountability and interest of the police force in addressing wider social issues, including violence against women, human trafficking and child labour.

In Andhra Pradesh, the Additional Director General (training) has been designated as the nodal officer at the state level. As a result, HIV and the human rights of key populations have been integrated into the curriculum of all police training academies and colleges at the state and district levels. The approach has had positive impacts – for example, the Andhra Pradesh Behavior Tracking Survey reported that 6% of sex workers reported being treated fairly by the police in 2006; four years later, this had increased to 50% of sex workers.

Nodal officers provide expert guidance in ongoing advocacy efforts to support integration of HIV and human rights in the curriculum of police training institutes and academies in various states.

Key approaches

Key approaches to promoting leadership and advocacy of uniformed services personnel on HIV-related issues are as follows:

- Promote involvement of uniformed services personnel as active stakeholders and allies in responding to HIV and SGBV, rather than as deterrents to health and social justice programs.
- Ensure that advocacy efforts are issues based,²⁰ and mobilize leaders to enact issues-related changes.
- Foster understanding among uniformed services personnel about their roles in public health, human rights and social justice.
- Create or support fora and mechanisms to facilitate knowledge sharing and liaison between regional networks of key populations (e.g. Asia Pacific Network of People Living with HIV/AIDS, Asian Network of People Who Use Drugs, Asia–Pacific Network of Sex Workers, Asia Pacific Coalition on Male Sexual Health), and regional and global networks of uniformed services (e.g. International Police Advisory Group, Pacific Island Chief of Police).
- Contribute to knowledge generation and sharing of results of leadership and advocacy efforts by the uniformed services. Convene champions and leaders – in health and human rights – from the uniformed services around the world at regional and global levels, for policy and programming dialogue, and sharing of lessons learned and effective practices.

20 Issues-based advocacy focuses on resolving specific situations or addressing certain needs, and comes to an end when targets are met.



UN support for fostering partnerships to engage uniformed services personnel in HIV responses and in addressing SGBV

Joint UN Teams on AIDS have an excellent opportunity to foster a more robust partnership between uniformed services personnel and relevant stakeholders – such as law makers and civil society partners, including community organizations – to achieve better social and public health outcomes. Evidence shows that collaboration between uniformed services personnel and stakeholders can maximize the effectiveness, efficiency and impact of HIV prevention, treatment and care interventions.^{21, 22, 23} Such collaboration can also improve the performance of the security sector in other areas, such as crime prevention and efficiency of law enforcement.²⁴ For example, in a cross border project for people who inject drugs in Ning Ming, China, and Lang Son, Viet Nam, law enforcement engagement in harm reduction activities had a positive influence on drug users' perceived levels of safety and hence improved their participation in drug treatment programmes. Although the uptake of offered services varied, the projects succeeded in reaching 60–75% of all people who use drugs in both countries, resulting in a decline in drug related HIV risk behaviours.²⁵

To ensure effective HIV responses, migration patterns in the region require multi-country partnerships between the health sector, border guards and ministries responsible for immigration and law enforcement. UNAIDS offices in Nepal, India and Bangladesh, together with CARE International and relevant government bodies, have recently initiated an innovative regional partnership in southern Asia to ensure a continuum of HIV services for migrant workers and other vulnerable populations in all participating countries.

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- 21 UNAIDS. Meeting proceedings and recommendations from the Regional Consultation on the Role of Police and Law Enforcement in AIDS Response in Asia Pacific. Geneva: UNAIDS; 2009.
 - 22 Nossal Institute for Global Health, UNAIDS. Arresting HIV: programs that work with police to reduce HIV vulnerability in sex workers, IDU and MSM. Presentation at the ICAAP Busan Plenary Presentation, 27 August 2011.
 - 23 UNAIDS. Securing an AIDS free future: practical lessons about security and AIDS in conflict and post-conflict settings. Geneva: UNAIDS; 2012.
 - 24 Policing and Public Health, Law Enforcement and Public Health. Working together, sharing success: the First International Conference on the Intersection of Law Enforcement and Public Health, Melbourne, 11 14 November 2012 (see <http://www.cleph.com.au/index.php/conferences/leph2012-melbourne/>).
 - 25 Hammett T et al. Law enforcement influences on HIV prevention for injecting drug users: observations from a cross border project in China and Viet Nam. *International Journal of Drug Policy*. 2005;16(4):235 45.

Key actions

Key actions for fostering partnerships to engage uniformed services personnel in HIV responses and in addressing SGBV are as follows:

- Leverage existing regional and national partnership fora to foster alternative approaches to arrest, prosecution and criminalization of key populations at higher risk of HIV.
- Support development of partnerships between community organizations of key populations and uniformed services personnel to set up mechanisms and services to prevent and address violence, and to report on human rights violations. These could include setting up watchdog committees in partnership with community members to prevent violence, setting up hotlines for emergency calls to the local police office to provide timely help, setting up referral services for health and psychosocial support, establishing a separate unit or designated police officer to report on human rights violations, and providing support to community organizations, if needed, to bring the violations to the relevant human rights bodies.
- Mobilize a wide range of stakeholders, including civil society partners, to engage in processes to reform the security sector, and leverage on these processes to institutionalize support for addressing HIV and SGBV. For example, training on human rights and SGBV as part of the induction and in-service training for all uniformed services personnel can be included as an institutional priority in security sector reform, which takes place in collaboration with key populations and other stakeholders.
- Improve coordination within the UN system to strengthen partnerships with uniformed services personnel, and harmonize efforts to better integrate HIV and SGBV programs.
- Collaborate with the UN Department of Peacekeeping Operations (DPKO) and the US Department of Defense HIV/AIDS Prevention Program in countries with peacekeeping missions, and ensure coordination of the efforts of these organizations with the national HIV response.

- Mobilize partnerships with relevant stakeholders, including uniformed services personnel, to identify key data gaps, generate evidence and develop evidence-informed initiatives for positive engagement of uniformed services personnel in HIV and SGBV responses.
- Identify key areas where additional country support and guidance are required from global and regional institutions and mechanisms, such as the International Police Advisory Group, the Law Enforcement and HIV Network, the Pacific Islands Police Network and the Global Task Force on Uniformed Services; build on these global and regional partnerships, especially those that strengthen the relationship between public health, social justice efforts and law enforcement.

Key approaches

Key approaches to fostering partnerships to engage uniformed services personnel on HIV-related issues and programming are as follows:

- Facilitate a shared vision, common goals and shared accountability for the expected outcomes of the joint initiatives that involve uniformed services personnel in HIV and social justice efforts.²⁶
- Work within existing mechanisms and processes to ensure that uniformed services personnel are key players in the response to HIV and SGBV.
- Document and share evidence on the effectiveness of different models of partnership between uniformed services personnel and HIV and SGBV agencies and interventions.
- Strengthen coordination of resources (human and other) for supporting interventions involving police and other law enforcement bodies and key populations.

26 A regional research initiative, Sex Work and Violence: Understanding Factors for Safety & Protection, has brought together regional and country-level UN partners – mainly UNDP, UNFPA, UNAIDS and Partners for Prevention (P4P), along with the Asia Pacific Network of Sex Workers, the Centre for Advocacy on Stigma and Marginalization and other relevant national partners, including law enforcement and police officials. This is a good example of UN organizations coming together to facilitate a shared vision, common goals and shared accountability for the expected outcomes. A key aspect of the initiative is the establishment of partnership forums among country-level sex worker organizations; relevant ministries, including the ministries of home affairs, public security, and social welfare and protection; and UN agencies in Indonesia, Myanmar, Nepal and Sri Lanka. These forums are undertaking studies to identify risk and protective factors associated with sex workers’ exposure to violence and HIV (during and outside of sex work), and to use the evidence collected to develop policy and programmes that address violence and mitigate its risks.

Global leadership and advocacy platform for uniformed services personnel: the International Police Advisory Group

The International Police Advisory Group (IPAG) was established in November 2012. Its main mission is to educate and inform police about the importance of their partnership with health and other sectors in addressing the complex social issues that underlie the HIV epidemic. Working with police and law enforcement officials, IPAG advocates for a greater engagement of police and the importance of their leadership in public health efforts. It consists of senior leaders from the security sector, and law enforcement and police officers from around the world, including Australia, India, Malaysia, Myanmar, Nepal, the Philippines, Thailand and Viet Nam.

Through initiatives such as the Statement of Support on Harm Reduction and HIV for individual police sign-on, IPAG is emerging as an important global voice in legitimizing the role of law enforcement agencies in protecting or promoting public health efforts in the region. It is also promoting successful models, lessons learned and expertise from this region on the international stage.



UN support for monitoring and measuring the effectiveness of engagement of uniformed services personnel on HIV-related issues

Where uniformed services personnel are engaged in public health and social justice efforts, the outcomes and impact of their engagement should be monitored and measured to support accountability and strengthen evidence-informed HIV responses. Monitoring and measurement can be implemented at a range of levels and through a variety of tools, such as programme data, key performance indicators of NSPs and Integrated Biological Behavioural Surveillance (IBBS) surveys. However, in most countries in Asia and the Pacific, mechanisms and indicators to monitor and measure interventions involving uniformed services personnel in HIV responses are not explicitly mentioned in the national plans on HIV. According to a recent review, only nine of the 26 reviewed NSPs contained specific indicators to review progress in HIV interventions involving uniformed services personnel,²⁷ and most of these only measured efforts to prevent HIV among uniformed services personnel.²⁸ Fewer NSPs included indicators to measure the interface between uniformed services personnel and key populations with respect to outcomes related to HIV-related stigma and discrimination, violence, and administrative and punitive practices in prisons, correctional facilities and rehabilitation facilities.²⁹ For example, the Myanmar NSP includes indicators to monitor and measure outcomes related to engaging uniformed service sectors in high-impact prevention among key populations.³⁰ Limited data on uniformed services, sensitivity about sharing data and lack of recorded evaluations of structural interventions involving police and other law enforcement bodies make monitoring and measuring interventions with uniformed services personnel even more challenging. Joint UN Teams can leverage their technical capacities and resources to strengthen monitoring and measurement of the effectiveness of uniformed services engagement in promoting and protecting health and human rights of key populations, particularly in response to HIV and addressing SGBV.

27 UNAIDS. Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific. Geneva: UNAIDS; 2013.

28 *ibid.*

29 *ibid.*

30 See Myanmar National Strategic Plan on HIV and AIDS 2011 2015 for further details on the output and outcome indicators related to creating enabling environments, including on engaging law enforcement (http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/_pdf/NSP%20Full%20Book%20Final.pdf).

Key actions

Key actions for monitoring and measuring the engagement of uniformed services personnel are as follows:

- Provide technical support to ministries of defence, public security and home affairs to undertake or participate in the national IBBS survey in order to monitor HIV prevalence among uniformed services personnel.
- Ensure that the HIV prevention programmes for uniformed services personnel have clear monitoring mechanisms, and include indicators that allow measurement of processes and outcomes.
- Support monitoring of the implementation of security sector reform policy and strategies, particularly to address SGBV.
- Work with government partners, communities and uniformed service sectors to move away from the use of key performance indicators such as arrest quotas – which have negative impacts on key populations – to more meaningful and protective targets.
- Work with partners to ensure that NSP targets, where relevant, include indicators for measuring outputs and outcomes relating to the interface between key populations and relevant uniformed services actions. This could include adding new questions in the IBBS questionnaire to capture both positive reports (e.g. improved service coverage or referrals to points of care due to the involvement of uniformed services personnel) and negative reports (e.g. violence and abuse perpetrated by uniformed services personnel).
- Since resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria are supporting HIV programmes addressing uniformed services groups,³¹ ensure that the programme data are integrated at the national level and shared widely with stakeholders.
- Provide technical support to develop tools for monitoring partnership, advocacy and leadership aspects of interventions involving uniformed services personnel.

31 *ibid.*

Indicators for measurement

In addition to the standard indicators for measuring knowledge, attitudes and practices among uniformed services personnel for HIV prevention and treatment, the following indicators could be considered for measuring, at the process and outcome levels, the engagement of uniformed services personnel in creating an enabling environment for HIV responses and addressing SGBV.

Outcome level

- Reduction in harassment, arrest and prosecution of sex workers, people who use drugs, men who have sex with men and transgender populations (as reported by key populations at higher risk)
- Increase in coverage of HIV services including HIV prevention and treatment for those in the custody of uniformed services
- Increased level of support and responsiveness from the uniformed services personnel in addressing SGBV and related crisis
- Increased level of satisfaction of key populations at higher risk of HIV exposure, and women and girls, with services received during their most recent contact with the police
- Number of uniformed services personnel who view SGBV as unacceptable

Output level

- Number of uniformed services personnel trained in human rights, gender equality, SGBV, HIV and other issues of concern to key populations
- Policy reviews and reform to reduce discriminatory and punitive approaches in correctional and rehabilitation facilities affecting key populations
- Number of correctional and rehabilitation facilities that have amended policies and bylaws to provide evidence-informed and rights-based rehabilitation for key populations
- Number of people from key populations at higher risk referred to HIV prevention, treatment and care services by uniformed services personnel
- Number of gender and human rights units established, and number of officials for HIV response and addressing SGBV appointed within uniformed services
- Protocols and mechanisms established to facilitate access to harm reduction programmes by people who use drugs, and to prevent and respond to violence facing key populations, including women and girls – for example, protocols and mechanisms for facilitating needle and syringe programmes; provision of safe injecting facilities; not using possession of condoms, needles and syringes as evidence of sex work or drug use; establishment of hotline services (including for complaints against uniformed services personnel); referral to psychosocial and health services in cases of SGBV; access to HIV prevention and treatment in closed settings
- Number of reported cases of people experiencing SGBV by the police



Checklist for the Joint UN Team: planning and implementing interventions involving uniformed services personnel in HIV responses

- Does the HIV sentinel surveillance system include uniformed services personnel? Are there sufficient data on prevalence and incidence of HIV among uniformed services personnel? Is this information being used to inform HIV policy and strategy?
- Are there sufficient data to inform programming on issues of concern, such as rights violations experienced by key populations and reports of violations perpetrated by uniformed services personnel?
- Does the NSP include uniformed services as key groups for receiving, delivering and facilitating access to HIV prevention, treatment, care and support?
- Does the NSP prioritize active engagement of uniformed services personnel, particularly the police, other law enforcement agencies and prison staff, in the design and implementation of programmes aimed at creating an enabling, stigma-free environment for HIV response?
- Are the HIV- and health-specific policies and strategies of ministries of defence, public security and home affairs reflected in and/or aligned with the national AIDS policy and plan?
- Do existing HIV policies and plans take into account gender equality and women's empowerment, and ensure that uniformed services personnel are engaged in the prevention of SGBV?
- Do these policies and plans sufficiently address law enforcement and policing practices that punish and criminalize key populations?
- Has training on human rights, gender equality and prevention of SGBV been institutionalized in existing orientation and educational programs for uniformed services personnel?
- Are there any opportunities to integrate interventions to address HIV and SGBV into the ongoing reform processes of the security sector?
- Are there national, regional and community-level platforms for partnering with uniformed services to address structural barriers to HIV responses, especially harmful law enforcement practices, violence against key populations, and stigma and discrimination?
- Have attempts been made to engage law enforcement agencies and police with key populations; if so, by whom? Are there any gaps that the Joint Team should address? Is there an established and functioning mechanism to monitor and report on the effectiveness of interventions involving uniformed services personnel?
- Is sufficient funding allocated for accelerating HIV prevention activities among uniformed services personnel, and for engaging with law enforcement, prison staff and police for creating an enabling environment for HIV responses? If not, are the Joint Teams supporting resource mobilization?

Annex 1: Relevant international commitments and key policy recommendations on engaging uniformed services personnel in Asia and the Pacific

Landmark commitments and initiatives	Policy recommendations
<p>UN Security Council Resolution 1983 (2011)</p>	<p>4. Recognizes that UN peacekeeping operations can be important contributors to an integrated response to HIV and AIDS, welcomes the incorporation of HIV awareness in mandated activities and outreach projects for vulnerable communities, and encourages further such actions;</p> <p>5. Stresses the importance of strong support by UN Mission civilian and military leadership for HIV and AIDS prevention, treatment, care and support, as a factor for reducing the stigma and discrimination associated with HIV and AIDS;</p> <p>6. Requests the Secretary-General to consider HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls, in his activities pertinent to the prevention and resolution of conflict, the maintenance of international peace and security, the prevention and response to sexual violence related to conflict, and post-conflict peace building.</p>
<p>International Labour Organization (ILO) Recommendation Concerning HIV and AIDS and the World of Work (No. 200) – the first international labour standard on HIV and AIDS (2010)</p>	<p>It recommends the inclusion of the workplace as an essential element of the HIV response through a multi-sectoral approach and in wider partnerships with all key stakeholders. Specifically, it calls on ILO Member States to apply the resolution to the armed forces and uniformed services,³² as one of the key workplace constituencies. The Recommendation builds on, and reinforces, the ILO Code of Practice,³³ with the following as key aspects of the HIV and workplace programmes:</p> <p>2. Workers should not be subjected to HIV-related stigma and discrimination in any aspect of the employment relationship, including selection and recruitment and terms and conditions of employment.</p> <p>3. Prevention programmes should include access to comprehensive prevention packages such as availability of supplies (e.g. condoms, post-exposure prophylaxis, and other harm reduction tools), accuracy of information, provision of comprehensive education to reduce risk of transmission, and promotion of voluntary testing to know one’s HIV status.</p> <p>4. Workplaces should facilitate access to a broad range of HIV treatment, care and support services, including access to health care and health information for workers and their dependants who are living with HIV, both within and outside the workplace.</p> <p>6. Workers should not be required to undergo compulsory testing and disclosure of their HIV status for purposes of recruitment and employment. Testing should be free from any forms of coercion and must be genuinely voluntary.</p>

32 International Labour Organization. Recommendation Concerning HIV and AIDS and the World of Work. Geneva: International Labour Organization; 2010 (http://www.ilo.org/aids/lang--en/docName--WCMS_142706/index.htm).

33 International Labour Organization website (www.ilo.org/aids).

**UN Security Council Resolutions (SCRs)
1325 (2000), 1820 (2008) and 1960 (2010)**

In 2000, the United Nations Resolution on Women as Active Agents in Peace and Security (SCR 1325) recognized the particular impact of conflict on the lives of women, as well as the important role of women as active stakeholders in conflict prevention and mitigation. The recommendations of this resolution have been reinforced by SCR 1820 on Sexual Violence and SCR 1960 on reinforcing commitments to previous SCRs, especially SCR 1888. Specifically, SCR 1960³⁴ recommends the following relevant actions related to uniformed services:

UN Security Council Resolutions (SCRs) 1325 (2000), 1820 (2008) and 1960 (2010) In 2000, the United Nations Resolution on Women as Active Agents in Peace and Security (SCR 1325) recognized the particular impact of conflict on the lives of women, as well as the important role of women as active stakeholders in conflict prevention and mitigation. The recommendations of this resolution have been reinforced by SCR 1820 on Sexual Violence and SCR 1960 on reinforcing commitments to previous SCRs, especially SCR 1888. Specifically, SCR 1960 recommends the following relevant actions related to uniformed services:

5. Calls upon parties to armed conflict to make and implement specific and time-bound commitments to combat sexual violence, which should include, inter alia, issuance of clear orders through chains of command prohibiting sexual violence and the prohibition of sexual violence in Codes of Conduct, military field manuals, or equivalent; and further calls upon those parties to make and implement specific commitments on timely investigation of alleged abuses in order to hold perpetrators accountable:

15. Encourages member states to deploy greater numbers of female military and police personnel to United Nations peacekeeping operations, and to provide all military and police personnel with adequate training on sexual and gender-based violence, inter alia, to carry out their responsibilities

16. Requests the Secretary-General to continue and strengthen efforts to implement the policy of zero tolerance on sexual exploitation and abuse by United Nations peacekeeping and humanitarian personnel, and further requests the Secretary-General to continue to provide and deploy guidance on addressing sexual violence for pre-deployment and inductive training of military and police personnel, and to assist missions in developing situation-specific procedures to address sexual violence at the field level and to ensure that technical support is provided to troop- and police-contributing countries in order to include guidance for military and police personnel on addressing sexual violence in pre-deployment and induction training

34 See Resolution 1960 (2010) (http://www.peacewomen.org/assets/file/SecurityCouncilMonitor/Debates/SexualViolence/sc_resolution_1960.pdf, accessed 21 February 2013).

<p>Global Commission on HIV and the Law (2012)</p>	<p>The Global Commission on HIV and the Law³⁵ made specific recommendations for changing harmful law enforcement and policing practices in order to ensure an effective HIV response that is consistent with human rights standards. The Commission urges that:</p> <p>2.2. Law enforcement authorities must not prosecute people in cases of HIV non-disclosure or exposure where no intentional or malicious HIV transmission has been proven to take place. Invoking criminal laws in cases of adult private consensual sexual activity is disproportionate and counterproductive to enhancing public health.</p> <p>3. Countries must prohibit police violence against key populations. Countries must also support programmes that reduce stigma and discrimination against key populations and protect their rights. This includes stopping harassment, punishment and criminalization of key populations – people who use drugs, sex workers, men who have sex with men, transgender populations, prisoners and migrant workers. Police and law enforcement agencies must constructively be involved in ensuring that the key populations have access to effective HIV and health services, in a stigma-free and non-judgmental environment.</p> <p>3.5. In prisons, necessary health care is to be made available, including HIV prevention and care services, regardless of laws criminalising same-sex acts or harm reduction. Such care should include provision of condoms, comprehensive harm reduction services, voluntary and evidence-based treatment for drug dependence and antiretroviral therapy. Any treatment offered must satisfy international standards of quality of care in detention settings</p>
<p>Global Commission on Drug Policy (2012)</p>	<p>In its final report of June 2012, the independent Global Commission on Drug Policy³⁶ urged relevant stakeholders, including governments, UN agencies and other institutions, to replace antiquated drug policies and measures with cost-effective strategies that are consistent with human rights principles and proven to reduce the negative impact of drug use on individuals and communities. Specifically, the Commission recommends that countries:</p> <ol style="list-style-type: none"> 1. Offer a wide and easily accessible range of options for treatment and care for drug dependence, including substitution and heroin-assisted treatment, with special attention to those most at risk, including those in prisons and other custodial settings 2. Move away from conventional measures of drug law enforcement “success” (e.g. arrests, seizures, convictions) with regard to people who use drugs but do no harm to others

35 See the final report of the Global Commission on HIV and the Law, “Risks, rights and health” (July 2012) (<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>, accessed 18 February 2013).

36 See the final report of the Global Commission on Drug Policy, “War on drugs and HIV/AIDS: how the criminalization of drug use fuels the global pandemic” (http://globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/GCDP_HIV-AIDS_2012_REFERENCE.pdf, accessed 18 February 2013).

Annex 2: Key elements³⁷ of comprehensive uniformed services programming in response to HIV and SGBV in Asia and the Pacific

Participation and mobilization of uniformed services personnel in all aspects of HIV programming and addressing SGBV³⁸

HIV prevention, treatment, care and support services among uniformed services personnel

- Peer outreach-based HIV (and sexually transmitted infection) education and prevention services, including access to male and female condoms and lubricants, protection against all forms of hidden or mandatory testing, and access to affordable antiretroviral drugs for uniformed services personnel and their families, including to prevent transmission to babies.³⁹

Protection from discrimination on the basis of actual or perceived HIV status.⁴⁰

- Access to HIV treatment, care and support, including treatment of co-infections and other opportunistic infections, for all HIV-positive personnel and their family members.

37 This section is based on an extensive literature review of existing documentation on the lessons learned and practices from around the region on programmes that engage uniformed services personnel, as well as from the recommendations and calls for action from various HIV and human rights related international and national forums, consultations and meetings involving uniformed services and key partners.

38 This is consistent with recommendations from the 2012 United Nations Development Programme report Understanding and acting on critical enablers and developing synergies for strategic investments ; the 2007 UNAIDS Guidance on reducing HIV stigma and discrimination: a critical part of national AIDS programmes, a resource for national stakeholders ; and the first meeting of the International Police Advisory Group (see the text box Global leadership and advocacy platform for uniformed services personnel: the International Police Advisory Group for further details), which took place alongside the International Law Enforcement and Public Health Conference in November 2012. This has also been echoed through various international commitments and global initiatives outlined in Annex 1. Recent research on harm reduction programmes implemented by the HIV/AIDS Asia Regional Program (HAARP) in Cambodia, China, Laos, Myanmar and Viet Nam identified the active and positive participation of law enforcement agencies and police at all stages of programming as one of the important factors that enabled rapid scale-up of harm reduction programmes in these countries. See Sharma M, Chatterjee A. Partnering with law enforcement to deliver good public health: the experience of the HIV/AIDS Asia regional program. Harm Reduction Journal. 2012;9:24. doi: 10.1186/1477-7517-9-24 (<http://www.harmreductionjournal.com/content/9/1/24>).

39 See the 2003 UNAIDS Uniformed services programming guide: a guide to HIV/AIDS/STI programming options for uniformed services (http://data.unaids.org/Publications/IRC-pub05/jc927-engaginguniseservices-progguide_en.pdf), which recommends comprehensive elements of HIV prevention, treatment and care and support programs among uniformed services.

40 This is consistent with the International Labour Organization recommendation on HIV and AIDS (No. 200, 2010), which is the first international labour standard on HIV and AIDS.

Engaging uniformed services personnel in creating an enabling environment for HIV responses

- Institutional training on human rights and gender sensitization, especially in relation to the interaction with key populations, including women and girls, for all uniformed services personnel.⁴¹
- Development of, and adherence to, protocols and standards of practice among uniformed services personnel on providing and facilitating access to HIV services for key populations, including in correctional and rehabilitation facilities. This can include police showing discretion for people carrying condoms, needles and syringes, and offering comprehensive harm reduction and HIV prevention services in closed settings.
- Active engagement of relevant uniformed services groups, particularly law enforcement agencies, police and prison staff, on programmes preventing and addressing violence. This could include supporting people living with HIV, key populations, and women and girls to report human rights violations and involvement in crisis management related to the violence experienced.⁴²
- Review and amendment of administrative and punitive practices that impede access to HIV services and criminalize key populations. This includes ending the practices of forced rehabilitation of sex workers, compulsory detention of people who use drugs, and detention of transgender people and men who have sex with men in correctional facilities.⁴³
- Establish partnership and effective communication mechanism between the law enforcement agencies and community organizations of key populations at the local level.

41 This is consistent with the human rights standards of the Office of the United Nations High Commissioner for Human Rights and recommendations from Human rights practice: gender-sensitive law enforcement, 2004 (<http://inhouse.lau.edu.lb/iwsaw/raida113/EN/p048-072.pdf>). Also see the recommendations of Building partnerships on HIV and sex work: report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work (<http://unfpa.org/webdav/site/asiapacific/shared/Publications/2011/Building%20Partnerships%20on%20HIV%20and%20Sex%20Work%202.pdf>).

42 Documentation and review of HIV and human rights programmes in the region illustrate that collaboration between law enforcement agencies, key populations and other relevant partners reduces violence and increases uptake of HIV services. High-impact HIV prevention programmes among key populations that actively and meaningfully engage police and law enforcement also tend to improve access to justice in cases of human rights violation. See The HIV and sex work collection: innovative responses in Asia and the Pacific (UNFPA, UNAIDS and APNSW, 2012; http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/20121212_HIV_SW.pdf), which documents 11 HIV programmes among sex workers in Asia and the Pacific region. Specifically, see the case studies on DNS, SWING and BDS, which highlight the partnership and programming with uniformed services and key populations to address violence.

43 Global Commission on HIV and the Law Risks, rights and health (July 2012).

Engaging uniformed services personnel in addressing SGBV

- Establishment of dedicated gender units within police and law enforcement agencies to address SGBV. Related actions could include creating a designated safe space at police stations for staff to attend to those registering complaints, taking depositions and narratives of survivors of sexual violence in private, providing toll-free telephone hotlines for rape crisis, using dedicated vehicles to service the gender units, providing separate medical examination rooms for survivors of SGBV, and employing dedicated female police personnel.⁴⁴
- Institutionalisation of training and building the leadership of uniformed services to champion the agenda on addressing SGBV.⁴⁵

44 This is consistent with UN Women. Gender sensitive police reform in post conflict societies. Policy brief, 2nd edition. New York: UN Women; 2012 (<http://www.unwomen.org/~media/Headquarters/Media/Publications/UNIFEM/GenderSensitivePoliceReformPolicyBrief2007eng.pdf>).

45 This is consistent with the recommendations from various international commitments and global initiatives (see Annex 1), the calls for action from various regional and national forums, and ongoing efforts at the country level, as documented in UNAIDS. Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific. Geneva: UNAIDS; 2013.

Annex 3: Useful resources

This annex contains a list of training materials, relevant policy and programming tools, and websites that provide further information about the role of uniformed services personnel in public health and social justice efforts and how to engage them.

Policy and programming guidelines and training resources

Birgin R, Moore S, Hardacre P, Burrows D. Training guide for law enforcement: prepared for Drug Control and Access to Medications Consortium. Sydney: AIDS Project Management Group; 2010 (http://www.leahn.org/wp-content/uploads/2013/08/DCAM_Law_Enforcement_Training_Guide.pdf).

Federation of Women Lawyers (FIDA), Kenya Police. Police training manual on gender and human rights. Nairobi: FIDA; 2008 (<http://fidakenya.org/wp-content/uploads/2013/08/PoliceManual.pdf>).

HIV/AIDS Asia Regional Program (HAARP). Law enforcement and harm reduction advocacy and action manual and training curriculum. Canberra: Australian Agency for International Development; 2009

Office of the United Nations High Commissioner for Human Rights. Human rights and law enforcement: a trainer's guide on human rights for the police. Geneva: United Nations; 2002 (Professional training series No. 5/Add. 2; <http://www.ohchr.org/Documents/Publications/training5Add2en.pdf>).

Global Commission on Drug Policy. War on drugs: report of the Global Commission on Drug Policy. Rio de Janeiro: Global Commission on Drug Policy; 2011 (http://www.globalcommissionondrugs.org/wp-content/themes/gcdp_v1/pdf/Global_Commission_Report_English.pdf).

Samuels F, Wagle S, Sultana T, Sultana MM, Kaur N, Chatterjee S. Stories of harassment, violence and discrimination: migrant experiences between India, Nepal and Bangladesh. Project Briefing 70. London: Overseas Development Institute; 2012.

United Nations Office on Drugs and Crime (UNODC). From coercion to cohesion: treating drug dependence through health care, not punishment. Vienna: UNODC; 2010 (https://www.unodc.org/docs/treatment/Coercion_Ebook.pdf).

United Nations Development Fund for Women. Gender sensitive police reform in post conflict societies. New York: UN Women; 2007 (Policy briefing paper; <http://www.unwomen.org/~media/Headquarters/Media/Publications/UNIFEM/GenderSensitivePoliceReformPolicyBrief2007eng.pdf>).

Philippines National Police, Government of the Philippines. How to handle gender-based violence: a manual for police first responders. Philippines; July, 2010 (<http://www.adb.org/themes/gender/gdcf-case-studies/philippines-do-s-and-don-ts-handling-gender-based-violence-police-manual>).

Harm Reduction International (<http://www.ihra.net/50-best-collections>): includes 50 articles that summarise the evidence base, reasoning and justification for harm reduction interventions and approaches, including on harm reduction and policing.

Good practices and lessons learned

Aûandie YH. Building a partnership with the police department in Sukabumi, Indonesia. Australia Indonesia Partnership; unknown date (<http://www.leahn.org/wp-content/uploads/2013/08/Building-partnership-with-the-police-Sukabumi-yudha-.pdf>).

Drug Policy Modelling Program. Supervised injecting facilities: what the literature tells us. Bulletin No. 22, January 2013 (Stage 2) ([http://www.dpmp.unsw.edu.au/DPMPWeb.nsf/resources/Bulletin5/\\$file/DPMP+Bulletin+22.pdf](http://www.dpmp.unsw.edu.au/DPMPWeb.nsf/resources/Bulletin5/$file/DPMP+Bulletin+22.pdf)).

Sovannary T, Sopheab H. Harm reduction model of comprehensive drop in center for people who use drugs: operational research of KHANA Meanchey drop in center. Phnom Penh: KHANA; 2012 (http://aidsdatahub.org/dmdocuments/Comprehensive_drop_in_center_for_PWID_2012.pdf).

Ministry of Home Affairs. HIV/AIDS Strategy and Workplan: Nepal Police. Kathmandu: Ministry of Home Affairs; 2005 (http://www.aidsdatahub.org/dmdocuments/2005_HIV_AIDS_Strategy_and_Workplan_of_Nepal.pdf.pdf).

Reza-Paul S et al. Sex worker-led structural interventions in India: a case study on addressing violence in HIV prevention through the Ashodaya Samithi collective in Mysore. Indian J Med Res. 2012;135(1):98-106 (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3307193/?report=printable>).

Moore TJ. Sleeping with the enemy? Engaging with law enforcement in prevention of HIV among and from injecting drug users in Asia. HIV Matters. 2010;2(1):14-16 (http://www.leahn.org/wp-content/uploads/2010/03/HIV_Matters_24-August_2010_Article7_Nick.pdf).

Sydney Medically Supervised Injecting Centre. Sydney Medically Supervised Injecting Centre: a practical and compassionate response to the unfortunate reality of drug addiction. Sydney: Sydney Medically Supervised Injecting Centre; 2011 (<http://www.sydneymsic.com/images/resources/images/factsheetoct2011.pdf>).

United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS), Asia Pacific Network of Sex Workers (APNSW). The HIV and sex work collection: innovative responses in Asia and the Pacific. UNFPA, UNAIDS, APNSW; 2012 (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/20121212_HIV_SW.pdf). The publication includes case studies Blue Diamond Society, Durjoy Nari Sanga, Service Workers in Groups that highlight lessons learned and good practices in engaging with law enforcement on HIV prevention efforts among sex workers, including addressing SGBV.

<http://www.delhipolice.nic.in/parivartan/default.htm> a campaign for safety of women in Delhi involving police.

Useful websites

www.unodc.org

especially the HIV section: <http://www.unodc.org/unodc/hiv-aids/index.html>.

www.aidsdatahub.org

a website for comprehensive information on HIV and issues affecting HIV in Asia and the Pacific.

www.leahn.org

a comprehensive resource site that includes best practices, success stories and case studies aimed at raising awareness of the role of police in HIV responses.

www.gssrtraining.ch/index.php/en/addiional-training-resources

a comprehensive training resource site for gender-sensitive security sector reform, including police and the defence sector.