International Labour Organization

How to make social protection inclusive of people living with HIV and key populations: a checklist

Photo credit: UNDP

What

- This checklist provides a framework for countries to assess whether their social protection programmes and policies are inclusive of people living with HIV and key populations,[1] and contribute towards the commitment of leaving no one behind.
- This document explains the "what", "why" and "how" of making social protection inclusive for people living with HIV and key populations. It identifies the main barriers that hinder access to social protection programmes and services. It includes a call to action and identifies good practices in improving the inclusion of people living with HIV and key populations in social protection.
- This tool is developed for:
  - National and local governments: Ministries, departments and agencies engaged in social protection programmes
  - National and local non-governmental organizations (NGOs), civil society organizations (CSOs), associations and collectives, including those for and led by people living with HIV and key populations
  - Employers' and workers' organizations (trade unions)
  - Global social protection stakeholders, such as UNAIDS co-sponsors and other multilateral organizations working on social protection and HIV
  - Communities, advocates, academics, think tanks and research organizations
- This document also provides examples of good practices from countries around the world.

Why

- The 2030 Agenda for Sustainable Development (2030 Agenda) and the Sustainable Development Goals (SDGs) set the ambitious target to end AIDS as a public health threat by 2030, while leaving no one behind, as well as implementing nationally appropriate social protection systems and measures for all, and by 2030 achieving substantial coverage of the poor and the vulnerable.
- The 2021 United Nations Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 and the Global AIDS Strategy 2021–2026: End Inequalities. End AIDS recognize that despite progress, AIDS remains an urgent global crisis.
- The Global AIDS Strategy draws attention to uneven and inadequate progress in the HIV and AIDS response among and within countries, and for key populations across the world, because of intersecting inequalities that fuel the HIV epidemic and block progress towards ending AIDS by 2030. Access to universal social protection can help in reducing vulnerabilities and removing barriers to service utilization; improving health, well-being and quality of life; and enabling food security and social inclusion. All people living with and affected by HIV have an equal right to social protection, which must be mandated in national policy, legal and programmatic frameworks.

1 Sex workers, gay men and other men who have sex with men, transgender people, people who inject drugs and people in prisons and other closed settings.

- The 2021 United Nations Political Declaration on AIDS commits to ensuring that by 2025, 45 percent of people living with, at risk of and affected by HIV have access to social protection benefits in accordance with national legislation.
- In 2021, the International Labour Conference adopted a Resolution concerning inequalities and the world of work which notes that discrimination, including systemic, multiple and intersectional forms of discrimination, remains a persistent and pervasive dimension and a root cause of inequality. Stressing the importance of realizing universal social protection, the Resolution notes that there is an urgent need to strengthen national social protection systems, extending their reach to those who are not adequately protected and ensuring that everyone has access to comprehensive, adequate and sustainable protection over the life cycle.
- This requires an integrated and comprehensive approach that considers the impact of intersecting personal identities, discrimination and barriers and takes measures to address the resulting barriers to equality, equity and inclusion.
- Poverty reduction and social protection strategies must take context-specific and relational gender dynamics into account including the complex intersections between the structural barriers which affect people living with HIV and key populations, including gender, disability, education, race, religion and socio-economic status. For example, women and trans and gender diverse people experience extremely high rates of violence.
- In 2020, key populations and their sexual partners accounted for 65 percent of new HIV infections globally and 93 percent of new infections outside of sub-Saharan Africa.
- More specifically, people who inject drugs were at 35 times greater risk of acquiring HIV infection than people who do not inject drugs; transgender women were at 34 times greater risk of acquiring HIV than other adults; female sex workers were at 26 times greater risk of acquiring HIV than other adult women; and gay and bisexual men and other men who have sex with men were at 25 times greater risk of acquiring HIV than heterosexual adult men.
- The COVID-19 pandemic revealed the weakness of existing social protection systems, especially for people who have typically been left behind. Despite an increasing number of countries investing temporarily in social protection during the pandemic, social protection systems still do not systematically include people living with HIV and key populations.
- People living with HIV, key populations in all their diversity and their children are amongst those who need social protection the most, since they often face multiple deprivations both in and outside of times of crises and live at the intersection of poverty and unemployment.
- According to the UNAIDS and WHO platform Laws and Policies Analytics, 92 out of 128 countries report having a social protection strategy that recognizes people living with HIV as a key beneficiary. Key populations are recognized as key beneficiaries in only 53 countries: sex workers in 42 countries; gay men and other men who have sex with men in 39 countries; transgender people in 30 countries; people who inject drugs in 29 countries; and prisoners in 34 countries.

In 2021, UNDP and ILO hosted a Global Dialogue on Social Protection for People Living With HIV and Key Populations Most at Risk of HIV. The dialogue convened participants from 52 countries over two days to share strategies and good practices and allowed multiple stakeholders to engage in constructive dialogue on how social protection schemes can be more inclusive.

The Global Dialogue, along with an online discussion, highlighted barriers that people living with HIV and key populations face in accessing social protection programmes and systems, as well as opportunities for improvement.

Criminalization of people living with HIV and key populations is a significant barrier

- Legal barriers, like the criminalization of certain behaviours, such as same-sex relationships or sex work, and lack of identity papers (as in the case of many transgender people), prevent or make it very difficult for some key populations to access social protection programmes. Criminalization impacts both eligibility for social protection as well as uptake of programmes because of fear of sanctions. It encourages discriminatory and stigmatizing behaviour towards people living with HIV and key populations and makes them less likely to seek help when they need it the most.
- People living with HIV and key populations who are migrants face an additional barrier, due to intersecting inequalities, in obtaining legal identification which is often a prerequisite to access existing social programmes.
- Criminalization means that key populations are often not counted in official data which in turn can lead to their number being underestimated and to misaligned government responses. UNAIDS notes that data reported by many countries appear to underestimate the size of their key populations; as a result, their HIV programmes may not adequately focus on key populations, leading to coverage gaps in services for the populations in greatest need. UNAIDS estimates that more than 15 million people worldwide who would benefit from HIV prevention, care and treatment services are unaccounted for in population size estimates of reporting countries.

Photo credit: UNDP, Dominican Republic

Stigma and discrimination increase the cost of access and exclude people living with HIV and key populations from existing programmes

- The lack of policies and programmes and insufficient investment in addressing stigma and discrimination may discourage people living with HIV and key populations from applying for or participating in programmes because of anticipated stigma and discrimination.
- Lack of understanding among staff in key government ministries and departments and front-line workers on the needs of people living with HIV and key populations, may lead to unintentional barriers for these populations in accessing publicly available services.
- Failure to protect the confidentiality of HIV-related information by front-line workers and a lack of consequences for breaking confidentiality can lead to discrimination against people living with HIV at work and pose a barrier to their access to social protection. Stigma stops people from identifying themselves when data collection is conducted.

Making formal employment a prerequisite for access to social protection excludes most people living with HIV and key populations who are unemployed or work in the informal sector

- People living with HIV and key populations who are engaged in work considered illegal or who encounter barriers in gaining formal employment because of discrimination around their HIV status or another discriminatory reason (e.g. gender, disability, race, sexual orientation, gender identity, drug use or criminal record) are unable to access social protection predicated on formal remunerated labour.
- More needs to be done to improve access to formal work opportunities and related benefits, as well as tax-financed social protection provisions that can also protect people living with HIV and key populations in informal work contexts.

Photo credit: UNDP, Angola

Lack of information, complicated procedures, hidden costs and the digital divide block access to social protection

- Lack of accessible information (e.g. in different languages, plain and clear messages with illustrations, and adapted for persons with disabilities and for those who lack literacy skills) on government programmes means that many eligible people may never seek out the schemes and services in the first place. Lack of information in easily accessible formats hinders uptake of even the most large-scale social protection programmes.
- Complicated and lengthy registration or affiliation procedures block access to many social protection programmes for people living with HIV and key populations.
- Out-of-pocket expenditures including cost of transportation, consultation fees and other hidden costs (e.g. health care staff requiring people living with HIV to buy their own health equipment) continue to be a significant barrier.
- Services relying on digital interfaces for registration or access exclude those who do not have access to digital devices, the internet, are unfamiliar with web-based systems, or are reluctant to leave a digital footprint due to stigma and persecution. Almost half the world's population, 3.7 billion people, the majority of them women, and most in low- and middle-income countries, are still offline.

Existing social protection measures for people living with HIV and key populations are often limited and unsustainable

- Favouring social assistance, i.e. government initiatives that provide a minimum level of income support, rather than comprehensive social protection[2] across society often results in schemes that have limited coverage in terms of the geographical area, the number of beneficiaries they reach, and the categories of households and individuals they target. Amounts provided under social assistance schemes are often inadequate and are not always adjusted for inflation with the passage of time. Social assistance responses for people living with HIV and key populations tend to be funded by international organizations or charities rather than governments. Consequently, programmes are unsustainable as they end with the project cycle.

How

- Social protection, including economic support, health insurance, employment promotion assistance, food and social care, is fundamental to reduce poverty, gender and income inequalities, exclusion and barriers to accessing social and medical services. Systems for health and social protection schemes that support wellbeing, livelihood and enabling environments for people living with, at risk of, or affected by HIV reduce inequalities and allow them to live and thrive. Social protection plays a pivotal role in mitigating the impact of crises, such as COVID-19, and other shocks (e.g. unemployment, injury, other epidemics/pandemics, social unrest) as well as ordinary life-cycle challenges (e.g. maternity, ageing, temporary sickness, disability).
- This checklist provides a framework for countries to check if both existing and planned social protection schemes ensure the inclusion of people living with HIV and key populations. It provides a set of questions to assist in the planning and evaluation of inclusive HIV-sensitive and gender-responsive social protection programmes.
- The checklist asks questions that can be answered with "Yes", "More work needed" or "No". Most questions can be answered immediately, while a few may require consulting programme documents or staff to choose the most appropriate answer. Principles for addressing intersectional barriers and implementing the checklist
- Apply a human rights–based approach and the principles of 'do no harm' and 'leave no one behind'.

2 Defined by ILO (2021) as "the set of policies and programmes designed to reduce and prevent poverty and vulnerability across the life cycle. Social protection includes nine main areas: child and family benefits, maternity protection, unemployment support, employment injury benefits, sickness benefits, health protection, old-age benefits, disability benefits and survivors' benefits. Social protection systems address all these policy areas by a mix of contributory schemes (mainly social insurance) and non-contributory tax-financed schemes (universal/categorical schemes and social assistance)."

Checklist for addressing barriers faced by people living with HIV and key populations in accessing existing or planned social protection programmes

The checklist will:

- Allow policymakers and heads of social protection institutions and programmes to assess whether existing services are inclusive of people living with HIV and key populations.
- Enable policymakers and heads of social protection institutions and programmes to identify areas for improvement in existing programmes and/or planning for new programmes so that people living with HIV and key populations have access to them.
- Provide an initial list of questions that can be used to conduct evaluations of existing programmes to check whether they are sensitive to the needs of people living with HIV and key populations and accessible to them.

Principles for addressing intersectional barriers and implementing the checklist

- Apply a human rights–based approach and the principles of 'do no harm' and 'leave no one behind'.
- Address gender power inequalities in the different stages of the social protection delivery cycle, from planning and legal and policy frameworks to design, implementation, monitoring and evaluation (M&E), governance and financing.
- Address criminalization, stigma and discrimination as key barriers in accessing social protection, linked to age, gender identity, sexual orientation, occupation, citizenship status, and other factors.
- Collaborate with a range of stakeholders and draw on the lived knowledge and experience of people living with HIV and key populations in all their diversity.
- Actively engage people living with HIV, key populations and other non-traditional stakeholders in social protection planning and decision-making processes, including government departments that coordinate gender equality and human rights. Ensure gender balance in all processes.
- Be responsive to new data, evidence, lessons and emerging gender considerations in real time through consultations with people living with HIV and key populations.

		Yes	More work needed	No
ELIGIBILITY				
1.	Does the programme **explicitly include people living with HIV** and **key populations** as a priority population?			
2.	Does the programme allow people living with HIV and key populations without national **identity cards** to access social protection?			
3.	Does the programme allow people living with HIV and key populations without **individual home addresses** to access social protection?			
4.	Does the programme allow access for people living with HIV and key populations regardless of the **nature of their employment** (e.g. formal or informal)?			
5.	Does the programme allow access to people who are **engaged in sex work**?			
6.	Does the programme ensure that the **HIV status or TB diagnosis** of a person is not a barrier to their access to the programme?			
7.	Does the programme ensure that **gender identity**[3] is not a barrier to access the programme?			
8.	Does the programme ensure that **sexual orientation**[4] is not a barrier to access the programme?			
9.	Does the programme ensure that unequal **gender norms and gender-inequality**[5] are not barriers to accessing the programme ?			
10.	Does the programme ensure that **drug use** by a person is not a barrier to their access to the programme?			
11.	Does the programme ensure that **having a criminal record** is not a barrier to access the programme?			
12.	If it is a health insurance programme, can people living with HIV enrol and is HIV covered in the **insurance package**?			

3 Gender identity: each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth or the gender attributed to them by society.
4 Sexual orientation: refers to a person's romantic, emotional and/or physical feelings or attraction to other persons. Encompasses heterosexuality, homosexuality and bisexuality, as well as a wide range of other expressions.
5 In many settings, women have limited autonomy and decision-making power.

		Yes	More work needed	No
DESIGN				
1.	Does the programme provide **community, home-based or prison-based visits/care services** to improve the coverage of people living with HIV and key populations?			
2.	Did the design of the programme use available **evidence and sex and age disaggregated data** for people living with HIV and key populations?			
3.	Did the programme **partner with people living with HIV and key populations** in programme design, ensuring gender balance in consultation processes and decision-making bodies?			
4.	Does the programme provide a complaints and appeals service where people can make **complaints about stigma and discrimination**?			
5.	Does the programme include a service where people can make complaints about any other **issues encountered in accessing or using the programme**?			
6.	Does the programme simplify access by providing a **one-stop registration and delivery point**?			
7.	Are the eligibility criteria and the benefits and services provided **clearly and transparent and in accessible language**, using tailored messages and communication channels that address the specific concerns of different sub-groups of women, men and gender-diverse people?			
AWARENESS AND OUTREACH				
1.	Does the programme conduct community-based and/or community led training for people living with HIV and key populations that explains **how the exact benefits and services are provided**?			
2.	Does the programme conduct community-based and/or community led training for people living with HIV and key populations that explains **how to access the programme**?			
3.	Does the programme conduct community-based and/or community led training for people living with HIV and key populations that explains **where to get redress for grievances**?[6]			
4.	Does the programme conduct community-based and/or community led training for peer supporters of people living with HIV and key populations that explains **how to access the programme**?			
5.	Does the programme conduct community-based and/or community led training for peer supporters of people living with HIV and key populations that explains **how the exact benefits and services are provided**?			
6.	Does the programme train front-line staff (e.g. government staff and public and private sector service providers) on the importance and methods of **maintaining privacy and confidentiality**?			
7.	Does the programme train front-line staff on **anti-stigma and discrimination and gender equality**?			
8.	Does the programme train front-line staff on being **sensitive to the needs of people living with HIV and key populations**?			
PROGRAMME MANAGEMENT				
1.	Does the programme include people living with HIV and key populations in its **management staff**, paying attention to the representation of women?			
2.	Does the programme include people living with HIV and key populations in **leadership positions**, paying attention to the representation of women?			
3.	Has the programme management undertaken a process to verify that the programme is **accessible, affordable, acceptable, gender-responsive and responsive** to **people living with HIV and key populations**?			
PROGRAMME MONITORING				
1.	Does the programme **safely and responsibly gather disaggregated data** on people living with HIV and key populations (data specific to HIV and key populations, as well as age, gender, disability and ethnicity) to understand barriers to access?			
2.	Does the programme use **participatory research methods** which include people living with HIV and key populations for monitoring and evaluation?			
PROGRAMME FINANCIAL SUSTAINABILITY				
1.	Does the programme make provisions for raising **domestic financial resources** for long-term funding?			
2.	Does the programme prioritize **investing in community-led efforts**?			

6 The right to ask for redress of grievances is the right to make a complaint to, or seek the assistance of, one's government, without fear of punishment or reprisals.

Call to action

This checklist can be used in two ways: for an existing social protection programme and for the development of a more inclusive social protection programme.

Existing social protection programme

1. Complete the checklist as much as practically possible. Do not leave any question unanswered. Remember to apply a gender equality lens throughout the checklist.
2. The "NO" and "MORE WORK NEEDED" columns in the completed checklist can point you to gaps in the social protection programme. The more no's there are, the more gaps and barriers are faced by people living with HIV and key populations.
3. Treat the completed checklist as an advocacy tool within the social protection institution or programme. Work towards generating momentum around the need to make the existing programmes more inclusive. Institutional ownership is critical. This may be done through webinars, workshops, training and more. It is important to note that reaching hard-to-reach populations requires considerable effort and deliberate action.
4. Categorize areas where a response is required into "immediate" and "longer-term" actions. It is understandable that some areas might be easier to address than others.
5. Forge partnerships with community-based organizations, networks of people living with HIV and networks of key populations. The meaningful engagement of people living with HIV and key populations is vital to ensure their needs are met.
6. If possible, create a work plan to facilitate the implementation of the initiatives to ensure inclusivity. A work plan will ensure nothing is omitted and there is a timeline set up for each initiative. Also think about sustainability and focus.
7. Evaluate the work plan periodically to ensure that consistent progress is made, and harder-to-reach people are included in social protection programmes in a sustainable manner.

New and more inclusive social protection programme

1. The checklist serves as a guide for the development of a new and more inclusive social protection programme.
2. Consult the checklist at each stage of the design and implementation process and use the principles for addressing intersectional gender barriers. Ensure the voices of people living with HIV and key populations are taken into account.
3. At the end of the design and implementation process, remember to use the checklist during any evaluation process.
4. It is important to note that reaching hard-to-reach and marginalized populations takes deliberate action and investment.

Good practice 1
Transgender-friendly legislation and recognition in Argentina and Pakistan

In 2012, Argentina passed a Gender Identity Law that allows any person in the country to change the gender and name on their identity card and birth certificate through a simple administrative procedure. In 2021, the country updated its National Identity Document and passports to include a third gender category, "X," allowing people to choose to be designated other than female or male. Additionally, Federal Law 20.744 provides protection against discrimination for people living with HIV in accessing health and social services.

In 2018, the National Assembly of Pakistan enacted The Transgender Persons (Protection of Rights) Act, 2018 providing legal recognition to transgender persons and prohibiting harassment and discrimination against them. The Act also charges local governments in the country to cater to the welfare of the community, e.g. "establishing protection centres and safe houses for transgender people; establishing separate prison and detention cells for transgender people; instituting periodic sensitization and awareness of public servants, in particular law enforcement officials and health care workers; formulating special vocational training programmes to facilitate, promote and support the livelihood[s of] transgender persons; and encouraging transgender people to start small business[es] by providing them incentives, easy loan schemes and grants".

Good practice 2
IDPoor in Cambodia

IDPoor, Cambodia's nationwide, community-based poverty identification system, is a social registry that is the cornerstone of Cambodia's national social protection response and a critical component of its efforts to achieve universal health care. IDPoor promotes and allows shared data across the government system and facilitates different sectors to channel complementary support to the same poor households, who are in possession of equity cards. Households with people living with HIV in Cambodia along with other vulnerable groups are given additional weight in the methodology to ensure that they are eligible for social protection programmes such as free health care and scholarships. IDPoor thus allows coordination of social protection across ministries, departments and agencies to ensure that one-stop delivery points can provide comprehensive social protection benefits in one location and mitigate the impact of poverty and inequality on access for people living with HIV and key populations.

Good practice 3
Expanding eligibility in India

In the state of Rajasthan in India, the qualifying age for pension schemes for widows, which initially had a minimum eligibility age of 40 years, was relaxed to allow any age for women who are living with HIV; this allowed a greater number of HIV-affected widows to access this scheme. Other schemes in India have also modified provisions to enable access for people living with HIV: HIV status allows people to be considered Below Poverty Line (BPL) in Rajasthan which enables them access to income support schemes; the criteria for the National Rural Employment Guarantee Act (NREGA) has been modified to include the participation of people living with HIV in the two states of Andhra Pradesh and Uttar Pradesh; and people living with HIV are a priority group under the "Maharaja pension" to support low-income families in the state of Uttar Pradesh.

The National Human Rights Commission (NHRC) in India has issued an advisory titled "Human Rights Advisory on rights of Women in Context of COVID-19", and a modification on the advisory, providing sex workers, on humanitarian grounds, the benefits that informal workers are entitled to during the COVID-19 pandemic. Temporary documents may be issued that enable sex workers to access welfare measures as many of them do not possess ration cards or other citizenry documents.

Recognizing that many LGBTIQ+ persons do not have access to government ID/official documents and therefore face extreme difficulties in accessing relief care packages and welfare services that are provided by the government, the NHRC released a human rights advisory for the protection of the rights of the LGBTQI+ community in the context of the COVID-19 pandemic. Access to essential health services without discrimination is ensured, including uninterrupted availability of antiretroviral treatment, HIV testing, hormonal treatment and gender-affirming treatment. All relief measures and welfare schemes are to especially take into account gender diversity and the vulnerabilities of LGBTIQ+ communities in terms of eligibility requirements like proof of ID and ensuring that transgender and intersex persons are fully covered under these schemes.

Good practice 4
Discrimination reduction in Costa Rica and Brazil

In 2019, Costa Rica, updated its General Law on HIV/AIDS to i) forbid employers from requiring HIV tests to obtain or maintain employment, ii) require that any voluntary disclosure of HIV status between an employer and employee remains confidential, iii) create a National Council for Comprehensive HIV Care (CONASIDA), which will "recommend public policies, national plans, coordination of inter-institutional work and encourage cooperation agreements", and iv) provide a guaranteed right to counseling for guidance and psychological support during HIV testing and treatment. Meanwhile Executive Decree 38999 and the National Training and Awareness Strategy for Personnel of Public Institutions on Non-Discrimination and the Inclusion of LGBTIQ+ People mandate public institutions to provide training for their employees and other reforms to guarantee equal access to public services for Costa Rica's LGBTIQ+ population and sanctions public officers who discriminate against them.

In Brazil, the government has worked through its Ministry of Health to implement HIV prevention interventions including campaigns that promote the self-esteem and rights of sex workers and emphasize consistent condom use. In 2002, due to pressure from Brazil's strong sex worker movement, "sex worker" was included as an official occupation in the Brazilian Occupation Classification of the Ministry of Labour, thereby entitling sex workers to social security and other work benefits.

Good practice 5
Community linkages in Ethiopia

In Ethiopia, the state-administered social protection programmes are: Provision of Basic Social Services, Support to Vulnerable Children, Support to Persons with Disabilities, and Employment Promotion. People living with HIV and other groups are in principle eligible for all programmes for which they meet the entry criteria. Research on access to social protection for people living with HIV and key populations found that people that were members of the Community of Practice and Learning on Livelihood, an NGO alliance, had more access to social protection services than their peers who were not members of NGOs. The factor with the greatest influence on the number of programmes from which a respondent obtained support was being a client of a Community of Practice partner programme (which often involved membership in a facilitated group or association). This differential—the "membership advantage"—was greatest for key populations and least for people living with HIV.

Good practice 6
The social contracting model of working

Social contracting in the HIV response refers to a legally binding agreement between the government (or representative of a government entity) and an entity that is not part of government (in this case social organizations) where the government pays the latter for services, at mutually agreed costs. The aim of the process is to create a space at the national and local government level for NGOs and CSOs to be explicitly recognized as partners and service providers for people living with HIV and key populations in public health legislation and policies. For example, the government of Thailand, allocated an annual budget of US$6 million to the National Health Security O¬ffice (NHSO) which manages the Universal Coverage Scheme to support public health care providers as well as CSOs in providing HIV services targeting key populations.

As countries transition from dependence on international funding, contracting NGOs and CSOs to deliver HIV and health services can be an effective strategy for reaching the most vulnerable communities. This is a model being adopted in Panama. Through the Global Fund, UNDP has supported the country since 2016 to ensure that its responses to HIV and TB reach those most in need. With Panama now classified as a high-income country, it will no longer be eligible for Global Fund financing from 2022 onwards. To ensure the sustainability of its HIV response, UNDP worked with the Ministry of Health to establish a social contracting mechanism that will enable civil society organizations to continue to receive funding to provide essential services and support, particularly for marginalized populations.

Good practice 7
Use of tax levies

Progressive taxes can fund coverage for treatment and provide social protection for people living with HIV and key populations as well as fund the expansion of existing social programmes. They can fund improvements in health, thereby avoiding the costs of poor health, and increase domestic resources for health and development, including for universal health coverage and other social protection programmes and systems. For example, in 2008, Ivory Coast introduced a "solidarity" tax on tobacco products which goes to the National AIDS Fund (FNLS) for funding the country's national HIV response. Meanwhile, the government in South Africa provides a disability grant for people living with HIV, if the disease limits their activity and if their CD4 count is below a certain threshold. The payment occurs through a non-contributory programme that offers South Africans free health care and income security in the case of loss of working capacity owing to HIV infection.

Photo credit: UNDP, India

References

AVERT. HIV and AIDS in Brazil. 2019. https://www.avert.org/printpdf/node/413.

Bhat, Nisha, Peter H. Kilmarx, Freeman Dube, Albert Manenji, Medelina Dube, and Tapuwa Magure. Zimbabwe's national AIDS levy: a case study. *SAHARA: Journal of Social Aspects of HIV/AIDS Research Alliance 13, no. 1 (2016): 1–7.*

Immigration and Refugee Board, Canada. Argentina: Health and social services available to individuals with HIV/AIDS; whether such individuals are subject to restrictions on housing or employment; circumstances under which an HIV/AIDS test is mandatory; provisions to protect the confidentiality of the results of such tests; degree of social stigma encountered by individuals known or presumed to suffer from HIV/AIDS (2000 – June 2001). https://www.refworld.org/docid/3df4be0c18.html.

International Commission of Jurists. *Pakistan: Transgender Persons (Protection of Rights) Act, 2018 – A Briefing Paper: March 2020.* Geneva: ICJ, 2020. https://www.icj.org/wp-content/uploads/2020/03/Pakistan-Transgender-Advocacy-Analysis-brief-2020-ENG.pdf.

International Labour Organization. *World Social Protection Report 2020–22: Social Protection at the Crossroads – in Pursuit of a Better Future*. Geneva: ILO, 2021.

International Labour Organization and UNDP. Global Dialogue and Online Consultation on Social Protection for People Living with HIV and Key Populations Most at Risk of HIV. Online platform, 2021. https://www.sparkblue.org/PLHIV2021.

Kaba, Mary White, Klaus Baesel, Bunnak Poch, Samnang Bun, Sabine Cerceau, Louise Bury, Bastian Schwarz et al. IDPoor: a poverty identification programme that enables collaboration across sectors for maternal and child health in Cambodia. *bmj* 363 (2018): k4698.

Kerrigan, Deanna, Andrea Wirtz, Stefan Baral, Michele Decker, Laura Murray, Tonia Poteat, Carel Pretorius, Susan Sherman, Mike Sweat, Iris Semini, N'Della N'Jie, Anderson Stanciole, Jenny Butler, Sutayut Osornprasop, Robert Oelrichs and Chris Beyrer. 2013. The Global HIV Epidemics among Sex Workers. Washington, DC: World Bank. doi: 10.1596/978-0-8213-9774-9 The Global HIV Epidemics among Sex Workers (worldbank.org).

Marten, Robert, Sowmya Kadandale, John Butler, Victor M. Aguayo, Svetlana Axelrod, Nicholas Banatvala, Douglas Bettcher et al. Sugar, tobacco, and alcohol taxes to achieve the SDGs. *The Lancet* 391, no. 10138 (2018): 2400–2401.

MCP Costa Rica, HIVOS, Gobierno del Bicentenario, Defensoría de los Habitantes. Estrategia Nacional de Capacitación y Sensibilización: No discriminación e inclusión de personas LGBTIQ+. https://aedcr.com/recurso/publicaciones/estrategia-nacional-de-capacitacion-y-sensibilizacion-no-discriminacion-e.

National Human Rights Commission, Human Rights Advisory on Rights of Women in the Context of COVID-19. New Delhi: 2020. Advisory on Rights of Women_0.pdf (nhrc.nic.in).

National Human Rights Commission, Modification in the 'Advisory on Rights of Women in the Context of COVID-19 Pandemic. New Delhi: 2020. Modification of Advisory on Women.pdf (nhrc.nic.in).

National Human Rights Commission, Human Rights Advisory for Protection of the Rights of LGBTQI+ Community in context of the Covid-19 pandemic. New Delhi: 2020. Advisory_for_the_Protection_of_the_Rights_of_LGBTQI+_Community.pdf (nhrc.nic.in)

Nechosina, Olena, Oleg Semeryk, Anatasiya Nitsoy, Iryna Reshevska, Ron McInnis and Kip Beardsley. *Social Contracting in Ukraine: Sustainability of Non-Medical HIV Services.* Washington, DC: Palladium, Health Policy Plus, 2019.

Poder Ejecutivo Costa Rica. *Decreto Ejecutivo 38999, Política del Poder Ejecutivo para erradicar des sus instituciones la discriminación hacia la población LGBTI*. Gaceta 93, 2015. Sistema Costarricense de Información Jurídica (pgrweb.go.cr).

Stop AIDS Now! *Access to Social Protection by PLHIV and Key Groups: A research report prepared for the Community of Practice on HIV and Livelihoods in Ethiopia.* January 2016. https://aidsfonds.org/assets/resource/file/Study%20Report%20Access%20to%20Social%20Protection%20Final.pdf.

Swasti, VruttI and UNDP India. *Think Piece on Social Protection and HIV.* 2018. https://swastihc.org/wp-content/uploads/2018/03/Social-Protection.pdf.

TGEU. English Translation of Argentina's Gender Identity Law as approved by the Senate of Argentina on May 8, 2012, 12 September 2013. https://tgeu.org/argentina-gender-identity-law/.

UNAIDS. *Social protection: a Fast-Track commitment to end AIDS: Guidance for policy-makers, and people living with, at risk of or affected by HIV.* Guidance. UNAIDS, 2018. https://www.unaids.org/sites/default/files/media_asset/jc2922_social-protection-fast-track-commitment-end-aids_en.pdf.

UNAIDS. *Confronting inequalities – Lessons for pandemic responses from 40 years of AIDS.* UNAIDS, 2021. https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update.

UNAIDS. *Global AIDS Strategy 2021–2026: End Inequalities; End AIDS. UNAIDS, 2021.* https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy.

UNAIDS. *Political declaration on HIV and AIDS: ending inequalities and getting back on track to end AIDS by 2030.* UNAIDS, 2021. https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids.

UNAIDS. *Unequal, unprepared, under threat. Why bold action against inequalities is needed to end AIDS, stop COVID-19 and prepare for future pandemics.* UNAIDS, 2021. https://www.unaids.org/sites/default/files/media_asset/2021_WAD_report_en.pdf.

UNAIDS. Social Protection. https://www.unaids.org/en/topic/social-protection.

UNDP. Expanding Community-Based HIV & TB Services for Key Populations through Social Contracting in Panama. Case Study. September 2021.

United Nations. With Almost Half of World's Population Still Offline, Digital Divide Risks Becoming 'New Face of Inequality'. United Nations, Press release, 2021 https://www.un.org/press/en/2021/dsgsm1579.doc.htm.

USAID. Social Contracting In Response To HIV/AIDS. Information Leaflet. Undated. http://www.healthpolicyplus.com/ns/pubs/17356-17639_SocialContractingFactsheet.pdf.

World Bank and UNAIDS. *Policy Brief: Effective social contracting for HIV service delivery in Thailand.* 2020. https://www.aidsdatahub.org/sites/default/files/resource/thailand-policy-brief-hiv-model-eng-2020.pdf.

Zakumumpa, Henry, Sara Bennett, and Freddie Ssengooba. Leveraging the lessons learned from financing HIV programs to advance the universal health coverage (UHC) agenda in the East African Community. *Global health research and policy* 4, no. 1 (2019): 1–10.

Zuniga, Alejandro. Costa Rica reforms laws to 'pay off a historic debt' to protect rights of those with HIV/AIDS. *The Tico Times*, 3 December 2019. https://ticotimes.net/2019/12/03/costa-rica-reforms-laws-to-pay-off-a-historic-debt-to-protect-rights-of-those-with-hiv-aids.

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