

LGBTQ+ Rights



Background

The role of young people of diverse sexual orientations, gender identities and expression play a leading role in decisions that affect their bodies and life is vital in the HIV and SRHR response across the world.

There are still parts of the world that continue to hold the greatest number of punitive laws such as criminalising same-sex relations and identities, HIV and other health status, use of drugs and any forms of sex work, and travel restrictions for the young key population.

This contributes to stigma and discrimination as a barrier for many key populations in accessing education, employment and sexual reproductive health and rights services.



Key Demands and Priority Actions for Young People



Young people demand an intersectional, intergenerational and human rights-based approach to achieving gender equality and the empowerment of

young people in all our diversities across the region. We can reduce the harm that non-inclusive policies have on the community.

Getting a Baseline



There are two areas to focus on when it comes to LGBTQ+ rights for young people:

- Legal aspect
- Social aspect

Both need to be addressed to adequately address the HIV and other health and wellbeing needs of young LGBTQ+ people. Work with LGBTQ+ networks in your country to determine what the context is for your work. The UNAIDS [NCPI](#) may also help provide some insight.

Contextualising the Targets



Depending on your situation, these targets may be closer or further away from being achieved. Based on your baseline, set some intermediary targets that are contextual to your setting that are achievable in

a reasonable timeframe that will support with the reaching of the relevant 2025 targets. You don't need to shoot straight for them, set some more achievable outcomes if needed.



57

Pledge to end all inequalities faced by people living with, at risk of and affected by HIV and by communities, and to end inequalities within and among countries, which are barriers to ending AIDS

LGBTQ+ people still face myriad inequalities in various settings. This paragraph is a blanket statement on inequalities and could be used as a first step to push governments on commitments on LGBTQ+ rights.

58

Para58: Commit to reinforce global, regional, national and subnational HIV responses through enhanced engagement with a broad range of stakeholders, including regional and subregional organisations and initiatives, people living with, at risk of and affected by HIV, key populations, indigenous peoples, local communities, women and men, girls and boys, including adolescents, young people and older persons, in diverse situations and conditions, refugees, migrants, internally displaced persons, political and community leaders, parliamentarians, judges and courts, communities, families, faith-based organisations, religious leaders, scientists, health professionals, donors, the philanthropic community, the workforce, including migrant workers, the private sector, media and civil society, and community-led organisations, women's organisations, feminist groups, persons with disabilities and their representative organisations, youth-led organisations, national human rights institutions, where they exist, and human rights defenders, and relevant United Nations entities and other key international partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria;

This paragraph could be used to advocate for the inclusion of LGBTQ+ groups in HIV/AIDS planning committees, as well as organisations that promote the human rights of LGBTQ+ people. This paragraph also includes youth-led organisations, so this could be used to advocate for the inclusions and engagement of LGBTQ+ youth-led organisations.

60

Commit to prioritize HIV prevention and to ensure by 2025 that 95 per cent of people at risk of HIV infection, within all epidemiologically relevant groups, age groups and geographic settings, have access to and use appropriate, prioritized, person-centred and effective combination prevention options by

Para60 and its sub-paragraphs refer to epidemiologically relevant groups. While this does not cover all LGBTQ+ people, it covers MSM and trans people, and so this can be used to advocate for their rights and responses led by these communities.

61(e)

Ensuring that the needs of older persons living with HIV are met through the provision of available, acceptable, accessible, equitable, affordable and quality health care, and related services, free from stigma and discrimination, that support independence and social interaction, health and well-being, including mental health and well-being, and the maintenance of HIV-related treatment and care and the prevention and treatment of comorbidities and coinfections

LGBTQ+ people still face lots of stigma and discrimination. In this commitment it should be noted that the commitment on stigma and discrimination is not specific to that relating to HIV, and so can be used to advocate for better policies and laws protecting LGBTQ+ people from stigma and discrimination

64(a)

Commit to the Greater Involvement of People Living with HIV/AIDS principle and to empower communities of people living with, at risk of and affected by HIV, including women, adolescents and young people, to play their critical leadership roles in the HIV response by:

- (a) Ensuring that relevant global, regional, national and subnational networks and other affected communities are included in HIV response decision-making, planning, implementing and monitoring and are provided with sufficient technical and financial support;

This is another clear commitment on community-led responses, and empowering youth-led responses. This includes communities and organisations of LGBTQ+ young people. You can use this commitment to monitor funding and partnerships with the government and other funders to hold them accountable and advocate for funding to be directed to youth-led LGBTQ+ organisations working on HIV

64(b)

Creating and maintaining a safe, open and enabling environment in which civil society can fully contribute to the implementation of the present declaration and the fight against HIV/AIDS;

This can be used to advocate for ensuring that youth-led LGBTQ+ civil society organisations have a safe, open and enabling environment. You can adapt this to your own context to analyse what laws/policies inhibit youth-led LGBTQ+ civil society engaging in the HIV response

64(c)

Adopting and implementing laws and policies that enable the sustainable financing of people-centred, integrated, community responses, including peer-led HIV service delivery, including through social contracting and other public funding mechanisms;

This can be used to advocate for greater funding and opportunities for youth-led organisations, and in particular, young key population-led (LGBTQ+-led) organisations to receive greater funding to work with their communities.

64(d)

Supporting monitoring and research by communities, including the scientific community, and ensuring that community-generated data are used to tailor HIV responses to protect the rights and meet the needs of people living with, at risk of and affected by HIV;

This can be used in two ways: one is to advocate for funding and activities to undertake monitoring as a young LGBTQ+-led organisation and demonstrating that this community-generated data is needed to improve the HIV response for this group. The other way is to advocate for the inclusion of data generated by your organisation in considerations at the national and sub-national level. This could be data generated through your own methods or others, such as the #UPROOT youth-led scorecards.

64(e)

Increasing the proportion of HIV services delivered by communities, including by ensuring that, by 2025, community-led organisations deliver, as appropriate in the context of national programmes:

- 30 per cent of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy;
- 80 per cent of HIV prevention services for populations at high risk of HIV infection, including for women within those populations;
- 60 per cent of programmes to support the achievement of societal enablers

This can be used to advocate for further funding and supporting youth-led and young LGBTQ+ led organisations to implement testing. Here it may also be strategic to link or partner with other civil society organisations or community-led organisations to ensure that youth issues are adequately addressed within the results of this commitment.

64(f)

Encouraging the strengthening of peer-led responses and the scaling-up of efforts to promote the recruitment and retention of competent, skilled and motivated community health workers as well as to expand community-based health education and training in order to provide quality services to hard-to-reach populations;

Like the previous commitment, this can be used to advocate for funding and engagement of young LGBTQ+ people in the national HIV response.

65, 65(a)

Commit to eliminating HIV-related stigma and discrimination and to respecting, protecting and fulfilling the human rights of people living with, at risk of and affected by HIV, through concrete resource investment and development of guidelines and training for health-care providers, by:

- (a) Creating an enabling legal environment by reviewing and reforming, as needed, restrictive legal and policy frameworks, including discriminatory laws and practices that create barriers or reinforce stigma and discrimination such as age of consent laws and laws related to HIV non-disclosure, exposure and transmission, those that impose HIV-related travel restrictions and mandatory testing and laws that unfairly target people living with, at risk of and affected by HIV, with the aim of ensuring that less than 10 per cent of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025;

This is one of the main commitments that can be used to advocate for the repealing of laws and policies that discriminate against LGBTQ+ people. Particularly for adolescents and young people, you could also use this to advocate for the reduction or elimination of age-of-consent barriers that mean adolescents cannot access HIV testing.

65(b)

Adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV and protect their right to the highest attainable standard of physical and mental health, right to education and right to an adequate standard of living, including adequate food, housing, employment and social protection, and that prevent the use of laws that discriminate against them

You can use this commitment to advocate for the inclusion of LGBTQ+ youth in legislation and policy. It is important that governments specifically mention LGBTQ+ people as protected from discrimination, and that young LGBTQ+ people are also protected from discrimination in school and healthcare settings amongst others.

65(d)

Ending impunity for human rights violations against people living with, at risk of and affected by HIV by meaningfully engaging and securing access to justice for them through the establishment of legal literacy programmes, increasing their access to legal support and representation and expanding sensitization training for judges, law enforcement, health-care workers, social workers and other duty bearers;

Similar to the previous paragraphs, this focuses on making sure that different groups can enjoy and have their human rights protected. There are also provisions here for access to justice and promoting legal literacy programmes. This could be an opportunity for youth-led organisations to implement such activities and advocate for national funding for them.

65(g)

Ensuring that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent;

This again can be used to advocate for community-led monitoring and in particular ensuring that health services are friendly for LGBTQ+ young people, and that they are not outed or stigmatised for their identities.

67(g)

Ensuring that by 2025 45 per cent of people living with, at risk of and affected by HIV and AIDS have access to social protection benefits in accordance with national legislation

If your advocacy includes demanding key populations and LGBTQ+ people are included in social protection and the same benefits as cisgender and heterosexual people.

67(j)

Promoting full access to effective health emergency responses with full respect for human rights and ensuring that 95 per cent of people living with, at risk of and affected by HIV are protected against health emergencies, that 90 per cent of people in humanitarian settings have access to integrated HIV services and that 95 per cent of people in humanitarian settings at risk of HIV use appropriate, prioritized, people-centred and effective combination prevention options;

This can be used to ensure that young LGBTQ+ people are considered within national plans and action for emergency response, and that crucially emergency response plans are responsive to the needs of young LGBTQ+ people, including privacy and LGBTQ+ safe spaces.

Conclusion



While there are not any specific references to the LGBTQ+ community at large within the political declaration, the disproportionate impact that the AIDS epidemic has on the community and the impact punitive laws and policies have means that many of these commitments are relevant and can be leveraged to advocate for the rights of young LGBTQ+ people.

This advocacy guide would not have been possible without the contributions of the following (in alphabetical order)

- African Network of Adolescents and Young Persons Development
- Sinayo Mukume
- The PACT
- Y+ Global
- Youth Coalition for Sexual and Reproductive Rights
- Youth LEAD
- Youth RISE
- Youth Voices Count

These youth networks and young activists have been critical in providing insight into how the 2021 Political Declaration can be used to hold decision-makers accountable to their commitments to young people to end AIDS as a public health threat by 2030.

