

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

June 2013

Contents

Acknowledgements and Disclaimer	iv
Acronyms	v
Executive summary	1
Human rights and an enabling environment	4
Leadership and advocacy	6
Partnerships	8
Sustainability	10
Measurement, monitoring and evaluation	10
Recommendations	11
1. Background	13
1.1 Rationale	13
1.2 United Nations Security Council Resolution 1308	13
1.3 On the Front Line	14
1.4 United Nations Security Council Resolution 1983	15
1.5 International commitments and recommendations to reduce gender-based violence	16
1.6 International commitments and recommendations on policing of vulnerable communities including key populations	19
1.7 Economic and Social Commission for Asia and the Pacific Resolutions reinforce key components of UNSC 1983	20
1.8 Regional initiatives	21
2. Methodology	23
3. Key findings	23
3.1 Situational context	26
3.1.1 HIV prevention amongst uniformed services personnel	26
3.1.2 Planned activities to address the situation	30
3.2.1. Creation of an enabling environment, including legal and policy reform	32
3.2.2 Planned activities to address the situation	36
3.3.1 Protection of key populations to increase their access to services	37
3.3.2 Planned activities to address the situation	37
3.4.1 Eliminate gender-based violence	38
3.4.2 Planned activities to address the situation	41

4. Good practice.....	42
Leadership and advocacy.....	43
Partnerships.....	44
Capacity building.....	51
5. Challenges.....	52
5.1 Sustainability.....	52
5.2 Evidence-informed interventions.....	53
5.3 Measurement, monitoring and evaluation.....	54
Indicators.....	54
Monitoring and evaluation.....	56
6. Recommendations.....	57
1. References.....	60
Annex 1: Work with Uniformed Services as follow up to UNSCR 1983.....	70

Acknowledgements

This stocktaking report was written by Hilary Homans. It was supported by the UNAIDS Regional Support Team, Asia and the Pacific in preparation for a meeting to be hosted by President Ali Bongo Ondimba of Gabon in 2013 to review progress made on the implementation of United Nations Security Council Resolution 1983 focused on HIV and security.

Particular thanks are due to Brianna Harrison and Leo Kenny who initiated the process and commented extensively on the report. Others who contributed specific information, or commented on the report, include Smriti Aryal, Mohammed Ali Bhuiyan, David Bridger, Gayatri Nair, Yuki Takemoto, Michael Hahn, Sarita Jadav and Stuart Watson (all of UNAIDS) and Julia Cabassi (UNFPA).

Thanks are also due to all the UNAIDS Country Coordinators and members of the United Nations Joint Teams who responded to the questionnaire relating to National Strategic Plans for HIV and AIDS and provided information on progress on implementation at country level.

Disclaimer

This report is for information only. The content of this document does not, implied or otherwise, express or suggest endorsement, a relationship with or support by UNAIDS and its mandate and/or any of its Co-sponsors, Member States and civil society. Nor does the content necessarily represent the views of Member States, civil society, the UNAIDS Secretariat or the UNAIDS Cosponsors. The published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall UNAIDS be liable for damages arising from its use. UNAIDS expressly disclaims any responsibility for inadvertent offensive or insensitive, perceived or actual, language.

Acronyms

ADB	Asian Development Bank
AFD	Agence Française de Développement
AHAPP	Afghanistan HIV/AIDS Prevention Project
AIDS	Acquired Immune Deficiency Syndrome
APLF	Asia-Pacific Leadership Forum on HIV/AIDS and Development
APNSW	Asia Pacific Network of Sex Workers
ART	Anti-retroviral treatment
ARV	Anti-retroviral
ASAP	AIDS Strategy and Action Plan
AusAID	Australian government Aid Programme
BBS	Bio-behavioural surveillance
BDS	Blue Diamond Society (Nepal)
BIPSOT	Bangladesh Institute of Peace Support Operation Training
CASPF	Central and State Police Force (India)
CASAM	Centre for Advocacy Stigma and Marginalisation
CEDAW	Convention on the Elimination of Discrimination Against Women
CSO	Civil Society Organization
DfID	Department of International Development, UK
DHAPP	Department of Defence HIV/AIDS Prevention Programme (USA)
DPKO	Department of Peacekeeping Operations
DPRS	Department of Penitentiary and Rehabilitation Services
ECOSOC	Economic and Social Council (United Nations)
ESCAP	Economic and Social Commission for Asia and the Pacific
FHI	Family Health International
GBV	Gender-based violence
GFATM	The Global Fund to fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HIV	Human immunodeficiency virus
HLM	United Nations General Assembly High Level Meeting on AIDS
IAF	Indonesian Armed Forces
IBBS	Integrated bio-behavioural surveillance
IOM	International Organization on Migration
IPAG	International Police Advisory Group
KAP	Knowledge, attitude and practice
LEAHN	Law Enforcement and HIV Network
MAC	Malaysian AIDS Council
MDG	Millennium Development Goals
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
Mol	Ministry of Interior
NACP	National AIDS Control Programme
NGO	Non-governmental organization
NSACP	National Sexually transmitted diseases/AIDS Control Programme
NSP	National syringe programme
NSP	National Strategic Plan for AIDS

NZAF	New Zealand AIDS Foundation
P4P	Partners for Prevention
PDR	People's Democratic Republic
PEPFAR	President's Emergency Plan for AIDS Relief
PICP	Pacific Islands Chiefs of Police
PILON	Pacific Islands Law Officers' Network
PMTCT	Prevention of Mother-to-Child Transmission
PNG	Papua New Guinea
RBA	Royal Bhutan Army
RBG	Royal Body Guard
RBP	Royal Bhutan Police
RMT	Regional Management Team (UNAIDS)
RST	Regional Support Team (UNAIDS)
SCR	Security Council Resolution
SGBV	Sexual and gender-based violence
SGSS	Second Generation Surveillance Survey
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SWING	Service Workers in Group
TB	Tuberculosis
TCC	Troop contributing country
ToT	Training of Trainers
UCO	UNAIDS Country Office
UN	United Nations
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNAMA	United Nations Mission in Afghanistan
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNJT	United Nations Joint Team
UNMIT	United Nations Mission in Timor-Leste
UNMOGIP	United Nations Military Observer Group in India and Pakistan
UNODC	United Nations Office on Drugs and Crime
UNSC	United Nations Security Council
UNSCR	United Nations Security Council Resolution
UNSG	United Nations Secretary General
USP	Uniformed service personnel
USA	United States of America
USAID	United States Agency for International Development
VAMP	Veshya AIDS Mukabala Parishad
VAW	Violence against women
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Executive summary

The United Nations Security Council (UNSC) Resolution 1983 was adopted in June 2011 just before the United Nations (UN) General Assembly High Level Meeting (HLM) agreed the *Political Declaration: Intensifying Our Efforts To Eliminate HI and AIDS* including ten global targets to achieve by 2015 (“HLM targets”) (**Annex 1**). Together, the HLM targets and UNSC Resolution 1983 provide an opportunity to scale up universal access to HIV and AIDS related services for **all** uniformed service personnel¹ and their family members and for people living with HIV and the key populations at higher risk of HIV with whom uniformed services personnel interact. In Asia and the Pacific, key populations include sex workers, men who have sex with men, people who inject drugs, transgender people, migrants and mobile populations, prisoners, internally and externally displaced people due to humanitarian situations and those at risk of sexual violence. The UNSC Resolution 1983 also recognized that conditions of violence and instability in conflict and post-conflict situations can “exacerbate the HIV epidemic through large movements of people”, conflict-related sexual violence, especially towards women and girls² and reduced access to medical care.³

The emphasis on uniformed service personnel in UNSC Resolution 1983 is critical as it has been demonstrated that uniformed service personnel can facilitate access to services by key populations at higher risk of HIV (hereafter referred to as key populations). In particular, police have been recognised as playing an important role in the protection and promotion of various aspects of public health and have been cited as setting a good example in enabling people who inject drugs to access harm reduction services in Australia, India, Malaysia and Vietnam.⁴ The positive contribution of police to rights and access to HIV services for key populations has also been reported in Cambodia, India, Nepal and Thailand. However, this is not universal and uniformed service personnel have also been cited as perpetrators of discrimination and violence against key populations and vulnerable groups, including sexual and gender-based violence (SGBV), and as having prevented access to HIV services by people living with HIV, key populations and other vulnerable groups.⁵

UNSC Resolution 1983 calls for a sea change in this image (and practices) to one where uniformed service personnel actively protect people living with HIV and key populations from stigma, discrimination and violence and play a key leadership role in ensuring access to HIV prevention, treatment care and support both amongst their own ranks at home and abroad and amongst key populations and the broader community. Furthermore, UNSC Resolution 1983 regards uniformed

¹ “Uniformed Services” are defined as men and women serving in the defence and civil defence forces. This mainly includes personnel from: 1. Military and para-military; 2. Police and law enforcement; 3. Prison staff; 4. Border guards; and 5. Staff of United Nations (UN) Peacekeeping Operations. These groups are referred as uniformed service personnel (USP) throughout this document unless otherwise explicitly mentioned.

² Although women and girls have been regarded as being particularly vulnerable, the UN Secretary General Ban Ki-moon has recently called for increased attention to be paid to men and boys who are also victims of sexual violence. <http://www.un.org/sg/statements/index.asp?nid=6744>

³ United Nations Security Council Resolution 1983 (2011), *Impacts of HIV/AIDS epidemic in conflict and post-conflict situations S/RES/1983*, 7 June 2011.

⁴ Monaghan, G. and Bewley-Taylor, D. (2013). *Police support for harm reduction policies and practices toward people who inject drugs*. International Drug Policy Consortium, London.

⁵ See for example the recent report by Human Rights Watch on abuses by the police against sex workers in China.

service personnel as pivotal in setting an example in reducing GBV and stigma and discrimination towards people living with HIV and key populations. Efforts to achieve this "sea change" were recently demonstrated on 23rd April 2013 when over 4,000 police signatures in favour of harm reduction and related policies and approaches to control the epidemic of HIV among key populations and broader communities were presented at the United Nations Commission on Crime Prevention and Criminal Justice in Vienna. The *Law Enforcement Statement of Support for Harm Reduction and Related Policies for HIV Prevention* calls for police to be seen as part of the solution in HIV prevention, not part of the problem.⁶

At the UNSC meeting, the United Nations Secretary General was invited to provide further information to the Council as appropriate.⁷ In 2013 President Ali Bongo Ondimba of Gabon agreed to host a meeting to review progress made on the implementation of UNSC Resolution 1983.⁸ This report has therefore been written to document and synthesise progress made in Asia and the Pacific region by the UNAIDS Secretariat and Cosponsors and partners including Member States and civil society organisations during this period.

Data for this report were primarily obtained from AIDS National Strategic Plans (NSPs), strategic reviews of national AIDS programmes and funding proposals to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM). As it is difficult to determine the full extent to which activities listed in NSPs are being implemented according to plan, the review of NSPs was complemented by a systematic literature review of key national, regional and global policy documents and regional and national research reports published since June 2011. The draft report *Arresting HIV* which reviewed regional examples of good practice in engagement of law enforcement agencies in HIV responses, including to reduce HIV risk and vulnerability in key populations through improved interactions with law enforcement agencies was a key reference document in this respect.⁹ A questionnaire was also sent to all country level UN Joint Teams on AIDS (UNJTs) to gather information on actions they had taken towards the recommendations of SCR 1983.

Out of the 26 country NSPs reviewed (see details in Annex 2), 22 detailed some activities with uniformed services (predominantly police/law enforcement officers) and four country NSPs made no mention of interventions with any uniformed services staff (China, New Zealand, Singapore¹⁰ and Tuvalu¹¹), although this was later reduced to two countries as additional information on both China and New Zealand indicated that they had undertaken extensive work with uniformed service personnel and HIV prevention. In the case of New Zealand this important work has taken place over the past two decades.

The types of interventions mentioned involving uniformed service personnel fell into four main categories:

1. interventions to prevent HIV amongst uniformed service personnel and their family;

⁶ <http://www.leahn.org/update-ipag-at-united-nations-commission-on-crime-prevention-and-criminal-justice/>

⁷ <http://www.un.org/News/Press/docs/2011/sc10272.doc.htm>

⁸ <http://www.unaids.org/en/resources/presscentre/featurestories/2013/july/20130708gabon/>

⁹ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Global Institute for Public Health.

¹⁰ The NSP for Singapore was not available so the 2010 Country Progress Report was reviewed.

¹¹ The NSPs for Palau and Tuvalu are from 2009 to 2013 so it necessary to see the drafts for the 2014 plans to assess the extent to which USPs are now included.

2. Interventions to create an enabling environment for effective HIV interventions, including legal and policy reform impacting on sites where uniformed services engage with the community;
3. Interventions to protect key populations and increase their access to services; and
4. Interventions to eliminate gender-based violence and reduce, or respond to, human trafficking.

It should be noted that there were substantially fewer interventions to eliminate GBV and reduce, or respond, to human trafficking (mentioned in eight NSPs) than the other three categories of interventions. Most of the interventions fell into the third category on the role of uniformed service personnel to facilitate key populations' access to services (mentioned in 20 NSPs) and the first category of interventions to prevent HIV amongst uniformed service personnel (referred to in 18 NSPs.)

In addition, four cross cutting themes emerged from this categorisation: human rights and an enabling environment (integral to all categories, especially categories 2 and 4 above); leadership and advocacy (integral to all categories); partnerships (critical to all successful interventions); and measurement, monitoring and evaluation (mentioned as weak in many instances). Another theme on sustainability of programmes was referred to in several countries and during discussions with regional and national partners the important role of the UN Department of Peacekeeping Operations (DPKO) was stressed, as was the vital support received from the United States of America (USA) Department of Defence HIV/AIDS Prevention Programme (DHAPP) in building the evidence base through HIV surveillance studies amongst the armed forces. Unfortunately, the databases managed by DHAPP have not been made widely available to date, and DHAPP interventions are not currently included in NSPs.

So what progress has been made at national level in Asia and the Pacific region on harnessing the HLM targets and UNSC Resolution 1983 to achieve the UNAIDS vision of three zeros: zero new infections, zero aids-related deaths and zero discrimination? Despite there being less than two years since UNSC Resolution 1983 was passed, significant progress has been made, although it has to be said that many of these interventions were already in place or planned prior to June 2011.

Notable efforts by countries were highlighted in February 2012 when the Economic and Social Commission for Asia and the Pacific (ESCAP) convened a High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the *Political Declaration on HIV and AIDS* and the Millennium Development Goals (ESCAP HLM). This meeting was an important opportunity for governments from the region to share experiences and engage in multi-sectoral dialogue among health, justice, law enforcement, drug control, social protection and other sectors to address policy and legal barriers to universal access to HIV prevention, treatment, care and support. Of particular note in relation to efforts to address HIV-related stigma and discrimination and create enabling legal environments for effective responses to HIV was work in Indonesia to decriminalise substance use and accord drug users the right to treatment; legal recognition of transgender persons as the third gender in Nepal; recognition of the civil rights of transgender persons in Pakistan; and repeal of discriminatory laws such as those criminalising men who have sex with men and HIV-related travel restrictions in Fiji. The positive contribution of the police was mentioned in relation to the successful

100 per cent condom programme in Thailand¹² and reductions in HIV prevalence amongst key populations were noted in several countries such as Cambodia, India, Nepal and Thailand. This was attributed to the efficacy of combining high-level coverage of priority services with the intensive engagement and leadership of key populations, and partnerships with key stakeholders, including law enforcement officials.¹³

Member States at the ESCAP HLM stressed the urgency of action by Member States to meet the commitments in the *Political Declaration on HIV and AIDS* and ESCAP resolutions 66/10 and 67/9, including: “multi-sectoral dialogue and cooperation among concerned sectors, including justice, law enforcement, health and social protection to address legal and policy barriers that impede universal access to HIV prevention, treatment, care and support, as well as in planning and delivering the response”.¹⁴

Human rights and an enabling environment

The need to address HIV-related human rights issues through approaches that empower those most vulnerable and marginalised to claim their rights is globally recognised, as are the duties and responsibilities of governments to protect and promote human rights. HIV is a violation of an individual’s right to health and the stigma and discrimination often associated with HIV is a violation of a number of rights including the right to non-discrimination on the grounds of health status and often prevents access to appropriate health care, education and employment. Draconian policing practices such as arbitrary use of stop and search laws and powers of arrest, violence towards people who inject drugs, sex workers, men who have sex with men and transgender people violate domestic and international rights-based legislation by which police services and personnel are bound and undermine public health objectives.¹⁵

An enabling legal environment for effective responses to HIV includes laws and policies, law enforcement practices and access to justice for people living with HIV and key populations.¹⁶ Hence, police and other law enforcement have a critical, direct role to play. Furthermore, as agreed at the HLM on AIDS in June 2011, an enabling legal environment must also be complemented by enabling social and policy frameworks, including through programmes engaging sectors and institutions

¹² Note: As described in *Sex Work and the Law*, UNDP, UNFPA, UNAIDS, (2012): “100% condom use programmes have been implemented in different forms in Cambodia, China, Indonesia, Lao PDR, Mongolia, Myanmar, the Philippines, Thailand, and Viet Nam. The extent to which these programmes relied on compulsion varies. Some 100% CUPs have required compulsory registration of sex workers and mandatory health examinations. Condom programmes that rely on enforcement of mandatory measures by health authorities, police or managers of sex work businesses can be counterproductive to HIV responses. Health promotion programmes based on community empowerment approaches that are led by sex workers are more likely to avoid human rights violations and result in sustained HIV prevention outcomes than models that rely on mandatory provisions and coercion.”

¹³ Economic and Social Commission for Asia and the Pacific (2011). *Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV and AIDS and the Millennium Development Goals*. ESCAP, Bangkok, 6-8 February 2012.

http://www.aidsdatahub.org/dmdocuments/ESCAP_report_intergovernmental_meeting.pdf

¹⁴ *ibid*

¹⁵ Monaghan and Bewley-Taylor (2013).

¹⁶ Background Note: HIV and Enabling Legal Environments, UNAIDS/PCB(29)/11.27 (December 2011)

http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2011/12/20111125%20Thematic%20segment_e_n.pdf

critical to the elimination of stigma and discrimination.¹⁷ Such sectors include uniformed services such as border officials, military and prison staff and UN peacekeepers who have high standing in the community, potential exposure to HIV risk situations, and operational interactions with key populations at higher risk of HIV.

Within some countries in the Asia and the Pacific region (notably Australia and New Zealand), there is a long history in adopting a rights-based approach to HIV. Since the late 1990s many other countries in the region have begun to adopt this approach. For example, the Nepal Police established a Human Rights Unit in 2003 and developed a *HIV/AIDS Strategy and Work Plan* for the police in 2005 recognising the need to address human rights in police work and ensure that HIV is fully integrated.

Sexual and gender-based violence, identified in UNSC Resolution 1983 as a priority area for concerted efforts towards elimination, is a violation of multiple human rights and can be linked with HIV transmission. Women and children also have the right to be protected against human trafficking and sexual exploitation and uniformed service personnel can play a key role in this.

Similarly, where there is a culture of violence against women and lack of commitment to eliminate all forms of discrimination and violence against women this pervades the uniformed services even when there is an enabling legal framework. The time is now right to expand initiatives to protect women and girls from violence to include transgender persons, men and boys, especially men who have sex with men and men in institutional settings where male rape occurs. Commendable work is taking place in the region on violence against women (VAW) and this now needs to be extended to other population groups and to be integrated with HIV interventions to eliminate GBV and use reports of sexual violence as an entry point for HIV prevention.

In situations where same sex sexual practices, drug use and sex work are criminalized, the work of law enforcement officers in protecting key populations from human rights violations including HIV is extremely difficult, although not impossible.¹⁸ Consultations in Asia and the Pacific region between law enforcement officers and key populations¹⁹ and the research and consultations that informed the report *Sex work and the Law*²⁰ have identified barriers to an enabling environment for access to HIV services directly implicating uniformed services personnel. For example, the practice of confiscating condoms or harassment of sex workers possessing them by law enforcement was found in eleven countries in the region.²¹

¹⁷ The 2011 High Level Meeting *Political Declaration on HIV and AIDS* recognized that effective HIV response programmes must address the need “to intensify national efforts to create enabling legal, social and policy frameworks in each national context...” (Para. 77).

¹⁸ The draft report *Arresting HIV* makes reference to the work of the Malaysian AIDS Council in improving access to services for persons who inject drugs without changing the law.

¹⁹ Asia Pacific Network of Sex Workers (APNSW), the United Nations Population Fund (UNFPA) and the UNAIDS Regional Support Team, Asia and the Pacific (2011). *Building Partnerships on HIV and sex work*. Report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work. UNFPA, Bangkok.

²⁰ Godwin, J. (2012). *Sex Work and the Law in Asia and the Pacific*. United Nations Development Programme Asia-Pacific Regional Centre, UNFPA Asia Pacific Regional Office, in partnership with UNAIDS, Asia Pacific Network of Sex Workers (APNSW), Bangkok. <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>

²¹ Godwin, J. (2012). *Sex Work and the Law in Asia and the Pacific*.

Although punitive laws can legitimize discriminatory practices towards key populations, stigmatising and discriminatory attitudes within law enforcement personnel towards people living with HIV and key populations can increase the vulnerability and rights violations experienced by these populations. There are a range of well-established programmes in the region seeking to reduce HIV-related stigma and discrimination within uniformed services personnel. In Thailand, a new programme supported by the UN Development Programme (UNDP) is seeking to systematically address stigma and discrimination within law enforcement. In 2012 more than 10,000 junior police cadets were trained on HIV stigma and discrimination and the rights of people living with HIV and key populations. In 2013 the programme is being scaled-up among senior commanders and superintendents and a mentoring programme will be developed to address stigma and discrimination.²²

Leadership and advocacy

Leadership and advocacy has been demonstrated by a range of stakeholders towards the implementation of UNSC Resolution 1983. In terms of specific leadership and advocacy by the UNAIDS to build awareness of UNSC Resolution 1983, UNAIDS Regional Support Team, Asia and the Pacific (RST) has provided regional leadership through on taking forward this work through strategic discussions at the UNAIDS Regional Management Meeting in Bangkok in October 2012²³, which was attended by the vast majority of UNAIDS Country Coordinators from the region, and in discussions with the International Police Advisory Group (IPAG) in Melbourne in November 2012. In December 2012, UNAIDS India circulated UNSC Resolution 1983 to the Chairman of the National Task Force on Prevention of HIV/AIDS in the Central Police Forces.

Despite these activities, there persists a relatively low level of knowledge amongst members of the UN Joint Team (UNJT) on the content of UNSC Resolution 1983 and the actions they should promote within their respective agencies and amongst national partners. To address this shortcoming the UNAIDS RST commenced a project in December 2012 to develop a practical guidance note for UNJTs for expedited actions on *Engaging uniformed services in the AIDS response in Asia and the Pacific region* to ensure systematic follow up to UNSC Resolution 1983.²⁴

There have also been significant advocacy initiatives by the United Nations to engage uniformed services in effective, rights-based and evidence-informed responses to HIV in accordance with the objectives of UNSC Resolution 1983. For example, in March 2012 the Joint UN *Statement on Compulsory drug detention and rehabilitation centres*²⁵ was released with signatures from 12 UN agencies. The Statement recognizes that compulsory drug detention and rehabilitation centres raise human rights issues and threaten the health of detainees, including through increased vulnerability to HIV and tuberculosis (TB) infection. Detention in such centres often takes place without the benefit of sufficient due process, legal safeguards or judicial review. The deprivation of liberty

²² <http://www.undp.org/content/undp/en/home/presscenter/articles/2012/09/20/joint-partnership-means-10-000-police-will-receive-hiv-stigma-prevention-education/>

²³ UNAIDS Regional Management Meeting (2012). PowerPoint presentation on follow-up to UNSC 1983. UNAIDS, Bangkok, November 2012.

²⁴ UNAIDS Asia and the Pacific Region (2013). *Guidance for UN Joint Teams on AIDS on engaging uniformed services in AIDS response in Asia and the Pacific*. UNAIDS Regional Support Team Asia Pacific, Bangkok, June.

²⁵ UNAIDS (2012). *Joint Statement on Compulsory drug detention and rehabilitation centres*. UNAIDS, Geneva. http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

without due process is an unacceptable violation of internationally recognised human rights standards. Furthermore, detention in these centres has been reported to involve physical and sexual violence, forced labour, sub-standard conditions, denial of health care, and other measures that violate human rights.²⁶ The Statement calls on States to close such centres and provides guidance on the creation of more enabling environments for people who use drugs and sex workers to access HIV services.

Strong leadership has also been demonstrated by governments. For example, the President of Fiji has been a staunch advocate for a comprehensive HIV human rights-based response, which is now enshrined in Fiji's *National Strategic Plan for HIV* and the HIV/AIDS Decree (2011).²⁷ In relation to the conduct of uniformed services, the Decree specifically notes, for example, that actionable, HIV-related discrimination may occur in the provision of and access to health facilities and care to prisoners and persons in custody. It also provides that it is unlawful to knowingly deny a person access to a means of protection from infection of her or himself or another by HIV – a provision intended to prevent law enforcement from confiscating condoms from sex workers and their clients. It also provides for non-discrimination on the ground of HIV in employment with the police. In India the police have taken a leadership role in HIV prevention amongst key populations through the establishment of Nodal Officers for coordination of non-governmental organizations (NGOs) at State and District levels. These were first appointed in 2007 and have proved to be a successful, government-led response to support universal access in collaboration with civil society. Whilst this initiative began before UNSC Resolution 1983, efforts were intensified in October 2012 when it was requested that Nodal Officers be nominated to attend a national workshop for Central and State Police Forces (CASPFs) on the 'Role of police in HIV programming in India'.²⁸ UNAIDS India has also requested that all CASPFs incorporate training on the prevention of HIV and GBV into the regular curriculum of new recruits as well as all police personnel and other law enforcement officers before their deployment on peacekeeping missions.²⁹

Several NSPs and country reports mention the active leadership and advocacy role played by the police in the development of NSPs to guide effective responses to HIV, including through inclusion of uniformed services as actors within the national response to HIV. In India, the Ministry of Home Affairs is a key player in the development of the National AIDS Control Programme IV and has been active in addressing the role of law enforcement officers in combating human trafficking.³⁰ In Malaysia the President of the Malaysian AIDS Council (MAC) was formerly the Chief of the Criminal Investigation Department of the Royal Malaysian Police. Increased advocacy efforts with the police was attributed to his leadership and in July 2011 the MAC and the Royal Malaysian Police held a seminar on harm reduction and advocacy which led to the inclusion of 'Law enforcement in harm reduction' training for new police recruits in December 2011. Leadership combined with advocacy

²⁶ Ibid.

²⁷ HIV/AIDS Decree 2011, (Decree No. 5 of 2011), Government of Fiji, 4 February 2011, [http://www.fiji.gov.fj/getattachment/7689e939-f058-4254-bdb8-6d02faa2ca72/Decree-No-5_2011---HIV-AIDS-Decree-2011-\(pdf\).aspx](http://www.fiji.gov.fj/getattachment/7689e939-f058-4254-bdb8-6d02faa2ca72/Decree-No-5_2011---HIV-AIDS-Decree-2011-(pdf).aspx)

²⁸ Letter dated 25 October 2012 from the Special Secretary for Internal Security, Ministry of Home Affairs, India.

²⁹ Letter dated 11 December 2012 from UNAIDS to the Special Secretary for Internal Security, Ministry of Home Affairs, India.

³⁰ Government of India (2012). *Advisory on human trafficking as organized crime* dated 30.04.2012. <http://mha.nic.in/pdfs/CS-AdvHT-230812.pdf>

and enduring partnerships with uniformed services have therefore been attributed to the success of the harm reduction programme.³¹

Partnerships

UNSCR 1983 underlines that urgent and coordinated intentional action is required to curb the impact of the HIV epidemic in conflict and post-conflict situations, and “notes in this context the need for effective and coordinated action at local, national, regional and international levels to combat the epidemic and to mitigate its impact and the need for a coherent UN response to assist Member States to address this issue.” The 2012 UN General Assembly Special Session (UNGASS) report on progress towards achieving the targets of the 2011 Political Declaration makes a strong recommendation that “New partnerships and collaborative relationships should be forged that respond to the shared responsibility of HIV and reduce risks and advance protections for vulnerable people.”³² Within Asia and the Pacific region concerted efforts have been made by UNAIDS, Member States and others to strengthen regional and national partnerships with uniformed services and other stakeholders in the HIV response including affected communities.

An important regional initiative instigated by the UNAIDS Regional Support Team (RST) was the commissioning of the report *Arresting HIV* which looks at examples of good practice between law enforcement and key populations and describes successful collaborative partnerships.³³ In 2012, UNFPA, UNAIDS and APNSW published the *HIV and Sex Work Collection* which describes eleven innovative programmes in Asia and the Pacific that have increased sex workers’ access to HIV services.³⁴ One of these is SWING, Thailand, a partnership between a sex worker organisation and police to foster law enforcement practices that protect human rights and supports effective HIV programming.

The international consultation organised by the *Law Enforcement and HIV Network* (LEAHN) in May 2012 is an excellent example of bringing together key agencies to understand the context of policing among key populations to develop a comprehensive response including the integration of HIV activities into activities and projects interfacing with vulnerable populations.³⁵ Similarly, the Seminar “The Police Role in Public Health: Working with Diverse Communities in the Asian Context” supported by LEAHN, International Development Law Organisation, Centre for Law Enforcement and Public Health, AusAID, the Australian Institute of Police Management established networks and a greater understanding amongst police from Australia, Indonesia, Malaysia, Cambodia, Thailand, Nepal and Myanmar with police from other regions and key development partners including

³¹ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

³² United Nations General Assembly (2012). *United to end AIDS: achieving the targets of the 2011 Political Declaration*. Report of the Secretary-General, Sixty-sixth session, United Nations, New York, 2nd April 2012, page 25.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/20120402_UNGA_A-66-757_en.pdf

³³ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Global Institute for Public Health.

³⁴ United Nations Joint Programme on HIV/AIDS Asia and the Pacific Region, United Nations Population Fund (UNFPA), and the Asia-Pacific Network of Sex Workers (APNSW) (2012). *The HIV and Sex Work Collection, Innovative Responses in Asia and the Pacific*. UNAIDS, UNFPA and APNSW, Bangkok, 2012.

http://www.aidsdatahub.org/dmdocuments/HIV_and_Sex_Work_Collection.pdf

³⁵ Law Enforcement and HIV Network (2012). *International Consultation on Policing on most-at risk populations*. Law Enforcement and HIV Network, Rome, May. <http://www.unaids.org.cn/pics/20120821114640.pdf>

UNAIDS, UNDP and donors.³⁶ Such inter- and intra-regional experience-sharing and collaborations are key to the future containment of the HIV epidemic and need to be further strengthened to ensure that human rights are not violated and that GBV is prevented, as well as interventions put in place to deal with the consequences.

The UNAIDS Secretariat and Cosponsors are also supporting partnerships at the regional and country level involving uniformed services aimed at to better understanding and addressing key populations' vulnerability to HIV, including where that vulnerability arises in contexts where key populations are interacting with uniformed services. For example, multi-partner research on violence against sex workers is currently underway in the region to better understand the factors that increase or reduce sex workers' exposure to violence and vulnerability to HIV. The findings are expected to inform policy and programmes to prevent and respond effectively to violence against female, male and transgender sex workers. The research is being conducted in Indonesia, Myanmar, Nepal and Sri Lanka, and involves sex workers and their organisations as key partners in the design and conduct of the study at the regional level and in each of the four countries.³⁷ The research is led at the regional level by the UN Population Fund (UNFPA) Asia Pacific Regional Office, UNDP Asia Pacific Regional Centre, the Centre for Advocacy Stigma and Marginalisation (CASAM), the Asia Pacific Network of Sex Workers (APNSW) and Partners for Prevention (P4P), with support from UNAIDS. National Working Groups were established at the outset - involving governments (including law enforcement and Ministries of Justice and Home Affairs where possible), sex work organisations, and UN agencies including UNFPA, UNDP and UNAIDS - to oversee the conduct of country research, ensure ownership of the research, findings and recommendations, and to guide and support follow up action.

National partnerships have been forged to implement community-based policing initiatives in Bangladesh, Cambodia and India. These demonstrate the power of partnerships and empowering key populations to become involved in programmes that affect them. In Nepal, it was the Blue Diamond Society (BDS) - an organisation representing lesbians, gays, bisexuals, transgender and intersex persons (LGBTI) that actively sought partnerships with the Nepalese Police. As a result, the police now interact more favourably with communities of diverse sexual orientation and gender identity and facilitate their access to services, resulting in a reduction in human rights violations.³⁸

Other national examples of good practice in partnerships between uniformed service personnel and service provision for key populations include the methadone substitution therapy programme in prisons in Indonesia, the rapid expansion of harm reduction programmes for prisoners in China and the provision of antiretroviral therapy to people living with HIV who are in police custody in Bhutan. A recent initiative in Vietnam is to provide palliative care for military personnel living with HIV and four Ministry of Defence service points provide HIV-related palliative care and antiretroviral therapy not only for military services personnel, but also their families and civilian staff.³⁹

³⁶ Seminar held 10-11 November 2012, Melbourne, Australia.

³⁷ United Nations Development Programme (UNDP) Asia-Pacific HIV, Health and Development Team, the Asia Pacific Network of Sex Workers (APNSW), UNFPA Asia Pacific Regional Office (APRO), Partners for Prevention (P4P), and UNAIDS Regional Support Team, Asia and the Pacific (RST) (2012). *Project Overview: Regional Research Project - Sex Work and Violence: Understanding Factors for Safety and Protection, Updated July 2012*. UNDP Regional Office, Bangkok.

³⁸ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

³⁹ United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012).

The successful programme in Thailand to train 10,000 junior Thai police officers per year on HIV related stigma and discrimination is a result of a joint partnership signed on 17th September 2012 between the Royal Thai, the UNDP Resident Representative, the Foundation for AIDS Rights, and the Department of Rights and Liberty Protection in the Ministry of Justice.⁴⁰

UNAIDS now needs to build on existing examples of global and regional partnerships, especially those that strengthen the relationship between public health and law enforcement. These include the IPAG, LEAHN and the Pacific Islands Police Network (PILON). The Global Task Force on Uniformed Services needs to be resurrected by UNAIDS to provide global guidance and support regional endeavours. Additional partnerships need to be fostered to address the nexus between law enforcement, GBV and HIV.

Sustainability

Information obtained from National Strategic Plans (NSPs) and from members of the United Nations Joint Teams (UNJT) indicates problems with financing the response and an over-dependence on external donors and technical assistance. Some intervention methods being employed, such as peer education, were cited as difficult to sustain.

In the month of January 2013 alone 33,972 uniformed service personnel from seven countries⁴¹ in the region were deployed on peacekeeping missions mainly as troops, but some as police and military experts. As these tours of duty are of short duration (no more than six months) with a constant turnover of personnel, there is need for continuing DPKO support to pre-deployment training in GBV, HIV and human rights. Wherever possible these efforts should be integrated into NSPs to promote a coordinated and cohesive national response. An HIV/AIDS awareness training module should also be inserted into the curriculum of new recruits for all uniformed services personnel in all countries (especially in troop contributing countries) to ensure their positive contribution to the achievement of the HLM targets and the objectives behind UNSC Resolution 1983.

The UN Office of Drugs and Crime (UNODC) in India has also commented on the difficulties of working with uniformed service personnel as they are frequently transferred which "hampers the effective implementation of project activities." This requires refresher training and on-going technical support and resources from the UN.⁴²

Measurement, monitoring and evaluation

A key area to be strengthened is the evidence base informing the work on uniformed service personnel and key populations. For example, the absence of data on GBV is cited as an explanation for the absence of prevention programmes - if we do not know what the actionable causes are, how can we put measures in place to prevent it? Monitoring and evaluation of HIV-related programmes involving uniformed services also need to be strengthened in some countries with robust indicators developed in accordance with UNAIDS guidelines on reporting. Information was available on only one evaluation of a HIV prevention programme amongst uniformed service personnel and this was

⁴⁰ <http://www.undp.org/content/undp/en/home/presscenter/articles/2012/09/20/joint-partnership-means-10-000-police-will-receive-hiv-stigma-prevention-education/>

⁴¹ Bangladesh, Pakistan, India, Nepal, Indonesia, Sri Lanka and China (listed in order of magnitude of personnel deployed).

⁴² Questionnaire response from UN JT in India dated 20th February 2013.

from Sri Lanka. The findings question the effectiveness of one of the interventions used with uniformed service personnel.⁴³ In view of this, further evaluations should be undertaken to ensure evidence-informed interventions are implemented. Also a global framework for future reporting on progress towards UNSC Resolution 1983 would be helpful for monitoring progress.

Recommendations

Whilst much progress has been made in the region in engaging uniformed services in responses to HIV and GBV since UNSC Resolution 1983, a question remains - would this progress have been made without UNSCR 1983? For some countries where national leadership and strong partnerships are in place the answer is, probably "Yes". However, the NSPs that began in 2012 (i.e. after the adoption of UNSC Resolution 1983) in Bhutan, Fiji, Kiribati, the Maldives and Thailand do pay more attention to the role of uniformed service personnel in HIV prevention than NSPs for other countries developed prior to the resolution (with the exception of Australia and New Zealand).

The main challenge now for Asia and the Pacific region is to explore effective ways to build on the existing work with uniformed service personnel and expand their role as agents of change, particularly with respect to their interaction with people living with HIV and key populations and facilitating access to services for those who need them, as well as their role in preventing HIV, sexual and gender-based violence.

1. **Member States** in the region to involve uniformed service personnel in the development and implementation of their National Strategic Plans for HIV and where uniformed service personnel are known to engage in HIV/STI risk behaviour, to support a sufficiently resourced rights-based and evidenced-informed response.
2. **Member States** to scale-up efforts to promote laws, policies and directives that create an enabling environment so uniformed service personnel can facilitate access of people living with HIV and key populations to HIV/STI prevention treatment, care and support services. This includes intensification of efforts to eliminate compulsory detention of people who use drugs and sex workers, and human rights and HIV training for uniformed service personnel working in these and other closed settings.
3. **Member States** to remove legal barriers or punitive laws that hinder access to HIV prevention, treatment, care and support services by people living with HIV and key populations and to train uniformed service personnel in implementing evidence-informed, rights-based approaches to their work and actively contributing to the reduction of HIV-related stigma and discrimination within the context of the existing legal framework.
4. **Member States** to scale-up evidence-informed interventions with uniformed service personnel to facilitate universal access by people living with HIV and key populations to HIV/STI prevention, treatment, care and support programmes. This should include a specific advocacy component and a monitoring and evaluation framework built into National Strategic Plans.
5. **UNAIDS** to ensure that UN Joint Team members are familiar with UNCS Resolution 1983 and the implications for their support to Member States to scale up initiatives involving uniformed services as agents of change for more effective and coherent responses to HIV and gender-based violence.

⁴³ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011*, 8 July 2011.

6. **UNAIDS** to support Member States to develop a toolkit on HIV, human rights and gender-based violence highlighting the role of uniformed service personnel in HIV programming to be included in the curriculum for pre-recruits and routine refresher training programmes for uniformed services personnel, and to develop and implement other guidance as appropriate.
7. **UNAIDS** to support Member States to scale-up training of uniformed service personnel and non-governmental and community-based service providers in how to work most effectively with key populations to reduce stigma and discrimination and ensure the full realization of all their human rights and fundamental freedoms.
8. **UNAIDS** to facilitate Member States to:
 - I. continue to share experiences of good practice in engagement and leadership of uniformed services in HIV and gender-based violence responses throughout the region
 - II. empower law enforcement networks and community-based organisations to scale- up partnerships between uniformed service personnel, people living with HIV and key populations as an effective methodology for addressing vulnerability to HIV amongst uniformed service personnel and within the communities in which they live and work
9. **UNAIDS** to support Member States to collect data about risk behaviour, vulnerability and violence towards key populations (including sex workers, men who have sex with men, transgender people and people who use drugs) in order to inform the implementation of interventions that enable access to HIV services.
10. **UNAIDS** to work with Member States to integrate interventions to eliminate gender-based abuse and violence towards key populations more closely with HIV/STI prevention and protection interventions, and to specify the key protective role to be played by uniformed service personnel as “agents of change” in reducing and responding to gender-based violence.
11. **UNAIDS** to support Member States to further build capacity at country level in evidence-informed planning, monitoring and evaluation and regularly report on regional progress in achieving HIV and gender-based violence elimination targets. This should include the development and use of indicators for uniformed service personnel implementation of UNSC Resolution 1983 and the impact of such initiatives on HIV, key populations and gender-based violence.
12. **UNAIDS** to support Member States in resource mobilisation efforts⁴⁴ to build the evidence-base for HIV amongst uniformed service personnel and key populations and implement scaled-up effective interventions to promote the role of uniformed service personnel in their interactions with people living with HIV and key populations.

⁴⁴ It was proposed that DHAPP could be approached to provide technical and financial support to countries to strengthen the evidence base.

1. Background

1.1 Rationale

In June 2013 the Joint United Nations Programme on HIV/AIDS (UNAIDS) is due to report to the UN Security Council (UNSC) on implementation of Resolution 1983. In preparation for the UNSC session report back, the UNAIDS Regional Support Team, Asia and the Pacific has produced this report.

The purpose of this report is to:

1. Document the work undertaken in Asia and the Pacific region by UNAIDS Secretariat, UNAIDS Cosponsors and their partners since UNSC Resolution 1983 was adopted in June 2011; and
2. Provide an analysis of the efforts in the region, including recommendations for scale up. The focus is on two areas:
 1. The interaction between uniformed service personnel⁴⁵, people living with HIV and key populations at higher risk of HIV, hereafter referred to as “key populations”⁴⁶, in preventing HIV and facilitating access of people living with HIV and key populations to HIV services;
 2. Efforts to prevent HIV amongst national militaries and other uniformed service personnel in conflict and post conflict settings - especially of major troop and police contributing countries (T/PCCs) like Bangladesh, India, Nepal and Pakistan.

The report describes global commitments and regional responses as well as progress at national level towards meeting the recommendations of UNSC Resolution 1983. The interventions involving uniformed service personnel implemented in the region fall into four main categories; examples of good practice, challenges and future actions are identified for each category.

1.2 United Nations Security Council Resolution 1308

HIV and AIDS were discussed by the UN Security Council in 2000, leading to the adoption of the landmark Resolution 1308. This initiative, backed by the Clinton Administration, was the first time in the history of the UN that a health and social issue had been debated in the Security Council. This undoubtedly consolidated AIDS as a global priority – and was not only limited to the security and AIDS context.

UNSC Resolution 1308 called for high level political commitment to address HIV and AIDS amongst international peacekeepers, national and regional militaries and other uniformed service personnel. UNAIDS was encouraged to continue to strengthen its cooperation with interested Member States to further develop its country profiles to reflect good practice and countries’ policies on HIV prevention interventions and AIDS treatment. Since 2000 the UNAIDS Secretariat has led international advocacy efforts regarding AIDS as a security issue and together with and the United Nations (UN) Department of Peacekeeping Operations (DPKO) has reported to the Security Council in January 2001, November 2003, July 2005 and June 2011. The last report contributed to the development of a revised Security Council Resolution 1983.

⁴⁵ Uniformed Services are men and women serving in the defence and civil defence forces. This mainly includes personnel from: 1. Military and para-military; 2. Police and law enforcement; 3. Prison staff; 4. Border guards; and 5. Staff of United Nations (UN) Peacekeeping Operations. These groups are referred as uniformed service personnel (USP) throughout the document unless otherwise explicitly mentioned.

⁴⁶ These key populations include sex workers, men who have sex with men, persons who inject drugs, transgender, migrants and mobile populations, internally and externally displaced people due to humanitarian situations and those at risk of sexual violence.

Also in June 2011 there was a UN General Assembly High Level Meeting (HLM) on AIDS and endorsement for the global vision of Getting to Zero: Zero New Infections, Zero Discrimination and Zero AIDS-Related Deaths.⁴⁷ This resulted in the adoption of a *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS*.⁴⁸

1.3 On the Front Line

The report *On the Frontline*⁴⁹ reviewed ten years of progress towards UNSC 1308 and argues that recognition must be given to violence (especially sexual violence) as a factor in HIV transmission in humanitarian situations and amongst uniformed service personnel. Often HIV prevention is a first-line response to sexual violence by treating sexually transmitted infections (STIs), providing post-exposure prophylaxis and other measures. However, the prevention of sexual violence is rarely considered as an entry point for HIV prevention in security and humanitarian responses.

Specific recommendations were made in the report:

- HIV prevention strategies should be aligned with preventing and responding to sexual violence against women and girls (and sometimes, boys and men) in conflict.
- Measures and training for preventing sexual violence should be scaled-up and integrated into policing and law enforcement practices - especially in relation to stigmatized and criminalized activities and populations at higher risk of HIV exposure.
- Much more work needs to be done as part of policing and law enforcement practices to address the nexus between sexual violence, trafficking of women and girls, trafficking of drugs and the heightened risk of HIV.
- The prevention of sexual violence should be considered an entry point for HIV prevention in the context of security and humanitarian responses.
- Uniformed personnel and others should be trained to understand the implications and effects of sexual violence on victims and perpetrators alike.

The report noted that HIV prevention efforts have largely neglected police and other law enforcement officers and uniformed staff, including customs, navy, immigration and staff in correctional institutions. These officers often play a critical role in denying or facilitating access to HIV prevention and treatment services, especially for key populations, such as people who inject drugs, men who have sex with men, transgender persons, sex workers and their clients.

The main intervention cited to prevent HIV among uniformed service personnel was found to be peer education, sometimes supported by service provision, including: HIV testing, antiretroviral therapy (ART), managing sexually transmitted infections (STIs) and the provision of condoms. Despite these efforts, high-risk behaviour among uniformed service personnel in some countries was found to be widespread.

⁴⁷ UNAIDS 2011-2015 Strategy: Getting to Zero (2010).

http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/JC2034_UNAIDS_Strategy_en.pdf

⁴⁸ United Nations General Assembly (2011). *Political Declaration on HIV and AIDS: Intensifying our efforts to eliminate HIV and AIDS*. June 2011, A/RES/65/277

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_ares-65-277_en.pdf

⁴⁹ UNAIDS and DPKO (2011). *On the Frontline*.

The report argued for greater attention to be paid to cross-border issues, including the trafficking and sexual exploitation and abuse of women and girls, and the drug trade as these are related to vulnerability to HIV. It also called for a focus on the security concerns related to the nexus between policing, HIV, the international trade in illicit drugs, related human trafficking activities, drug use and violence against women. Another recommendation called for the enforcement of laws to combat discrimination and violence against populations at higher risk of HIV and training of law enforcement officers to defend human rights, especially when reaching out to women and key populations. The recommendations from the *On the Frontline* report informed discussions at the June 2011 UNSC which resulted in a new resolution, 1983.

1.4 United Nations Security Council Resolution 1983

Security Council Resolution 1983⁵⁰ contains eleven actions to be taken by the UN Secretary General, UN agencies and Member States:

1. urgent and coordinated international action to curb the impact of the HIV epidemic in conflict and post-conflict situations;
2. effective and coordinated action at local, national, regional and international levels to combat the HIV epidemic and to mitigate its impact and the need for a coherent UN response to assist Member States to address this issue;
3. development and strengthening of capacities of national health systems and civil society networks in order to provide sustainable assistance to women living with or affected by HIV in conflict and post-conflict situations;
4. HIV awareness to be integrated into mandated activities and outreach projects of UN Peacekeeping missions for vulnerable communities;
5. strong support by UN Mission civilian and military leadership for HIV prevention, treatment, care and support, as a factor for reducing the stigma and discrimination associated with HIV;
6. consideration of the HIV-related needs of people living with, affected by, and vulnerable to HIV, including women and girls, in 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;
7. incorporation, as appropriate, of HIV prevention, treatment, care and support, including voluntary and confidential counselling and testing programmes in the implementation of mandated tasks of peacekeeping operations, including assistance to national institutions, to security sector reform (SSR) and to disarmament, demobilization and reintegration (DDR) processes; and the need to ensure the continuation of such prevention, treatment, care and support during and after transitions to other configurations of UN presence;
8. intensification of HIV prevention activities within UN missions;
9. continuation of and strengthened efforts to implement the policy of zero tolerance of sexual exploitation and abuse in UN missions;
10. continued cooperation among Member States through their relevant national bodies, for the development and implementation of sustainable HIV prevention, treatment, care and support, capacity building, and programme and policy development for uniformed and civilian personnel to be deployed to UN missions.

⁵⁰ United Nations Security Council Resolution 1983 (2011), *Impacts of HIV/AIDS epidemic in conflict and post-conflict situations* S/RES/1983, 7 June 2011.

The final recommended action was for the UN Secretary-General “to provide further information to the Security Council as appropriate.”⁵¹

Resolution 1983 broadens the original resolution 1308 from a focus on Peacekeepers only, to address sexual violence and the inclusion of all uniformed services and their interaction with vulnerable communities such as people living with HIV and key populations. In order to ensure coherence across programmes relating to uniformed service personnel and the ten targets of the UN High Level Meeting (HLM) on AIDS agreed in New York in June 2011, UNAIDS and DPKO developed a monitoring matrix showing the linkages (see **Annex 1**). One of the HLM targets is to eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to be able to protect themselves from HIV - a target which is echoed in several other UNSC resolutions relating to the reduction of GBV in conflict and post-conflict countries (see below).

1.5 International commitments and recommendations to reduce gender-based violence

"All of us – men and women, soldiers and peacekeepers, citizens and leaders – have a responsibility to help end violence against women." UN Secretary General, Ban Ki-moon⁵²

Almost two decades ago, the 1995 Beijing Platform for Action called for the development of "programmes and procedures to eliminate sexual harassment and other forms of violence against women in all educational institutions, workplaces and elsewhere." It was recommended that States and other appropriate organisations:

1. Review regulatory frameworks, codes of conduct, protocols and procedures, of workplace, educational institutions, sporting clubs, community and faith organizations, the **military, police** and other organizational/institutional environments, to ensure they work to eliminate discrimination and harassment, and build organizational environments that are safe and inclusive of women and girls, and encourage women’s and girls’ participation and leadership.
2. Support the strengthening of community policing initiatives, including specially-trained officers with a focus on youth and family violence, violence against women and girls, and on human rights. **Promote greater collaboration between police forces and other security sectors for community-based prevention efforts.** (Paragraph 126a, emphasis added)⁵³

The UN Secretary-General Ban Ki-moon launched a campaign in 2008 “UNiTE to End Violence against Women” in order to raise public awareness and increase political will and resources for preventing and ending all forms of violence against women and girls in all parts of the world. He more recently stated that “although this vicious crime disproportionately affects women and girls, men and boys are also targeted.”⁵⁴

⁵¹ <http://www.un.org/News/Press/docs/2011/sc10272.doc.htm>

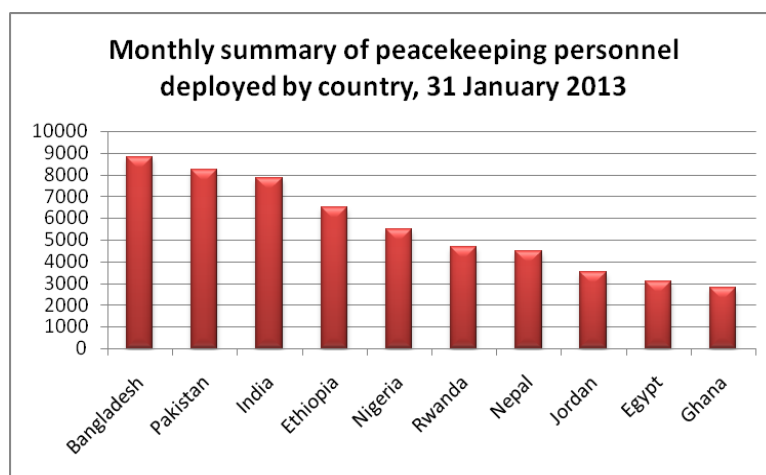
⁵² <http://www.qwww.endvawnow.org/en/leading-initiatives>

⁵³ <http://www.un.org/womenwatch/daw/beijing/platform/>

⁵⁴ The UN Secretary-General's remarks at Security Council Open Debate on Conflict-Related Sexual Violence, 17 April 2013. <http://www.un.org/sg/statements/index.asp?nid=6744>

To address the specific problem of GBV in conflict and post-conflict situations the UNSC has adopted a series of resolutions. For example, United Nations Security Council Resolution 1325 on women, peace and security recognises the impact of armed conflicts on women and girls, in particular it called on member states to incorporate HIV awareness training into their national training programmes for military and civilian personnel before deployment.⁵⁵ Also, Resolution 1820 on *Women, Peace and Security* adopted in June 2008 is of particular relevance to Asia and the Pacific region. It urges troop and police contributing countries to take appropriate preventative actions to strengthen efforts to implement the policy of zero tolerance of sexual exploitation and abuse in UN peacekeeping operations and military sexual trauma among their personnel as a way of reducing HIV risk (*S/RES/1820: 7*). Over a quarter (27%) of total personnel deployed in peacekeeping missions comes from Bangladesh, Pakistan and India. These countries, along with Nepal are in the top ten troop and police contributing countries (see **Figure 1**). Of the police deployed, Bangladesh contributed 14% of the total.⁵⁶

Figure 1: Total personnel deployed in peacekeeping missions by top ten countries



Source: UN DPKO, February 2013 http://www.un.org/en/peacekeeping/contributors/2013/jan13_1.pdf

Full commitment from Member States is needed to ensure that troops and police are appropriately trained during pre-deployment and a command structure is in place to implement the policy of zero tolerance of GBV.

Subsequent Resolutions 1888, 1889 and 1960 also commit peacekeeping forces to play a protective role in reducing sexual and GBV. For example, UNSC Resolution 1888 on *Women, Peace and Security* adopted in September 2009 specifically mandates peacekeeping missions to protect women and children from rampant sexual violence during armed conflict.⁵⁷ UNSC Resolution 1889 on *Gender, women and sexual violence* (adopted in October 2009) called for measures to strengthen the

⁵⁵ United Nations Security Council Resolution 1325 (2000), *Women, Peace and Security*, S/RES/1325, 31 October 2000. [http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1325\(2000\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1325(2000))

⁵⁶ As of 31 January 2013, the monthly summary of contributions from 114 countries to peacekeeping missions for Police, UN Military Experts on Mission, and Troops totalled 93,224 personnel. The majority of them were troops (79,031), 12,215 were police and 1,998 were UN Military Experts on Mission.

⁵⁷ United Nations Security Council Resolution 1888 (2009), *Women, Peace and Security*, S/RES/1888, 30 September 2009. <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/534/46/PDF/N0953446.pdf?OpenElement>

participation of women at all stages of peace processes, focusing on the period after peace agreements have been reached.⁵⁸ Resolution 1960 on *Sexual violence in situations of armed conflict, in particular against women and children*, was passed on 16 December 2010 and was formulated as a response to the slow development and progress in regard to women's rights and the continued use of violence against women and children, especially sexual violence against women and children in armed conflict. Resolution 1960 addresses states and non-state actors so that they act according to existing international laws, which prohibit the use of sexual violence in conflict.⁵⁹

Within the Asia and Pacific region UNSC Resolution (S/RES/2011/55) was adopted on 20 October 2011 to address the particular situation in Afghanistan and the need to ensure the protection of affected civilians, especially women, children and displaced persons. The Resolution calls for all parties to comply with their obligations under international humanitarian and human rights law and for all appropriate measures to be taken to ensure the protection of civilians.⁶⁰

In 2010 the DPKO, UN Women and UN Action against Sexual Violence in Conflict (UN Action) launched a data base of good practice in addressing conflict-related sexual violence. This includes efforts of uniformed peacekeepers to prevent, deter and respond to widespread and systematic sexual violence.

A review of progress towards UNSC Resolution 1983 conducted by UNAIDS in sub-Saharan Africa in 2012 entitled *Securing an AIDS Free Future: Practical Lessons about Security and AIDS in Conflict and Post-Conflict Settings* identified the need to prioritise work in three thematic areas:

- interventions to address sexual and gender-based violence
- integration of HIV in demobilization, disarmament and reintegration programmes
- integration of HIV in security sector reform initiatives⁶¹

The 2012 report of the *Global Commission on HIV and the Law* contains recommendations to Member States and the UN relevant to the reduction of gender based violence in the context of HIV. It also contains recommendations for responding to human trafficking, which can increase vulnerability to HIV and GBV. These recommendations have direct implications for uniformed services including border officials and police and are intended to improve the effectiveness of anti-trafficking responses and reduce the negative impact of anti-trafficking laws, policies and practices on sex workers' access to HIV prevention, treatment, care and support. In relation to anti-human trafficking measures and HIV, the report recommends that countries "ensure that the enforcement of anti-human trafficking laws is carefully targeted to punish those who use force, dishonesty or coercion to procure people into commercial sex, or who abuse migrant sex workers through debt bondage, violence or by deprivation of liberty. Anti-human trafficking laws must be used to prohibit

⁵⁸ United Nations Security Council Resolution 1889 (2009), *Gender, Women and Sexual Violence*, S/RES/1889, 5 October 2009 <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N09/542/55/PDF/N0954255.pdf?OpenElement>

⁵⁹ United Nations Security Council Resolution 1960 (2010), *Sexual Violence in situations of Armed Conflict*, S/RES/1960, 16 December 2010 <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N10/698/34/PDF/N1069834.pdf?OpenElement>

⁶⁰ United Nations Security Council Resolution 2011 (2011), *The situation in Afghanistan*, S/RES/2011, 12 October 2011 <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/542/18/PDF/N1154218.pdf?OpenElement>

⁶¹ UNAIDS (2012). *Securing an AIDS Free Future: Practical Lessons about Security and AIDS in Conflict and Post-Conflict Settings*. UNAIDS, Geneva.

sexual exploitation and they must not be used against adults involved in consensual sex work.”⁶² The report also recommends that countries “ensure that the enforcement of anti-human trafficking laws is carefully targeted to punish those who use force, dishonesty or coercion to procure people into commercial sex, or who abuse migrant sex workers through debt bondage, violence or by deprivation of liberty. Anti-human trafficking laws must be used to prohibit sexual exploitation and they must not be used against adults involved in consensual sex work.”⁶³

1.6 International commitments and recommendations on policing of vulnerable communities including key populations

The 2012 report of the *Global Commission on HIV and the Law* contains a number of specific recommendations directed towards ensuring that law enforcement play a positive role in enabling access to HIV services for PLHIV and key populations, and in preventing and responding to GBV. These include:

- To ensure an effective, sustainable response to HIV that is consistent with human rights obligations, 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.
- Take all measures to stop police harassment and violence against sex workers.⁶⁴

In recent years, global partnerships between the police, international non-government organisations (NGOs) working in harm reduction, UN agencies and researchers have been established, and are proving fundamental to the development of a coherent response to the role of police in HIV responses. The International Consultation on Policing of Most at Risk Populations (MARPs) – the Role of Police Services in Improving the Health of MARPs, co-hosted by the Law Enforcement and HIV Network (LEAHN), International Development Law Organisation (IDLO) and Forum Droghe in May 2012 is an excellent example of global efforts to bring together key stakeholders from policing and health sectors, UNAIDS and international NGOs to improve understanding of the context and impact of policing on the health of vulnerable populations and the broader community. This consultation concluded with five recommendations for future action to improve policing and public health. To:

- understand why police behave in the ways they do towards members of key populations in different contexts, so that this understanding can underpin advocacy and education
- develop a common language and common understanding of the meaning of key terms on the part of both parties
- ensure that policing for public health aims to accommodate public health, individual, public and international security considerations on human rights
- enunciate principles underlying policing for public health so that they may be applied when developing guidance, and when monitoring and evaluating policing approaches
- educate everybody involved in the partnership – not just police, but within public health agencies as well⁶⁵

⁶² UNDP (2012). *Global Commission on HIV and the Law: Risks, Rights and Health*, UNDP HIV/AIDS Group, New York.

⁶³ Ibid

⁶⁴ UNDP (2012). *Global Commission on HIV and the Law: Risks, Rights and Health*, UNDP HIV/AIDS Group, New York

⁶⁵ Law Enforcement and HIV Network (2012). *International Consultation on Policing on most-at risk populations*. Rome 10-11th May 2012. <http://www.idlo.int/english/whatwedo/publications/Pages/Details.aspx?ItemsID=382>

The International Drug Policy Consortium (IDPC) is a global network of 100 non-government organisations and professional networks that specialise in issues related to the production and use of controlled drugs. A recent IDPC report identifies recommended areas of police support for harm reduction policies and practices towards people who inject drugs. This report notes the long standing role of the police in protecting and promoting public health, fundamental human rights and increasing access to health-related programmes and interventions. Despite police officers' affirmation upon their appointment as an officer to uphold the laws of their country, there remains antagonism towards harm reduction interventions in some countries. The Consortium therefore calls for harm reduction principles to be embedded within police service training curricula to bring about positive change in policing attitudes towards people who inject drugs.⁶⁶

1.7 Economic and Social Commission for Asia and the Pacific Resolutions reinforce key components of UNSC 1983

In addition to the global initiatives described above, there have also been supportive regional resolutions and initiatives in Asia and the Pacific that reinforce and build on these recommendations.

The Economic and Social Commission for Asia and the Pacific (ESCAP) Resolutions 67/9 and 66/10 recognize that HIV is a major public health and development challenge that threatens to reverse many of the social and economic gains achieved in Asia and the Pacific region, including progress in attaining the Millennium Development Goals (MDGs). In particular, ESCAP Members noted in these Resolutions the continuing high prevalence of HIV among key populations including men who have sex with men, sex workers, people who use drugs and transgender people, as well as the legal and policy barriers that impede progress in developing and implementing effective ways of responding to HIV.

ESCAP Resolution 67/9 was adopted in May 2011, one month before the UN General Assembly High Level Meeting on AIDS. The Resolution calls on governments in the region to commit a greater proportion of national resources to the HIV response. It also urges a review of national laws, policies and practices to achieve the universal access targets, the elimination of all forms of discrimination against people affected by and living with HIV, and the need to address all forms of GBV especially against women and girls.⁶⁷

In February 2012 ESCAP reported to the UN Economic and Social Council (ECOSOC) on progress against commitments in the *Political Declaration on HIV and AIDS* and the MDGs. This inter-governmental meeting was an important opportunity for Member States from the region to share experiences and learn from each other and affected communities. In pursuance of ESCAP Resolution 66/10, the meeting discussed progress towards multi-sectoral dialogues between health and other sectors, including justice, law and order and drug control and efforts to address GBV. Specific efforts by countries were highlighted such as work in Indonesia to decriminalize substance use and accord drug users the right to treatment; legal recognition of transgender persons as the third gender in

⁶⁶ Monaghan, G. and Bewley-Taylor, D. (2013). *Police support for harm reduction policies and practices toward people who inject drugs*. International Drug Policy Consortium, Modernising Drug Law Enforcement Report 1, London.

⁶⁷ UNAIDS (2011). *UN Economic and Social Commission in Asia and Pacific members adopt new Resolution on HIV ahead of High Level Meeting*. UNAIDS Feature story, 01 June 2011, UNAIDS, Geneva.
<http://www.unaids.org/en/resources/presscentre/featurestories/2011/june/20110601unescap/>

Nepal; recognition of the civil rights of transgender persons in Pakistan. A separate side event was held on 'Effective law enforcement practices in the HIV response'. At this event, senior police from India and Malaysia, UN representatives and civil society experts shared with the 200-odd participants in the meeting examples of good practice in effective and sustainable partnerships among uniformed services, health sector and other partners including key populations.⁶⁸

1.8 Regional initiatives

The UNAIDS Regional Support Team, Asia and the Pacific, and UNAIDS Country Offices in the region have confirmed that UNSC 1983, together with the HLM, is an opportunity for regional UN offices and partners to position uniformed services as agents of change to:

- Scale up Universal Access for **all** people in uniform - peacekeepers, national militaries, prison guards, police, and migration officials - and their families,
 - **And** for the key populations with whom they interact – including sex workers, persons who inject drugs, men who have sex with men, transgender people, migrants, and prisoners,
 - **And** for women and girls at risk of violence and internally and externally displaced people due to disaster;
- Address the nexus between HIV, policing, gender-based violence;
- Coordinate AIDS and security programs in conflict/post conflict, humanitarian emergencies, early recovery, reconstruction and development; and disarmament, demobilization and reintegration.⁶⁹

Engagement of uniformed services in regional initiatives on HIV and gender-based violence began before UNSC 1983, and some of these initiatives continue to support and influence the work that has been planned and implemented in furtherance of UNSC 1983. For example, in 2005 the regional Declaration on *Engaging Men and Women in the Uniformed Services in the Fight Against HIV/AIDS* was signed by all 21 member states of the Pacific Islands Chiefs of Police (PICP)⁷⁰ as well as by UNAIDS and the PICP Secretariat.⁷¹ This partnership and joint Declaration provides the backdrop to many of the successful partnership initiatives in the Pacific that are described in this report.

The 2008 *Commission on AIDS in Asia* report recommended that governments should remove legislative, policy, and other barriers to strengthen access to services. It specifically noted that Governments may also issue legislative and/or administrative directives to the police, correctional, and judicial services to facilitate the provision of HIV-related services to key populations. Countries should not implement programmes that accentuate HIV-related stigma as they can be counterproductive, for example “crack-downs” on red-light areas and arrest of sex workers.⁷²

⁶⁸ United Nations Economic and Social Council (2012). *Report of the Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals*. Economic and Social Commission for Asia and the Pacific, 68th Session, Bangkok 6-8 February.

http://www.aidsdatahub.org/dmdocuments/ESCAP_report_intergovernmental_meeting.pdf

⁶⁹ UNAIDS Regional Management Meeting (2012). PowerPoint presentation on follow-up to UNSC 1983. UNAIDS, Bangkok, November 2012.

⁷⁰ The Pacific Islands Chiefs of Police is an organization of commissioners, directors and police chiefs of the national police and represents 75,000 police personnel from 21 nations across Melanesia, Micronesia and Polynesia.

⁷¹ UNAIDS (2005). *Press release*. UNAIDS, Geneva, 13th September.

http://www.unaids.org/en/media/unaids/contentassets/dataimport/media/press-releases03/pr_pacific_13sept05_en.pdf

⁷² Commission on AIDS in Asia (2008). *Redefining AIDS in Asia*, Oxford University Press, New Delhi.

A Regional Consultation on *HIV and Sex Work* was held in October 2010 to address these issues and position sex work as central to the response to the HIV epidemic in Asia and the Pacific, providing a platform for consensus building between stakeholders. The objectives of the Regional Consultation were to:

- Strengthen meaningful participation of female, male and transgender sex workers in the HIV response;
- Promote a human rights-based approach in the response to HIV and sex work;
- Review the implementation of relevant recommendations from the reports from the *Commission on AIDS in Asia* and the *Commission on AIDS in the Pacific*; and
- Agree on a process for the implementation of priority actions and inclusion in national responses including in National AIDS Strategies, Global Fund proposals and other bilateral programmes.⁷³

Some of the key messages which came out of the consultation included eliminating violence against sex workers, in particular by state actors. The recommendations included that police and law enforcement need to be engaged in local responses. In particular, one of the recommendations was to identify mechanisms for involving law enforcement, the judiciary and National Human Rights Institutions in discussions to ensure equality before the law, access to justice and the elimination of violence against sex workers be developed.⁷⁴

In November 2012 the UN Regional Thematic Working Group on HIV and Sex Work convened a one-day dialogue between UN agencies and civil society partners to discuss human trafficking and sex work in Asia and the Pacific and interventions to minimize the negative impact of anti-trafficking laws, law enforcement practices and programmes on sex workers' access to HIV services. The dialogue drew attention to the conflation between sex work and human trafficking for the purpose of sexual exploitation in some countries and resulted in an agreed process for UN agencies to move towards the development of a common understanding on human trafficking, sex work and HIV with a view to reducing the harms of anti-trafficking efforts (including those implemented by or with the support of uniformed services personnel) on sex workers' access to HIV services.⁷⁵

Regional partners⁷⁶ are currently jointly implementing a human rights-based research project to better understand the risk and protective factors associated with sex workers' exposure to violence and HIV (during and outside of sex work). Preliminary findings indicate that there are significant barriers to justice for sex workers who experience violence, including reluctance to report to police, and that uniformed service personnel are among the perpetrators of violence. Country reports and a regional report, that analyses the common themes across countries and makes recommendations for action, will be finalised in 2013/2014. The findings are expected to inform policy and

⁷³ APNSW et al (2011). http://aidsdatahub.org/dmdocuments/Building_Partnerships_on_HIV_and_Sex_Work.pdf

⁷⁴ Ibid.

⁷⁵ UN Regional Thematic Working Group on HIV and Sex Work (2012). *Dialogue to promote common understanding of and consistent approaches to human trafficking and sex work for improved HIV responses in Asia and the Pacific*. UN Regional Support Team, Bangkok, 28th November.

⁷⁶ These include the UNDP Asia-Pacific HIV, Health and Development Team, the Asia Pacific Network of Sex Workers (APNSW), UNFPA Asia Pacific Regional Office (APRO), Partners for Prevention (P4P), and UNAIDS Regional Support Team in Asia and the Pacific (RST).

programmes to prevent and respond effectively to violence against female, male and transgender sex workers.

2. Methodology

In order to assess progress made in the countries of Asia and the Pacific region in the two years since UNSC 1983, information was sought from a number of key national HIV planning documents, namely National Strategic Plans on HIV and AIDS (NSPs), and approved proposals to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM), as well as ad hoc regional reports covering data on HIV, GBV, human trafficking and illicit drugs, and relevant interventions involving uniformed service personnel in the relevant period of the review. Information from this review was sent to UNAIDS Country Coordinators for verification and amendments were made accordingly.

The NSPs were reviewed for all countries where data were available. Under the UNAIDS Three Ones approach the NSPs are the key national planning documents and should provide a clear overview of the country HIV response. Included in the review were NSPs that cover periods after UNSC Resolution 1983 as they show activities that are relevant to the Resolution even if written before it was passed, as well as those written after UNSC Resolution 1983 that show what has been planned after the Resolution was passed, which is relevant to the stocktaking even if not yet implemented. Where information was not available or was insufficient in the NSP, other documents were consulted, including Country Progress Reviews, published articles and regional and country reports.

A total of 26 NSPs were available for Member States in the UNAIDS Asia and the Pacific region (refer to Annex 2). Countries for which no NSPs were available include Japan and the Republic of Korea. The NSPs for the Federated States of Micronesia and Singapore were not available, but information on planned national responses to HIV was obtained from the Global AIDS Response Progress Country Progress Reports and Asia and the AIDS Data Hub Asia Pacific Country Review respectively.⁷⁷

The start dates of the NSPs ranged from 2006 (India) to 2012 for Bhutan, Fiji, Kiribati, the Maldives and Thailand. Some of the NSPs reviewed had expired (India, Pakistan and Sri Lanka). However, for India and Pakistan information was available about the content of the next Strategic Plan. The majority (21) of the NSPs reviewed started in or before 2011, when SCR 1983 was approved. These are relevant in that they provide a good idea of the extent to which countries already included uniformed service personnel in their HIV plans, their interactions with key populations and the extent to which issues of GBV (in the context of HIV) were addressed. The extent to which any of the NSPs are being implemented according to interventions described is not known.

A questionnaire on the interaction between uniformed service personnel and key populations was also distributed for completion by all UN Joint Teams (UNJT) in Asia and the Pacific.

3. Key findings

⁷⁷ United Nations Joint Programme on HIV/AIDS, UNAIDS (2011). *Asia and the Pacific Country Reviews: Singapore at a Glance*. HIV and AIDS Data Hub for Asia-Pacific, UNAIDS, Bangkok.
[http://www.aidsdatahub.org/dmdocuments/Singapore_Country_Review_2011_HIV_and_AIDS_Data_Hub_for_Asia-Pacific_\(2011\).pdf](http://www.aidsdatahub.org/dmdocuments/Singapore_Country_Review_2011_HIV_and_AIDS_Data_Hub_for_Asia-Pacific_(2011).pdf)

In addition to specific references to peacekeepers and the military, UNSC Resolution 1983 also makes reference to the broader category of “uniformed services”. For the purposes of this report, the term uniformed services is considered to comprise men and women serving in the defence and civil defence forces. This mainly includes personnel from: 1. Military and para-military; 2. Police and law enforcement; 3. Prison staff; 4. Border guards; and 5. Staff of United Nations (UN) Peacekeeping Operations.

Out of the 26 NSPs reviewed, 22 detailed some activities with uniformed services (predominantly police/law enforcement officers) and four country NSPs made no mention of interventions with any uniformed services (China, New Zealand, Singapore⁷⁸ and Tuvalu⁷⁹). However, New Zealand had, in previous NSPs, placed considerable attention to work with the police and related uniformed services personnel to create an enabling environment for HIV interventions with key populations.⁸⁰ Reports other than NSPs show that there are examples of good practice with peer education amongst the police in China,⁸¹ although no UN agency in China is known to be working with uniformed service personnel on HIV-related issues. There are HIV activities with officers in prisons and detention centres in the Chinese National AIDS Programme, but these are not documented in the NSPs reviewed and official reports were not available.⁸²

Table 1: Reference to specific uniformed service personnel in National Strategic Plans

Uniformed services	Mentioned in NSP
Police/law enforcement	22
Military	14
Prison staff	5
Border guards (including ports)	5
Customs officers	2
Body guards/security	3
Juvenile justice	1

Data source: 26 reviewed National Strategic Plans for AIDS

Most NSPs specify the cadre of uniformed services to be engaged. For example, the Myanmar NSP refers to eight different types of uniformed personnel: military, police, prison facility staff, Bureau of Special Investigation, immigration, fire brigade, customs and other special forces in border areas.⁸³ In the NSP for Maldives six types of uniformed service personnel are mentioned: military, police, port staff, customs officers, prison and juvenile justice staff. In Bhutan and the Federated States of Micronesia four different groups are mentioned. Afghanistan, Fiji, Mongolia and Sri Lanka had planned activities for three different cadres of uniformed services personnel. The absence of a reference to a specific category of uniformed service personnel in the NSP does not necessarily mean that there are no activities involving them.

⁷⁸ The NSP for Singapore was not available so the 2010 Country Progress Report was reviewed.

⁷⁹ NSPs for Palau and Tuvalu are from 2009 to 2013 so the drafts for the 2014 plans will need to be reviewed to assess the extent to which USPs are included.


⁸⁰ The New Zealand AIDS Foundation (NZAF) has already done a significant amount of work over its 20 year history to build positive social environments, develop personal skills and strengthen community action.

⁸¹ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

⁸² UNAIDS Country Office China (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 People's Republic of China*, UNAIDS, Beijing.

⁸³ Personal communication with UNAIDS Myanmar, 8th February 2013.

Figure 2: Overview of types of interventions involving uniformed services personnel (USP) mentioned in National Strategic Plans for AIDS

LEVEL OF UNIFORMED SERVICES ENGAGEMENT IN HIV RESPONSE 					Role of USP as protector against GBV
				Role of USP as facilitator to services	
			Role of USP and enabling environment		
		Reference to USP as risk group			
	No reference to USP				
TYPE OF INTERVENTIONS INVOLVING UNIFORMED SERVICES PERSONNEL INCLUDED IN NSP					

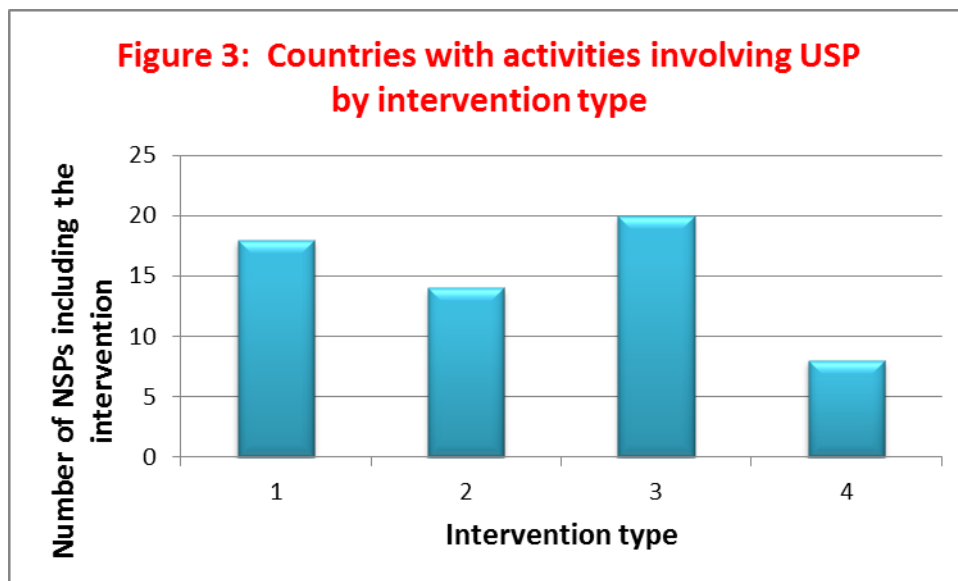
Data source: National Strategic Plans for AIDS

The plans that began in 2012 (i.e. after the adoption of UNSC Resolution 1983) in Bhutan, Fiji, Kiribati, the Maldives and Thailand pay more attention to the role of uniformed service personnel in HIV prevention than NSPs for other countries developed prior to the Resolution (with the exception of Australia and New Zealand). There are some examples of activities in the NSPs for uniformed service personnel and gender-based violence (notably Cambodia and Fiji).

The interventions involving uniformed service personnel found in the reviewed NSPs fall into four main categories⁸⁴:

1. Interventions to prevent HIV amongst uniformed service personnel (18)
2. Interventions to create an enabling environment, including legal and policy reform impacting on sites where uniformed services engage with the community (14)
3. Interventions to protect key populations and increase their access to services (20)
4. Interventions to eliminate gender-based violence (8)

⁸⁴ There was no reference to uniformed service personnel in two of the NSPs reviewed.



Data source: National Strategic Plans for AIDS

These are now discussed with information on the situational context of the intervention, the interventions planned and being implemented to address the situation, examples of good practice, challenges encountered and recommendations for future actions.

3.1 Situational context

3.1.1 HIV prevention amongst uniformed services personnel

Seven of the NSPs reviewed contain data on high risk behaviour for HIV and sexually transmitted infections amongst uniformed service personnel in Bhutan, Lao People's Democratic Republic, Mongolia, Myanmar, Palau, Timor-Leste and Vietnam; additional information was available from the Federated States of Micronesia from the Global AIDS Response Report, 2012.⁸⁵ The data were obtained from specific behavioural and biological behavioural surveys and provide evidence for identifying uniformed service personnel as a specific target group for HIV prevention interventions as well as baseline data for monitoring the effect that interventions have had on HIV and STI prevalence rates. For the majority (18) of countries' NSPs, these data were not cited in the NSP, although many countries nevertheless included activities directed towards uniformed service personnel (see below).

To support the integration of interventions engaging uniformed services in the HIV response in the 2012-2017 national strategic plan to follow from the *National AIDS Control Programme III*, UNAIDS in India supported in 2009 the Central Reserve Police Force (the largest paramilitary force in India with over 300,000 personnel) to conduct a Behavioural Surveillance Survey (BSS) to assess the HIV risk behaviour of uniformed service personnel and monitor the impact of HIV prevention and control

⁸⁵ Federated States of Micronesia (2012). *Global AIDS Response Progress Report 2012*. Submission date: 31st March 2012. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_FM_Narrative_Report%5B1%5D.pdf). See also, Federated States of Micronesia (2012). *National Composite Policy Index, 2012*.)

activities undertaken by the Force AIDS Control Cell. India's *National AIDS Control Programme, NACP IV (2012-2017)* had not been released at the time of writing this report.⁸⁶

In countries where HIV prevalence data were available, prevalence amongst the uniformed services personnel covered by the surveys varied from 0.15% amongst male military recruits in Vietnam⁸⁷ to 1% amongst new male military recruits in Myanmar.⁸⁸ In Bhutan, uniformed service personnel accounted for 11.1% of all registered people living with HIV in 2011.⁸⁹

⁸⁶ Government documents indicate that the plan has been approved and implementation commenced. See: Government of India, Ministry of Health and Family Welfare (2013) *Department of AIDS Control, Annual Report 2012-13*. Ministry of Health and Family Welfare, New Delhi, 12 March 2013.

http://nacoonline.org/upload/Publication/Annual%20Report/Annual%20report%202012-13_English.pdf

⁸⁷ UNAIDS (2010). *UNGASS Country Progress Report: Vietnam, 2010*.

⁸⁸ National AIDS Programme, Myanmar (2013). *HIV Sentine Sero-surveillance Survey Report, 2012*.

⁸⁹ National STIs and HIV/AIDS Prevention and Control Programme. (2012). *Global AIDS Response Progress Report: Bhutan*.

Table 2: HIV and sexually transmitted infections amongst uniformed services personnel from countries in the region where data are available

Country	Sample size	HIV knowledge	HIV risk behaviour	Ever tested for HIV	HIV prevalence	STIs and Hepatitis	Data source
Bhutan	345 armed forces personnel	Not stated	14% USP did not use condoms with sex workers 44.7% had two or more sexual partners in the last 12 months and of these 41.5% did not use condoms at last sex ^b	Not stated	Uniformed personnel account for 11.1% of people registered with HIV ^a	5.3% armed forces staff tested +ve for Syphilis 6.3% armed forces staff tested +ve for Hepatitis B ^b	^a Surveillance data 2011 ^b National Strategic Plan (2012-2016)
Federated States of Micronesia	114 male police (Pohnpei)	40% had comprehensive HIV knowledge ⁱ	45.9% reported multiple sexual partners in last 12 months 65.4% with live in and casual partners reported never using condom with live in partner in last 12 months and 76.9% reported never using a condom with their casual sexual partner in the last 12 months None reported using condoms during casual sex	41.2% 26/31 had been tested for HIV in last 12 months and knew their results	Not stated	Not stated	2007 SGSS
Lao People's Democratic Republic	Not stated	Not stated	Known to be the clients of sex workers and had multiple partners	Not stated	0%	10% (Luang Prabang) tested positive for Chlamydia or Gonorrhoea	2004 IBBS
Mongolia	Not stated	"Low levels" of knowledge and high illiteracy levels	Not stated	Not stated	Not stated	Not stated	Not stated
Myanmar	Not stated	Not stated	Vulnerable due to work environment, mobility and age	Not stated	1% among new military recruits	2.3% (Yangon) and 0.6% (Mandalay) of new military recruits tested +ve for Syphilis	2012 HIV sentinel surveillance
Palau	47 male police	Not stated	32% reported engaging in casual sex and 4% in commercial sex Low condom use reported	Half: of these, 30% tested voluntarily and 35% of them received the results	0%	5% +ve Chlamydia	2005/06 SGSS
Timor-Leste	162 male and 46 female uniformed personnel	High levels of HIV (96%) & STIs (93%) awareness. 85.6% knew condoms protect against HIV 43.2% knew STIs can be asymptomatic 18.7% thought PLHIV could look "healthy"	34.8% of male uniformed personnel had non-regular female partners in last 12 months. 24.7% of male uniformed personnel had commercial sex in the last 12 months and 42% reported consistent condom use with commercial partners in the last 12 months 34% reported commercial sex in the last 12 months	14% ever tested for HIV and among those tested, 61% had had the test in the last 12 months			2008 BSS
	206 uniformed personnel				0.5%	13.9% were positive for syphilis	2011 IBBS
Vietnam	Male military recruits	Not stated	Not stated	Not stated	0.15% male military recruits	Not stated	2009 Sentinel surveillance

For data sources see section in References to Table 2.

Key: BSS Behavioural Surveillance Survey; IBBS Integrated Bio-behavioural Survey; SGSS Second Generation Surveillance Survey

, Comprehensive HIV knowledge: UNGASS standard knowledge indicator that measures *the percentage of key populations both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*. It is a composite indicator of five questions; 1. Can having sex with only one faithful, uninfected partner reduce the risk of HIV transmission?, 2. Can using condoms reduce the risk of HIV transmission?, 3. Can a healthy-looking person have HIV? , 4. Can a person get HIV from mosquito bites? 5. Can a person get HIV by sharing a meal with someone who is infected?

It is difficult to make comparisons of HIV risk behaviours and HIV needs amongst uniformed services across countries due to the paucity of the data and the different modes of data collection (**Table 2**). HIV prevention interventions for uniformed service personnel in Nepal have been in place since 1996 and in the 2010 proposal to the GFATM, male uniformed service personnel were identified as a key bridging population for HIV transmission from sex workers to the general population.⁹⁰

3.1.2 Planned activities to address the situation

The following activities to address HIV risk behaviours amongst uniformed service personnel are included in NSPs from 18 countries (refer Annex 2 for further details):

- Conduct an integrated bio-behavioural survey (IBSS) of uniformed service personnel every two years (GFATM funded in Nepal)
- Conduct a needs assessment and plan interventions for uniformed service personnel based on the findings
- Raise awareness of HIV and behaviour change communication activities (Bhutan, Fiji, Indonesia, Myanmar, Thailand including family members), develop training curricula, conduct training of trainers (ToT), peer education and workplace-based education programmes
- Increase knowledge and skills of uniformed service personnel in universal precautions and provide clean injection equipment, safe blood and post-exposure prophylaxis
- Protect uniformed service personnel from HIV (provision of condoms and lubricants at the workplace)
- Build capacity of health care providers working with uniformed service personnel to prevent and treat HIV and STIs
- Promote health seeking behaviour and utilization of HIV and STI services
- Scale up/increase access to quality counselling and testing for HIV and sexually transmitted infections services (including mobile services - Myanmar)
- Increase access to HIV treatment, care and support services (including to prevention of mother-to-child transmission of HIV in Myanmar)
- Improve coordination of HIV/STI prevention among uniformed services and other agencies
- Establish referral systems between uniformed and civilian health services

In addition, the Bhutan NSP makes specific reference to the role of Women's Associations linked with the Royal Bhutan Army, Royal Bhutan Police and Royal Bhutan Body Guard in HIV awareness raising and prevention, including condom distribution.⁹¹

The only specific mention of a country providing palliative care for military personnel living with HIV was found in Vietnam. Four Ministry of Defence service points provide HIV-related palliative care and antiretroviral therapy (ART) for military services personnel, their families and civilian staff. During 2011, 404 adults and children living with HIV benefited from at least one clinical service and

⁹⁰ GFATM Round 10 proposal, Nepal (2010).

⁹¹ Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu (page 31).

205 received cotrimoxazole prophylaxis. In the same year 89 people started receiving ART and by the end of the year a cumulative total of 297 were on ART.⁹²

In addition to the above activities referenced in the NSPs, funds have been provided under Round 10 of the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) to Timor-Leste for: activities to prevent HIV amongst uniformed service personnel and includes peer based outreach by trained volunteers from the police, marines and defence forces; intensive group education integrated into social events; and advocacy to high level commanders to facilitate access to service facilities and on-site provision of condoms.⁹³

According to reports from UNAIDS Country offices on progress with uniformed service personnel as a follow up to UNSC Resolution 1983, in Sri Lanka, UNFPA is supporting the National STI and AIDS Control Programme (NSACP) to build capacity through Training of Trainers (ToT) for uniformed service personnel. Six ToT were conducted and 300 officers trained from the Sri Lankan army, Navy and Air Force. In addition, five ToT have been conducted for Police in Police Training Centres and eight sensitization programmes conducted amongst 1,290 Police Officers in the provinces. Research has also been conducted on knowledge, attitudes and behaviour of Police Officers to form a baseline for these activities.⁹⁴ In Papua New Guinea, new police recruits are also trained in HIV prevention activities.

Programmes to strengthen the HIV prevention activities among military personnel have been funded by the Government of the United States of America (USA) through the Department of Defence HIV/AIDS Prevention Program (DHAPP) in Lao People's Democratic Republic (PDR), Nepal and Timor-Leste and through the President's Emergency Plan for AIDS Relief (PEPFAR) in India, Indonesia and Vietnam.⁹⁵ These interventions are not listed in the country NSPs, although they form a substantial part of the country response to HIV. For example, during the period 2011 to 2014 the USA Department of Defence (DoD) will have provided approximately US\$ 1 million through Family Health International (FHI) in Indonesia to support interventions with the military. These include:

- conduct an integrated bio-behavioural survey (IBBS)
- use IBBS data to reframe the HIV prevention programme
- strengthen HIV counselling, testing and treatment programmes.⁹⁶

Additionally, through PEPFAR support in the financial year 2011, the Indonesian Armed Forces (IAF) provided 9,438 military personnel⁹⁷ with HIV counselling and testing services, including receiving their results. The IAF has increased the number of military hospitals that provide HIV counselling and testing and liaises with the Ministry of Health and uses their guidance protocols. In addition, 44 health care workers received in-service training and clinical laboratory capacity was increased to be able to provide testing and diagnosis for HIV and Tuberculosis (TB) in several hospitals.⁹⁸

⁹² United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012).

⁹³ GFATM Round 10 proposal for Timor-Leste (2010), page 18.

⁹⁴ UNAIDS Country Office Sri Lanka (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Democratic Socialist Republic of Sri Lanka*, UNAIDS, Colombo.

⁹⁵ United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012).

⁹⁶ *Ibid.*

⁹⁷ There are estimated to be 302,000 active duty troops and 4000,000 reservists in Indonesia.

⁹⁸ United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012).

In Lao PDR the DHAPP support enabled group-based HIV prevention activities for 3,933 out of a total of approximately 29,000 active duty troops and HIV counselling and testing for 275 military personnel.⁹⁹ During 2011, DHAPP support also enabled the Nepalese Army to conduct Master Trainer and peer education workshops on HIV education and review HIV prevention materials for the army. HIV testing services were focussed on UN Peacekeepers pre -and post-deployment.

3.2.1. Creation of an enabling environment, including legal and policy reform

Environments that are protective and empowering can help reduce stigma and enable vulnerable populations to change behaviours and increase access to HIV and STI prevention, testing, treatment and care services. Punitive laws are associated with discriminatory and sometimes violent practices by uniformed service personnel, particularly in relation to their engagement with criminalized populations. In 2011, Member States signed up to the Political Declaration and the 10 High Level Meeting targets, one of which is to, by 2015:

“Eliminate stigma and discrimination against people living with and affected by HIV by promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms.”¹⁰⁰

UNSCR Resolution 1983 also highlights the importance of creating enabling environments for effective responses to HIV. In particular it:

“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 stigma and discrimination associated with HIV and AIDS.”¹⁰¹

The report *On the Frontline* recommended that laws to combat and criminalize discrimination and violence against populations at higher risk of HIV exposure should be enforced. To this end, law enforcement officers should be trained and enabled to defend human rights, especially when reaching out to women and populations at higher risk such as sex workers, men who have sex with men, people who use drugs and migrants.

On 9th July 2012, the Global Commission on HIV and the Law released its final report, *HIV and the Law: Risks, Rights and Health*. This report is extremely relevant to the role of uniformed service personnel in HIV responses, and calls on governments to review their legal frameworks and, as needed, repeal or reform laws to support a human rights-based AIDS response. The report found that in many cases, the police commit violent and discriminatory acts because the law and social attitudes at least tacitly authorise them to do so, in the name of public safety, order, or morality. When the law punishes drug use, sex work, and certain sexual behaviours and identities, key populations can neither count on the police for protection from violence, nor seek legal redress when they are its victims, especially when the perpetrators are police officers.¹⁰²

⁹⁹ Ibid

¹⁰⁰ <http://www.unaids.org/en/targetsandcommitments/eliminatingstigmaanddiscrimination/>

¹⁰¹ United Nations Security Council Resolution 1983 (2011), *Impacts of HIV/AIDS epidemic in conflict and post-conflict situations* S/RES/1983, 7 June 2011.

¹⁰² Global Commission on HIV and the Law (2012). *HIV and the Law: Risks, Rights and Health*. UNDP, New York. <http://www.hivlawcommission.org/index.php/report>

A 2012 review of legal and political challenges to effective HIV responses in the UN Member States in Asia and the Pacific region found that there is still a long way to go in creating a safe environment for key populations. For example, 37 countries (97%) criminalize some form of sex work, 18 (47%) criminalize same sex relations, 15 (39.5%) have provision for the death penalty for drug-related activities, and 11 (29%) have compulsory detention centres for people who use drugs.¹⁰³

People who inject drugs

Laws criminalising drug use are identified as barriers to effective responses in many of the 2012 Country Reports from the region. The draft report *Arresting HIV* documents the negative impact of policing on HIV programmes targeting people who inject drugs. It describes the need for law reform to decriminalize aspects of drug use as a means of facilitating successful interactions between law enforcement and HIV programmes.¹⁰⁴ Criminalisation tends to drive persons who inject drugs underground due to fear of police harassment and arrest. Some governments in the region send substance users to compulsory rehabilitation centres (Cambodia, China, Malaysia, Thailand and Vietnam). The UN Joint Statement on Compulsory Drug Detention and Rehabilitation Centres highlighted that compulsory detention centres raise numerous human rights issues and threaten the health of detainees, in particular it identifies reports of physical and sexual violence, forced labour, sub-standard conditions, denial of health care and other measures that violate human rights.¹⁰⁵ Incarceration of substance users creates a high risk environment for HIV transmission and Prison Officers have a key role to play in ensuring that HIV prevention and treatment programmes are in place. Similarly law enforcement officers are instrumental in reducing the level of pre-trial detention, reducing harms during pre-trial detention such as interruption of ARV access and violence in custody, and referring people who use drugs to evidence-informed drug treatment programmes.

Punitive laws in the region also prevent implementation of World Health Organization (WHO) recommended interventions to reduce drug dependence, such as the use of substitution therapies on the WHO List of Essential Drugs (methadone and/or buprenorphine maintenance). Despite these constraints, much innovative work on harm reduction has been conducted in the region in partnership with uniformed services. Indonesia was the first country in South East Asia to introduce methadone substitution therapy in a prison clinic in Kerobokan in 2004.¹⁰⁶ This has subsequently been scaled-up and is used as an example of good practice for other countries.

Sex workers

Three-quarters of the respondents participating in the *Commission on AIDS in Asia* reported that sex workers do not have access to legal rights protection, although there were contradictions between responses from the government/UN/NGO and groups of sex work organizations.¹⁰⁷ With the exception of Papua New Guinea, all sex work network organizations reported that there are no programmes on prevention of GBV experienced by sex workers. Sex workers in different countries

¹⁰³ http://www.aidsdatahub.org/dmdocuments/Punitive_laws_hindering_HIV_response_2012.pdf

¹⁰⁴ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

¹⁰⁵ United Nations Joint Programme on HIV/AIDS, UNAIDS (2012). *Joint Statement on Compulsory drug detention and rehabilitation centres*. UNAIDS, Geneva.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

¹⁰⁶ Example of good practice cited in the draft report *Arresting HIV*. Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health.

¹⁰⁷ Commission on AIDS in Asia (2008). *Redefining AIDS in Asia*, Oxford University Press, New Delhi.

face many forms of stigma and discrimination including harassment and sexual abuse by the police and are being denied access to services.

The 2012 report *Sex Work and the Law*, published by UNDP, UNPFA and UNAIDS, is an important resource for understanding how uniformed services in some countries need to improve their practices and interaction with sex workers in the region. It describes continuing punitive law enforcement practices in countries across Asia and the Pacific region. These practices include police and military personnel abuse of sex workers, including harassment and assaults, rape, extortion and unauthorised detention. In some countries (India, Nepal and the Philippines), HIV peer educators and outreach workers reported being harassed or arrested by police when carrying out their work. Criminalisation legitimizes violence and discrimination against sex workers (particularly from law enforcement authorities and health care providers) and makes sex workers reluctant to report abuses, and authorities reluctant to offer protection or support to sex workers. Violence and harassment experienced by sex workers, including that perpetrated by police or military personnel, continues to contribute to HIV vulnerability and is reported in numerous countries. Incidents involving sexual assaults by police or military have been reported from Bangladesh, Cambodia, China, Fiji, India, Kiribati, Myanmar, Nepal, Papua New Guinea and Sri Lanka.¹⁰⁸ In Fiji high levels of harassment and abuse have been identified from men, children living/working on the streets and the police and military towards street-based sex workers, especially transgender sex workers who experience violence and sexual abuse from heterosexual men.¹⁰⁹

Whilst the 100% Condom Promotion Programme (and the role of police in supporting the programme) has been regarded by some as a success in Thailand, it appears that in some other countries and contexts it has not been successful due to lack of support from the police who continue to arrest sex workers in possession of condoms and coercive approaches employed by a range of actors including police.¹¹⁰ For example, sex workers in Sri Lanka have described continuing police harassment in their daily activities and whilst waiting for clients in public places and a third of street-based sex workers reported being harassed by police in 2010 for carrying condoms.¹¹¹

Rights violations such as harassment and violence (including GBV) against sex workers is common, and this is because they are considered immoral and deserving of punishment, this is further compounded by the criminalisation of sex work, which leads to further discrimination and violence by law enforcement authorities.¹¹² In some countries, police may not be aware of the status of laws relating to sex work, fail to enforce protective laws when sex workers are victims or crime, or use laws that no longer exist as a basis to arrest sex workers. In some countries, health service providers and outreach workers are harassed or jailed when reaching out to sex workers.¹¹³ The Asia and the Pacific regional dialogue (February 2011) of the Global Commission on HIV and the Law discussed

¹⁰⁸ Godwin, J. (2012). *Sex work and the Law* <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>

¹⁰⁹ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*. Government of the Republic of Fiji, Suva.

¹¹⁰ The 2012 report by John Godwin "Sex Work and the Law" (see above) found that the practice of confiscating condoms or harassment of sex workers possessing them was current in eleven countries in Asia and the Pacific region.

¹¹¹ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011*.

¹¹² Godwin, J. (2012). *Sex work and the Law* <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>

the key role of uniformed service personnel in creating an enabling environment for HIV responses in the region. The Inspector General of Police from West Bengal (Soumen Mitra) argued for an incremental approach by the police to working with sex workers. “Sex workers are citizens too. In India police have worked in partnership with health authorities and NGOs to ensure services are provided to sex workers. To address police abuses we need to change the mind-set of police on the ground.”¹¹⁴

Sex workers attending the 2011 regional consultation on *HIV and Sex Work* classified existing laws, policies and practices into “helpful” and “harmful” categories: 19 laws, policies and practices fell into the helpful category (with examples of good practice from Bangladesh, Cambodia, Fiji, India, Indonesia, Malaysia, Nepal and Thailand) compared with 42 examples of harmful laws, policies and practices. There were only two examples of helpful police practices: one from Fiji where police cannot use condoms as evidence to charge sex workers; and one from Indonesia where police “tolerate” sex work in local “red light areas.”¹¹⁵

In some countries, the legal framework impacting on sex workers and their vulnerability to HIV and GBV appears to be improving, with decisions of the Supreme Courts of Bangladesh, India and Nepal and the Constitutional Court of Taiwan recognizing that sex workers enjoy human rights as guaranteed by national constitutions. Such judgements can set important legal precedents, and can also directly impact on the policies and practices of government agents including uniformed services personnel in their interactions with sex workers and other key populations. At the policy level, Governments are also taking action to ensure that law enforcement personnel do not impede HIV efforts. For example, the *National Strategy on Female Sex Work in Pakistan* addresses the need for directives to prevent police from confiscating condoms and to address police violence and harassment of sex workers.¹¹⁶ Similarly, an Order of the Government of Myanmar directs police not to confiscate condoms as evidence of sex work. Enforcement of the Order is supported by the *National HIV Strategy 2011-2015*.¹¹⁷

Men who have sex with men

Sex between men remains criminalised in 18 Asian countries and in three of those it is punishable by death. Homosexuality is illegal in eight countries in the Oceania region.¹¹⁸ Even in settings where sex between men is not criminalised, public indecency, debauchery, or vagrancy laws can be used to detain or imprison men who have sex with men. There have been reports of arbitrary detentions, interrogations and even violence against men who have sex with men by police and intelligence offices in Mongolia, and of involuntary testing without pre- and post-test counselling.¹¹⁹

¹¹⁴ <http://www.hivlawcommission.org/index.php/dialogue-documentation>

¹¹⁵ Godwin, J. (2012). *Sex work and the Law* <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf> (pages 205 to 209).

¹¹⁶ Godwin, J. (2012). *Sex work and the Law*. <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>

¹¹⁷ Ibid.

¹¹⁸ UNAIDS, UNDP, UNFPA, UNODC, et al. (2013). *Punitive Laws Hindering the HIV Response in Asia and the Pacific* in July 2013.

¹¹⁹ N. Anaraa, (2006). *Human Rights, Gender-Based Violence and HIV and AIDS*. Background paper prepared for the Human Rights and HIV and AIDS Consultative Meeting, Ulaanbaatar, Mongolia, page 2.

Sex between men is a criminal act in Sri Lanka. Although there are no reported arrests under the sodomy law (Section 365a of the Criminal Code), there are convictions for vagrancy, reports of short term detention of men, and anecdotal accounts of police beatings of both men who have sex with men and male peer educators who work with them.¹²⁰

Transgender persons

The situation for transgender persons is even worse than for men who have sex with men and where data are available they have higher HIV prevalence rates.¹²¹ Punitive laws against male same sex relations and discrimination towards them and transgender persons have a negative effect on their access to information and prevention and treatment services.¹²² Recent figures show that men who have sex with men and transgender persons are 20 times more likely to be living with HIV. Of those living with HIV in Thailand, over 16 per cent are men who have sex with men, and in Bangkok it is as high as 31 per cent.¹²³

People living with HIV

The 2012 UNAIDS Global Report indicates that there are about 13 countries in the region with non-discrimination laws or regulations that specify protections for people living with HIV.¹²⁴ This is less than half of the countries and the absence of such protection can contribute to vulnerability amongst key populations in their interactions with uniformed service personnel can play a key role in reducing stigma and discrimination against people living with HIV.¹²⁵ Sex workers living with HIV are particularly badly affected and in some countries face imprisonment.¹²⁶ Seven countries in the region also have laws that specifically criminalise HIV transmission or exposure,– laws which UNAIDS advises against on grounds that they contribute to HIV-related stigma and discrimination and have not been shown to further public health objectives.¹²⁷

3.2.2 Planned activities to address the situation

The following activities to create an enabling environment for HIV interventions with key populations and their interactions with uniformed personnel are listed in NSPs from thirteen countries and information from the GFATM proposal for Timor-Leste:

- Advocacy with parliamentarians, different key ministries, law enforcement
- HIV/AIDS related policy in place in the Ministries of Defence, Interior and Justice
- Develop/review policy on HIV and AIDS prevention among the police and military (Air Force, Marine, Army) to reduce vulnerability of key populations
- Provide support to the Ministry of Interior Strategic Plan on HIV

¹²⁰ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011.*

¹²¹ <http://www.transgenderasia.org/transprejudice.htm>

¹²² Winter, S. (2012). *Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific Region.* United Nations Development Programme, Bangkok.

http://www.undp.org/content/dam/undp/library/hivaids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf

¹²³ <http://www.undp.org/content/undp/en/home/presscenter/articles/2012/09/20/joint-partnership-means-10-000-police-will-receive-hiv-stigma-prevention-education/>

¹²⁴ http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/20121120_UNAIDS_Global_Report_2012_with_annexes_en.pdf

¹²⁵ Ibid.

¹²⁶ Commission on AIDS in Asia (2008). *Redefining AIDS in Asia*, Oxford University Press, New Delhi.

¹²⁷ UNAIDS (2013). *Ending overly broad criminalisation of HIV non-disclosure, exposure and transmission: Critical scientific, medical and legal considerations*, UNAIDS, Geneva, May 2013.

http://aidsdatahub.org/dmdocuments/UNAIDS_Guidance_Ending_Criminalisation_2013.pdf

- Revise uniformed service personnel workplace policies on HIV
- Train police in stigma and discrimination including their role in education and improved access to effective complaint systems
- Identify and work to address the legal barriers to evidence-informed prevention strategies across jurisdictions

Examples of other initiatives by Member States with support from the UN in this area include the *Law on Prevention of Human Immunodeficiency Virus Infection and Acquired Immune Deficiency Syndrome*, adopted in Mongolia on the 15th January 2013, which removes all HIV-related restrictions on entry, stay and residence. Several other punitive laws were also eliminated, including employment restrictions that prevented HIV positive people from undertaking certain jobs, including in the food industry, the obligation on people living with HIV to immediately disclose their HIV status to their partners, wife or husband upon learning of it, and the provision “isolation of people living with HIV who fail to “fulfill the obligations under this law”.¹²⁸ This law will contribute to the reduction of stigma and discrimination of people living with HIV and enable police to provide protection for people living with HIV.¹²⁹ In PNG, a review and revision of laws on HIV testing for immigration is on-going, along with a clarification of the eligibility criteria for people living with HIV to enter and work in PNG. Police and Immigration Officers are being trained accordingly.¹³⁰

3.3.1 Protection of key populations to increase their access to services

Whilst an enabling environment and legal reform are important to make progress towards SCR 1983, there are many ways in which uniformed service personnel can facilitate access of key populations to services without waiting for reform of national laws and policies.¹³¹ For example, the comprehensive 2012 report *Sex work and the Law* found many examples of good practice and interventions by uniformed service personnel to increase sex workers’ access to services in countries in the region notwithstanding the existence of punitive laws.

3.3.2 Planned activities to address the situation

The following activities are listed in NSPs from fifteen countries and additional information on five countries documented in the draft report *Arresting HIV* and two country GFATM proposals on interventions with uniformed service personnel to facilitate key populations’ access to HIV/STI prevention and treatment services:

- Promote awareness of law enforcement agencies to ensure full understanding of the intent of laws, policies, Decrees and guidelines to enhance HIV prevents amongst key populations
- Develop guidelines on the role of police in protecting sex workers, men who have sex with men, and transgender and promoting 100 per cent condom use/targeted condom promotion.
- Strengthen Condom Use Policy to ensure condoms/lubricants are available in all entertainment establishments without fear of arrest, closure or violence

¹²⁸ United Nations Joint Programme on HIV/AIDS, UNAIDS (2013). *UNAIDS applauds Mongolia for removing restrictions on entry, stay and residence for people living with HIV*. Press release, UNAIDS, Geneva, 31 January 2013.

<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/january/20130131psmongolia/>

¹²⁹ Mongolia National Committee on HIV/AIDS (2010). *Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015*. National Committee on HIV/AIDS, Mongolia, Ulaanbaatar, February 2010.

¹³⁰ UNAIDS Country Office Papua New Guinea (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Independent State of Papua New Guinea*, UNAIDS, Port Moresby.

¹³¹ APNSW, UNAIDS and UNFPA (2011). *Building Partnerships on HIV and sex work: Report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work*, UNAIDS, Bangkok.

- Sensitize uniformed service personnel about HIV risk behaviour amongst key populations, tolerance, compassion and understanding of people living with HIV
- Develop a *Public Security HIV Strategy*
- Establish a Police Liaison Group to engage with key populations to ensure protection from abuse
- Ensure access to services without fear of violence or arrest for men who have sex with men, transgender, persons who inject drugs and sex workers, within a supportive, gender-responsive and stigma-free environment
- Train staff in prisons and drug detention centres in HIV/STIs, harm reduction and methadone substitution therapy
- Develop materials and train prison staff about men who have sex with men and HIV transmission
- Ensure prisoners' access to STI, HIV, AIDS prevention and treatment services
- Train police on HIV, drug treatment and methadone substitution therapy and transition to community-based drug treatment
- Train police on the need to end compulsory detention of sex workers
- The Ministry of Interior/National Police Bureau to collaborate with the Ministry of Health (MoH) and other stakeholders on prevention and control of STIs and HIV amongst most at-risk and key populations
- Provide HIV counselling, treatment and care services to people living with HIV in prison settings
- Conduct advocacy with police and judiciary to develop preventive services for young people to avoid juvenile detention
- Collaboration between the Ministry of Health and Ministry of Interior on cross-border sex work, track and share information on STIs, HIV/ AIDS

In addition to these activities, the government of Australia is providing support to the HIV Cooperation Programme for Indonesia (HCPI) component on harm reduction with police and prison staff.¹³² Nepal was successful in obtaining GFATM funds in 2011 to implement advocacy activities at the local level to police, health services and schools to: reduce harassment; ensure that discrimination and violence against key populations and discrimination against women, men and children living with and affected by AIDS is addressed; and ensure that they can exercise their right to access services.¹³³

The Asian Development Bank (ADB) has provided support to HIV awareness raising activities amongst the logistics team of the military (involved in road construction) and the surrounding community living in Oddar Mean Chey province.

3.4.1 Eliminate gender-based violence

One of the 10 targets of the 2011 High Level Meeting is to eliminate gender-based abuse and violence by 2015. UNSCR Resolution 1983 also recognises that women and girls are particularly affected by HIV, that women carry the burden disproportionately and that this is a continuous challenge to gender equality and the empowerment of women. In particular, it underlines the importance of a concerted effort towards ending conflict related sexual and

¹³² Personal communication with David Bridger, UNAIDS, Senior Policy Adviser, Indonesia, February 2013.

¹³³ GFATM Round 10 proposal, Nepal (2010).

gender-based violence and empowering women in an effort to reduce their risk of exposure to HIV. It also requests that the needs of women and girls be considered in the resolution of conflicts, with particular reference to the prevention and response of sexual violence during conflict and post-conflict peace-building.¹³⁴

The report *On the Frontline* recommends that Member States and the UN should place more focus on AIDS across borders and that particular attention needs to be paid to the security concerns related to the nexus between policing, AIDS, the international trade in illicit drugs, related human trafficking activities, drug use and violence against women.¹³⁵ In 2010 the World Health Organization advocated for a commitment to prevent or reduce sexual violence through police training and an appropriate allocation of police resources to the problem, including through prioritisation of investigating cases of sexual assault and making resources available to support victims and provide them with medico-legal services.¹³⁶

In 2009 attention to sexual and gender-based violence (SGBV) was identified in the Pacific as a risk to human security and a potential destabilising factor. High levels of SGBV were identified in the region and due to sensitivities regarding it in most Pacific cultures, its prevalence was under-reported. Thus at the Fortieth Pacific Islands Forum it was stated that "There is an urgent need to acknowledge the prevalence of SGBV in the Pacific at all levels of the community, whether occurring in the domestic context or during conflict and post-conflict situations".¹³⁷ As a result, participants:

- reaffirmed support to raise awareness of the seriousness of SGBV and its impact on the Pacific, and to establish SGBV firmly on the political agendas of Forum members;
- acknowledged the prevalence of SGBV in the Pacific and the risk that it poses to human security and as a potential de-stabilising factor;
- welcomed and supported efforts and important contributions at the local, national and regional levels to address SGBV, including through increased Pacific engagement in relevant global initiatives aimed at preventing and eliminating violence against women and girls in all parts of the world; and
- committed to eradicate SGBV and to ensure all individuals have equal protection of the law and equal access to justice¹³⁸

Since then additional attention has also been given to GBV as a human rights violation. There has also been increasing recognition of the need not only to focus on intimate partner violence, but also on the role of clients of sex workers and the police. More recently GBV has been identified in the region as a human rights violation that increases vulnerability to HIV and sexually transmitted

¹³⁴ United Nations Security Council Resolution 1983 (2011), *Impacts of HIV/AIDS epidemic in conflict and post-conflict situations* S/RES/1983, 7 June 2011.

¹³⁵ UNAIDS and DPKO (2011). *On the Frontline*.

¹³⁶ WHO and LSHTM (2010). http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf

¹³⁷ Pacific Islands Forum (2009). *Communiqué on Sexual and Gender-Based Violence*. Fortieth Pacific Islands Forum. Cairns, Australia, 5 - 6 August 2009 (Para 64).

¹³⁸ *ibid* (Para 65).

infections (STIs).¹³⁹ It is therefore a relatively new area of focus in HIV prevention work and is closely linked to law and law enforcement and the lack of quality services available to sex workers.¹⁴⁰

The Asia and Pacific region is taking the lead in many initiatives with uniformed services to eliminate violence against women. The Pacific Islands Law Officers' Network (PILON) Annual Meeting in December 2010 was devoted to this issue. The importance of education and community awareness about VAW among both men and women was agreed and Members noted that violence against women remains a significant issue in the Pacific region. They agreed to:

1. commit to continuing to support efforts to combat violence against women and improve access to justice for victims of sexual and family violence
2. encourage efforts to improve and update legal frameworks, noting the assistance available from the Australian Attorney-General's Department, the Secretariat of the Pacific Community Regional Rights Resources Team, the Pacific Islands Forum Secretariat and the Pacific Police Domestic Violence Programme, and
3. include a report on what progress has been made in regards to violence against women in country reports at future PILON meetings¹⁴¹

In September 2012 the region was host to the global UN Women consultation of the Expert Group Meeting on Prevention of Violence Against Women (held in Bangkok). Participants stressed the importance of continued investment in an effective *response* to existing violence against women and girls – including through improving legislative, police, justice and service systems¹⁴² essential for prevention, establishing accountability and redress, and protecting women and girls from further violence.¹⁴³

Despite the regional commitments to eliminate GBV, high levels of sexual violence and rape persist, including by the police. Research from PNG has established that GBV victims not only have higher rates of HIV and STIs, but are also likely to suffer more violence when they tell their partners of their status.¹⁴⁴ Data from a 2010 VAW survey conducted in Fiji identified uniformed service personnel as perpetrators of GBV and as critical service providers to victims of GBV. The findings of the survey have been particularly instrumental in mobilizing attention on the issue among government officials.¹⁴⁵ Information from a variety of sources indicates that domestic violence is widespread in Fiji. Figures from the Fiji Women's Crisis Centre show that 80 per cent of women have witnessed some form of violence in the home; 66 per cent have been physically abused by partners and nearly half repeatedly abused. A quarter (26%) of women studied were found to have been beaten while pregnant; 48 per cent of married women have been forced into sex by their husbands; and 13 per

¹³⁹ Sarkar, S. (2010). *Presentation to the Regional Consultation on HIV and Sex Work*, Pattaya.

¹⁴⁰ APNSW, UNAIDS and UNFPA (2011). *Building Partnerships on HIV and sex work: Report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work*, UNAIDS, Bangkok.

http://aidsdatahub.org/dmdocuments/Building_Partnerships_on_HIV_and_Sex_Work.pdf

¹⁴¹ http://www.pilonsec.org/index.php?option=com_content&view=article&id=55&Itemid=89

¹⁴² Including legislation criminalising violence, police protection, access to safe accommodation, physical and mental health care, post-rape care, crisis counselling, legal assistance and social support for victims/survivors.

¹⁴³ <http://www.unwomen.org/wp-content/uploads/2012/11/Report-of-the-EGM-on-Prevention-of-Violence-against-Women-and-Girls.pdf>

¹⁴⁴ The higher reported infection rates of women are in part due to pregnant women attending antenatal clinics and being tested for HIV, whereas men, who may be infected, may not have been tested.

¹⁴⁵ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*. Government of the Republic of Fiji, Suva.

cent of women have been raped.¹⁴⁶ The Fiji NSP notes that sex workers working from the streets, especially transgender sex workers and HIV-positive women were more likely to experience GBV, including from the police. This prevents them from accessing services and treatment.¹⁴⁷

Only limited attention is paid to data and assessments of the nature and extent of GBV in the context of HIV in of the majority of the NSPs. When violence is mentioned it is most likely to be in relation to domestic or intimate partner violence (for example, in the Federated States of Micronesia, India, Kiribati, Malaysia, the Maldives and Pakistan). Interventions to address this are insufficient. For example, in Pakistan the empowerment of women is recommended without addressing the perpetrators of violence and prevention interventions.

The role of UN peacekeepers and border control staff in perpetrating GBV is mentioned in a Mongolian project with the Asian Development Bank (ADB) on regional road development.¹⁴⁸ Evidence is beginning to emerge from Afghanistan about sexual abuse of boys by male police in Helmand province and increasing substance use amongst the police.¹⁴⁹

3.4.2 Planned activities to address the situation

Activities relating to the role of uniformed service personnel in preventing GBV are mentioned in eight NSPs. Specific reference to GBV and violence are made in the NSPs for: Myanmar (reduce violence against men who have sex with men, persons who inject drugs and sex workers); Fiji and the Philippines (reduce harassment, violence and stigma); and in Fiji and PNG (develop interventions to reduce HIV vulnerability associated with SGBV against women and girls).

The following activities are included in NSPs from eight countries:

- Implement a multi-sectoral approach between Ministries representing uniformed service personnel and other sectors (health, education) to address the issue of trafficking in women and children and its nexus with HIV
- Train police personnel to respond to the vulnerabilities of trafficked and migrant women
- Train police on rape (develop guidelines and conduct training)
- Ministry of Defence to cooperate with Ministry of Health to expand the military-civilian model of collaboration
- Reduce police violence towards key populations

Bangladesh, Bhutan and India are the only other countries in which reference is made in the NSP to activities to train policemen to respond to the vulnerabilities of trafficked and migrant women. In Bangladesh, law enforcement officers are working with the National AIDS/STI programme on HIV and human rights and with other agencies to combat trafficking in human beings.¹⁵⁰ The Royal

¹⁴⁶ UN Women (2011). *Ending Violence Against Women and Girls, Evidence, Data and Knowledge in Pacific Island Countries: Literature Review and Annotated Bibliography*, 2nd Edition, UN Women, New York, July 2011, page 15.

¹⁴⁷ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*. Government of the Republic of Fiji, Suva.

¹⁴⁸ <http://www.pepfar.gov/about/129115.htm>

¹⁴⁹ Ben Anderson BBC Panorama reporter, 25th February 2013. <http://www.bbc.co.uk/news/world-us-canada-21547542>

¹⁵⁰ UNDP (no date). *Police Reform Programme Phase 2*, Project document, UNDP, Dhaka.

Bhutan Police has activities in its NSP to support cross-border collaboration on sex work and trafficking and to share information on STIs and HIV.¹⁵¹

The draft NSP for India pays specific attention to the training of police to be able to respond to the vulnerabilities of trafficked and migrant women.¹⁵² The Ministry of Home Affairs (MoHA) in India has set up a Nodal Cell for dealing with matters relating to trafficking in human beings and established Anti-Human Trafficking Units (AHTU) responsible for combining law enforcement and rehabilitation efforts. Support for these activities has been provided by the American government. The Anti-Trafficking Nodal Cell holds bi-monthly inter-ministerial meetings on trafficking which include anti-trafficking officers from state governments. Pre-deployment training for Indian soldiers and police officers reportedly includes awareness about trafficking. The MoHA has raised public awareness about trafficking through radio talk shows and press conferences and the Ministry of Women and Child Development allocated funds of US\$ 118 million for 2011-12 for 153 projects in 17 states to protect and rehabilitate female victims of sex trafficking.¹⁵³

The Asian Development Bank supported programme in Mongolia has interventions to address HIV transmission and prevent human trafficking, but not to address GBV. The interventions include advocacy, behaviour change communication and condom distribution, provision of HIV and STI counselling, testing and treatment and capacity building of Border Protection Authority staff and police, and strengthening cross-border collaboration.¹⁵⁴

4. Good practice

The governments of Australia, India, Indonesia, Papua New Guinea and Thailand have, since the adoption of SCR 1983, put in place programmes to ensure that law enforcement does not act as an obstacle to HIV treatment and prevention.¹⁵⁵ There are many examples of good practice in this area and in many cases the region is seen as taking the lead globally in addressing the interface between law enforcement and HIV prevention amongst key populations.

Human rights and an enabling environment

Progress has been made in creating more enabling environments for effective response to HIV and GBV Asia and the Pacific region, and at least eight laws that impede access to HIV-related services have been revoked since 2010. There are many examples of good practice mentioned in the NSPs of the countries reviewed.

A commitment to human rights and an enabling environment had in many instances been expressed prior to SCR 1983. For example, in the Cambodia *Strategic Plan for the Response to HIV and AIDS (2009-2013)* clear human rights principles underpin the NSP.¹⁵⁶ Similarly Australia's *Sixth National*

¹⁵¹ Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu (page 42).

¹⁵² Republic of India, National AIDS Control Programme, Ministry of Health and Family Welfare (2011a). *Draft strategy for Mainstreaming and Partnership in NACP-IV* (to be approved 2013).

¹⁵³ <http://www.state.gov/documents/organization/192595.pdf> pages 184 -186.

¹⁵⁴ <http://www.pepfar.gov/about/129115.htm>

¹⁵⁵ UNAIDS, Regional Fact Sheet 2012: Asia and the Pacific,

http://www.unaids.org/en/media/unaids/contentassets/documents/epidemiology/2012/gr2012/2012_FS_regional_asia_pacific_en.pdf

¹⁵⁶ Kingdom of Cambodia, Ministry of Interior (2009). *Strategic Plan for the Response to HIV and AIDS (2009-2013)*, Government of the Kingdom of Cambodia, Phnom Penh.

HIV Strategy 2010–2013 (2010) demonstrates that the protection of human rights is both compatible with, and essential to, the effective protection of public health. Included in the strategy are: anti-discrimination laws; the application of criminal and public health law to HIV transmission and/or exposure offences; the impact of drug control laws on efforts to prevent HIV; reform of laws governing sex work and immigration. Also, consideration is given to the impact of drug control laws on HIV prevention efforts, and opportunities to further harmonise these laws and policies with public health priorities.¹⁵⁷

Changes in legislation in New Zealand so that same sex relations between men are no longer illegal means that the human rights of gay and bisexual men are recognised and they can enter into legally sanctioned civil unions.¹⁵⁸ These changes have resulted in increased access to HIV prevention and treatment services and reduced stigma and discrimination.

The recognition by the Supreme Court in Nepal of the discrimination faced by lesbians, gays, bisexuals, transgender and inter-sex and the directive issued to the government in 2007 has resulted in all people regardless of their sexual identity being treated equally. This also meant that people identifying as a third gender would also be granted citizenship. This achievement was the result of over five years close work between the Blue Diamond Society and the Nepal Police and justice system.¹⁵⁹ This ruling has led other countries such as, Bangladesh to consider legal recognition of transgender status and it is hoped that this will enable transgender persons to access HIV services without fear of police harassment.

An example of good practice since UN SCR 1983 was adopted is the 2011 HIV/AIDS Decree in Fiji (entitled *HIV/AIDS Decree*) which provides a human rights framework to promote quality of life of all people living with, or affected by HIV.¹⁶⁰ The strategy draws attention to the particular situation of HIV-positive women who are more likely to experience GBV, struggle to access treatment and basic health services due to the competing priority to provide basic needs, such as food, for their families, and due to the costs associated with travel to access treatment. The NSP describes efforts to ensure that all people of Fiji understand the basic components of the decree, and that people affected by stigma and discrimination have the ability to take action to change it.¹⁶¹

Leadership and advocacy

Globally, strong leadership as well as collaboration between sectors of government and affected communities are regarded as critical to a successful HIV response.¹⁶² In Asia and the Pacific region strong leadership and collaboration between law enforcement and HIV programmes has been identified as one of the key components to creating an enabling environment for HIV prevention and

¹⁵⁷ Australian Government Department of Health and Ageing (2010). *Sixth National HIV Strategy 2010–2013*, Australian Government Department of Health and Ageing, Canberra.

¹⁵⁸ http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/New_Zealand_2009-2014_Prevention_Plan.pdf

¹⁵⁹ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

¹⁶⁰ <http://www.health.gov.fj/pdfs/Decree%205%20-%20HIV-AIDS%20Decree.pdf>

¹⁶¹ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012–2015)*. Government of the Republic of Fiji, Suva.

¹⁶² http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_UN_A-RES-65-277_en.pdf

treatment.¹⁶³ The importance of creating structures to promote leadership in the region was recognised over a decade ago following the call for strong leadership on HIV/AIDS agreed at the first UN General Assembly Special Session (UNGASS) on HIV and AIDS in New York in July 2001. At the United Nations ESCAP High-level Inter-governmental meeting on the Assessment of Progress against the Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals, in February 2012, the President of Fiji made reference to the important work of Thailand in reducing HIV prevalence from 20 per cent to 5 per cent among sex workers. This was achieved through improved collaboration with the police, among other interventions.

The Government of India cites the progress made in reducing HIV amongst defence staff through mainstreaming and expansion of services under the previous *National AIDS Control Programme* (NACP-III). Deaths from HIV-related causes were previously in the top five causes of mortality amongst the military, but through improved access to prevention and treatment services HIV-related deaths have fallen to be the top twenty causes of mortality.¹⁶⁴ The draft Strategy for NACP-IV includes activities to provide comprehensive HIV and AIDS prevention, treatment, care and support services for all police and defence personnel and their families. Mainstreaming will be continued through integrating HIV and STIs in training programmes of all military institutions and building capacity of the health personnel working there.¹⁶⁵ Mainstreaming of HIV prevention and STI activities among army, police, body guards and prison staff is also mentioned as a key feature in the NSP for Bhutan.¹⁶⁶

Partnerships

Partnerships between organizations working on HIV prevention and with uniformed service personnel are not new in the region and operate at regional, national and local levels. For example, the relationship between the Government of Fiji, Ministry of Home Affairs, the Republic of Fiji Military Forces (RFMF) and UNAIDS was formalised through a *Tripartite Declaration of Partnership on Engaging Men and Women in the Uniformed Services in the Fight Against HIV and Aids* soon after the adoption of UN SCR 1308 in June 2001. In India, UNAIDS has been working in close partnership with the Union Ministry of Defence since 2005 and they signed a *Declaration of Partnership* for effective HIV programming with uniformed service personnel.¹⁶⁷

In addition, several global partnerships were either initiated in Asia and the Pacific region or have strong regional membership. For example, the Law Enforcement and HIV Network (LEAHN) is a group of serving and former police and other law enforcement officers, whose goal is to support police globally in working with communities at risk of HIV infection, and with health and welfare agencies who work with them in HIV prevention. In 2012 the LEAHN drew up a *Statement of Support by Law Enforcement Agents for Harm Reduction and Related Policies for HIV Prevention*.¹⁶⁸

¹⁶³ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

¹⁶⁴ Republic of India, National AIDS Control Programme, Ministry of Health and Family Welfare (2011a). *Draft strategy for Mainstreaming and Partnership in NACP-IV* (to be approved 2013).

¹⁶⁵ Ibid (page 12).

¹⁶⁶ Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu, page 42.

¹⁶⁷ <http://www.unaids.org.in/displaymore.asp?page=1&pagenav=title&subitemkey=477&subchkey=60&itemid=346&chna me>About&subchnm=>

¹⁶⁸ <http://www.leahn.org/wp-content/uploads/2013/01/Statement-of-Support.pdf>

The statement was developed at the inaugural meeting of the International Police Advisory Group (IPAG) held in Melbourne on 9th November 2012. The meeting was well attended by police officers from Asia and the Pacific region (Australia, Cambodia, Indonesia, Myanmar, Philippines, Thailand and Vietnam). The statement has been signed by 67 high ranking police officers from 21 countries and ten of the countries were from Asia and the Pacific region (namely Australia, Cambodia, India, Indonesia, Malaysia, Myanmar, Nepal, Philippines, Thailand and Vietnam). Ten of the 67 signatories were from Indonesia alone.

The *First International Conference on Law Enforcement and Public Health* (LEPH012) was held at the University of Melbourne from 11-14 November in 2012. The conference focused on “bringing together the law enforcement and policing sectors together with public health and community advocates to explore the collaborative potential between sectors for tackling complex social and public health issues.”¹⁶⁹ One of the speakers Dr. Gyaw Htet Doe (Senior Consultant Psychiatrist, Substance Abuse Research Association) from Myanmar spoke about *Introducing harm reduction interventions in Myanmar: partnering with Anti-Narcotic Task Forces*.¹⁷⁰

An initiative which began in Asia and the Pacific has now expanded globally. The ‘Drugs and Development Project,’ funded by the Open Society Institute, and implemented by the Nossal Institute for Global Health in collaboration with Family Health International (FHI) branches in Vietnam and India, resulted in a report of *Dependent on Development: The relationship between illicit drugs and socio-economic development*¹⁷¹ which is now informing global policy development. It was presented as a key background paper at the February 2013 meeting in the United Kingdom on *Global Drug and Development Policy Roundup: Dependent on Development – Exploring the interrelationships between illicit drugs and socioeconomic development*. Another important reference document is *Police support for harm reduction policies and practices toward people who inject drugs*.¹⁷²

At the United Nations ESCAP High-level Inter-governmental meeting on the Assessment of Progress against the Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals meeting in February 2012, a side event on ‘Effective law enforcement practices in the HIV response’ was jointly organised by ESCAP with support from UNAIDS, UNFPA, UNDP and UNODC. The aim was to promote strategies that demonstrate effective partnerships between law enforcement, public health and other sectors and key populations.¹⁷³ This was achieved by:

- Two law enforcement champions showing that effective partnerships among public security, the health sector and other partners (including key populations), can support and enable access to HIV prevention, treatment, care and support services and also protect and promote the human rights of the communities affected.
- Exploring the factors that contribute to successful partnerships between law enforcement, public health and other sectors as well as key populations.

¹⁶⁹ <http://www.leahn.org/wp-content/uploads/2013/01/Statement-of-Support.pdf>

¹⁷⁰ <http://www.policing-and-public-health.com/program/>

¹⁷¹ <http://www.opensocietyfoundations.org/sites/default/files/dependent-development-20110313.pdf>

¹⁷² Monaghan, G. and Bewley-Taylor, D. (2013).

¹⁷³ Including people who use drugs; sex workers (female, transgender and male); men who have sex with men and transgender persons.

- Fostering a discussion about how these approaches could be, institutionalized, scaled-up and applied in different countries within the region.¹⁷⁴

A *Regional Consultation on HIV and Sex Work*¹⁷⁵ convened by the Asia-Pacific Network of Sex Workers (APNSW), UNFPA Asia Pacific Regional Office and UNAIDS Regional Support Team, Asia and the Pacific in 2010 brought together about 140 participants from eight countries in the region: Cambodia, China, Fiji, Indonesia, Myanmar, Pakistan, Papua New Guinea, and Thailand. Each country developed its own action plan with a small grant of US\$ 2,000. During August and September 2011, member networks of APNSW, organized country level consultations with sex workers, UN representatives, members of the police and justice departments and policy makers from national AIDS planning bodies.¹⁷⁶ UNDP and UNFPA, in collaboration with APNSW and the UNAIDS Secretariat convened a separate consultation meeting on *Legal environments, human rights and HIV responses among sex workers in Asia and the Pacific* from 21 to 23 November 2011. Representatives from sex worker organizations from Bangladesh, Cambodia, China, Fiji, India, Indonesia, Malaysia, Myanmar, Nepal and Thailand participated along with unaffiliated sex workers from the Philippines, and the Republic of Korea (South Korea).¹⁷⁷

The Open Society Foundation organized a seminar on 'Effective Police Collaboration with Marginalized Communities' in Sydney from 6-8 November, 2012. Successful examples of police cooperation with marginalized communities and the beneficial impact of such collaboration were examined and eight case studies were presented to share lessons learned. Further attention was given to this topic at the International Law Development Organisation (IDLO) and Law Enforcement and HIV Network-supported Seminar: *The Police Role in Public Health: Working with Diverse Communities in the Asia Context*, from 10-11 November 2011. Police from Thailand, Indonesia, Myanmar and Nepal were joined by police from other countries, as well as UNAIDS and UNODC and other development partners to share good practices and strategies for improving the role of police in protecting public health, particularly through their interactions with people living with HIV and key populations including men who have sex with men, transgender people, sex workers and people who use drugs.

Early partnerships established in Fiji and India continue to develop. In Fiji the *National Strategic Plan on HIV and STIs (2012-2015)* for Fiji emphasises the need to prevent HIV and STIs among uniformed service personnel and their families. The strategy includes interventions to raise awareness of uniformed service personnel on how their work can enhance or restrict prevention efforts amongst key populations and other vulnerable groups. This includes education about the HIV/AIDS Decree, the impact of police and military practices on the vulnerability or resilience of sex workers, and the potential to reduce vulnerability of prisoners while they are in prison and upon release. Regular meetings between representatives of the Police and the Ministry of Health were proposed to promote understanding of the HIV/AIDS Decree and to "find ways to reconcile the provisions for

¹⁷⁴ Information provided by Brianna Harrison, Human Rights Programme Officer, UNAIDS Asia Pacific Regional Support Team, Bangkok, March 2013.

¹⁷⁵ APNSW et al (2011). *The first Asia and the Pacific Regional Consultation on HIV and Sex Work* http://aidsdatahub.org/dmdocuments/Building_Partnerships_on_HIV_and_Sex_Work.pdf

¹⁷⁶ APNSW et al (2011). *The first Asia and the Pacific Regional Consultation on HIV and Sex Work* http://aidsdatahub.org/dmdocuments/Building_Partnerships_on_HIV_and_Sex_Work.pdf

¹⁷⁷ Godwin, J (2012) *Sex work and the Law*. <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf> (page 210).

human rights with requirements for police to ensure safety for all people in accord with all laws and regulations." In support of this, training is planned to ensure that key populations, including people living with HIV, understand their rights and the provisions of the HIV/AIDS Decree.¹⁷⁸

One of the earliest gender responsive community-based policy interventions began in Bangladesh in 2007 with German technical and financial support from Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The project ran from 2007 to 2011 and has resulted in the establishment of 160 community policing fora (CPF) including the establishment of a "tolerance zone" where injecting drug users would not be harassed by the police.¹⁷⁹

In Cambodia a Police Community Partnership Initiative (PCPI) has recently been established to prevent HIV transmission amongst sex and entertainment workers, people who inject drugs, men who have sex with men and transgender persons. The initiative is included in the Ministry of Interior Strategic Plan (2008-2013) and is part of the Cambodia 3.0 strategy towards achieving zero new HIV infections by 2020 and involves ten partners (the National AIDS Authority, Ministry of Interior (MoI), National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Infections, Family Health International 360, KHANA, USAID; HAARP/AusAid, UNODC and UNAIDS.) The partnership began in 2010 and has since expanded to five provinces. It is aimed at creating an enabling environment for access to HIV services for key populations.¹⁸⁰ The outcomes of the pilot include: improved police attitudes towards key populations, friendly involvement of police in coordinating and facilitating training sessions and related events, reduced fear of police among key populations and increased seeking of care and services. Resulting in increased utilization of services, better communication between police and concerned partners, and confidence amongst owners of entertainment establishments to cooperate with NGO partners and display condoms in their venues. According to one publication "It is clear that the Ministry of Interior in Cambodia is serious about improving the role of law enforcement in HIV prevention among MARPs groups and the development and implementation of the Police Community Partnership Initiative is a critical step towards the realization of this goal."¹⁸¹

Interactions with sex workers and sexual minorities

Collaboration with law enforcement in India is reported as "some of the most successful attempts to enhance the scale-up of HIV prevention, treatment, care and support efforts among key populations."¹⁸² These initiatives date back to the early 2000s. All states have designated Nodal Police Officers for NGO Coordination whose role is to enhance police effectiveness in implementing laws on social issues relating to women and children, such as, violence against women, child labour, and human trafficking for the purpose of sexual exploitation. Examples of good practice between the police and sex workers with a view to improving access to HIV services and reducing human

¹⁷⁸ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*. Government of the Republic of Fiji, Suva.

¹⁷⁹ Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

¹⁸⁰ Including sex workers, men who have sex with men, transgender and persons who inject drugs.

¹⁸¹ Thompson, N. et al (2012). <http://www.harmreductionjournal.com/content/9/1/31#sec2>

¹⁸² Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. *Arresting HIV*.

rights violations including violence against sex workers include Project DISHA, the Avahan supported projects and Project Orchid.¹⁸³

In Bangkok (Thailand), Service Workers in Group (SWING) implements a 6-week police cadet internship programme and cadet training curriculum to expose police cadets to peer-based HIV prevention activities and to build understanding, trust and collaboration between police and sex workers.¹⁸⁴ Also in Thailand a joint partnership between the Royal Thai Police, UNDP Resident Representative, Foundation for AIDS Rights, and Department of Rights and Liberty Protection in the Ministry of Justice was signed on 17th September 2012. The aim of the partnership is to train 10,000 junior Thai police officers per year on HIV/AIDS stigma and discrimination which present barriers to access to HIV/AIDS prevention and treatments among key populations. The Royal Thai Government has identified men who have sex with men and transgender persons as critical target populations to reverse the trend of new HIV infections.¹⁸⁵

In India, the sex worker organization *Veshya AIDS Mukabala Parishad* (VAMP) has developed a booklet with pictures and text for the police about what police can and cannot do according to the law. Sex workers carry the booklet around in their purse and show it to the police to remind them of the law. VAMP takes a proactive approach by personally welcoming any new senior police officer joining the station and providing them with a copy of the booklet. Sex workers feel more confident when they are carrying the booklet and collaboration with the police has improved through the introduction of the booklet.¹⁸⁶

Harm reduction

An example of police involvement in harm reduction programmes in prisons established since SCR 1983 in 2011 is from Bhutan where activities have been planned to ensure that prisoners have “adequate access” to STI, HIV and AIDS prevention, treatment, care and support services. The Ministry of Health collaborates with the Royal Bhutan Army, Body Guards and Police to prevent and control STIs and HIV amongst key populations.¹⁸⁷

China also conducts HIV programmes with prison officers in closed settings such as, prisons and drug detention centres, and with the police.¹⁸⁸ The Chinese Ministries of Public Security and Justice are members of the State Council AIDS Working Committee and multi-sectoral collaboration has been identified as a key factor in the rapid scale up of community-based methadone programmes in China.

¹⁸³ UNAIDS Asia and the Pacific Region (2012). *Arresting HIV: Scaling up collaboration between law enforcement and HIV programs across the Asia Pacific in the context of Universal Access for Key Affected Populations*. UNAIDS, Bangkok.

¹⁸⁴ *United Nations Joint Programme on HIV/AIDS Asia and the Pacific Region, United Nations Population Fund (UNFPA), and the Asia-Pacific Network of Sex Workers (APNSW) (2012). The HIV and Sex Work Collection, Innovative Responses in Asia and the Pacific. UNAIDS, UNFPA and APNSW, Bangkok, 2012.*

http://www.aidsdatahub.org/dmdocuments/HIV_and_Sex_Work_Collection.pdf

¹⁸⁵ <http://www.undp.org/content/undp/en/home/presscenter/articles/2012/09/20/joint-partnership-means-10-000-police-will-receive-hiv-stigma-prevention-education/>

¹⁸⁶ Presentation by Meena Seshu, General Secretary of SANGRAM, and Durga Pujari, President of VAMP in India.

¹⁸⁷ Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu (pages 42 and 50).

¹⁸⁸ UNAIDS Country Office China (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 People's Republic of China*, UNAIDS, Beijing.

Activities involving public security are also underway in Lao PDR and a Public Security and HIV Strategy has been developed between the Ministry of Public Security, the Centre for HIV/AIDS/STI, the Lao PDR National Commission for Drug Control and Supervision and the UNODC.¹⁸⁹

In the Maldives, UNODC has provided technical assistance to the Narcotics Control Council and the Department of Penitentiary and Rehabilitation Services (DPRS) in policy making, strategy, drug treatment and prevention. This has resulted in: the Drug Prevention Mapping and Planning event in June 2011; support to the formulation of the Narcotics Results Framework (under the Strategic Action Plan for Maldives);¹⁹⁰ and support to the formulation of the National Strategic Plan on HIV/AIDS 2012 to 2016 which contains activities to provide comprehensive HIV prevention services to people in custody and penitentiary centres, build the capacity of Juvenile Justice staff, and create appropriate laws and policies for uniformed service personnel to facilitate access of key populations to prevention and care services.¹⁹¹

People living with HIV who are held in police custody in PNG have access to ART and interventions are in place to reduce sexual transmission of HIV amongst people in custody. Emphasis is placed on meeting the needs of those affected by HIV in all interventions provided by the police.¹⁹²

Examples of good practice from Vietnam fall under the area of interventions to facilitate access of key populations to HIV services and to sensitise uniformed service personnel to their role in this. Emphasis is placed on training and sensitisation workers of the following uniformed service personnel:

- police on HIV, drug treatment and methadone substitution therapy
- police on the end to compulsory detention of sex workers
- police on community-based drug treatment and methadone substitution therapy
- prison guards in the Northern provinces on substance use and methadone substitution therapy

In addition, 50 prison guards in Vietnam have been trained about men who have sex with men and HIV and a section on men who have sex with men and HIV in prison settings has been included in a training manual for prison personnel.¹⁹³

The Joint UN Programme to Address Violence Against Women (VAW) has three pilot countries in the region: Fiji and the Philippines and more recently Bangladesh. Whilst there is no reference to these initiatives in the NSPs of the participating countries, they are worth referring to due to the linkages between HIV, GBV and trafficking of women and girls for sexual exploitation. In the Bangladesh programme efforts to stop trafficking in women and girls is a component and linkages have been

¹⁸⁹ UNAIDS Country Office Lao People's Democratic Republic (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Lao PDR*, UNAIDS, Vientiane.

¹⁹⁰ http://www.unodc.org/documents/southasia/Newsletter/UNODC_South_Asia_Newsletter_-_Issue_XIX.pdf

¹⁹¹ Republic of Maldives (2012). *Draft National Strategic Plan for the Prevention and Control of HIV/AIDS 2012-2016*, Ministry of Health and Family, Republic of Maldives, Male.

¹⁹² UNAIDS Country Office Papua New Guinea (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Independent State of Papua New Guinea*, UNAIDS, Port Moresby.

¹⁹³ UNAIDS Country Office Vietnam (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Socialist Republic of Vietnam*, UNAIDS, Hanoi.

made with reducing HIV infection.¹⁹⁴ Progress has also been made with extensive awareness raising initiatives with the government about the Convention on the Elimination of Discrimination Against Women (CEDAW), both at national level and with local representatives; work with service providers such as lawyers, judges and the police; work on harassment in the workplace with unions and employers.¹⁹⁵

The NSP for Fiji (2012 to 2015) documents the most comprehensive response to GBV under the strong and committed leadership previously referred to. The NSP emphasises the need to continue to promote community discussion of gender inequalities and GBV as these affect the rights of women and transgender persons and their ability to choose who to have sex with and when. Emphasis is placed on the importance of promoting respect for gender differences and the rights of all people to health and quality of life, including the right to access services, prevention and continuum of care. The Fiji NSP proposes that GBV services should be developed as part of the Women's Plan of Action and consideration is being given to GBV response services and programmes for men. All HIV and STI services will integrate GBV and determine which clients need support after experiencing violence and new GBV services will integrate HIV and STIs, including treatment and post-exposure prophylaxis as required.¹⁹⁶

The integration of programmes against GBV with HIV and STI programmes is important and one that should be adopted by other countries in the region. Fiji has included in its monitoring framework the 2012 additional GARPR indicator on the "Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the last 12 months."¹⁹⁷ However, data were not available for this indicator from the recommended method of measurement, population based survey. A survey of violence against women in Fiji has been conducted, but the results are not yet available.¹⁹⁸

In Hong Kong, Zi Teng and the JJJ Association have formed cooperative arrangements with police to address abuses of sex workers' rights.¹⁹⁹ In Nepal, uniformed service personnel are involved in efforts to create an enabling environment in order to reduce HIV-related stigma and discrimination. Regular sensitisation meetings are held with local police and implementing partners. They also participate in District AIDS Coordination Committee meetings to discuss implementation and emerging issues.²⁰⁰

Despite these examples of good practice there is still considerable work to be done to create a safe and supportive environment for key populations and reform of the legal environment (laws, law enforcement and access to justice) needs to be progressed alongside efforts to support uniformed

¹⁹⁴ <http://www.mdgfund.org/program/jointunprogrammeaddressviolenceagainstwomenbangladesh>

¹⁹⁵ <http://www.mdgfund.org/sites/default/files/Bangladesh%20-%20Gender%20-%20Mid-term%20Evaluation.pdf>

¹⁹⁶ Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*.

¹⁹⁷ UNAIDS (2012). *Global AIDS Response Progress Reporting Guidelines*. UNAIDS, Geneva.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf

¹⁹⁸ Global AIDS Progress Report 2012: Fiji Islands (2012) Reporting period: January 2010 – December 2011, March 2012.

http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_FJ_Narrative_Report.pdf

¹⁹⁹ Godwin, J. (2012). *Sex work and the Law*.

²⁰⁰ GFATM Round 10 proposal, Nepal (2010).

service personnel in their role as “agents of change”.²⁰¹ A key challenge is that more work is needed to define policing practices that enable universal access to HIV services for key populations irrespective of the laws on the books, and this should be done by the police themselves.

Capacity building

Training programmes with police forces in Sri Lanka have been aimed to create an enabling environment and improve the relationship between the police and prevention interventions for key populations. A document was prepared on laws relating to sex work and HIV and this has been developed into a ToT training module for the police. Six advocacy programmes have been conducted for senior and middle level prison officers.²⁰² A study tour of ten senior officers from the National AIDS Control Programme and Ministry of Public Security of Sri Lanka visited India in June 2012 to observe HIV interventions undertaken by law enforcement agencies and well as their role in accelerating the HIV response, particularly in building effective collaboration with key populations in HIV service delivery. The interactions helped the team to learn about the role of police, not only as law enforcers, but also as community enablers for HIV interventions.²⁰³

The *HIV/AIDS Curriculum for Senior Level Police* in Nepal addresses the need to prevent police abuse against sex workers.²⁰⁴ Human Rights desks have been established in the police stations/offices in an attempt to provide an institutionalised forum for responding to human rights abuses amongst key populations. In PNG, HIV has been mainstreamed into all police training and professional development activities to enforce and uphold laws prohibiting stigma and discrimination on the basis on HIV status and sexual orientation.²⁰⁵ The Police Force Act, the Code of Ethics, the Ethics and Professional Standards, and the Internal Affairs Directorate policy are important instruments for holding police accountable.²⁰⁶

Sex worker organizations in India have mobilized to address human rights violations, advocate for law reform and engage with the police to improve law enforcement practices. In 2012, 145 Indian Police Service officers at the National Police Academy were involved in a unique training session, to hear testimonies and interact with female sex workers, transgender persons and men who have sex with men. They learned about the problems key populations encounter- especially with regard to law enforcement. This was followed by a site visit, where trainees went into the community and interacted with key populations in two districts of Andhra Pradesh.²⁰⁷

Examples of good practice are also beginning to emerge in PNG. The Summary Offences Act (1977: Part VII, Section 55) makes it illegal for anyone in PNG to live on the earnings of sex work. The Poro Sapot Project involves sex workers in community-based efforts to educate the police about HIV, and

²⁰¹ Crofts, N., Moore, T., Tenni, B., Thomson, N. (2012). ‘Law Enforcement and Harm Reduction in South East Asia: what works and what doesn’t work’. *Harm Reduction Journal*. <http://www.harmreductionjournal.com/series/policing>

²⁰² UNAIDS Country Office Sri Lanka (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Democratic Socialist Republic of Sri Lanka*, UNAIDS, Colombo.

²⁰³ UNAIDS India (no date). *Police and HIV/AIDS programming in India*. UNAIDS and Ministry of Home Affairs, New Delhi.

²⁰⁴ Godwin, J. (2012). *Sex work and the Law* <http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>

²⁰⁵ UNAIDS Country Office Papua New Guinea (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Independent State of Papua New Guinea*, UNAIDS, Port Moresby.

²⁰⁶ Taylor, L. and Bernath, T. (May 2011). *The Royal Papua New Guinea Constabulary’s Response and Attitudes to Gender-Based Violence: Baseline survey report*, Funded by the United Nations Development Programme.

²⁰⁷ <http://news.hyderabadonline.in/Trainee-police-officers-get-insights-into-marginal-groups-1048>

Friends Frangipani (the national sex worker organization) advocates for law reform and improved policing practices. Save the Children has conducted sensitization trainings and activities with police from 18 stations in three provinces to prevent violence against sex workers and increase the police's understanding of sex workers, HIV, and human rights. The project directly involves sex workers, men who have sex with men and people living with HIV. Since January 2010, 500 police officers have attended such sensitization trainings.²⁰⁸ After these trainings police officers were found to sympathize more with sex workers and attend to their complaints. A spokeswoman for Poro Sapot (Janet Kilei) reported that violence against female sex workers has decreased and more sex workers now report their cases to the police. However, more work needs to be done to assess the impact of the project.²⁰⁹

Mongolia is strengthening the evidence-base relating to uniformed service personnel and conducting needs assessments so that workplace programmes and services can be appropriately provided to uniformed service personnel through an evidence-informed response.²¹⁰

5. Challenges

In terms of the scope of interventions observed engaging uniformed services in the HIV response, it is clear that countries need to expand and deepen the level of active engagement of uniformed services personnel so that they can become real agents of change. It was also observed that interventions with uniformed services to reduce GBV need to be significantly expanded in scale and for these interventions in Asia and the Pacific to include violence towards men and boys and transgender persons. Other challenges relate to sustainability, scale and coverage of evidence informed responses, and monitoring and evaluation.

5.1 Sustainability

In the responses to the questionnaire sent to countries several UN Joint Team members mentioned problems with implementing planned interventions with uniformed service personnel due to lack of resources and expressed concerns about long term sustainability. This was also noted in some of the NSPs reviewed.

The NSP for Mongolia specifically mentions several challenges in implementing interventions with uniformed service personnel including an inadequate sustainable response. Up until the end of 2009, HIV and STI interventions among army and border troops were largely implemented with support from NGOs and UN agencies and included HIV and STI peer education, condom promotion and distribution, HIV counselling and testing, and training in STI treatment. An important limitation of HIV and STI education activities was their dependence on volunteer peer educators, and their over-reliance on NGO initiatives to the detriment of government HIV and STI health care services, which

²⁰⁸ <http://www.leahn.org/wp-content/uploads/2011/09/ICAAPpresentation.pdf>

²⁰⁹ http://aidsdatahub.org/dmdocuments/Building_Partnerships_on_HIV_and_Sex_Work.pdf

²¹⁰ Mongolia National Committee on HIV/AIDS (2010). *Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015*.

were insufficient and not supported by external financing. Capacity of service providers is weak and medical supplies and commodities for STI prevention, testing and treatment are in limited supply.²¹¹

The AIDS Law in the Philippines includes provision for education for uniformed service personnel, but this has not been fully implemented due to the absence of designated funding for such programmes. It has also been suggested that additional technical support may be needed to support these programmes.²¹²

A workplace policy has been agreed in the Lao Peoples' Democratic Republic, and the military, police and transport departments have developed HIV strategies. However, insufficient human, financial and technical resources have hampered programme implementation.²¹³

Feedback on the development of the NSP in the Federated States of Micronesia shows that the biggest challenge was to involve more police and legislators in developing the plan. The need for a multi-sectoral approach was identified to create ownership and interest in contributing to it. One respondent noted that the "Police and judiciary are obliged under the law to look after everyone equally but there is no training, so we cannot tell how well the legislation is implemented".²¹⁴

United Nations staff in Cambodia noted that for a sustainable response it is important for the law enforcement bodies to learn about the national and international commitments, plans and strategies to work in harmony and respect the rights of key populations thereby maintaining the spirit of the national HIV programme principles.²¹⁵

The lack of a sustainable response could also in part be attributed to lack of familiarity with the concerns and recommendations of UNSC Resolution 1983 on the part of Member States and some members of UN Joint Teams.

5.2 Evidence-informed interventions

The need for evidence-informed policy and actions is a theme running through the findings of this report coupled with regular monitoring of programmes. Evidence from Australia and New Zealand suggests that a decriminalized legislative framework enables sex workers to have increased control over their work, improved access to HIV prevention and treatment services and commodities, and better health outcomes. It also shows that sex workers are more likely to seek protection or redress from law enforcement for crimes including sexual and gender-based violence. Other information from the region shows that punitive laws, policies and practices on sex work fail to reduce the number of people buying and selling sex and instead create barriers to sex workers' access to HIV services and increase HIV vulnerability.²¹⁶ Thus there is continuing need to ensure that legislation

²¹¹ Mongolia National Committee on HIV/AIDS (2010). *Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015*. National Committee on HIV/AIDS, Mongolia, Ulaanbaatar, February 2010.

²¹² Personal communication with UN Joint Team, 11 March 2013.

²¹³ Lao People's Democratic Republic, Peace Independence Democracy Unity Prosperity, National Committee for the Control of AIDS (2010). *National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention (2011-2015)*. The Government of Lao People's Democratic Republic, Vientiane.

²¹⁴ Federated States of Micronesia Report (2012). *National Composite Policy Index, 2012*.

²¹⁵ Personal communication - Stocktaking questionnaire.

²¹⁶ Asia Pacific Network of Sex Workers, UNAIDS, UNFPA (2011). *Building Partnerships on HIV and sex work*. Report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work. UNAIDS, Bangkok.

and police practices support sex workers to implement safer sex practices and access to appropriate services.

The second area where an evidence-informed approach needs to be adopted is in relation to needle and syringe programmes (NSP). To date there is no evidence of adverse outcomes associated with providing such programmes and a number of positive or beneficial outcomes have emerged from evaluated programmes in Australia. These include: no documented reports of equipment reusing and sharing; no documented attacks or violence in prisons; no documented sero-conversion for HIV or Hepatitis; and acceptance by staff and prisoners. In view of the effectiveness of Australian community-based NSPs, it has been proposed that this approach should be trialled in Australian custodial settings. This approach is also supported by the international evidence demonstrating the effectiveness of prison-based NSPs.²¹⁷

There were some reported concerns raised over the effectiveness of interventions being proposed and the need for reassessment and constant monitoring. For example, the drop-in centre model and activities to decrease harassment by police in Sri Lanka. Police education activities are undertaken by the multi-sectoral unit of the National STI and AIDS Control Programme (NSACP), rather than by the unit in charge of prevention for key populations. The evaluation found that sensitivity training of police is not sufficient to change their behaviour. It was therefore suggested that in order to make headway in decreasing harassment and arrests it may be necessary for the NSACP unit in charge of prevention among key populations to take responsibility for police activities.²¹⁸

5.3 Measurement, monitoring and evaluation

The Economic and Social Commission for Asia and the Pacific (ESCAP) has developed indicators on violence against women, including indicators for monitoring progress in policies to address violence against women. Other ESCAP initiatives include a study entitled “Promoting Gender Equality and Women’s Empowerment in Asia and the Pacific: Linking the Millennium Development Goals with the CEDAW and Beijing Indicators”, which uses the last three indicators on violence against women listed above.²¹⁹ However, there is much more work to be done to regularly report on these indicators and take appropriate remedial action. There is need to more closely link work on the MDGs, GBV and HIV and the role of law enforcement officers in preventing both GBV and HIV.

In Sri Lanka there have been efforts through education of the police to decrease the harassment and arbitrary arrests of sex workers under the vagrancy law, but there is no monitoring of arrests and convictions of sex workers for vagrancy.²²⁰

Indicators

Only nine of the NSPs reviewed contained specific indicators to review progress in interventions with uniformed service personnel. Other information may be available in Country AIDS Action Plans which were not systematically reviewed in this stocktaking exercise. The range of indicators cited in NSPs were variable, some being in line with UNAIDS guidance, whilst others were vague and very difficult to measure. Most of the indicators mentioned were in relation to uniformed service

²¹⁷ http://www.harmreduction.org/ru/images/stories/doc/Sekc/RU_Harm%20reduction%20in%20prisons/Syringe%20Exchange%20in%20Prisons.pdf

²¹⁸ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011.*

²¹⁹ http://www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf

²²⁰ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011.*

personnel as a risk group for HIV and therefore focussed on their knowledge and behaviour. For example, the following indicators were included:

- % uniformed service personnel who had received an HIV test in the last 12 months & know their results, Bhutan
- % uniformed service personnel who report using condoms with most recent non-regular sex partner, Bhutan
- % of Police force and Defence force who can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission, Maldives and Mongolia
- % of uniformed service personnel reporting 100% condom use for vaginal intercourse with sex workers in the last 12 months (Timor-Leste, GFATM)

Some indicators are weaker, such as those from the Timor-Leste NSP that plan to monitor:

- % of uniformed service personnel "intending" to use condoms in all sex with non-permanent partner"
- % of uniformed service personnel "confident in skill to negotiate use of condoms"
- No. of uniformed service personnel "using VCT"

The Myanmar NSP included indicators to monitor improvements in the interface between uniformed service personnel and key populations:

- Less stigma and discrimination against men who have sex with men, persons who inject drugs and sex workers
- Less stigma, discrimination and violence within prison, correctional and rehabilitation facilities and within communities

These indicators would be difficult to measure without adequate baseline data (there was no evidence of the existence of such data in the NSP).

The NSP for Thailand has a very specific outcome indicator: HIV Prevalence among young Thai men prior to entering military service decreases from 0.45 % in 2006 to below 0.40% in every province and then, at least by 0.05 % each following year.

Given the importance of GBV there is need to integrate data on this into NSPs or make an explicit linkage between NSPs for AIDS and those for Women's Empowerment as is the case in Fiji. Work on developing a VAW data base is growing with various guidelines available, including questions of violence perpetrated by uniformed services. For example the following question is used in VAW surveys:

In the past 12 months, has anyone ever forced you to have sex or to perform a sexual act when you did not want to? Police/soldier²²¹

One of the five key outcomes of the UN Secretary-General's Campaign, *UNiTE to End Violence against Women* is the establishment in all countries by 2015 of systems for VAW data collection and analysis. Good progress has been made in Pacific Island countries and by 2011 six countries (Fiji,

²²¹ UN Women In collaboration with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012). *Prevalence surveys on violence against women Challenges around indicators, data collection and use*. Expert paper prepared by Henrica A.F.M. Jansen for the Expert Group Meeting Prevention of Violence against Women and Girls, Bangkok, Thailand, 17-20 September 2012 <http://www.unwomen.org/wp-content/uploads/2012/09/EGM-paper-Henriette-Jansen.pdf>

Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu) were reporting data which were used to change legislation and develop plans of action. In 2012 five new UNFPA supported/AusAID funded national studies started in the Pacific region (Cook Islands, Federated States of Micronesia, Nauru, Palau, and Republic of Marshall Islands). Whilst this is encouraging news, results of the recent VAW studies conducted in these countries are not accessible to health staff trying to establish systems to effectively prevent and respond to the violence faced by women and girls. An ESCAP study on State responses to VAW found most countries in the region scored very low on normative and legislative indicators, demonstrating the considerable work that needs to be done to improve the situation.

The 2012 *UNAIDS Global AIDS Response Progress Reporting Guidelines* include a new global GBV indicator, one of 30 core indicators that countries will be asked to report on. The indicator is:

“Proportion of ever-married or partnered women aged 15-49 who experienced physical or sexual violence from a male intimate partner in the past 12 months.”

It is expected that this indicator will generate important evidence in its own right, but will also serve as a proxy for gender equality.²²² This now needs to be extended to include GBV and to encompass sexual violence towards men who have sex with men and transgender persons. Indicators also need to be developed for trafficking for the purpose of sexual exploitation and to disaggregate these from indicators to measure trafficking for labour.

Monitoring and evaluation

To be able to monitor progress made it is critical to have population size estimates of all key populations and uniformed service personnel. These data are sadly lacking in many countries of Asia and the Pacific region. Where data from VAW studies and IBBS are available it is critical they are shared with all relevant agencies. In Indonesia, data obtained from American funded surveys of military personnel are not shared with HIV programmers outside of the military. Yet these data could have important implications for the key populations that they interact with.

An external review of the national STI and HIV programme in Sri Lanka undertaken in 2011 found a lack of programme monitoring and recommends that the impact of activities to decrease harassment by the police must be monitored. Furthermore, the reviews recommend that if harassment and arrests do not decline then the strategy of educating police should be abandoned and new strategies initiated. At a minimum the authors recommend that "Simple, short periodic surveys of participants in the intervention (prior to the intervention) can help to gauge the relative importance of risk reduction messages and enabling environment messages that are needed for this target group". It was also noted that there was no clear evidence of HIV risk behaviour among the police due to the absence of quantitative or representative studies that describe their sexual or drug taking risk behaviour.²²³ This reinforces the need for situation assessments and HIV/STI biological behavioural data among uniformed service personnel in order to be able to decide whether targeted interventions should be provided for them. It was suggested that DHAPP should be approached to see if additional funding can be made available.

²²² UNAIDS (2011) *Global AIDS Response progress reporting: monitoring the 2011 Political Declaration on HIV and AIDS: guidelines on construction of core indicators: 2012 reporting*. October 2011.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf

²²³ Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011*.

An absence of monitoring data has resulted in an inability to assess how much progress has been made in changing the attitudes of police officers towards GBV since the first Circular on GBV was issued in PNG in 1983.²²⁴ Since then another five GBV-specific Circulars have been issued.²²⁵ Other policies, which are directly relevant to GBV policing, include the Equal Employment Opportunity (EEO) policy and HIV policies.

Finally, while there has been much work to develop and initiate new prevention programmes amongst uniformed service personnel and key populations, there are few recorded evaluations of the effectiveness of these prevention initiatives. For example: the Red Cross evaluation in the Federated States of Micronesia and earlier adolescent health programme evaluations,²²⁶ and the external review of the STI and HIV programme in Sri Lanka referred to above. The need for an adequate and responsive data base with regular monitoring of evidence-informed interventions is critical to measure success in the role of uniformed service personnel in protecting key populations and vulnerable groups from stigma and discrimination, GBV and trafficking, and increasing their access to prevention, protection, treatment, care and support services.

6. Recommendations

Whilst much progress has been made in the region since UNSC Resolution 1983, a question remains - would this progress have been made without UNSCR 1983? For some countries where national leadership and strong partnerships are in place the answer is, probably "Yes". However, the NSPs that began in 2012 (i.e. after the adoption of SCR 1983) in Bhutan, Fiji, Kiribati, the Maldives and Thailand do pay more attention to the role of uniformed service personnel in HIV prevention than NSPs for other countries (with the exception of Australia and New Zealand) developed prior to the resolution. There are some examples of activities in the NSPs for both uniformed service personnel and GBV (notably Cambodia and Fiji) and with reference to a range of uniformed personnel.

The main challenge now for Asia and the Pacific region is to explore effective ways to build on the existing work with uniformed service personnel and expand their role as agents of change in national HIV and GBV responses, particularly through their interaction with people living with HIV and key populations and their ability to actively facilitate their access to services.

1. **Member States** in the region to involve uniformed service personnel in the development and implementation of their National Strategic Plans for HIV/AIDS and where uniformed service personnel are known to engage in HIV/STI risk behaviour, to support a sufficiently resourced rights-based and evidenced-informed response.
2. **Member States** to scale-up efforts to promote laws, policies and directives that create an enabling environment so uniformed service personnel can facilitate access of people living

²²⁴ There is need to closely monitor progress made towards commitments and the effectiveness of interventions.

²²⁵ Circular 44/83 on domestic violence by police officers (7 July, 1983); Circular 8/85 on "taking advantage" of females in police detention (11 March 1985); Circular 5/87 on assaults by husbands on wives (May, 1987); Circular 14/95 on reducing domestic violence in the RPNGC (15 March, 1995); Circular 06/07 on constabulary response to offences of family and sexual violence (20 May, 2007); Circular 4/09 on sexual offences (10 June, 2009).

²²⁶ Federated States of Micronesia (2012). *Global AIDS Response Progress Report 2012*. Submission date: 31st March 2012.

with HIV and key populations to HIV/STI prevention treatment, care and support services. This includes intensification of efforts to eliminate compulsory detention of substance users and sex workers, and human rights and HIV training for uniformed service personnel working in these and other closed settings.

3. **Member States** to remove legal barriers or punitive laws that hinder access to HIV prevention, treatment, care and support services by people living with HIV and key populations and to train uniformed service personnel in implementing evidence-informed, rights-based approaches to their work and actively contributing to the reduction of HIV-related stigma and discrimination within the context of the existing legal framework. .
4. **Member States** to scale-up evidence-informed interventions with uniformed service personnel to facilitate universal access by people living with HIV and of key populations to HIV/STI prevention, treatment, care and support programmes. This should include a specific advocacy component and a monitoring and evaluation framework built into National Strategic Plans.
5. **UNAIDS** to ensure that UN Joint Team members are familiar with UNCS Resolution 1983 and the implications for their support to Member States to scale up initiatives involving uniformed services as agents of change for more effective and coherent responses to HIV and gender-based violence. .
6. **UNAIDS** to support Member States to develop a toolkit on HIV, human rights and gender-based violence highlighting the role of uniformed service personnel in HIV programming to be included in the curriculum for pre-recruits and routine refresher training programmes for uniformed services personnel, and to develop and implement other guidance as appropriate.
7. **UNAIDS** to support Member States to scale-up training of uniformed service personnel and non-governmental and community-based service providers in how to work most effectively with key populations to reduce stigma and discrimination and ensure the full realization of all their human rights and fundamental freedoms.
8. **UNAIDS** to facilitate Member States to:
 - I. continue to share experiences of good practice in engagement and leadership of uniformed services in HIV and gender-based violence responses throughout the region
 - II. empower law enforcement networks and community-based organisations to scale-up partnerships between uniformed service personnel, HIV and key populations as an effective methodology for addressing vulnerability to HIV amongst uniformed service personnel and within the communities in which they live and work
9. **UNAIDS** to support Member States to collect data about risk behaviour, vulnerability and violence towards key populations (including sex workers, men who have sex with men, transgender people and people who use drugs) in order to inform the implementation of interventions that enable access to HIV services.
10. **UNAIDS** to work with Member States to integrate interventions to eliminate gender-based abuse and violence towards key populations more closely with HIV/STI prevention and protection interventions, and to specify the key protective role to be played by uniformed service personnel as “agents of change” in reducing and responding to gender-based violence.
11. **UNAIDS** to support Member States to further build capacity at country level in evidence-informed planning, monitoring and evaluation and regularly report on regional progress in achieving HIV and gender-based violence elimination targets. This should include the development and use of indicators for uniformed service personnel implementation of UNSC

Resolution 1983 and the impact of such initiatives on HIV, key populations and gender-based violence.

12. **UNAIDS** to support Member States in resource mobilisation efforts²²⁷ to build the evidence-base for HIV amongst uniformed service personnel and key populations and implement scaled-up effective interventions to promote the role of uniformed service personnel in their interactions with people living with HIV and key populations.

²²⁷ It was proposed that DHAPP could be approached to provide technical and financial support to countries to strengthen the evidence base.

1. References

Anaraa, N. (2006). *Human Rights, Gender-based Violence and HIV and AIDS*. Background paper prepared for the Human Rights and HIV and AIDS Consultative Meeting, Ulaanbaatar, Mongolia, page 2.

Asia Pacific Network of Sex Workers (APNSW), the United Nations Population Fund (UNFPA) and the Joint United Nations Programme on AIDS (UNAIDS) Regional Support Team, Asia and the Pacific (2011). *Building Partnerships on HIV and sex work*. Report and recommendations from the first Asia and the Pacific Regional Consultation on HIV and Sex Work. UNFPA, Bangkok.

Australian Government Department of Health and Ageing (2010). *Sixth National HIV Strategy 2010–2013*, Australian Government Department of Health and Ageing, Canberra.
([http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hiv/\\$File/hiv.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-national-strategies-2010-hiv/$File/hiv.pdf), accessed May 2013).

Chan, P-L. et al (2011). *External Review of the National Response to STI and HIV in Sri Lanka, 19 - 27 May 2011*, 8 July 2011.

Crofts, N., Moore, T., Tenni, B., Thomson, N. (2012). 'Law Enforcement and Harm Reduction in South East Asia: what works and what doesn't work'. *Harm Reduction Journal*.
(<http://www.harmreductionjournal.com/series/policing>, accessed May 2013).

Davis, S., Triwahyuono, A. and Alexander, R. (2009). 'Survey of abuses against injecting drug users in Indonesia', *Harm Reduction Journal*, vol. 6, no. 28.

Democratic Republic of Timor-Leste, Ministry of Health (2010). *Timor-Leste National HIV and STI Strategy (2011-2016)*, Government of Timor-Leste, Dili.

Democratic Republic of Timor-Leste (2012). *The Dili Consensus: International conference on the Post-2015 Development Agenda*. Conference on 'Development for all: Stop conflict, build states and eradicate poverty' supported by AusAID, Pacific Institute of Public Policy, UN ESCAP, Dili, 28 February.

Democratic Socialist Republic of Sri Lanka, National STD and AIDS Control Programme, Ministry of Healthcare and Nutrition (2007). *National Strategic Plan (2007-2011)*, Government of the Democratic Socialist Republic of Sri Lanka, Colombo.

Economic and Social Commission for Asia and the Pacific (2011). *Overview of regional implementation of the Political Declaration on HIV/AIDS and the Millennium Development Goals and efforts to ensure universal access in Asia and the Pacific, including regional follow-up to the outcome of the 2011 General Assembly High-level Meeting on AIDS*. Note by the secretariat, ESCAP, Bangkok, November.
(www.unescap.org/sdd/meetings/hiv/hlm/English/HIV_IGM1_1E.doc, accessed May 2013).

Economic and Social Commission for Asia and the Pacific (2012). *Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals*. ESCAP, Bangkok, 6-8 February 2012.
(http://www.aidsdatahub.org/dmdocuments/ESCAP_report_intergovernmental_meeting.pdf, accessed May 2013).

Federal Democratic Republic of Nepal, Ministry of Health and Population, National Centre for AIDS and STD Control (2011). *National HIV/AIDS Strategy 2011 – 2016*, Ministry of Health and Population, Kathmandu, November 2011.

Federated States of Micronesia (2012). *Global AIDS Response Progress Report 2012*. Submission date: 31st March 2012. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_FM_Narrative_Report%5B1%5D.pdf, accessed May 2013).

Federated States of Micronesia (2012). *National Composite Policy Index, 2012*.

Gesellschaft für Internationale Zusammenarbeit (GIZ) Working Paper (2007). *Gender-Responsive Community-based Policing in Bangladesh: A Pilot Initiative*. GIZ, Bonn. (<http://www.giz.de/Themen/de/SID-C3A78FC7-06D6A072/dokumente/Working-Paper-Gender-Responsive-Community-Bangladesh2.pdf>, accessed May 2013).

Global Commission on HIV and the Law (2011). *Report of the Asia Pacific Regional Dialogue of the Global Commission on HIV and the Law*. UNDP, Bangkok, 17 February 2011. (<http://www.hivlawcommission.org/index.php/dialogue-documentation>, accessed May 2013).

Global Commission on HIV and the Law (2012). *HIV and the Law: Risks, Rights & Health*. UNDP, New York. (<http://www.hivlawcommission.org/index.php/report>, accessed May 2013).

Global Fund for AIDS, Tuberculosis and Malaria (2010). *Nepal Round 10 proposal to Contribute to the Achievement of MDGs 4, 5, 6*. GFATM, Geneva. R10_CCM_NEP_H_PF_s1-2_27Sep10_En.doc

Global Fund for AIDS, Tuberculosis and Malaria (2010). *Expanded comprehensive response to HIV/AIDS in Timor-Leste*. Proposal for Round 10, GFATM, Geneva. R10_CCM_TMP_H_PF_s3-5_Final_01Oct10_En.

Godwin, J. (2010). *Legal environments, human rights and HIV responses among men who have sex with men and transpeople in Asia and the Pacific: an agenda for action*. UNDP, Bangkok.

Godwin, J. (2012). *Sex Work and the Law in Asia and the Pacific*. United Nations Development Programme Asia-Pacific Regional Centre, UNFPA Asia Pacific Regional Office, in partnership with UNAIDS, Asia Pacific Network of Sex Workers (APNSW), Bangkok. (<http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf>, accessed May 2013).

Government of India, Ministry of Home Affairs (2012). *Office Memorandum: Advisory on Human Trafficking as organized crime*. Ministry of Home Affairs, New Delhi, 30 April, 2012. (<http://mha.nic.in/pdfs/CS-AdvHT-230812.pdf>, accessed May 2013).

Government of India, Ministry of Health and Family Welfare (2013) *Department of AIDS Control, Annual Report 2012-13*. Ministry of Health and Family Welfare, New Delhi, 12 March 2013. (http://nacoonline.org/upload/Publication/Annual%20Report/Annual%20report%202012-13_English.pdf, accessed May 2013).

Human Rights Watch (2013). "Swept Away". Abuses against Sex Workers in China, Human Rights Watch, 14 May. (<http://www.hrw.org/reports/2013/05/14/swept-away>, accessed May 2013).

Islamic Republic of Afghanistan, Ministry of Public Health, General of Preventive Medicine and Primary Health Care, Communicable Disease Directorate (CDC) (2011). *Afghanistan National HIV/AIDS Strategic Framework* (NSF II, 2011-2015), Islamic Republic of Afghanistan, Kabul.

Islamic Republic of Pakistan, Ministry of Health, Pakistan's National Response (2007). *National HIV and AIDS Strategic Framework (2007-2012) (NSF-Two)*, Government of the Islamic Republic of Pakistan, Islamabad.

Kelly, A. et al (2012). *Emerging HIV risk in Papua New Guinea*. Two assessments: Alcohol and injecting and other drug use and HIV risk; and HIV risk, prevention, treatment and care in closed settings. Papua New Guinea Institute of Medical Research and the University of New South Wales.

Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu.

Kingdom of Bhutan (2012b). *National HIV/AIDS Status Update: December 2011 – June 2012*. National HIV/AIDS and STIs Control Programme, Kingdom of Bhutan, Thimphu.
(<http://www.health.gov.bt/reports/June%202012%20update%20report.pdf>, accessed May 2013).

Kingdom of Cambodia, Ministry of Interior (2009). *Strategic Plan for the Response to HIV and AIDS (2009-2013)*, Government of the Kingdom of Cambodia, Phnom Penh.

Kingdom of Cambodia, National AIDS Authority (2010). *The National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV/AIDS III (2011-2015) in Cambodia*, Government of the Kingdom of Cambodia, Phnom Penh.

Kingdom of Cambodia, National AIDS Authority (2010). *The Financial Resource for the Comprehensive and Multi-sectoral Response to HIV/AIDS III (2011-2015) in Cambodia*, Government of the Kingdom of Cambodia, Phnom Penh.

Kingdom of Thailand, National Committee for HIV and AIDS Prevention and Alleviation (2007). *The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011*, The National Committee for HIV and AIDS Prevention and Alleviation, Bangkok.

Lao People's Democratic Republic, Peace Independence Democracy Unity Prosperity, National Committee for the Control of AIDS (2010). *National Strategic and Action Plan on HIV/AIDS/STI Control and Prevention (2011-2015)*, The Government of Lao People's Democratic Republic, Vientiane.

Law Enforcement and HIV Network (2012). *Police and HIV programmes*. Law Enforcement and HIV Network, Nossal Institute for Global Health, University of Melbourne.
(<http://www.leahn.org/key-affected-populations/>, accessed March 2013).

Law Enforcement and HIV Network (2012). *International Consultation on Policing on most-at risk populations*. Law Enforcement and HIV Network, The Consultation was organized by the Law Enforcement and HIV Network (LEAHN), in collaboration with the International Development Law Organization (IDLO) and Forum Droghe. Rome 10-11th May 2012.
(<http://www.unaids.org.cn/pics/20120821114640.pdf>, accessed 21 March 2013).

Law Enforcement and HIV Network (2013). *Law Enforcement Statement of Support for Harm Reduction launched at UNCCPCJ*. Law Enforcement and HIV Network, Nossal Institute for Global Health, University of Melbourne.

(<http://www.leahn.org/update-ipag-at-united-nations-commission-on-crime-prevention-and-criminal-justice/>, accessed May 2013).

Monaghan, G. and Bewley-Taylor, D. (2013). *Police support for harm reduction policies and practices toward people who inject drugs*. International Drug Policy Consortium, Modernising Drug Law Enforcement Report 1, London.

Mongolia National Committee on HIV/AIDS (2010). *Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015*. National Committee on HIV/AIDS, Mongolia, Ulaanbaatar, February 2010.

New Zealand AIDS Foundation (2009). *NZAF HIV Prevention Plan 2009-2014 - Mahere A rai Mate A raikore*, Edition 1, NZAF, Auckland. (http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/New_Zealand_2009-2014_Prevention_Plan.pdf, accessed May 2013).

Nossal Institute for Global Health (2010). *Dependent on Development: The relationship between illicit drugs and socio-economic development*. The Nossal Institute for Global Health in collaboration with Family Health International, The University of Melbourne, Australia. (<http://www.opensocietyfoundations.org/sites/default/files/dependent-development-20110313.pdf>, accessed May 2013).

Pacific Islands Forum (2009). *Communiqué on Sexual and Gender-based Violence*. Fortieth Pacific Islands Forum. Cairns, Australia, 5 - 6 August 2009. (<http://www.forumsec.org/resources/uploads/attachments/documents/2009%20Forum%20Communique,%20Cairns,%20Australia%205-6%20Aug.pdf>, accessed May 2013).

Pacific Islands Law Officers' Network (2010). *Annual Meeting: Outcomes Report*. Brisbane, Australia, 8 to 10 December 2010. (http://www.pilonsec.org/index.php?option=com_content&view=article&id=55&Itemid=89, accessed May 2013).

People's Republic of Bangladesh, Directorate General of Health Services, Ministry of Health and Family Welfare, National AIDS/STD Programme (NASP) (2011). *Implementation Plan of National Strategic Plan 2011 – 2015*, Government of the People's Republic of Bangladesh, Dhaka.

People's Republic of Bangladesh, National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare (2011). *National AIDS Monitoring and Evaluation Plan (2011–2015)*, Government of the People's Republic of Bangladesh, Dhaka.

People's Republic of China, State Council Office (2006). *Notice about the Distribution of the "China's Action Plan for Reducing and Preventing the Spread of HIV/AIDS (2006-2010)"*, Government of the People's Republic of China, Beijing.

Prasada Rao J.V.R. (2008). Speech at the Opening Ceremony of the "Response Beyond Borders" First Asian Consultation on the Prevention of HIV Related to Drug Use, 28 January 2008. (http://multimedia.unodc.org/india/prasadaraospeech_openingceremony.html, accessed May 2013).

Republic of Fiji, Ministry of Health (2012). *National Strategic Plan on HIV and STIs (2012-2015)*. Government of the Republic of Fiji, Suva.

Republic of India, National AIDS Control Organisation, Ministry of Health and Family Welfare (1997). *National AIDS Control Programme (1997-2007) (NACP-III): To Halt and Reverse the HIV Epidemic in India*, Government of the Republic of India, New Delhi.

Republic of India, National AIDS Control Programme, Ministry of Health and Family Welfare (2006). *National AIDS Control Programme Phase III (2006-2011): Strategy and Implementation Plan*, Government of the Republic of India, New Delhi.

Republic of India, National AIDS Control Programme, Ministry of Health and Family Welfare (2011a). *Draft strategy for Mainstreaming and Partnership strategy under National AIDS Control Programme IV*, Government of the Republic of India, New Delhi (to be approved 2013).

Republic of India, National AIDS Control Programme, Ministry of Health and Family Welfare (2011b). *Mainstreaming and Partnerships Working Group for NACP-IV Minutes of Meeting held May 6-7, 2011*, Government of the Republic of India, New Delhi.

Republic of Kiribati HIV/AIDS/TB Task Force (2005). *STI and HIV/AIDS Strategic Plan (2005-2008)*. Kiribati HIV/AIDS/TB Task Force, Tarawa.

Republic of Maldives (2012). *Draft National Strategic Plan for the Prevention and Control of HIV/AIDS 2012-2016*, Ministry of Health and Family, Republic of Maldives, Male.

Republic of Palau, Ministry of Health (2008). *The National HIV & STIs Strategic Plan (2009-2013): People are at the Centre of our Plan (draft with working title)*, Government of the Republic of Palau, Melekeok State.

Republic of the Union of Myanmar (2011). *Myanmar National Strategic Plan and Operational Plan on HIV and AIDS (2011-2015) (Concise Version)*, Government of the Republic of the Union of Myanmar, Naypyidaw.

Taylor, L. and Bernath, T. (May 2011). *The Royal Papua New Guinea Constabulary's Response and Attitudes to Gender-based Violence: Baseline survey report*, Funded by the United Nations Development Programme.

Thomson, N., Leang, S., Chheng, K., Weissman, A. Shaw, G. and Crofts, N. (2012). 'The village/commune safety policy and HIV prevention efforts among key affected populations in Cambodia: finding a balance.' *Harm Reduction Journal*, 2012, 9:31. (<http://www.harmreductionjournal.com/content/9/1/31#sec2>, accessed May 2013).

United Nations (1995). *Beijing Declaration and Platform for Action*. The Fourth World Conference on Women, Beijing. United Nations, New York. (<http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf>, accessed May 2013).

United Nations (2011). *Report of the Special Committee on Peacekeeping Operations 2011*. Sixty-fifth Session Supplement No. 19. United Nations, New York, 22 February-18 March and 9 May 2011.

United Nations Development Programme (UNDP) Asia-Pacific HIV, Health and Development Team, the Asia Pacific Network of Sex Workers (APNSW), UNFPA Asia Pacific Regional Office (APRO), Partners for Prevention (P4P), and UNAIDS Regional Support Team in Asia and the Pacific (RST) (2012). *Project Overview: Regional Research Project - Sex Work and Violence: Understanding Factors for Safety and Protection, Updated July 2012*. UNDP Regional Office, Bangkok.

United Nations Development Programme (2012). *Global Commission on HIV and the Law: Risks, Rights and Health*. UNDP HIV/AIDS Group, New York.

United Nations Development Programme (UNDP), Department of Disease Control, Ministry of Public Health, the National Committee for HIV and AIDS Prevention and Alleviation (2007). *The National Plan for Strategic and Integrated HIV and AIDS Prevention and Alleviation 2007-2011: Key Contents*, the Agricultural Co-operative Federation of Thailand, Ltd, Bangkok.

United Nations Development Programme Asia-Pacific Regional Centre on behalf of UNDP, UNAIDS, UN Women, OHCHR and APN+ (2011). *Asia Pacific Community of Practice on HIV/AIDS, Gender and Human Rights*. Summary of E-discussion; HIV and the Law, UNDP, Bangkok, 17 February to 11 March 2011. (http://www.hivapcop.org/sites/default/files/resource/hivapcop_report_hivandlaw_web.pdf, accessed May 2013).

United Nations Economic and Social Council (2012). *Report of the Asia-Pacific High-level Inter-governmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals*. Economic and Social Commission for Asia and the Pacific, 68th Session, Bangkok 6-8 February.

United Nations General Assembly Special Session (2012). *United to end AIDS: achieving the targets of the 2011 Political Declaration*. Report of the Secretary-General, Sixty-sixth session, United Nations, New York, 2nd April 2012. (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/20120402_UNGA_A-66-757_en.pdf, accessed May 2013).

United Nations General Assembly (2011). *Political declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS*. June 2011, A/RES/65/277 (http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/06/20110610_un_ares-65-277_en.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2013). *Ending overly broad criminalisation of HIV non-disclosure, exposure and transmission: Critical scientific, medical and legal considerations*, UNAIDS, Geneva, May 2013. (http://aidsdatahub.org/dmdocuments/UNAIDS_Guidance_Ending_Criminalisation_2013.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2005). *Pacific Islands Police to receive AIDS training*. Press release, UNAIDS, Geneva, 13th September. (http://www.unaids.org/en/media/unaids/contentassets/dataimport/media/press-releases03/pr_pacific_13sept05_en.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2013). *UNAIDS applauds Mongolia for removing restrictions on entry, stay and residence for people living with HIV*. Press release, UNAIDS, Geneva, 31 January 2013. (<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/january/20130131psmongolia/>, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2011). *Asia and the Pacific Country Reviews: Singapore at a Glance*. HIV and AIDS Data Hub for Asia-Pacific, UNAIDS, Bangkok.

([http://www.aidsdatahub.org/dmdocuments/Singapore_Country_Review_2011_HIV_and_AIDS_Data_Hub_for_Asia-Pacific_\(2011\).pdf](http://www.aidsdatahub.org/dmdocuments/Singapore_Country_Review_2011_HIV_and_AIDS_Data_Hub_for_Asia-Pacific_(2011).pdf), accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2012). *Global AIDS Response Progress Reporting Guidelines*. UNAIDS, Geneva.

(http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/JC2215_Global_AIDS_Response_Progress_Reporting_en.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2012). *Global AIDS Response Progress Reporting 2012: Bhutan*

([http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BT_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BT_Narrative_Report[1].pdf), accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2012). *Joint Statement on Compulsory drug detention and rehabilitation centres*. UNAIDS, Geneva.

(http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS, UNAIDS (2012). *Securing an AIDS Free Future: Practical Lessons about Security and AIDS in Conflict and Post-Conflict Settings*. UNAIDS, Geneva.

United Nations Joint Programme on HIV/AIDS, UNAIDS and the UN Department for Peacekeeping Operations, DPKO. (2011). *On the Frontline: A review of programmes that address HIV among international peacekeepers and uniformed services 2005–2010*. UNAIDS, Geneva, May 2011.

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/20110519_OnTheFrontLine.pdf

Unpublished document under development by UNFPA, UNDP, UNODC and UNAIDS Asia and Pacific regional offices in partnership with Nossal Institute for Global Health. Working title: *Arresting HIV: Scaling up collaboration between law enforcement and HIV programmes across the Asia Pacific in the context of Universal Access for Key Affected Populations - A review of best practice examples*.

United Nations Joint Programme on HIV/AIDS Asia and the Pacific Region (2013). *Guidance for UN Joint Teams on AIDS on engaging uniformed services in AIDS response in Asia and the Pacific*. UNAIDS Regional Support Team Asia Pacific, Bangkok, June.

United Nations Joint Programme on HIV/AIDS Asia and the Pacific Region, United Nations Population Fund (UNFPA), and the Asia-Pacific Network of Sex Workers (APNSW) (2012). *The HIV and Sex Work Collection, Innovative Responses in Asia and the Pacific*. UNAIDS, UNFPA and APNSW, Bangkok, 2012. (http://www.aidsdatahub.org/dmdocuments/HIV_and_Sex_Work_Collection.pdf, accessed May 2013).

United Nations Joint Programme on HIV/AIDS Country Office Cambodia (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Kingdom of Cambodia*, UNAIDS, Phnom Penh.

United Nations Joint Programme on HIV/AIDS Country Office China (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 People's Republic of China*, UNAIDS, Beijing.

United Nations Joint Programme on HIV/AIDS Country Office Lao People's Democratic Republic (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Lao PDR*, UNAIDS, Vientiane.

United Nations Joint Programme on HIV/AIDS Country Office Papua New Guinea (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Independent State of Papua New Guinea*, UNAIDS, Port Moresby.

United Nations Joint Programme on HIV/AIDS Country Office Sri Lanka (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Democratic Socialist Republic of Sri Lanka*, UNAIDS, Colombo.

United Nations Joint Programme on HIV/AIDS Country Office Vietnam (2012). *Work with Uniformed Services as follow up to UNSCR 1983 2011/2012 Socialist Republic of Vietnam*, UNAIDS, Hanoi.

United Nations Office on Drugs and Crime (2012). *Global Report on Trafficking in Persons 2012*. UNODC, Vienna.
([http://www.unodc.org/documents/data-and-analysis/glotip/Trafficking in Persons 2012_web.pdf](http://www.unodc.org/documents/data-and-analysis/glotip/Trafficking_in_Persons_2012_web.pdf), accessed May 2013).

United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), Centre for Advocacy on Stigma and Marginalization (CASAM)/Asia Pacific Network of Sex Workers (APNSW), Partners for Prevention and UNAIDS (2012). *Sex Work and Violence: Understanding Factors for Safety and Protection - Desk Review of literature from and about the Asia Pacific region*. UNFPA, UNDP, CASAM/APNSW, Partners for Prevention and UNAIDS, Bangkok, May.

United Nations Regional Thematic Working Group on HIV and Sex Work (2012). *Dialogue to promote common understanding of and consistent approaches to human trafficking and sex work for improved HIV responses in Asia and the Pacific*. UN Regional Support Team, Bangkok, 28th November.

United Nations Security Council 2000. *Women, Peace and Security*. Resolution 1325 (2000) S/RES/1325 (2000) adopted by the Security Council at its 4213th meeting on 31 October 2000.
([http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1325\(2000\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1325(2000)))

United Nations Security Council (2009). *Women, Peace and Security*. Resolution 1888 (2009) S/RES/1888 (2009) adopted by the Security Council at its 6195th meeting on 30 September 2009. United Nations, New York.
([http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1888\(2009\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1888(2009)), accessed May 2013).

United Nations Security Council (2009). *Gender, Women and Sexual Violence*. Resolution 1889 (2009) S/RES/1889 (2009) adopted by the Security Council at its 6196th meeting on 5 October 2009. United Nations, New York.
([http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1889\(2009\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1889(2009)), accessed May 2013).

United Nations Security Council (2010). *Sexual Violence in situations of Armed Conflict*. Resolution 1960 (2010) S/RES/1960 (2010) adopted by the Security Council at its 6453rd meeting on 16 December 2010. United Nations, New York.
([http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1960\(2010\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1960(2010)), accessed May 2013).

UN Security Council (2011). *Impacts of HIV/AIDS epidemic in conflict and post-conflict situations*. Resolution 1983 (2011) S/RES/1983(2011) adopted by the Security Council at its 6547th meeting on 7 June 2011. United Nations, New York.
([http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1983\(2011\)](http://www.un.org/ga/search/view_doc.asp?symbol=S/RES/1983(2011)), accessed May 2013).

United Nations Security Council (2011). *The situation in Afghanistan*. Resolution 2011 (2011) S/RES/2011 (2011) adopted by the Security Council at its 6629th meeting on 12 October 2011. United Nations, New York.
(<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N11/542/18/PDF/N1154218.pdf?OpenElement>, accessed May 2013).

United Nations Statistics Division (2009a). *The Report of the Expert Group Meeting on Measuring Violence against Women*, United Nations Statistical Commission ECE/STAT/AC.193/Item12, United Nations, New York, December, 2009.
(<http://unstats.un.org/unsd/demographic/meetings/vaw/docs/Item12.pdf>, accessed May 2013).

United Nations Statistics Division (2009b). *The Report of the Expert Group Meeting on Measuring Violence against Women*, United Nations Statistical Commission ESA/STAT/AC.193/Item13, United Nations, New York, December, 2009.
(<http://unstats.un.org/unsd/demographic/meetings/vaw/docs/Item13.pdf>, accessed May 2013).

UN Women (2011). *Ending Violence Against Women and Girls, Evidence, Data and Knowledge in Pacific Island Countries: Literature Review and Annotated Bibliography*, 2nd Edition, UN Women, New York.

UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012). *Report of the Expert Group Meeting on Prevention of Violence against Women and Girls*, UN Women, Bangkok, Thailand, 17-20 September 2012.
(<http://www.unwomen.org/wp-content/uploads/2012/11/Report-of-the-EGM-on-Prevention-of-Violence-against-Women-and-Girls.pdf>, accessed May 2013).

UN Women in collaboration with ESCAP, UNDP, UNFPA, UNICEF and WHO (2012). *Prevalence surveys on violence against women Challenges around indicators, data collection and use*. Expert paper prepared by Henrica A.F.M. Jansen for the Expert Group Meeting Prevention of Violence against Women and Girls. UN Women, Bangkok, Thailand, 17-20 September 2012.
(<http://www.unwomen.org/wp-content/uploads/2012/09/EGM-paper-Henriette-Jansen.pdf>, accessed May 2013).

United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012). *Department of Defence HIV/AIDS Prevention Program (DHAPP) Annual Report 2011: Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*. DHAPP, Naval Health Research Centre in San Diego, California.
(<http://www.med.navy.mil/sites/nhrc/dhapp/countryreports/Documents/yearly11/fullreport11.pdf>, accessed May 2013).

Winter, S. (2012). *Lost in transition: transgender people, rights and HIV vulnerability in the Asia-Pacific Region*. United Nations Development Programme, Bangkok.
(http://www.undp.org/content/dam/undp/library/hivaids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf, accessed May 2013).

World Health Organization/London School of Hygiene and Tropical Medicine (2010). *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. World Health Organization, Geneva.
(http://whqlibdoc.who.int/publications/2010/9789241564007_eng.pdf, accessed May 2013).

Data sources for Table 2:

Kingdom of Bhutan (2012a). *Bhutan National Strategic Plan for the Prevention and Control of STIs and HIV/AIDS (2012-2016)*, Kingdom of Bhutan, Thimphu (page 30); UNAIDS (2012). *Global AIDS Response Progress Reporting 2012: Bhutan*; ([http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BT_Narrative_Report\[1\].pdf](http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_BT_Narrative_Report[1].pdf), accessed May 2013).

Federated States of Micronesia (2012). *Global AIDS Response Progress Report 2012*. Submission date: 31st March 2012; Secretariat for the Pacific Community (SPC), & Global Fund to Fight AIDS, Tuberculosis and Malaria. (2010). *Second Generation Surveillance Surveys in the Federated States of Micronesia, 2006 to 2008*.

Center for HIV/AIDS/STI Lao, USAID, FHI, The Global Fund, ADB, WHO, & UNAIDS. (2004). *Second Generation Surveillance 2nd Round on HIV, STI and Behavior 2004*.
Mongolia National Committee on HIV/AIDS (2010). *Mongolian National Strategic Plan on HIV, AIDS and STIs 2010 - 2015*. National Committee on HIV/AIDS, Mongolia, Ulaanbaatar, February, page 58.

Cited in Myanmar National Strategic Plan on HIV and AIDS 2011-2015.
(<http://www.jhsph.edu/research/centers-and-institutes/center-for-public-health-and-human-rights/pdf/NSP%20Full%20Book%20Final.pdf>, accessed May 2013).

Republic of Palau, Ministry of Health (2008). *The National HIV & STIs Strategic Plan (2009-2013): People are at the Centre of our Plan (draft with working title)*, Government of the Republic of Palau, Melekeok State.

Ministry of Health, HIV/STI Unit. (2012). *Results from the HIV/STI Integrated Biological & Behavioral Surveillance Survey Democratic Republic of Timor Leste 2011*. Lahane.(Draft Report); International HIV Research Group School of Public Health and Community Medicine The University of New South Wales. (2008). *Behavioral Surveillance Survey in Timor-Leste, 2008 First Round Results for Uniformed Personnel*.

United Nations Joint Programme on HIV/AIDS (2010). *UNGASS Country Progress Report: Vietnam, 2010*. UNAIDS, Hanoi.

United States Defence Health Programme and the U.S. President's Emergency Plan for AIDS Relief (2012). *Department of Defence HIV/AIDS Prevention Program (DHAPP) Annual Report 2011: Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*. DHAPP, Naval Health Research Centre in San Diego, California.
(<http://www.med.navy.mil/sites/nhrc/dhapp/countryreports/Documents/yearly11/fullreport11.pdf>, accessed May 2013).

Annex 1: Work with Uniformed Services as follow up to UNSCR 1983

Uniformed Service	Previous/ Current/ Planned Activities	Key Populations involved	Partners	Links to HLM Goals #	Outcomes/ Outputs	Time Frame
National Militaries	None					
Peace Keepers (PKs)	Work with BIPSOT sexual violence, risk assessment	sex workers	BIPSOT UNAIDS AFD	1 Reduce sexual transmission by 50% 7 Eliminate gender inequalities and GB abuse and violence & increase the capacity of women & girls to protect themselves from HIV	<ul style="list-style-type: none"> PKs understand SGBV. PKs HIV prevention + PKs agents of SV change 	ongoing
Police	<ul style="list-style-type: none"> Police orientation programme for harm reduction for people who inject drugs Awareness engagement in harm reduction Police/parliamentarians against underage sex workers Advocacy and orientation with Parliamentarians 	people who inject drugs, sex workers, men who have sex with men, transgender people	UNJT USAID Gov	1 Reduce sexual transmission by 50% 2 Reduce HIV transmission among people who inject drugs by 50% 4 Provide ART to 15 million people 7 Eliminate gender inequalities and GB abuse and violence & increase the capacity of women & girls to protect themselves from HIV 8 Eliminate stigma & discrimination against people living with and affected by HIV by promoting laws and policies that ensure the full realization of all human rights & fundamental freedoms 9 Eliminate restrictions for people living with HIV on entry, stay & residence	<ul style="list-style-type: none"> Programme coverage enhanced related to all Targeted Interventions Arrest & violence reduced against key populations 	ongoing
Prison Guards	Advocacy and sensitization workshop for prison officials	Prisoners	UNODC UNFPA	1 Reduce sexual transmission by 50% 2 Reduce HIV transmission among people who inject drugs by 50% 9 Eliminate restrictions for people living with HIV on entry, stay & residence	Knowledge and awareness of prison personnel to address HIV needs of prison inmates.	ongoing
Migration Officials	Advocacy on anti-human trafficking with law enforcers particularly border guards with a focus to HIV	Migrant Workers	UNODC Gov IOM	1 Reduce sexual transmission by 50% 2 Reduce HIV transmission among people who inject drugs by 50% 7 Eliminate gender inequalities and GB abuse and violence & increase the capacity of women & girls to protect themselves from HIV 8 Eliminate stigma & discrimination against people living with HIV & affected by HIV by promoting laws and policies that ensure the full realization of all human rights & fundamental freedoms 9 Eliminate restrictions for people living with HIV on entry, stay & residence	Government officials involved in migration better understand issues around human trafficking, VAW and AIDS.	planned

Other Uniformed Services	None					
---	------	--	--	--	--	--

Annex 2: National Strategic Plan on AIDS and Uniformed Service Personnel by Country

Country, NSP, Date	UP	Type of USP engaged	HIV prevalence	KABP survey	Knowledge of HIV	At-risk behaviours	Stigma & discrimination	Activities	Indicators	Targets		Resources
										2012	2015	
Afghanistan NSP (2011-15)	Yes	Military, Police, Border guards/troops	No data	NA	NA			Training curriculum for UP (GFATM, 2007)				
								Training of trainers (2007)				
								Translate, disseminate materials (2007)				
								Train 200 police in 5 Provinces 2010	% law enforcement personnel (police & military) with correct knowledge of HIV	20%	40%	100,000
								KABP police & military (NSP)	No. of police reached with HIV prevention information	8000	12000	
									No. of military reached with HIV prevention information	8000	12000	
Australia NSP (2010-13)	Yes	Police					The priority is to ensure that legislation, police practices & models of regulatory oversight support health promotion, so SWs can implement safer sex practices and the industry can provide a more supportive environment	Promote programs to challenge stigma & discrimination including education, compliance & measurement (such as attitude surveys), support for advocacy, and improved access to effective complaint systems.				

							for HIV prevention & health promotion.						
								Identify and work to address the legal barriers to evidence-based prevention strategies across jurisdictions.					
Bangladesh NSP (2011-15)	Yes	Police						Advocacy at all levels will be conducted - national, divisional, and local. Advocacy will be done with parliamentarians, different key ministries, law enforcement agencies, journalists, relevant professional bodies, program managers					
Bhutan NSP (2012-16)	Yes	Military (Army), Police, Body Guards, Prison staff	Military & police amongst PLHIV	UP, 2009	Half uniformed services knew condoms prevent HIV	14% UP did not use condoms with SWs	Majority UP "favourable" attitude towards PLHIV	Royal Bhutan Army & Royal Body Guard: 1. Provide STI & HIV prevention services	No. of UP reached with BCC, STI services and condom promotion				
						44.7% armed forces had 2+ sexual partners in last 12 mths & of them, 41.5% did not use condom at last sex		2. Train health staff in prevention & treatment of STIs, HIV, AIDS	No. of UP referred to STI services & no. accessing & using services				
						5.3% of 345 armed forces tested +ve for Syphilis and 6.3% for Hep B. 2006 survey of 2,300 armed forces 2.1% +ve for Syphilis		3. Encourage RBA & RBG women's groups in prevention 4. Condom distribution & VCT through military hospital	% UP who had received a HIV test in the last 12 months & know their results				
								Royal Bhutan Police: 1. Support cross border collaboration on prostitution, trafficking & information sharing on STIs, HIV, AIDS; 2. Ensure prisoners access to STI, HIV, AIDS services	% UP who report using condoms with most recent non-regular sex partner				

									3. Collaborate with MoH on prevention & control of STIs and HIV amongst MARPs				
Cambodia NSP (2011-15) Costing Plan	Yes	Military, Police							Strategic Plan development for the Ministry of Interior (2009-2013)				
									Guidelines on role of police in protecting SWs & MSM/TG & promoting 100% Condom Use Policy				
									Strengthen the Condom Use Policy to ensure condoms/lubricants are available in all entertainment establishments without fear of arrest, closure or violence.				
									Police as target group for HIV risk behaviour (69,000 police estimated 2011)			3.8 million 2011 to 2015	
									Military as target group for HIV risk behaviour (131,000 military estimated 2011)			14.4 million 2011 to 2015	
									Training police on rape (Guidelines and initial training 2011 and new entrants thereafter)				
									Ensuring provision of services for IDUs, MSM/TG, SWs within a supportive, gender-responsive and stigma-free environment, and access to services without fear of violence or arrest for all				
									Development and inclusion of targeted messages to address male gender norms and increase male responsibility for family sexual and reproductive health with a focus on risk behaviours, such as excessive alcohol use, gender-based violence and multiple concurrent sexual partners.				
									Promote awareness of law enforcement agencies and others to ensure full understanding of the intent of laws, policies, sub-decrees & guidelines that impact HIV prevention & public health efforts and implementation				

								of the Community-Police Partnership Programme of the Ministry of the Interior (MoI) Strategic Plan (2009-2013).					
China No NSP (2011-15)	No	None											
Fiji NSP (2012-15)	Yes	Military, Police, Prison Staff					Police harass and abuse street based & transgender SWs	Workplace HIV and STI policies for each Uniformed Service (to include behaviour change and orientation to HIV Decree)					
								HIV Decree, human rights and gender sensitive training for uniformed services to enhance HIV prevention amongst vulnerable groups					
								Reduce Stigma and Discrimination towards key affected populations through workshops & training sessions with the police.	Number of police force staff trained				
								Provide prevention services to uniformed services (military, police, prison) through improving access to STI diagnosis & treatment, VCCT , condom distribution	Number of prevention interventions for uniformed service personnel				
								Improve coordination of prevention among uniformed services					
Federated States of Micronesia, No NSP	Yes	Police, Border gaurds/tr oops (port staff) Body guards (security)		BBS 2007	Reasonable knowledge of HIV amongst police	45.9% of 114 male police reported having multiple sex partners in the last 12 months							Intimate partner violence discussed but not in relation to police or KAP
2012 Country Progress Report						Of those police reporting casual sex in the last 12 months (30), none reported using a condom.							

NCPI Report						Of those 26 police (n=114) reporting sex with both a live in and a casual partner in the past 12 months, 65.4% reported never using a condom with their live in partner and in the past 12 months and 76.9% reported never using a condom with their casual sex partner in the past 12 months.							
						47 (41.2%) police surveyed (n=114) had ever been tested – and 26 of 31 (83.9%) police had been tested in the last 12 months and know their results							
	Yes												
India NSP (2006-2011) Imp. Plan		Police					Police harassment /violence towards SWs	Amend police procedures to deal with high risk groups (HRGs) which enhance their vulnerability to HIV.	Number of organizations implementin g workplace policy.				Emphasis on survivors of violence & trafficking not prevention
								Include protecting self & others from HIV in all training and field briefing manuals & ensure that all policemen of all ranks receive training on HIV.	Number of training programmes which have course material dealing with HIV/AIDS				
								Create an enabling environment for policemen to access HIV prevention & treatment services & increase access to services.	% increase in number of people from the ministry accessing HIV/AIDS information and services.				
								Train policemen to respond to the vulnerabilities of trafficked and migrant women.					

								Conduct advocacy with law enforcement agencies & adopt appropriate policies to facilitate display & vending of condoms in entertainment establishments, liquor shops.	Increased condom availability at discos, hotels, bars, pubs, health service providers, health centres.				
									Number of ministries with plans of action & allocating dedicated human & financial resources to HIV/AIDS.				
Indonesia NSP (2010-13)	No	No Military but USA support for this, Police, Prison Staff supported through AusAID						Increasing the active participation of community members (leaders and local residents) whose work can make positive contributions in responding to the epidemic - including, law, police force, empowerment of women					
								HIV prevention amongst military, police, and staff of Min of Home Affairs					
								HIV prevention amongst families of military, police, and staff of Min of Home Affairs					
								Policy on HIV and AIDS prevention among the police					
								Policy on HIV and AIDS prevention among the military (Air Force, Marine, Army)					
								Support efforts to reduce stigma and discrimination					
								Coordinate corectional facilities in the implementation of prison-based AIDS response programmes					
Kiribati NSP (2012 - 17)	Yes	Police, Border guards/tr oops (custom						Review police workplace policies on HIV – including pre-conditions for mandatory testing – in light of Kiribati 2008 Employment					Intimate partner violence discussed but not in

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

		officers)						Ordinance & MHMS VCCT policy & practices					relation to police or KAP
								Develop training and awareness materials for customs and police; and media					
								Deliver training and awareness at customs and police workplaces					
								Improve collaboration between MHMS and NGOs, Churches, Island Councils and Police, to agree on strategies to address contact partner tracing throughout Kiribati					
								Establish a police liaison group to engage with <i>Ainen Matawa</i> to ensure access to protection from abuse					
								Train police in universal precautions					
								Police collaboration in HIV prevention and primary health care, e.g. testing & control of STIs. To include legislation and policy development in workplaces, government departments & environments where people drink alcohol.					
Lao PDR NSP (2011-15)	Yes	Military, Police	0% (CHAS, IBBS 2008) and 0% (2004)					Uniformed "men" part of interventions for men with multiple sex partners; outreach and IEC; condoms; STI/VCT referral		40,000 (2010)			2,710,360 includes migrants, transport workers, business men, civil servants, UP
Maldives NSP (2007-2011)	Yes	Military, Police, Border guards/troops (customs) Body guards (ports staff)						Develop and provide comprehensive HIV/AIDS prevention services to those in custody with guidance from DPH					
NSP Draft (2012-16)		Prison staff and juvenile justice						Develop & provide comprehensive HIV/AIDS prevention services to members of MPS including	% of police staff reached by HIV prevention				

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

								peer education, condom distribution, BCC, VCT & STI services	services				
								Develop & provide comprehensive HIV/AIDS prevention services to members of MNDF including peer education, condom distribution, BCC, VCT & STI services	% of defence staff reached by HIV prevention services				
								Increase access to and coverage of quality HIV prevention workplace programmes for Police & Defence forces	% of police force & Defence force who can both correctly identify ways of preventing HIV transmission and reject major misconceptions about HIV transmission				
								Strengthen the capacity of the Ministry of Home Affairs lead and provide comprehensive HIV prevention services in penitentiaries and for members of the Maldives Police Service					Refers to domestic violence
								Strengthen the capacity of the MNDF lead and provide comprehensive HIV prevention services in penitentiaries and staff/members					
	Yes							Sensitization workshops & capacity building workshops for prison & Juvenile justice staff & other closed settings (rehabilitation centre, detention centres)					
								Facilitate making an appropriate laws and policies to promote the accessibility of KAPS for prevention and care services by Defence forces.					
								Collaborate with other stakeholders to ensure services for incarcerated populations.					
								Reduce stigma &					

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

								discrimination in all related activities.					
								Sensitization workshops for MDNF, National Security, Customs, Police, Immigration & Ports staff & support of implementation of activities, creating a supportive environment for staff					
								Reduce stigma & discrimination in all related activities for MDNF, National Security, Customs, Police, Immigration & Ports staff.					
								Facilitate making an appropriate laws and policies to promote the accessibility of KAPS for prevention and care services by the police.					
Malaysia NSP (2011-15)	Yes	Police						Engage law enforcement, healthcare service providers, relevant public officials and civil society stakeholders, to assess and mitigate complications to the national HIV response.					Police consulted in development of NSP. GBV mentioned in general
								Build an enabling environment for HIV prevention with IDUs and their partners by mobilizing key stakeholders, including, health care providers, community networks, NGOs, local authorities, and law enforcement.					
								Sensitise and engage law enforcement, healthcare service providers, relevant public officials and civil service providers, relevant public officials and civil society stakeholders, to assess, prevent and mitigate any negative consequences of laws and policies to the national HIV response.					

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

Mongolia NSP (2010-15)	Yes	Military, Police, Border guards/troops	Military have a higher risk of STIs & HIV than civilians		HIV and STI knowledge amongst recruits & military personnel is low. Up to 20% recruits are illiterate.		Reports of arbitrary detentions, interrogations and even violence against MSM by police and intelligence, and of involuntary testing without pre- and post-test counselling.	Conduct assessment of HIV and STI education and service needs among decision makers and staff in uniformed services	% Increased knowledge and consistent condom use by key vulnerable groups (STI clients, clients of sex workers, mobile populations, young people and uniformed service staff)				UN Peacekeepers, border controls
								Revise the HIV, STI and Reproductive Health (RH) curriculum that has been used among border troops and the military	% Increased coverage of key vulnerable groups (STI clients, clients of sex workers, mobile populations, young people, people in custodial settings and uniformed service staff) by HIV and STI programmes				
								Conduct advocacy activities among high-level decision makers in the armed forces, including a national consensus-building seminar, to attain consensus and create the necessary support for the implementation and institutionalization of the revised curriculum and other HIV and STI programmes and services	% uniformed staff who both correctly identify ways of transmission of HIV and reject major misconceptions about HIV transmission	Increase baseline by 3%	Increase baseline by 5%		
								Scale up HIV and STI workplace programmes and services in all uniformed services (the army, including conscripts and UN peacekeepers, and border troops), including education, skills-building, provision of	% uniformed staff reached with HIV prevention programmes	60%	100%		

								free condoms and STI services.					
								Conduct comprehensive assessments to identify the quality and scope of existing health services, including capacity-building needs of health care staff in the uniformed services, particularly the armed forces and border troops, with a special focus on HIV and STI prevention, and treatment services.	% uniformed staff who received HIV counselling & testing in the last 12 months & who know the results	35%	40%		
								Develop a training programme for health care staff in all sectors of uniformed services, and incorporate into the regular training curriculum.					
								Implement improved HIV and STI service delivery (with client-friendly VCT & diagnosis, STI counselling, and treatment) as part of the health care system of armed forces and border troops.					
								Sensitize local police authorities and staff (especially for sex workers and IDUs) with regard to the centres' services.					
Myanmar NSP (2011-15)	Yes	Military, Police, Border guards/troops, Body guards, Prison staff	No data					Priority attention to strengthen the functioning and role of ministries working with most at risk and vulnerable populations, including the Ministry of Home Affairs (CCDAC – the Central Committee for Drug Abuse Control, Myanmar Police Force, and the Correctional Department) in their work with drug users, people in closed settings (prisons, correctional and rehabilitation facilities) and their understanding and support for a public health approach to most at risk populations					
								Policy on links between law enforcement and public					

								health for targeted condom promotion and other HIV programmes					
								Delivery of prevention and impact mitigation programmes for HIV across police and prison departments and in prisons					
								Enforcement of policy in which condom possession is not used as liability of sex work.	Less stigma, discrimination and violence against SWs.				
								Enabling environment – including from law enforcement supportive of programmes and services for sex workers					
								Coordination and multisectoral cooperation amongst stakeholders & gatekeepers (e.g. Police and managers of entertainment establishments for SW and MSM)	Less stigma, discrimination and violence against MSM.				
								Ensure availability and equitable access of USP to a combination of programmes and services that are highly effective because they are flexible, tailored and targeted by location, age, gender and transmission behaviour.					
								Review of policies related to HIV-positive USP once Antiretroviral Therapies are introduced and generalized.	Increased access to treatment services				
								Research and special studies to better understand contexts in which unformed services and their family members are vulnerable to HIV transmission, extent of risk behaviours and attitudes within unformed services.					
								Coverage of proven prevention interventions for police should be scaled-up quickly.	Increased access to condoms; STI and VCT services	15,601 police and military		200,000	
								Advocacy with police & judiciary to support the development of preventive care and support services for young people, including development of young					

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

								people and street children centres to ensure that their work supports national strategies.					
								Enforcement of Directive 2001 from Myanmar Police Force HQ not to make arrests for possession of hypodermic needles	Less stigma, discrimination and violence against drug users.				
								Training in tolerance, compassion and understanding of PLHIV and MARPs for (relevant staff including...), police, prison, correctional and rehabilitation facility staff to support the national response to HIV.	Less stigma, discrimination and violence within prison, correctional and rehabilitation facilities and within communities				
								From 1996 to 2000, there were programs on HIV awareness for the police and peace keeping force supported by University of Heidelberg, STD HIV Project and Save the Children (AmFAR and Netherlands Govt) Army hospital was one of the sentinel sites from 1995 to 2000. In 2004 March Nepal Police developed its HIV and AIDS strategy and in 2006 Armed force also developed their HIV and AIDS Strategy. Currently under GFATM and Pooled fund HIV prevention program in selected prisons of Nepal is in operation, but there is no strategic interventions among the uniformed services.					
Nepal NSP (2011-16)	Yes	Military, Police, Prison staff	No	No	No recent study	IBBS among the female sex workers conducted in several rounds (2006, 2008 and 2011) has shown policemen/soldiers among the top four clients of SWs.	Reports of arbitrary detentions, interrogations and even violence against MSM, FSW and IDUs by police.	Protect uniformed services from HIV transmission and provide full range of prevention, treatment and care services without any stigma, discrimination and prejudice.					

								Capacity building of uniformed services especially for their policing practices can have major impact on the effectiveness of HIV prevention initiatives, and in perpetuating HIV/AIDS related stigma and discrimination.					
								Update Nepal Police HIV and AIDS Strategy(year) to take into account of new challenges and opportunities and build synergy in terms of expanding scope of both strategies.					
								Other uniformed services will also be supported to develop sectoral plan to address the HIV related services to align and harmonize the need and realities of the organisation.					
								Develop policy on links between law enforcement and prisons and correctional facilities to support a public health approach for working with MARPs including Sews, IDUs & MSM – in the community and in prisons and correctional facilities.				Some budget allocated under NSP for the interventions at the prison settings	
								Deliver awareness-raising on public health approach to MARPs with police department and all staff of prisons and correctional facilities.					
								Deliver prevention and impact mitigation programs for HIV across police and prison departments and in prisons					
								Develop policy, coordinate and support scale up and community involvement in the delivery of IDU harm reduction program					
New Zealand No NSP (2009-14)	No	None											

<p>Pakistan NSP (2012-17)</p>	<p>Yes</p>	<p>Prison staff</p>	<p>NA</p>	<p>Yes conducted among Military personnel in 2010</p>	<p>The key conclusion from KABP survey is that a large number of military personnel are having adequate knowledge about HIV transmission and its prevention. There is a considerable proportion of the respondents who have poor knowledge in different domains related to treatment. Certain misconceptions are also prevailing along with poor knowledge. As the behaviors and practices are based on knowledge, poor knowledge and misconceptions are resulting in wrong practices and behaviors. As expected, there has been found</p>		<p>HIV Prevention and awareness interventions police and prison staff is part of the Provincial strategic plans.</p>					<p>High levels of GBV mentioned but no role of UPS - empower women, life skills seen as the solution</p>
-----------------------------------	------------	---------------------	-----------	---	--	--	--	--	--	--	--	--

					<p>more lack of knowledge in non-officers and non-medical personnel categories, still there is a lot of room for improvement of knowledge and misconceptions among officers and medical personnel as well. There is thus a need to develop proper training material for different categories of personnel and impart them the required knowledge with emphasis on the specific interventions in the light of the survey results.</p>									
Palau	Yes		STIs detected - 5% of 47 male police +ve for Chlamydia	SGSS (2005-06)	"Relatively" high level of knowledge of HIV transmission BUT 40% (N=47) thought mosquitoes transmit HIV, 20%	4% engaged in commercial sex and 32% in casual sex. Low condom use (did not want to use, trusted their partner, not easily available, or did not think to use one).		Establish health education in the police curriculum						

					from sharing a meal with PLHIV.								
			Half (out of 27) tested for HIV (of these half in last 12 months)					Consolidate partnerships & engage with Police for HIV training & improved access to information on safer sexual practices					
			30% of those tested were voluntary ; 35% received the results					Educate, police, judiciary & prison personnel					
Philippines NSP (2011-16)	Yes	Police					Police continue to carry out raids against drug users	Remove structural barriers to the use of services by IDUs					
							FSWs report harassment from the police who sometimes use their services for free and, on occasion, even rob them of their earnings or their possessions such as their cell phone.	Develop partnerships, dialogue, and collaboration among SHCs, Mobile Clinics, and NGOs with police and the local government for an integrated response to STI-HIV prevention					

							Police hamper efforts to promote condom use because the police use condoms as evidence of prostitution when raiding an establishment or apprehending freelancers.	Reduce harassment, violence, stigma						
PNG NSP (2011-15)	Yes	Police					Police included as MARP (mobile men with money)	High levels of sexual violence & rape including by the police	Develop interventions to reduce HIV vulnerability associated with GBV and sexual violence against women & girls					
									Prevention interventions that reduce the vulnerabilities of mobile men with money & their partners are established & expanded					
Singapore NO NSP used Asia-Pacific Country Review	No	None						Laws criminalize MSM; strict drug laws - underreporting of IDUs a& substitution drugs not legal;; SW not illegal per se but most related activities are illegal.						
Sri Lanka NSP (2007-11)	Yes	Military, Police, Prison Staff						High levels of sexual violence against women (and boys)	Police & Prisons will scale up HIV/AIDS programmes as part of their own work plans and budgets.					
									NSACP will sensitize departmental leaders in the Prisons, Police, Defence on the need to address provisions from the constitution and AIDS policy in sectoral policies.					
Thailand NSP (2007-11)	Yes	Military, Police							Develop models and manage HIV prevention among new recruits and existing military personnel , families and communities.	HIV Prevalence among young Thai men prior to entering				

									military service decreases from 0.45 % in 2006 to below 0.40% in every province and then, at least by 0.05 % each following year.				
Thailand NSP Draft (2012-16)	Police							Provide VCT, treatment, care and support to HIV-infected persons and AIDS patients					
								Monitor HIV infection in recruits.					
								Coordinate with existing AIDS and STIs awareness and prevention campaigning movements to target military institution systems.					
								The Ministry of Public Health should coordinate with the National Police Bureau to prevent HIV in female and male sex workers as well as IDUs.					
								Police officers should not use condoms carried by sex workers as the only evidence to support a claim of engaging in prostitution.					
								Create policies and guidance for police officers on areas where their work overlaps with issues relating to HIV/AIDS prevention & alleviation, particularly the claiming of the following practices as criminal actions under Thai law: condom use, use of injecting needle, prostitution and drug use.					
								Provide services on counselling, treatment and care to PLHIV in settings under police authority.					
								Collaborate with the Ministry of Public Health & other health service departments to develop a lead model on HIV prevention and care for those who are sexually					

Progress towards United Nations Security Council Resolution 1983 in Asia and the Pacific

								abused.					
	Yes							Build capacity through re-training and learning opportunities for police.					
Timor Leste NSP (2011-16)	Yes	Military, Police	17.6 % tested for HIV & 58% of them returned for result	Survey police & military August 2008 N = ?	High awareness of HIV (95%) & STIs 91%; 86.5% know condoms protect against HIV; low knowledge that STIs can be asymptomatic (26.8%); only 24.1% though PLHIV could look "healthy"	37% non-regular partners in last 12 months; 31.5% commercial sex in last 12 mths; 7.3% always use condom with non-regular partner; 17.4% always use condom with SWs (16.3% of these did not use due to unavailability; 30.2% because condoms reduce pleasure)		BCC through outreach and peer support; targeted VCT; condom distribution	% of Uniformed Services Personnel aware that condoms can prevent HIV and STI transmission				
				Proposed 2 year follow-up	150 uniformed personnel tested - 8% Syphilis; 13.3% Hep B	More than 25% of US (army, police) reported having commercial sex in last 12 months			% of Uniformed Services Personnel intending to use condoms in all sex with non permanent partner				
					Part of sentinel surveillance follow-up				% of Uniformed Services personnel confident in skill to negotiate use of condoms				
									Number of Uniformed Services Personnel using VCT				
									Number of condoms distributed to uniformed services				

									personnel through funded interventions				
						Extremely high levels of GBV. Sexual violence and gender based violence undermine women's ability to negotiate safer sex.			No measures to address GBV				
Tuvalu NSP (2009-13)	No	None											
Viet Nam NSP (2010-20)	Yes	Police						Implement harm reduction in HIV prevention through meetings etc with Police					
Reference to gender equality but not GBV								Cooperate with health establishments of other sectors (e.g. police) in providing services to diagnose, treat, care and support PLHIV					
								The Ministry of Police: shall implement activities on HIV/AIDS prevention and control and care and treatment for PLHIV at prisons and detention camps.					
								Ministry of Police: Communicate HIV/AIDS prevention and control for their staff and officers					
								Ministry of Defence shall cooperate with the MoH to expand the model of military – civilian cooperation to communicate, disseminate knowledge on HIV/AIDS prevention for ethnic minorities, people in bordering areas, implement counselling, care and treatment with ARV for PLHIV in bordering areas, and areas with difficult travel conditions.					
								MoD Communicate on HIV/AIDS prevention and control for its staff and officers.					