



**Issue Paper for the Session:
Introduction to draft *Best Practice Guide* and draft *Dos and Don'ts*
Documents**

Defining the Issue

1. Current realities, as well as previous discussions of the group, clarified the pressing need to provide tools and approaches that demonstrate the value and effectiveness of human rights based approaches within the response to AIDS through best practices. Following our 4th meeting, there was agreement with UNAIDS that the Reference Group should propose draft documents for UNAIDS to employ in furthering its country-level response. It was agreed that these documents should show how attention to rights can improve HIV efforts and not include attention to the negative impacts that violating rights can have on these efforts. It was determined that there would be 2 documents: a best practice guide and a shorter “dos and don'ts” document intended to serve as a checklist on how to integrate human rights into programmatic efforts.

Background

2. At the conclusion of the 4th meeting, the group proposed a list of potential projects broadly intended to move forward UNAIDS' work in this area. There was agreement among group members present and UNAIDS that any documents produced must attempt to present a coherent conceptual framework that would address the intrinsic and instrumental value of rights in AIDS programming. It was agreed that the Reference Group Secretariat would be responsible for presenting materials for discussion and coordinating the input of members in preparation of a final submission of these products to UNAIDS.
3. Consequently, decisions were made with UNAIDS to produce the Best Practice Guide and the Dos and Don'ts document. It was agreed, the Best Practice Guide (BPG) would be conceptualized as a part of UNAIDS' best practice collection which seeks out and assesses examples of best practice to “keep countries up to date on the best models available for HIV prevention, care and impact alleviation.” The Dos and Don'ts document would be a shorter practical piece derived from the recommendations of the BPG which could be used as a checklist for designing and implementing RBAs at the programme level.
4. In order to ensure credibility for any framework and documents proposed, a phase of intensive research and collection of evidence of best practices in implementing RBAs was undertaken. This was crucial in order to propose an evidence-based approach that would have credibility and build on the vast experience of UNAIDS and its partners, as well to address the challenges that are faced in implementing RBA at the organizational and country levels. Literature searches were conducted on the PubMed, World of Science databases, and through the World Wide Web search engine Google. Over 300 results were reviewed. We also conducted comprehensive research via internet, books, articles (scholarly and non-scholarly) and reports on programs and policies on HIV prevention; treatment and care; and impact mitigation.
5. While an effort was made to identify the use of these approaches in HIV and AIDS programming specifically, relevant examples from development and other areas also were identified in order to cull the lessons learned from intergovernmental agencies, bilaterals, foundations, governments, and civil society where useful efforts had been documented. The evidence was reviewed and annotations drafted in each case to show how the RBA had been conceptualized and defined, and how they had been designed, implemented, monitored and evaluated.
6. Bibliographies were compiled and a review of the results showed wide variety. Although much work has been done on conceptualization, far fewer efforts attempted to systematically apply a RBA to policy, programme or practice.

7. Also while some documented efforts focused on RBAs in programme design, others did so in implementation, and others in monitoring and evaluation. As this appears to have generated confusion as to what a RBA means in practice, we recognized that whatever framework we proposed would need to be systematic in showing how a RBA can be relevant at each stage of policy and programme design, implementation, monitoring and evaluation.
8. Given the significant work done around conceptualization, we determined to use the UN Common Understanding as the basic thinking behind the framework. However, the review showed that even as recognized core RBA principles accountability, participation, and non-discrimination are the basis for much of the RBA work done, programmes are not systematic in their use of one some or all of these principles in what they term a RBA. In addition, even if they were not explicitly called the “3AQ” of general comment 14, issues related to the availability, accessibility, acceptability, and quality of services kept surfacing as areas of attention. It also became clear that additional rights tended to surface in certain areas of intervention. As a result, we determined that it would be necessary for the framework to allow for the systematic review of these rights at every stage of policy and programme design.
9. Finally, it was clear that while a generic framework would need to be proposed given UNAIDS’ interest in work spanning prevention, treatment and care, and impact mitigation that the framework would need to be relevant to each area of interest.
10. Based on this work, we present here to the Reference Group members for review and input the working draft of the Best Practice Guide, and the proposed methodology for the Dos and Don’ts document. Members’ input is needed on the following:
 - the overall objectives and purpose of the documents
 - the conceptual thinking behind the frameworks proposed
 - the methodologies used.

This issue paper was prepared by the Reference Group Secretariat to facilitate discussion at the Reference Group’s August 2005 meeting.