policy

October 2014

DESIGNING A STIGMA AND DISCRIMINATION REPORTING SYSTEM

Assuring Justice for People Living with HIV and Key Populations in Ghana

This publication was prepared by Nana Oye Lithur, Taylor Williamson,
Annie Chen, and Ron MacInnis of the Health Policy Project.

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

HEALTH POLICY PROJECT

Suggested citation: Lithur, N.O., T. Williamson, A. Chen, and R. MacInnis. 2014. *Designing a Stigma and Discrimination Reporting System: Assuring Justice for People Living with HIV and Key Populations in Ghana*. Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-047-9

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. The project's HIV-related activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). It is implemented by Futures Group, in collaboration with Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

Designing a Stigma and Discrimination Reporting System

Assuring Justice for People Living with HIV and Key Populations in Ghana

OCTOBER 2014

This publication was prepared by Nana Oye Lithur,[1] Taylor Williamson,[2] Annie Chen,[3] and Ron MacInnis.[3]

[1] Human Rights Advocacy Centre, [2] RTI International, [3] Futures Group

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.

CONTENTS

EXECUTIVE SUMMARY

Stigma and discrimination against people living with HIV (PLHIV) and key populations, such as sex workers and men who have sex with men, reduces access to critical services, adversely affects health outcomes, and undermines human rights. To reduce HIV-related stigma and discrimination, the United Nations Programme on HIV/AIDS (UNAIDS) recommends strengthening national legal support services and increasing access to redress. Legal services, however, are poorly resourced in low- and middle-income countries, and access is often limited to the wealthiest people.

Drawing on lessons learned from existing systems in Jamaica and Hungary, the Health Policy Project supported a consortium of stakeholders in Ghana to develop internet- and text message-based platforms for reporting HIV-related discrimination to the Commission on Human Rights and Administrative Justice (CHRAJ). This reporting system improves access to justice for PLHIV and key populations by providing a mechanism for civil society organizations to report cases to CHRAJ, track case progress, and use aggregated data for advocacy.

The consortium identified three primary considerations to guide development of the reporting system:

- Legal environment
- Capabilities of existing institutions that address discrimination
- Structures that link PLHIV and key populations to legal services

This confidential reporting system builds on the legal mandate of state institutions to protect the human rights of marginalized communities by forging partnerships between civil society organizations, affected communities, and state actors to improve access to justice for PLHIV and key populations. Additionally, the system provides advocates and policymakers with data on the experiences of stigma and discrimination to guide future HIV- and other related policies in Ghana.

ABBREVIATIONS

ADR	alternative dispute resolution
AED	Academy for Educational Development
AIDS	acquired immune deficiency syndrome
CEPEHRG	Centre for Popular Education and Human Rights
CHRAJ	Commission on Human Rights and Administrative Justice
DOVVSU	Domestic Violence and Victim Support Unit
GAC	Ghana AIDS Commission
GHS	Ghana Health Service
HIV	human immunodeficiency virus
HPP	Health Policy Project
HRAC	Human Rights Advocacy Centre
MSM	men who have sex with men
NAP+	National Association of People Living with HIV
NGO	nongovernmental organization
PLHIV	people living with HIV
SHARP	Strengthening HIV and AIDS Response Partnerships
SHARPER	Strengthen HIV/AIDS Response Partnership with Evidence-Based Results
SMS	Short Message Service
STI	sexually transmitted infection
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	United States Agency for International Development
WAPCAS	West African Project to Combat AIDS and STIs
WiLDAF	Women in Law and Development in Africa

INTRODUCTION

Stigma and discrimination pose a significant threat to the fundamental human rights of people living with HIV (PLHIV) and key populations at higher risk of HIV. Whether attempting to rent an apartment, access healthcare, or further their education, PLHIV experience stigma and discrimination in many aspects of their everyday lives (Ogden and Nyblade, 2005). Despite increasing recognition of stigma and discrimination as drivers of the HIV epidemic, much remains to be done to ensure that PLHIV and key populations have access to critical goods and services (UNAIDS, 2012).

According to the United Nations Program on HIV/AIDS (UNAIDS), protecting the human rights of PLHIV and key populations requires a range of approaches to “create social and legal environments that encourage people to take up and use HIV services” (UNAIDS, 2012). Strengthening legal support services is one concrete action that can facilitate access when rights are violated, especially if a supportive legal environment exists.

In Ghana, for example, while the constitutional and legal framework provides equal protections and service access rights to all people, a 2010 legislative audit found that “current anti-discrimination laws in Ghana lack the specificity to deal with HIV/AIDS discrimination” (Lithur, 2010). In fact, the behavior of sex workers and men who have sex with men (MSM) is criminalized in Ghana. As a result, police and other authority figures often assault, harass, or blackmail MSM and sex workers (Lithur, 2010). Despite government endorsement of a broad human rights framework, PLHIV and key populations are often unable to effectively exercise their rights. There are few lawyers with human rights expertise in Ghana, and security services are often indifferent to abuses or even active perpetrators of discrimination. Indeed, government institutions are mostly unaware that PLHIV and key populations experience harassment.

In recognition of this environment, in 2012, the USAID-funded Health Policy Project (HPP) brought together a consortium of civil society, government, and international agencies to create a more effective, coordinated response to stigma and discrimination in Ghana. The effort builds on the commitment of the Ghana AIDS Commission (GAC) and Ghana Commission on Human Rights and Administrative Justice (CHRAJ) to improve access to justice for PLHIV and key populations. The consortium agreed to develop a reporting system for cases of stigma and discrimination, informed by local needs, resources, and policies. Such systems can facilitate redress and access to social services by connecting people who have experienced discrimination to legal and social service providers. Combined with extensive network and capacity building, reporting systems can also help government and civil society better understand the level of discrimination and thereby determine effective policy responses.

This report describes (1) the extent of stigma and discrimination in Ghana, (2) relevant elements of Ghana’s legal framework, (3) the role of existing institutions, and (4) development of the reporting system and its functions. The extent of stigma and discrimination against PLHIV and key populations in Ghana is garnered from existing studies and reports. The clear risks faced by PLHIV and key populations from landlords, the police, health workers, and other authority figures are evident. Also apparent is their reluctance to report human rights violations due to self-stigma. The legal and policy frameworks relevant to HIV provide broad human rights protections but are not specific to PLHIV or key populations, while the criminalization of key populations (e.g., sex workers and MSM) fosters discrimination, police abuse, and poor services. Many governmental and nongovernmental institutions provide relevant legal and social services for PLHIV and key populations and could play a key role in protecting their human rights and supporting the stigma and discrimination reporting system.

In collaboration with members of the consortium, HPP gathered the necessary information to do a preliminary design of the system. The team conducted a review of existing systems, interviews with Ghanaian stakeholders from both governmental and nongovernmental organizations (NGOs), and a focus group discussion with PLHIV. These meetings provided background on the context for a reporting system, such as institutional capabilities, extent of discrimination, and political will. From these meetings, the consortium selected CHRAJ as the institutional home for the system, deployed it to their server, addressed capacity and training needs, and marketed the system to PLHIV and key populations. System monitoring required creating a new oversight body, the Reporting System Committee, which currently provides oversight. The system in Ghana holds key lessons for other countries and institutions exploring this novel mechanism for addressing HIV-related stigma and discrimination, as few systems currently exist in the world.

DEFINITION OF TERMS

Defining terms provides a common language and understanding among stakeholders, advocates, and users working with reporting and referral systems. The following terms were adapted from Jain and Nyblade (2012) and Boyko, Beardsley, and Wild (2012).

Criminalization: The application of criminal law to certain behaviors. Criminalization reinforces the dominant standards in a society through threatened criminal penalties, criminal prosecution, and punishment (Ritzer, 2007). In the context of HIV, criminalization describes cases where criminal law is used to prosecute people for transmitting HIV and/or putting another person at risk of contracting HIV (Boyko et al., 2012). Homosexuality and/or sex work are often criminalized as well.

Discrimination: Unfair and unjust treatment of an individual on the basis of a real or perceived status or attribute (e.g., HIV status or association with HIV-positive individuals). Discrimination is typically legally actionable (Jain and Nyblade, 2012).

Equal protection: A legal concept that guarantees the same rights, privileges, and protections to all citizens. As a result, state institutions must treat PLHIV or members of key populations in the same way as any other citizen. Equal protection clauses are often found in constitutions and ensure the equal application of laws to all citizens.

Key populations: “Key populations” or “key populations at higher risk of HIV exposure” refer to those most likely to be exposed to HIV or to transmit it (UNAIDS, 2011). For the purposes of this report, key populations in Ghana refer to MSM and sex workers.

Protected class: A characteristic of a person that cannot be targeted for discrimination. In Ghana, it is illegal to discriminate against someone on the basis of his or her “gender, race, color, ethnic origin, religion, creed or social or economic status” (Republic of Ghana, 1992).

Stigma: Stigma is a complex, diverse, and deeply rooted phenomenon. It has different characteristics in different cultural settings. Stigma experienced by PLHIV and key populations takes on many forms, such as social isolation, ridicule, and poor self-esteem. It has further been defined as a “a social process of devaluing persons, beginning with marking or labeling of differences, attributing negative connotations or values to those differences, leading to distancing and separation of the person and culminating in discrimination” (Jain and Nyblade, 2012).

Statute of limitations: The amount of time a person has to file a claim after the discrimination has occurred. For example, in Ghana, the statute of limitations for filing a case for protection of civil rights or interest is six years (Kalerpis, 2008).

FUNDAMENTAL ETHICAL PRINCIPLES

Regardless of the design, scope, or scale of a discrimination reporting system, fundamental ethical principles should underlie its design and implementation. The following concepts were adapted from *Designing a Discrimination Monitoring, Reporting, and Referral System,* produced by the Health Policy Project in collaboration with civil society partners in Ukraine (Boyko et al., 2012).

Minimize the potential for harm. Reporting systems should not jeopardize the health and well-being of claimants and should not place individuals at greater risk of discrimination or criminal investigation. The reporting system must be designed to provide the maximum protection for claimants within the cultural and legal codes of the country and must clearly disclose any potential for harm to individuals who seek help. For example, this would apply if a person who injects drugs reports a healthcare worker who discriminates against him or her on the basis of either HIV status or drug use and this report is then used to initiate a criminal investigation or document behavior that is criminalized.

Maintain confidentiality. Information collected must be kept confidential, and the disclosure of identifying data (e.g., for resolution of cases) must be authorized by the claimant with full disclosure of any potential that the data may be used against them. Data that identifies individuals should only be kept as long as it is necessary and should be removed from permanent databases and files.

Clarify the expectations that claimants can have of the reporting system. Claimants should know how and whether their case data will be used. There should also be clear information about what kind of cases are usually eligible for resolution, whether there is a referral process for resolution, and what the usual timeframes are for reporting and resolution.

Design a reporting system only when there is a purpose/reason. Data should not be collected simply for the sake of collecting data. The reporting system should be designed to disseminate data on stigma and discrimination, influence discrimination policy and programs, and/or to facilitate the resolution of cases.

Balance promises with resources. If a country has limited or ineffective organizations or resources to advocate for the resolution of cases, the institution that manages the reporting system should not promise to provide referral and facilitation of case resolution.

Enable case verification. It is important to protect the long-term credibility of anti-discrimination advocacy efforts. Therefore, information on the elements required for case validity should be clearly described to claimants and advocates so they can accurately assess the validity of their claim.

Support broad anti-discrimination efforts. While this report and the systems that it describes primarily refer to issues of discrimination based on HIV status and membership in key populations, discrimination is widespread in society for many individuals. Organizations addressing discrimination in any form have the opportunity to integrate and collaborate with each other and create broad advocacy coalitions.

HIV-RELATED STIGMA AND DISCRIMINATION IN GHANA

"One of the problems associated with HIV and AIDS in Ghana is the high level of HIV-related stigma...This situation directly affects the management of HIV and AIDS and reducing its spread. Stigma presents a significant barrier to accessing care and support services" (Christian Council of Ghana, 2010, p. iii).

Stigma and Discrimination Against PLHIV

Stigma and discrimination are critical barriers to effective HIV prevention, care, treatment, and support programs in Ghana. Data from the German Agency for International Cooperation's 2011 study on stigma and discrimination of PLHIV in Ghana found high levels of stigmatization towards PLHIV (Till, 2011). The study found two main misconceptions about PLHIV that drove stigma:

- "HIV-positive people are visibly sick and pose a risk to anybody around them."
- "HIV-positive people must have engaged in some kind of immoral behavior and therefore have to blame themselves for contracting the virus" (Till, 2011, p. 10).

As a result of these misconceptions, PLHIV often refrain from disclosing their HIV status for fear of being rejected by their friends, families, and society, or decline to access health services (Till, 2011; Mill, 2003). Unfortunately, these fears are not misplaced: PLHIV are often subject to poor treatment from their families, harassment in the workplace and at school, and general social isolation. A 28-year-old woman living with HIV noted that "If I will die, it will not come from the virus but from the bad treatment from my own family members" (Till, 2011, p. 12). In addition to general social exclusion, PLHIV often face discrimination in healthcare settings. Health workers self-report that they commonly discriminate against PLHIV by refusing to treat them, refusing to work in HIV care facilities, and treating PLHIV differently than other clients (Awusabo-Asare and Marfo, 1997).

Stigma and Discrimination Against Sex Workers

Sex workers in Ghana face a great deal of stigma and discrimination, including abuse from clients and partners and police harassment (Awusabo-Asare, 2010). A study conducted in 2011 found that 86 percent of sex workers in Ghana felt in danger at work, and one-third had been abused by a client (Lorraway, 2012). Sex workers reported that theft, rape, and clients who do not pay were common. The same study noted that 83 percent of sex workers had been physically assaulted by a partner or boyfriend in the last six months. A USAID report confirmed that sex workers were often raped, unlawfully arrested, extorted for money, and in some cases, murdered (Wolf, 2014).

Sex workers are also at risk from police, who are often the perpetrators of discrimination and violence. Sex workers have reported that physical, sexual and verbal abuse, rape, torture, unlawful arrest and detention, and extortion were all common (Lithur, 2010). Police often search purses for condoms and extort money or sexual favors from sex workers (HRAC and UNFPA, 2011). In fact, more than one-third of sex workers have been raped by a police officer, and nearly half have been verbally abused by police officers. Over half of sex workers reported being harassed by clients (HRAC and UNFPA, 2011).

As a result of police harassment, sex workers will not report cases to them. When sex workers do seek help, they prefer requesting help and/or protection through unofficial channels, such as friends, rather than from law enforcement agencies or institutions (HRAC and UNFPA, 2011).

Challenges for sex workers go beyond violence. The stigma associated with sex work also affects health-seeking behavior. Sex workers in Ghana are often uncomfortable talking about their work to health providers, testing for sexually transmitted infections (STIs), or asking for condoms. Health workers contribute to reducing access to care for sex workers by refusing service, asking stigmatizing questions, or having a poor attitude when sex workers do come for services (Onyango et al., 2012).

Stigma and Discrimination Against MSM

Societal attitudes drive stigma and discrimination against MSM, pushing them to the margins of society. A recent study of worldwide attitudes toward homosexuality showed that 96 percent of Ghanaians think society should not accept homosexuality (Pew Research Center, 2013).

Given this low level of acceptance, most MSM are not open about their sexuality and are often at great risk of HIV. The Human Rights Advocacy Centre (HRAC) (2010) found that discrimination against MSM impacts their readiness and ability to access health and HIV services, noting that “they are afraid to disclose their status and let people know that they are MSM… and because of stigma from social service providers like the health sector among others, they turn out to keep their status undisclosed from them.” MSM are often wrongfully removed from their home by both family and their landlords, resulting in many evicted MSM living on the streets of Ghana.

Negative attitudes toward MSM also drive poor treatment at the hands of the police. Previous studies have found that police officials in Ghana are often reluctant to prosecute persons who assault MSM (HRAC, 2010). For example, in 2010, MSM who sought police assistance after being assaulted by a gang were turned away from the Jamestown Police Station and the Striking Force Unit in Accra. Their case was finally addressed by Railways Police Station (HRAC, 2010). While police harassment and blackmail are quite common and threaten MSMs’ safety and human rights, MSM are reluctant to report these cases due to self-stigma and perceived receptivity of the authorities (AED, 2008).

LEGAL FRAMEWORK FOR HIV

Constitutional and legal provisions in Ghana are broadly supportive of human rights. Little specific legislation or case law exists, however, to protect the rights of PLHIV or key populations. To build these protections, legal scholars in Ghana have interpreted the broad human rights provisions as applicable to PLHIV and key populations. These interpretations have yet to be tested in court, however. The criminal code is an important piece of the legal framework as well, as both homosexuality and sex work are illegal. Institutional policies also play a significant role in protecting PLHIV and key populations. Many government agencies, including the GAC and the Ghana Health Service (GHS), have laid out nondiscrimination policies, though their actual application is mixed.

Protections for PLHIV and Key Populations

A supportive legal environment is critical for ensuring that PLHIV and key populations have recourse to justice when they face discrimination (see Table 1). With few exceptions, legal protections for PLHIV and key populations in Ghana are based on broad human rights provisions. Equal protection, for instance, is a common theme in the Ghanaian constitution and subsequent legislation. While the concept of a protected class exists in Ghanaian law, health status, employment, and sexual orientation are not specifically protected classes, and no HIV-specific legislation exists in Ghana. In the absence of relevant case law or clarifying statutes, legal ambiguity exists as to what rights are legally actionable. Some legal scholars in Ghana, however, have interpreted equal protection, and to some extent, disability provisions as being applicable to PLHIV and key populations (Lithur, 2010). In the absence of clarifying case law, this section presents the broadest sense of legally actionable discrimination applicable in Ghana.

Constitutional protections

The 1992 Constitution of Ghana is the basis of Ghanaian law. Article 17 provides equal protection before the law for all citizens of Ghana and identifies “gender, race, colour, ethnic origin, religion, creed or social or economic status” as protected classes: discrimination for any of these reasons is prohibited constitutionally. Though PLHIV, MSM, and sex workers are not specifically enumerated protected classes, the Constitution provides broad protections for disabled people in Article 29, and the Persons with Disabilities Act (2006) prohibits discrimination based on disability. Legal scholars have interpreted “disability” to include PLHIV, although the potential of disability protections to serve key populations is not as well explored (Lithur, 2010).

The constitution also defends the right to privacy. Article 18(a) protects privacy within a person’s “home, property, correspondence or communication,” including the right to keep one’s HIV status confidential, which has been tested and upheld in case law (Jeffers et al., 2010). Privacy concerns must be balanced against the media’s right to freedom of expression, as media outlets in Ghana and elsewhere have published the names and photos of PLHIV and MSM (Lithur, 2010). The Constitution also explicitly guarantees the right to education for all citizens in Article 25. Regardless of this right, schools and universities often discriminate against PLHIV and key populations (Republic of Ghana, 1992; Lithur, 2010).

Legislative protections

Legislation in Ghana builds on the Constitution, providing the right to employment, education, and housing for all Ghanaians and the protected classes enumerated in the Constitution. Key legislation, such as the Labour Act 2003, has expanded on the Constitution’s protected classes and includes disability and politics.

Section 63(2) of the Labour Act prohibits an employer from terminating an employee for reasons of temporary illness or injury, if they are still able to do the required work. This provision applies to PLHIV.

The law is not clear, however, on the definition of “temporary.” Along these same lines, the Persons with Disability Act (2006) protects disabled employees from termination “unless the disability is in respect of the relevant employment” (Republic of Ghana, 2006). Because Ghanaian legislation interprets living with HIV as a disability, both the Labour Act 2003 and the Persons with Disability Act (2006) may provide protections for PLHIV. However, case law remains silent on the application of equal protection provisions to employment for key populations.

Table 1: Legal Framework for PLHIV and Key Populations

Article, Act, or Policy	Implication
Constitution—Article 17	Equal protection clause
Constitution—Article 18 (a)	Right to privacy
Constitution—Article 25	Right to education
Constitution—Article 29	Rights for disabled persons
Labour Act (2003)	Employment rights
Persons with Disabilities Act (2006)	Rights for disabled persons
Children’s Act (1998)	Right to education for children
Rent Act (1963)	Enumerated tenant rights
National Workplace HIV/AIDS Policy (2004)	Prohibition of certain types of discrimination against PLHIV
National HIV Policy (2007)	Prohibition of mandatory HIV testing
Criminal Code (2003)	Restrictions on prostitution and illegality of homosexuality

In regard to education, the Children’s Act (1998) ensures that all children have the right to an education free from discrimination (Republic of Ghana, 1998). Concurrently, the Persons with Disabilities Act (2006) reiterates that a person may not be refused an education on the basis of disability (Republic of Ghana, 2006). Protections for PLHIV and key populations are inferred through equal protection clauses, but as with the right to employment, no clarifying case law exists.

Housing protections are primarily found in the Rent Act (1963). This act outlines a broad array of rules regulating the contractual relationship between tenants and landlords. Under the Act, tenants may not be removed due to their occupation, sexual orientation, or illness. However, tenants may be removed if (1) the rent has not been paid, (2) tenancy rules have been broken, (3) the use of the premises involves illegal activities, (4) the tenants commit wasteful or nuisance acts, (5) the premises are required for personal use by the landlord, and/or (6) the lease has expired (Republic of Ghana, 1963). The six circumstances provide substantial legal loopholes for landlords to evict key populations, especially given the criminalization of sex work and homosexuality.

Policy protections

In the absence of clear constitutional or legal protections for PLHIV and key populations, policy frameworks can provide guidance and best practices for government and private sector entities. While they are not legally enforceable, policies can include administrative sanctions if breached. For example, the National Workplace HIV/AIDS Policy 2004 contains 10 guiding principles prohibiting certain types of discrimination against PLHIV (National Tripartite Commission, 2004). The policy prohibits employers from asking prospective and current employees to undergo compulsory HIV testing and gives PLHIV the right to continue working as long as they are medically fit to perform their roles. While this policy prohibits pre-employment screening for HIV, the Ghana Police Service and Ghana Armed Forces continue to screen recruits, as the policy cannot prescribe legal sanctions (Lithur, 2010).

Institution-specific policies can also provide a basis for redress. For example, the GHS's Patient's Charter protects patients from discrimination based on culture, ethnicity, language, religion, gender, age, or type of illness or disability (GHS, 2002). The National HIV/AIDS Policy notes, "Mandatory HIV testing shall not be a part of pre-employment examinations, pre-surgical procedures and pre-marital engagement" (GAC, 2007). These policies could be useful in cases regarding health workers, but wider application is unlikely.

Criminalization of PLHIV and Key Populations

The legal code stigmatizes PLHIV and key populations by criminalizing homosexuality, sex work, and the transmission of HIV. Under Ghana's Criminal Code, 1960 (Act 29), as amended in 2003, "unnatural carnal knowledge," interpreted to include anal sex, is a first degree felony, with possible imprisonment of five to 25 years (Itaborahy, 2012). Evidentiary standards are quite high, often requiring a witness, and successful prosecutions are relatively rare. Courts interpret the code as not prohibiting women from having same-sex relationships (Republic of Ghana, 2003). The Criminal Code prohibits any involvement in the commercial sex trade, such as keeping a brothel or solicitation. The act, however, does not directly prohibit prostitution itself (Republic of Ghana, 2003). The National HIV and AIDS Policy indicates that the intentional transmission of the virus may be criminalized as a generic act of causing harm and in some cases, may be classified as murder. Domestic violence laws also criminalize the intentional transfer of HIV as a form of violence (Republic of Ghana, 2007). However, no cases relating to the intentional transmission of HIV have ever been prosecuted and case law generally is silent on the willful or negligent transmission of HIV.

Police often assault, threaten with prosecution to extort bribes, or unlawfully arrest key populations, as a result of the impunity afforded to them by the criminalization of homosexuality. Incidents of abuse by police officers deter sex workers and MSM from seeking redress through law enforcement institutions for protection. This fear extends to other government institutions as well. Sex workers and MSM often avoid comprehensive HIV services if they think they would be identified as a member of a key population and referred to the police. Without access to police services, state institutions, private businesses, or even friends and acquaintances can act with impunity.

In Ghana, citizens have the right to an attorney when arrested. A legal aid system was set up to facilitate this right (Republic of Ghana, 1992; Republic of Ghana, 1997). Unfortunately, legal aid in Ghana is poorly resourced and staffed and is often not accessed by MSM or sex workers who face criminal proceedings. Some non-profit human rights organizations attempt to fill this gap, but do not have national reach or scope.

INSTITUTIONS ADDRESSING DISCRIMINATION

Legal protections are necessary for ensuring access to justice for PLHIV and key populations. They are not, however, sufficient. Without institutions to enforce protections or fight discriminatory laws, PLHIV and key populations will continue to face discrimination, regardless of their legal rights. Conversely, strong legal service institutions can protect PLHIV and key populations from discriminatory elements of the legal framework. To ensure that PLHIV and key populations have access to basic legal protections and human rights, various government institutions and civil society organizations provide legal support and other services for stigma and discrimination in Ghana.

This report highlights four main government structures that provide legal and social services, outlines their capabilities and functions, and assesses their potential capacity to help PLHIV and key populations access justice: (1) CHRAJ, (2) Legal Aid Scheme, (3) Ghana Police Service, and (4) GAC. These government institutions have differing mandates, capacity, and national presence. In addition to these government institutions, various civil society organizations provide targeted legal and social support to PLHIV and key populations.

Government Institutions that Address HIV-related Stigma and Discrimination

Commission on Human Rights and Administrative Justice

CHRAJ has a constitutional mandate “to investigate complaints concerning practices and actions by persons, private enterprises and other institutions where those complaints allege violations of fundamental rights and freedoms” (Republic of Ghana, 1993). Under this mandate, CHRAJ performs three main functions: ombudsman, anti-corruption agency, and human rights commission. These functions give the commission the ability to address human rights in multiple domains; institutional policies, civil complaints, and state service failures are all components of this mandate. It also seeks to educate the public about human rights through school and workplace-based training. The commission also has a strong national presence, with more than 700 staff, a head office in Accra, 10 regional offices, 2 sub-regional offices, and 96 district offices.

In 2007, CHRAJ settled 51.4 percent of all complaints through mediation; another 27 percent of cases were resolved through formal investigation, and only 4.6 percent of cases were referred to other fora like the Attorney-General’s department (Gyimah-Boh et al., 2011). In 2011, the commission handled 13,000 cases, with a majority of these cases related to women’s and children’s human rights (Gyimah-Boh et al., 2011). In interviews, CHRAJ staff noted that they had handled one or two HIV-related discrimination cases, mostly through walk-ins rather than referrals. Civil society organizations have not referred HIV-related discrimination cases to CHRAJ because of a perception that the commission only handles high-level human rights or corruption cases.

Legal Aid Scheme

The Legal Aid Scheme provides legal services to indigent Ghanaians for both civil and criminal cases. The scheme was organized by the Legal Aid Scheme Act (1997) to ensure a comprehensive legal aid program throughout Ghana. Unfortunately, the scheme has been chronically underfunded and rarely accessed by PLHIV and key populations. As of 2013, it employed 14 attorneys and had 10 permanent offices (Leitner Center, 2013; Ghanaweb, 2014). Though a national scope is currently outside its capabilities, it has expanded its case load rapidly through alternative dispute resolution (ADR) mechanisms. In 2010, the scheme resolved 1,952 cases through ADR—up from 447 in 2007. Its ability to resolve court cases has also increased, but is still not adequate to meet the overwhelming need—jumping from 230 in 2007 to 552 in 2010. In light of chronic underfunding by the state, the scheme receives significant support from the United Nations Development Program. Though its services are limited, the scheme could provide legal support in the future for key populations in criminal cases.

Ghana Police Service and Domestic Violence and Victim Support Unit

The Ghana Police Service seeks to "prevent and detect crime, to apprehend offenders, and to maintain public order and safety of persons and properties" (Republic of Ghana, 1970). Within the police service, the Domestic Violence and Victim Support Unit (DOVVSU) protects the rights of women and children through preventing and prosecuting domestic violence. Its functions also include assisting women and children with trauma and psychological problems as a result of assault, coordinating with other government agencies, and facilitating access to justice. Under the auspices of a new Domestic Violence Act (2007), the unit has expanded guidelines regarding arrest, social service assistance, and investigation. DOVVSU is the main judicial system entry point for women, with 87 offices countrywide. It recorded 12,706 cases of violence in 2010 (Mitchell, 2011; DOVVSU, 2010).

While having a national reach, the police face challenges in becoming a constructive partner in protecting the human rights of PLHIV and key populations. Ongoing abuse and neglect of key populations by individual police officers is a significant barrier to closer collaboration between these populations and the police.

Ghana AIDS Commission

GAC is a multisectoral institution that coordinates all HIV-related activities in Ghana (GAC, 2013). The commission provides support, guidance, and leadership for the national response to HIV by formulating national policies, coordinating the national response to HIV, and managing and monitoring the utilization of resources (GBSN, 2006). GAC is not involved in direct service provision for PLHIV and key populations; it coordinates and develops policy.

Civil Society Institutions that Address HIV-related Stigma and Discrimination

Human Rights Advocacy Centre

HRAC conducts research and advocacy related to human rights, while also operating a legal aid clinic for indigent Ghanaians (HRAC, 2014). In 2010, the center, along with UNAIDS and GAC, conducted an audit to review laws regulating and protecting the rights of PLHIV, key populations at higher risk of HIV exposure, and other vulnerable populations in Ghana. It also assessed the extent to which the existing legal framework adequately protects rights (Lithur, 2010). It also works with a network of Ghanaian human rights attorneys and the Pro Bono Lawyers Network to provide free legal assistance for clients.

International Federation of Women Lawyers, Ghana

The International Federation of Women Lawyers (FIDA), Ghana, is an organization of Ghanaian volunteer attorneys that support women's rights through education, legal service provision, and advocacy. FIDA, Ghana works with community paralegals to provide free legal services for poor women and men, including PLHIV and key populations (FIDA-Ghana, 2010). It organizes workshops and legal aid clinics to increase access to property and inheritance rights of women living with HIV (Boateng, 2013).

Women in Law and Development in Africa

Women in Law and Development in Africa (WiLDAF) Ghana is "part of a pan-African network that seeks to use the law as a tool for development to ensure that women's rights are respected, promoted and protected" (WiLDAF, 2013). WiLDAF provides legal education, law and policy reform, and legal services training to local groups in designing and improving legal programs and strategies and a regional emergency response system to respond to violations of women's rights (ESCR-Net, 2013).

Center for Democratic Development

The Center for Democratic Development, Ghana, is a research and advocacy institute that promotes democracy and good governance. From 2008 to 2011, it managed the National HIV & AIDS Anti-Stigma and Human Rights Initiative project, which centered on reducing stigma among police, judiciary, and prison staff. The group's legal analysis led to a compendium of laws and policies governing HIV and key populations (Barnes et al., 2011). The center also supported the development of HIV workplace policies in the Judicial Services and Ghana Prison Service and assisted the National AIDS Control Program with guidelines for making post-exposure prophylaxis available to rape survivors (Barnes et al., 2011).

National Association of People Living with HIV

The National Association of People Living with HIV (NAP+) is the national network of PLHIV. They advocate for PLHIV to have access to high-quality healthcare, antiretrovirals, and prevention information (HIVCode.org, 2013). The association has 10 regional networks and 270,000 members in 350 support groups. They work at regional and community levels to develop programming and advocacy to improve the lives of PLHIV. NAP+ has also provided mediators for family disputes.

FHI 360

FHI 360 is an international NGO that currently implements the USAID-funded Strengthen HIV/AIDS Response Partnership with Evidence-Based Results (SHARPER) project. It also held the predecessor project, Strengthening HIV and AIDS Response Partnerships (SHARP) (Green, 2013). The project works to reduce HIV transmission among key populations by improving access to health services and behavior change communication in the 30 districts in Ghana with the highest HIV prevalence (Green, 2013). Currently, the project works through "M-Friends"—people in positions of power who can help key populations, such as lawyers, police, and healthcare workers; and "M-Watchers"—people who are trained peer educators and leaders that can identify and report cases of discrimination and abuse. While FHI 360's network of M-Watchers and M-Friends has a wide breadth and some instances of discrimination have been reported, overall uptake and case resolution remains limited.

Centre for Popular Education and Human Rights, Ghana

The Centre for Popular Education and Human Rights (CEPEHRG) was established in 1997 to train young people about human rights issues and promote the rights of the lesbian, gay, bisexual, transgender, and intersex Ghanaian communities. The center works closely with peer educators, HIV/STI drop-in centers, and community care clinics to support sensitive HIV prevention, testing, care, and treatment services. CEPEHRG also supports sexual minorities through peer education workshops on human rights, sexual health education, counseling, and referral services. The center continues to navigate a hostile working environment, given the criminalization of homosexuality, by organizing MSM support groups and keeping a low profile in its other advocacy activities (Robertson, 2010).

Maritime Life Precious Foundation

The Maritime Life Precious Foundation is based in Takoradi and provides health education and poverty reduction activities in seafaring communities along the western coast of Ghana. This work includes raising awareness of STIs, HIV, malaria, and reproductive health issues (Robertson, 2010). Though MSM outreach has not historically been a central component of its mission, USAID sees the foundation as a strategic partner on issues related to key populations. Through its partnerships with the SHARP and SHARPER projects, the foundation has organized MSM support groups in the Western Region and developed behavior change communication strategies, but it has little legal expertise.

West African Project to Combat AIDS and STIs

The West African Project to Combat AIDS and STIs (WAPCAS) was founded in 1996 to provide support services to sex workers. Chief among those services are HIV prevention, testing, counseling, and treatment services (AJWS, 2013). More recently, the project supported the Sister-to-Sister HIV/AIDS Project by providing community-based peer education, vocational training, and a resource center for sex workers. WAPCAS has significant experience with the needs of sex workers and wide geographic reach.

DISCRIMINATION REPORTING SYSTEM

While discrimination against PLHIV and key populations remains a key challenge for addressing the HIV epidemic in Ghana, there are both governmental organizations and NGOs with the mandate to address discrimination. To take advantage of these existing institutions, a partnership of civil society, government, and international NGOs has developed a reporting system for HIV and key population-related discrimination. This section describes how this system was developed and launched, the capacity needs of partners, how a complaint is lodged, and ongoing monitoring and marketing strategies.

Developing Partnerships

Over the last six years, numerous studies have highlighted the legal challenges faced by PLHIV and key populations (Barnes et al., 2011; AED, 2008; HRAC and UNFPA, 2011). However, little progress has been made in connecting civil society support organizations to government institutions to protect the rights of these groups.

To begin strengthening these linkages, in 2012, GAC and CHRAJ outlined their institutional roles and responsibilities for protecting the rights of PLHIV and key populations in a memorandum of understanding (MOU). Building on the roles described in the MOU, HPP brought together a consortium of stakeholders,[1] chosen from existing technical working groups, to discuss existing institutional linkages and propose a way to improve them. HPP proposed to design an HIV-related Stigma and Discrimination Reporting System to connect PLHIV and key populations to institutional legal assistance.

Once the decision to develop a reporting system was made, the consortium clarified system requirements, identified key data fields, and proposed referral mechanisms. Based on CHRAJ's existing systems for using the legal system to obtain redress, the consortium determined that the commission would be the institutional home of the system. The consortium also guided the best use of technology, such as web platforms and Short Message Service (SMS), and questioned the access of affected populations to these technologies. In addition to supporting this work, HPP assessed existing systems in Jamaica and Hungary through document reviews and interviews, where organizations had introduced discrimination reporting systems for similar populations; and a report from Ukraine, where stakeholders had discussed the possibility of such a system[2] (Jamaica Network of Seropositives, 2010; Jamaican Ministry of Health, 2010; Boyko, et al. 2012). These experiences highlighted the importance of a supportive legal framework and organizational capacity to obtain redress and protect privacy.

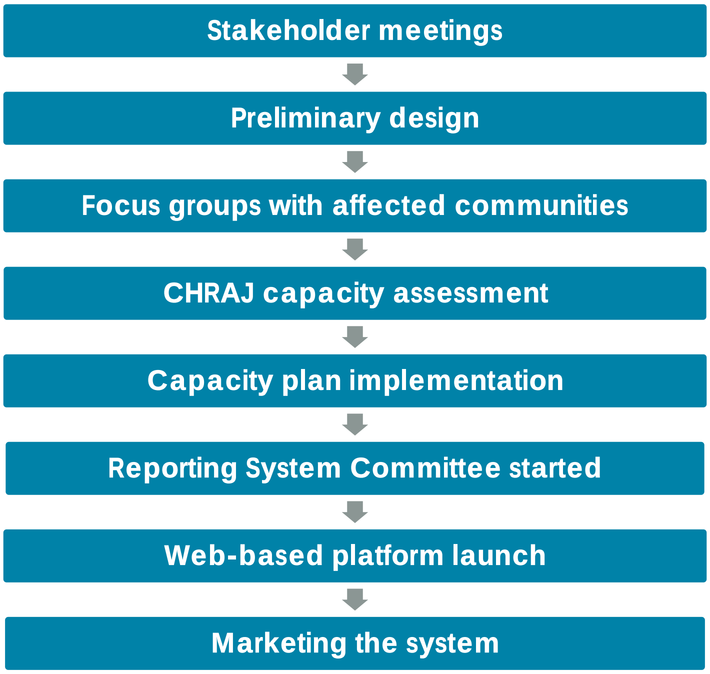
---

[1] CHRAJ, GAC, FHI360, the Human Rights Advocacy Centre, the Ghana Police Service, WAPCAS, Maritime, CEPEHRG, DOVVSU, and FIDA-Ghana were engaged in this process.

[2] Personal Communication, Tamas Dobros, November 6, 2012.

Using this information, HPP created a preliminary design that outlined the components of the system—from software development to referral systems and oversight mechanisms. Stakeholders reconvened to provide feedback on the proposed system design, including reporting lines, how cases are submitted, and institutions responsible for oversight functions. In addition, HPP conducted one focus group with PLHIV in January 2013 to further refine the web-based reporting system.

Figure 1: Key System Development Steps



Addressing Capacity Challenges

Design and structure is necessary, but not sufficient, for ensuring a functional reporting system. The institutional home for the reporting system must also have the skills and abilities to provide legal services to PLHIV and key populations. In October 2012, HPP conducted a targeted capacity assessment of CHRAJ systems to determine needs for implementing the reporting system. This assessment identified the urgent need to train staff on stigma reduction, strengthen organizational capacity, and update the information technology infrastructure.

Staff ability to sensitively and professionally manage cases of discrimination against PLHIV and key populations was a major concern for CHRAJ. HPP engaged international consultants to conduct stigma reduction training in January 2013 for Accra-based staff and a more targeted training focused on the Health Rights Team in November 2013. Stigma reduction training for CHRAJ staff outside Accra took place in three regions in May 2014. The training was designed around two core components: (1) participatory exercises to enable participants to explore, understand, and challenge stigma and (2) exploration of the legal environment for human rights in Ghana.

As cleaners, drivers, and front desk staff are also likely to come in contact with walk-in clients, they received a condensed version of the stigma reduction training in September 2013. To ensure staff training on stigma reduction will continue beyond the life of the project, the condensed version will be embedded into CHRAJ new employee training and in-service training.

To address organizational capacity challenges, CHRAJ created a Health Rights Task Team to ensure institutional ownership, develop a new privacy and confidentiality policy, and oversee case routing of all new cases. Specific tasks for the Health Rights Task Team are found in Box 1. HPP hired a consultant to mentor the team and ensure high-quality services. The task team was inaugurated in September 2013 and is currently conducting case intake through the system. In May 2014, the commissioners reviewed and approved a privacy and confidentiality policy for all of CHRAJ.

Information technology gaps were also a major issue for installing the reporting system at CHRAJ. Outdated servers, U.S.-based web hosting, and a minimally functional electronic Case Management System (eCMS) were only a few of the many concerns. Ensuring ownership of the reporting system required complete integration with CHRAJ's existing systems; however, the commission's infrastructure needed updating to accomplish this goal. CHRAJ purchased needed equipment, obtained support from outside consultants, and deployed staff to improve their systems in preparation for the launch of the reporting system.

Box 1. Health Rights Desk Tasks

- Monitor and investigate complaints
- Use CHRAJ processes (mediation, investigation and adjudication) to remedy offending conduct
- Refer cases when necessary
- Track cases using CHRAJ processes
- Ensure the confidentiality and privacy of all complainants

Source: CHRAJ, 2013

To monitor system development and ensure oversight once the system was launched, the consortium recognized the need to formalize itself as a committee. As a result, the consortium became a Reporting System Committee in March 2013. To promote institutionalization, the GAC agreed to chair and host the committee and report its activities to the Anti-Stigma Technical Working Group. This committee provides input into the management and implementation of the reporting system by providing a forum for civil society, GAC, and CHRAJ to engage on specific issues, including privacy and confidentiality policy development and demand generation efforts. Additionally, the committee allows civil society organizations to discuss the progress of specific discrimination cases.

Designing the Reporting System Structure

The reporting system uses both web-based and SMS reporting to build on existing CHRAJ and civil society structures. If using the web-based system, a complainant has two options. First, he or she may bring the case to the attention of a civil society organization. The organization would then report the case to CHRAJ through the web-based reporting system. Second, a complainant may report a case directly through the web-based reporting system. The first mechanism allows clients to remain anonymous and provides the institutional backup of the civil society partner, while the second option allows clients to work directly with CHRAJ, but will not allow them to remain anonymous if they are seeking redress. If they are not seeking redress and wish to solely report a case of discrimination; complainants may retain anonymity, regardless of the procedure used.

An SMS option also exists. Clients may text complaints to a CHRAJ database. However, the limited information carried by SMS requires the commission to have subsequent contact with a complainant. CHRAJ staff can call, text, or request an in-person interview with the client to process his or her complaint.

Following case submission by either method, the complaint is received by the CHRAJ Health Rights Task Team. By law, the team has 10 days to respond if redress is being sought (Sondem, 2012). CHRAJ then moves the case through a three-step process:

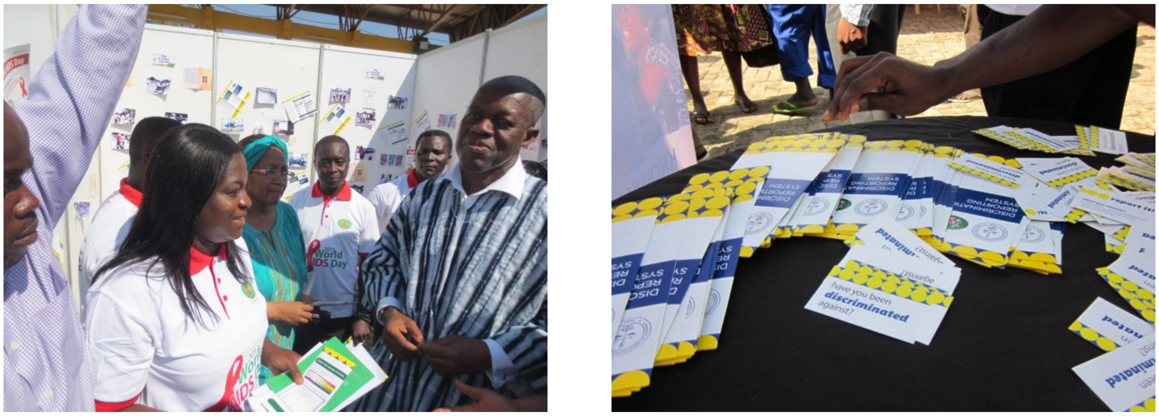
1. **Mediation:** The parties seek to resolve their differences through a process of negotiation. If mediation is unsuccessful, CHRAJ begins an investigation into the complaint. Most complaints are resolved at this stage.
2. **Investigation:** CHRAJ researches the case and provides a recommendation to the parties involved in the complaint. These findings are not legally binding. The recommendations can include negotiation between the concerned parties, financial compensation, reporting of the Commission's findings to authorities, and restraining of the enforcement of legislation that offends fundamental rights and freedoms (United Nations, 2002). If the parties do not adhere to the recommendation, CHRAJ has the power to enforce its recommendation through adjudication.
3. **Adjudication:** CHRAJ attempts to enforce its recommendation through a court order—which may or may not mirror the interests of the complainant—by bringing an action before any court in Ghana and may seek any remedy that may be available from that court. Possible remediation options include fines, reinstatement, and sanctions against public officials. Legal jurisdiction, as well as the appeals process, remains with the court, not CHRAJ.

Reporting organizations can access complaints that they submitted through the system to see updates from CHRAJ. They can also directly contact CHRAJ case officers to provide case-relevant documentation, enquire about progress, and ensure that redress is provided for their clients. Additionally, aggregated data on reported complaints are available to the general public to inform advocacy. Available information includes reporting by gender, HIV or key population status, the type of discrimination experienced, and how the case is resolved. This functionality provides policy-relevant information on the extent and type of HIV-related and key population discrimination in Ghana.

Members of the Reporting System Committee oversee the reporting process from case submission through adjudication. They refer discrimination cases to CHRAJ, monitor case progress, and coordinate referrals to social service providers. Committee members have access to updates for cases that they submitted through the system. They can also contact CHRAJ case officers directly to provide case relevant documentation and ensure that redress is provided for clients. If CHRAJ determines that it cannot take a case, committee members may be able to refer cases to nongovernmental legal service organizations.

With access to aggregated data, the CHRAJ Health Rights Task Team can also calculate case submission, response, and closure rates, as well as the average time for cases to move through the system. These metrics will be reported to the Reporting System Committee and compared to CHRAJ standards to validate system performance.

Launching the Reporting System



Photos by: Health Policy Project

The first version of the reporting system was finalized in April 2013. The Reporting System Committee provided input into the design and functionality, with most revisions relating to data needs and simplifying the user interface. The system was beta launched in October 2013. Following the launch, civil society organizations asked for further simplification of the reporting interface. The Reporting System Committee and HPP also developed a user guide and marketing materials for the system to clarify case reporting.

Following a two-month testing period, the system was formally launched on December 2, 2013, at World AIDS Day observations in Wa, Ghana. The Vice-President of Ghana, the Director General of the GAC, the Commissioner of CHRAJ, and the U.S. Ambassador presided over the launch of the system to the wider public. This public forum provided an opportunity for Ghanaian journalists, advocates, and policymakers to learn about the system and understand how to use it.

Marketing the System

The success of the reporting system will depend on the willingness of PLHIV and key populations to report cases of discrimination. However, building demand for the system requires more than just a basic outreach strategy. To market the reporting system, the consortium recognized the need for a three-fold approach:

- Strengthen trust in the system and in CHRAJ
- Engage PLHIV and key populations in peer-to-peer outreach
- Incorporate outreach to PLHIV and key populations into CHRAJ's public education strategy

Building trust in the system requires bringing civil society organizations and government institutions together to discuss common challenges, potential areas of collaboration, and case management. From the beginning of system development, multiple actors contributed to system design. Civil society, for example, recommended that they act as intermediaries between affected communities and CHRAJ. The referral process (described under "Reporting System Structure") allows civil society organizations to refer cases to CHRAJ to provide added institutional support for affected communities and ensure that people do not need internet access to report cases. While individuals may submit complaints, the majority of complaints are expected to come through civil society partners. Regardless of these efforts, civil society trust in CHRAJ is, and will continue to be, an ongoing challenge. Engaging civil society through trainings, committee meetings, and planning workshops and seriously addressing their concerns are necessary to build civil society comfort with the reporting system.

Existing peer educators represent a significant opportunity for marketing the reporting system. These peer educators have been previously trained by local NGOs and have links to networks of PLHIV and key populations. To support the peer educators, HPP has developed brochures and business cards to promote the system. Currently, these materials describe generic information about the system, though future materials will include information for NGOs working in targeted regions.

CHRAJ has a public education department that often travels to schools, workplaces, and village meetings to educate citizens about CHRAJ, human rights protections, and corruption. Building on this mandate, Reporting System Committee members can work with the Public Education Unit to reach out to PLHIV and key populations on human rights issues—abilities that have not yet been tapped.

Implications

Ghana’s experience designing and implementing a discrimination reporting system highlights four key considerations for guiding the development of a discrimination reporting system.

1. **The legal basis for ensuring access to justice is crucial.** Previous experience suggested that underuse of similar systems is driven by poor legal protections and access to justice for PLHIV and key populations. In Ghana, the constitutional basis for redress against HIV-related discrimination exists. However, the specific applicability of these anti-discrimination provisions has not been clarified through case law or legislation, leaving significant room for interpretation by enterprising attorneys and advocates. For legal service providers to fully utilize these anti-discrimination provisions, they must understand how these provisions could be used to protect PLHIV and key populations. Civil society organizations were particularly concerned with linking their clients with redress options. They noted that the reporting system could not just be a database of complaints. It needed to facilitate legal support for complainants; otherwise, few people would report cases of discrimination.
2. **Discrimination reporting systems and associated oversight functions should be institutionalized in existing organizations and structures.** CHRAJ’s knowledge of relevant legal frameworks, a strong organizational commitment to protecting the rights of affected communities, and access to redress options through the courts were significant capacity strengths. Soft skills also played a role: senior management led planning sessions, oversaw system design, and devoted resources to training and information technology infrastructure.
3. **A broad array of partners**, such as organizations that represent sex workers, MSM, PLHIV, legal and social service providers, and human rights institutions, **is necessary to plan, design, implement, and monitor the system**. Many organizations report discrimination cases to the system; engaging these organizations at multiple stages to ensure buy-in facilitates eventual system use. These partners can provide key technical guidance on country and populations-specific issues, thereby helping to make the system more user-friendly, generate demand, and build trust among affected communities.
4. **Building institutional links requires time and effort**. CHRAJ’s limited experience with PLHIV and key populations was a key challenge. Institutional capacity investments were necessary for them to learn to provide legal services that are responsive to PLHIV and key population needs. Conversely, civil society organizations did not trust CHRAJ with discrimination cases. Strengthening civil society trust in CHRAJ will be difficult, given the weak institutional links

between organizations representing PLHIV and key populations and CHRAJ. The commission will need to build trust by continually engaging with and reaching out to PLHIV and key populations and by handling cases sensitively and professionally. Promoting anonymous reporting may also be an avenue to address privacy concerns.

Though relatively new, the Reporting System Committee provides an institutional forum to address many of these considerations. The committee builds on existing institutional links to provide a forum for civil society and government to interact and strengthen trust in one another. To date, meetings have focused on system planning, case management, demand generation, and service coordination. Institutionalizing these functions within a standing committee was critical to ensuring that these were not one-off activities.

Ensuring access to justice for PLHIV and key populations may or may not require a discrimination reporting system. Mechanisms for ensuring access to justice for PLHIV and key populations may be vastly different in other countries—requiring different partners, skills, or systems to meet the needs of PLHIV and key populations. A careful review of legal systems, relevant institutions, and the needs of PLHIV and key populations is required to determine the need for a reporting system and how it would function.

REFERENCES

Academy for Educational Development (AED). 2008. *How to Implement HIV/AIDS Interventions Targeting Men who have Sex with Men (MSM) in a Hostile Socio-Political Environment: 10 Lessons Learned from Ghana.* Washington, DC: AED.

American Jewish World Service (AJWS). 2013. “West Africa Project to Combat AIDS and STI Ghana (WAPCAS).” Retrieved December 19, 2013, from http://ajws.org/where_we_work/africa/ghana/west_africa_project_to_combat_aids_and_sti_ghana_wapcas.html.

Awusabo-Asare, K. 2010. “Sisters in Town: Risks and Challenges of Commercial Sex Workers in Urban Ghana.” Retrieved April 10, 2014, from http://meridian.aag.org/callforpapers/program/AbstractDetail.cfm?AbstractID=30397.

Awusabo-Asare, K., and C. Marfo. 1997. “Attitudes to and management of HIV/AIDS among health workers in Ghana: the case of Cape Coast municipality.” *Health Transition Review* (7): 271–280.

Barnes, C., S. Mohamad, F. Poku, and J. Larbi. 2011. *USAID/Ghana PEPFAR HIV Stigma and Discrimination Activity Assessment.* Washington, DC: USAID.

Boateng, M. 2013. “Chief Wants Re-Introduction Of Puberty Rites … to Control HIV Infection.” *The Chronicle*. Retrieved April 10, 2014, from http://allafrica.com/stories/201306240476.html.

Boyko, A., K. Beardsley, and C. Wild. 2012. *Designing a Discrimination Monitoring, Reporting, and Referral System—International Best Practices and Current Policy, Practice, and Opportunities in Ukraine*. Washington, DC: Futures Group, Health Policy Project.

Christian Council of Ghana. 2012. *Facilitators' Guide for Training on HIV&AIDS Stigma and Discrimination Reduction.* Accra, Ghana: Christian Council of Ghana.

Commission on Human Rights and Administrative Justice (CHRAJ). 2012. *CHRAJ Discrimination Reporting System.* Available at: http://drsystem.chrajghana.com/.

Commission on Human Rights and Administrative Justice (CHRAJ). 2013. *Managing HIV and key Populations-related Discrimination Cases: Guidelines*. Accra: Health Rights Desk, CHRAJ.

Domestic Violence and Victims Support Unit (DOVVSU). 2010. *Annual Report.* Accra: Ghana Police Service.

ESCR-Net. 2013. Retrieved October 22, 2013, from http://www.escr-net.org/docs/i/674147.

FIDA-Ghana. 2010. “FIDA-Ghana: About.” Retrieved March 26, 2014, from www.fidaghana.org/about/.

Global Business School Network (GBSN). 2006. *Ghana AIDS Commission Case.* Los Angeles, CA: GBSN.

GAC. 2007. *The National HIV/AIDS Policy.* Accra: GAC.

GAC. 2013. “GAC: About Us.” Retrieved December 19, 2013, from http://ghanaids.gov.gh/gac1/about.php.

Ghana Health Service (GHS). 2002. “Ghana Health Service: About Us.” Retrieved March 23, 2014, from http://www.ghanahealthservice.org/aboutus.php?inf=Patients%20Charter.

Ghanaweb. 2014. “UNDP Presents Equipment to Legal Aid Scheme.” Retrieved March 26, 2014, from http://www.ghanaweb.com/GhanaHomePage/regional/artikel.php?ID=297488.

Green, K. 2013. “New Strategies to reach men who have sex with men with HIV prevention and care services in Ghana.” *Degrees Live*. Washington, DC: FHI 360.

Gyimah-Boh, E., K. Asante, V. Brobbey, and G. Ofosu. 2011. *Achieving Successful Governance in Africa: the Case of Ghana’s Commission on Human Rights and Administrative Justice.* Accra: Ghana Center for Democratic Development.

HIVCode.org. 2013. “NAP+ Ghana National Headquarters.” Retrieved Dec 19, 2013, from http://www.hivcode.org/signatories-to-the-code/?id=429.

Human Rights Advocacy Centre (HRAC). 2010, September. *Statement of complainants given to the HRAC.*

HRAC. 2014. “General Information.” Retrieved October 22, 2013, from http://www.hracghana.org/index.php/about-hrac/general-information/overview-of-hrac.

HRAC and United Nations Population Fund (UNFPA). 2011. *Study on Human Rights Abuses of Female Sex Workers by the Ghana Police Service.* Accra: HRAC and UNFPA.

Itaborahy, L. 2012. *State-sponsored Homophobia: A World Survey of Laws Criminalizing Same-Sex Sexual Acts Between Consenting Adults.* Geneva: International Lesbian Gay Bisexual Trans and Intersex Association (ILGA).

Jamaican Network of Seropositives. 2010. *National HIV-related Discrimination Reporting and Redress System.* Kingston, Jamaica: Jamaican Network of Seropositives.

Jamaican Ministry of Health. 2010. *Jamaica Country Progress Report to the Secretary General of the United Nations on the United Nations General Assembly Special Session.* Kingston, Jamaica: Jamaican Ministry of Health.

Jain, A., and L. Nyblade. 2012. *Scaling up Policies, Interventions, and Measurements for Stigma-free HIV Prevention, Care, and Treatment Services.* Washington, DC: Futures Group, Health Policy Project.

Jeffers, J., Dohlie, M-B., and N. Lithur. 2010. *Assessment: Legal and Regulatory Framework Affecting Treatment of and Services for Most At Risk Populations in Ghana.* Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1.

Kalerpis, T. 2008. *International Statue of Limitations.* Cape Cod, MA: Thomas Kalperis International, Inc.

Leitner Center. 2013. “Access to Justice in Africa: The Experience of the Legal Aid Scheme in Ghana Event Details.” Retrieved March 26, 2014, from http://www.leitnercenter.org/news/94/.

Lithur, N. 2010. *Legal Audit and Assessment of HIV/AIDS Related Laws and Policies in Ghana.* Accra, Ghana: United Nations Program on HIV/AIDS.

Lorraway. 2012. *Situational Analysis of the Lives of Female Sex Workers from Old Fadama, Accra, Ghana.* Accra, Ghana: Theatre for a Change.

Mill, J. 2003. "Shrouded in secrecy: breaking the news of HIV infection to Ghanaian women." *Journal of Transcultural Nursing* 14(1): 6–16.

Millo, Y. 2012. *Invisible in the City: Protection Gaps Facing Sexual Minority Refugees and Asylum seekers in Urban Ecuador, Ghana, Israel and Kenya.* Washington, DC: Hebrew Immigrant Aid Society.

Mitchell, L. 2011. *Service Users' Perceptions of the Domestic Violence and Victims' Support Unit, Ghana Police Service.* Accra: VSO International.

National Tripartite Commission. 2004. *National Workplace HIV/AIDS Policy.* Accra: National Tripartite Commission.

Ogden, J., and L. Nyblade. 2005. *Common at its Core: HIV-related Stigma Across Contexts.* Washington, DC: International Center for Research on Women.

Onyango, M., J. Sylvester, T. Agyarko-Poku, K. Akuoko, K. Baffuor Opoku, et al. 2012. *"It's All About Making a Life": Young Female Sex Workers Vulnerability to HIV and Prevention Needs in Kumasi, Ghana. A Qualitative Study.* Boston, MA: Boston University.

Pew Research Center. 2013. *The Global Divide on Homosexuality*. Washington, DC: Pew Research Center.

Republic of Ghana. 1963. *Rent Act*.

Republic of Ghana. 1970. *Police Service Act*.

Republic of Ghana. 1992. *Constitution of Ghana*.

Republic of Ghana. 1993. *Commission of Human Rights Act, Act 456*.

Republic of Ghana. 1997. *Legal Aid Scheme Act*.

Republic of Ghana. 1998. *Children's Act*.

Republic of Ghana. 2003. *Criminal Code, 1960 (Act 29)*, as amended to 2003.

Republic of Ghana. 2003. *Labour Act*.

Republic of Ghana. 2006. *Persons with Disability Act*.

Republic of Ghana. 2007. *Domestic Violence Act*.

Ritzer, G. 2007. "Blackwell Encyclopedia of Sociology." Retrieved December 10, 2013, from http://www.sociologyencyclopedia.com/public/book.html?id=g9781405124331_yr2012_9781405124331.

Robertson, J. 2010. *AIDSTAR-One Case Study Series: CEPEHRG and Maritime, Ghana.* Washinton, DC: USAID.

Sondem, S. 2012. "National Human Rights Institutions—The Ghanaian experience." *Journal for European Issues EVRODIJALOG (Списание за европски прашања ЕВРОДИЈАЛОГ)* (16): 239–255.

Till, H. 2011. *Stigma and Discrimination of People Living with HIV in Ghana.* Accra: German Agency for International Cooperation.

Ulasi, C., P. Preko, J. Baidoo, B. Bayard, J. Ehiri, et al. 2009. “HIV/AIDS-related stigma in Kumasi, Ghana.” *Health Place* 15(1): 255–262.

United Nations Program on HIV/AIDS (UNAIDS). 2011. *UNAIDS Terminology Guidelines.* Geneva: UNAIDS.

UNAIDS. 2012. *Key Programmes to Reduce Stigma and Discrimination and Increase Access to Justice in National HIV Responses.* New York: UNAIDS.

United Nations. 2002. *Ghana, 17th Period Report Submitted to the Committee on the Elimination of Racial Discrimination.* Accra: United Nations.

Women in Law and Development in Africa (WiLDAF). 2013. “WiLDAF.” Retrieved October 22, 2013, from www.wildaf.org.

Wolf, C. 2014. “Key Populations: Targeted Approaches toward an AIDS-Free Generation.” Retrieved April 10, 2014, from http://www.usaid.gov/what-we-do/global-health/hiv-and-aids/technical-areas/key-populations-targeted-approaches-toward.

For more information, contact:

Health Policy Project
Futures Group
One Thomas Circle NW, Suite 200
Washington, DC 20005
Tel: (202) 775-9680
Fax: (202) 775-9694
Email: policyinfo@futuresgroup.com
www.healthpolicyproject.com