

# A Reporting System to Protect the Human Rights of People Living with HIV and Key Populations

R. TAYLOR WILLIAMSON, VIVIAN FISCIAN, RYAN UBUNTU OLSON, FRED NANA POKU, AND JOSEPH WHITTAL

## Abstract

People living with HIV and key populations face human rights violations that affect their access to health services, relationships in their communities, housing options, and employment. To address these violations, government and civil society organizations in Ghana developed a discrimination reporting system managed by the Commission on Human Rights and Administrative Justice that links people living with HIV and key populations to legal services. This article presents findings on how Ghanaian stakeholders built this reporting system and discusses preliminary data on its impact. To organize our analysis, we used a conceptual framework that outlines the legal frameworks that protect human rights, the institutions that promote access to justice, and the mechanisms that link people living with HIV and key populations to legal services. Using in-depth interviews, we show that targeted technical assistance increased stakeholders' knowledge of issues that affect people living with HIV and key populations, strengthened these stakeholders' commitment to address discrimination, streamlined case management systems, and improved relationships between civil society and the government. Through case review, we find that most discrimination happens when accessing government services, inside communities and families, and in the workplace. Finally, we describe implications for other human rights commissions that are considering using a reporting system to protect human rights, including using legal frameworks, developing case management systems, and working with civil society.

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R. TAYLOR WILLIAMSON, MPH, is a health systems manager in the International Development Group at RTI International, Washington, DC, USA.

VIVIAN FISCIAN, MPhil, is an independent consultant in Accra, Ghana.

RYAN UBUNTU OLSON, MPS, is a senior associate for health, HIV and gender and sexual diversity at the Palladium Group, Washington, DC, USA.

FRED NANA POKU, MB ChB, MPA, is an acting policy manager at the Ghana AIDS Commission, Accra, Ghana.

JOSEPH WHITTAL, LLB, MA, is the commissioner of CHRAJ, Accra, Ghana.

Please address correspondence to R. Taylor Williamson. Email: [rtwilliamson@rti.org](mailto:rtwilliamson@rti.org).

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## Introduction

People living with HIV and key populations, including men who have sex with men, sex workers, and people who inject drugs, commonly experience human rights violations, such as community or family exclusion, police or vigilante assault, the denial of basic services, and the non-consensual disclosure of sensitive health information.<sup>1</sup> As a result, they are often unable to access critical services, including health, education, security, and employment.<sup>2</sup> These human rights violations are the result of stigmatizing behaviors and discriminatory actions on the part of families, communities, employers, and government institutions, and they contribute to poor uptake of health services by people living with HIV and key populations.<sup>3</sup>

Legal protections are an important tool to ensure the fulfillment of human rights, as they provide a framework for restitution and justice when necessary.<sup>4</sup> To this end, governments have adopted and ratified international agreements that create binding legal obligations to protect human rights. The norms and protections provided in the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women, and the International Covenant on Economic, Social and Cultural Rights and other global and regional human rights instruments have been interpreted as applying to people living with HIV and members of key populations.<sup>5</sup>

Further, several resolutions and declarations specifically address human rights violations against people living with HIV and key populations. For instance, the 2011 United Nations' Political Declaration on HIV requires member states to proactively "create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV ... provide legal protections for people affected by HIV ... and promote and protect all human rights and fundamental freedoms."<sup>6</sup> This declaration—together with the 2001 Declaration of Commitment on HIV/AIDS and the 2006 and 2016 Political Declarations on HIV and AIDS—calls on member states to protect the human rights of people living with HIV and key populations.<sup>7</sup>

Building on these commitments, the Joint United Nations Programme on HIV/AIDS (UNAIDS) has outlined seven key programs to reduce stigma and discrimination and increase access to justice.<sup>8</sup> Strengthening legal support services is one of these key programs, though only 55% of countries reported having such services in 2013.<sup>9</sup>

In 2012, the government of Ghana and civil society organizations (CSOs) established a web- and SMS-based discrimination reporting system to allow people living with HIV and key populations, and the CSOs that represent and support them, to report cases of discrimination in housing, government services, health, education, employment, and other relevant areas to the Commission on Human Rights and Administrative Justice (CHRAJ). As it receives these cases, CHRAJ can mediate, investigate, or adjudicate them.<sup>10</sup> The Health Policy Project, a USAID- and PEPFAR-funded technical assistance project, supported the system's development.<sup>11</sup>

The reporting system is based on a conceptual framework that outlines the necessary policy, legal, organizational, and relational components. It theorizes that three key elements—(1) legal and policy frameworks, (2) institutions that promote access to justice, and (3) mechanisms to link people living with HIV and key populations to legal services—are necessary to ensure that a discrimination reporting system protects the human rights of people living with HIV and key populations.<sup>12</sup>

The conceptual framework defines legal and policy frameworks as including constitutional, legislative, policy, and case law provisions. These legal provisions describe the theoretical basis for protecting the human rights of people living with HIV and key populations, though they do not outline practical measures for ensuring that human rights are respected.

Practical measures are defined by the institutions that promote access to justice. According to the framework, CSOs and government agencies may play one of three roles: managing the logistics of the discrimination reporting system as a "clearinghouse" of cases; connecting complainants to the system; or helping complainants resolve the issue directly.

These institutions must work together to ensure that mechanisms are in place for complainants to access justice. The mandates and responsibilities of various organizations define which organizations take on which roles to ensure access to justice. The existing connections and skill sets of these organizations must also be taken into consideration when designing reporting and case management systems.

The elements of the conceptual framework are described in an earlier article; the present study outlines findings from the framework's implementation. It shows how institutions interpret their role in upholding human rights and how relationships between various actors affect opportunities for access to justice.

We begin by describing the intervention and discussing our data collection efforts, which were based on in-depth interviews and capacity assessments. We then analyze the situation at baseline, according to the elements of the conceptual framework. Third, we describe the intervention, including the elements of the reporting system. Fourth, we use the conceptual framework to analyze the effectiveness of Ghana's discrimination reporting system, including a review of case trends and progress. Finally, we identify implications for other institutions, including national human rights institutions, that protect the human rights of people living with HIV and key populations.

## Evaluation methodology

In April 2012, the Health Policy Project conducted 18 in-depth interviews of representatives from civil society, government, and international organizations that support the human rights of people living with HIV and key populations. Through these interviews, we developed data on the baseline policy and legal environment for people living with HIV and key populations, institutions that promote access to justice, and mechanisms linking people living with HIV and key populations to legal services. In June 2015, three years after the start of the specific interventions described below, we conducted 21 in-depth interviews with similar key informants to understand how the interventions

had affected the three areas of the framework.

We also conducted baseline and endline capacity assessments using the USAID Organizational Capacity Assessment methodology as a structure.<sup>13</sup> We modified this capacity assessment tool to focus on four key technical and relational areas related to CHRAJ's capacity to work with people living with HIV and key populations. Those four areas are (1) knowledge of issues that affect people living with HIV and key populations, (2) case and information management, (3) relationships with human rights and HIV organizations, and (4) CHRAJ's institutional commitment to supporting people living with HIV and key populations. We conducted the baseline assessment in October 2012 and the endline assessment in June 2015. P-values were calculated using the Fisher's exact test, due to small sample sizes.

We coded the interview data using the elements of the conceptual framework. We aggregated quantitative scoring data from the capacity assessments using Excel. Finally, we obtained case analysis data from the reporting system in September 2015 and anonymized it by removing names and assigning unique identifiers. We report this data using categories identified in the reporting system.

There are a few limitations to our evaluation approach. First, the interviews and organizational capacity assessments were done at two discrete points in time. As a result, we interviewed different people at these organizations in 2012 and 2015, who may or may not have held the same views as their predecessors. To mitigate this limitation, we kept a list of people we interviewed in 2012 and attempted to track them to their new jobs during the interviews we conducted in 2015, if the new organization was also involved in human rights or HIV programming. Second, cases reported to CHRAJ are self-reported, resulting in some level of selection and recall bias. These biases are inherent in any evaluation that relies on self-reported data.

## Baseline results

Ghana has ratified several important human rights treaties that support rights relevant to HIV,

including the rights to privacy, education, work, security, the highest attainable standard of health, and participation in public life.<sup>14</sup> Since these treaties do not carry the force of law in Ghana, human rights protections for people living with HIV and key populations are mostly found in constitutional provisions, legislation, and policies.<sup>15</sup> Little case law defines how constitutional provisions apply to people living with HIV or key populations.<sup>16</sup> Only the right to confidential HIV services has been upheld in case law.<sup>17</sup> The Criminal Offenses Act prohibits “sexual intercourse with a person in an unnatural manner” and living “wholly or in part on the earnings of prostitution.”<sup>18</sup> These prohibitions have numerous legal and real-world consequences for key populations.<sup>19</sup>

In Ghana, institutions that promote access to justice can be grouped into two main categories: CSOs and government agencies (including security services).<sup>20</sup> Before the intervention, some human rights CSOs provided legal- or community-based support for people living with HIV and key populations who experienced discrimination.<sup>21</sup> According to interviewees, this support focused on peer education and strengthening community-based networks. Though most CSOs could not provide people living with HIV and key populations with legal services, the Human Rights Advocacy Centre had a network of pro bono lawyers and a legal aid desk which provided limited legal services, subject to the availability of volunteer lawyers. CHRAJ has a mandate to protect the human rights of Ghanaian citizens, but had not focused on issues affecting people living with HIV and key populations. The Ghana AIDS Commission recognized that the government should systematically address human rights violations against people living with HIV and key populations, but it did not have the mandate or capacity to do so. The Ghana AIDS Commission signed a memorandum of understanding with CHRAJ in 2012 to report, and act on, cases of discrimination against people living with HIV and key populations. Security services, such as the police and the military, are critical to ensuring human rights by arresting perpetrators and supporting people living with HIV and key populations when

they are assaulted or blackmailed.

According to interviewees, CSOs were unaware that CHRAJ’s mandate included human rights protection. Most CSOs thought that CHRAJ was solely an anti-corruption agency or worked on high-level political issues. CSOs focused on HIV and key populations had these impressions of CHRAJ because they had never worked with the commission. While they did want to engage with CHRAJ, they were unsure how to initiate such engagement. CHRAJ did, however, have strong relationships with schools, churches, and other civic institutions and had conducted human rights trainings and outreach for these entities. CHRAJ had not used these tools to reach out to people living with HIV or key population groups.

Based on this analysis, a consensus among stakeholders emerged: CHRAJ would be the institutional home for a discrimination reporting system that would help complainants resolve issues through the commission’s case management process and would refer cases to police and human rights organizations as appropriate. Civil society would connect complainants to the system.

## Intervention description

Using results from the baseline in-depth interviews, we, along with stakeholders from civil society and government agencies, developed the discrimination reporting system between April 2012 and December 2013. During this time, we created the system’s website and SMS module, determined how the system would integrate with existing CHRAJ case management processes, identified how to address user feedback, and trained CHRAJ and CSO staff on how to use the system.

The system allows people living with HIV and key populations to report discrimination directly to CHRAJ or to a CSO. If a complainant reports a case to a CSO, the organization then forwards the complaint to CHRAJ and acts as an intermediary between the complainant and CHRAJ. Using this process, the complainant can remain anonymous if he or she wishes. If a complainant reports the case directly to CHRAJ, the commission handles all communication

and the complainant cannot be anonymous. Complainants can also report a case to CHRAJ through an SMS module of the reporting system.

Once a case is submitted, CHRAJ uses a three-step mechanism to seek redress: mediation, investigation, and adjudication.<sup>22</sup> In mediation, CHRAJ facilitates a negotiation between the various parties.<sup>23</sup> According to CHRAJ interviewees, most cases are successfully mediated. If mediation fails, the commission will investigate the case and provide a recommendation that aligns with Ghanaian law.<sup>24</sup> If the parties choose not to follow the recommendation, CHRAJ can go to court to enforce it.<sup>25</sup> Potential recourses in these cases include fines, reinstatement, sanctions, and training.<sup>26</sup>

The system also allows CHRAJ to refer cases to other organizations or institutions that may be better equipped to handle them. For example, CHRAJ refers assault cases to the police and works with legal service organizations, such as the Human Rights Advocacy Centre, to ensure their legal cases are reported to CHRAJ.<sup>27</sup>

The system was launched in December 2013. Between the launch in December 2013 and July 2015, the Health Policy Project and CHRAJ conducted four main interventions. First, they trained CHRAJ's regional and district staff and CSOs to sensitively manage cases of discrimination against people living with HIV and key populations, use the reporting system, and strengthen relationships between CHRAJ, CSOs, and potential complainants. Second, they developed a privacy and confidentiality policy which detailed how personal information would be handled within CHRAJ, including file handling procedures, data use, consent, preventing confidentiality breaches, and sanctions for non-compliance. Third, CHRAJ restructured its case management procedures to improve complainant privacy and reduce response time by appointing a specific team to handle cases that come through the reporting system, providing both a point of contact for CSOs and minimizing the number of people who see a complaint. Complaints also began to be routed through the confidential track, which had previously been reserved for corruption cases. Finally, in May 2015, the Health

Policy Project, the West African AIDS Foundation, and CHRAJ conducted workshops for CSO-trained peer educators aimed at highlighting legal service options, fundamental human rights, and the types of discrimination to report to CHRAJ. These peer educators received materials about CHRAJ and the reporting system to share with their networks.

## Endline results

The legal environment for people living with HIV and key populations in Ghana underwent minor changes between the baseline assessment in 2012 and the endline assessment in 2015. In particular, in 2013, the country adopted its National HIV, AIDS, and STI Policy, which prohibits discrimination against people living with HIV but does not specify a penalty.<sup>28</sup> The policy also highlights CHRAJ's role in instituting legal proceedings and "establish[ing] systems to provide regular reporting of cases of discrimination."<sup>29</sup> Finally, it calls on the government to ensure compliance with the principles of non-discrimination.<sup>30</sup>

In 2016, after our evaluation was conducted, however, two major changes were made to Ghana's legal and policy environment. First, the 2016–2020 National HIV and AIDS Strategic Plan was enacted. This plan describes barriers faced by people living with HIV and key populations, including the uncertain legal status of homosexuality and sex work, cultural and religious values, and weak HIV prevention efforts in prisons.<sup>31</sup> It also outlines several activities to mitigate discrimination and enforce human rights protections, most of which focus on information sharing, advocacy in support of rights-based frameworks, and institutional support to government agencies that interact with people living with HIV and key populations.<sup>32</sup> The strategic plan also codifies CHRAJ's role in protecting the rights of people living with HIV and key populations. Second, that same year, Ghana passed the Ghana AIDS Commission Act, which enumerates specific rights for people living with HIV, including the rights to non-discrimination, health, privacy, insurance, employment, education, political engagement, movement, and reproduction.<sup>33</sup>

This law also provides specific penalties for violations of these rights.<sup>34</sup> Because the law is so new, it is too early to gauge its practical effects.

The institutions that promote access to justice in Ghana were much stronger in 2015 than in 2012. Given that CHRAJ is the institutional home for the reporting system, we focused our efforts on measuring institutional capacity within CHRAJ (Table 1). CHRAJ showed a strong commitment to promoting access to justice for people living with HIV and key populations between 2012 and 2015. During this period, the commission's senior management provided resources for a privacy and confidentiality policy, focal persons to work on the discrimination reporting system, and CSOs and peer educator outreach. CSO interviewees said that CHRAJ had good staff support that encouraged people to report cases but also that CHRAJ staff needed to do more outreach to people living with HIV and key populations to maximize the full benefits of the system. CSOs also showed a strong commitment, as at least six organizations identified a focal person to support the reporting system and eleven organizations reported a case to CHRAJ.

Interviewees and the capacity assessment (Table 1) showed that by 2015, CHRAJ had more knowledge of how human rights issues apply to people living with HIV and key populations. CHRAJ interviewees said that their skills in using international and Ghanaian law to protect people living with HIV and key populations had improved, but they had not yet had the opportunity to take a case to court. In addition, CSOs reported that CHRAJ's knowledge of the types of discrimination faced by people living with HIV and key popula-

tions had improved. However, interviewees had little experience with CHRAJ staff at the regional or district levels and were thus unable to evaluate their knowledge of issues relating to people living with HIV and key populations beyond Accra.

By 2015, CHRAJ could operate the discrimination reporting system, and CSOs felt that the commission was a welcoming environment for people living with HIV and key populations to report complaints. According to CSO and CHRAJ interviewees, CHRAJ typically contacted complainants within 48 hours, rather than 10 days, which is the standard response time for complaints. The commission achieved this improvement in response speed by routing cases directly to the relevant director for approval rather than waiting for a meeting to review. As a result, cases are mediated and investigated faster. Some drawbacks, however, are common to all CHRAJ cases: for example, CHRAJ needs complainants to identify perpetrators, and it has few investigators.

Between 2012 and 2015, CHRAJ also faced challenges in meeting its infrastructure needs. For example, by 2015, the commission's phone lines had been down for over a year, and its internet was available only intermittently. CHRAJ staff relied on personal mobile phones and tablets to access the discrimination reporting system and contact complainants. Interviewees noted that privacy and confidentiality had improved within the commission: they now had a dedicated office for interviews, private data was more secure, and staff were aware of confidentiality procedures. Multiple interviewees from CHRAJ and CSOs alike said that this was a key change that helped build trust.

TABLE 1. CHRAJ capacity: Pre-intervention (2012) and post-intervention (2015)

Institutional commitment to address discrimination against people living with HIV and key populations	2.8	3.6*	0.003*
Knowledge of issues related to people living with HIV and key populations	2.3	3*	0.002*
Management of discrimination cases against people living with HIV and key populations	3	2.9	0.6
Relationships with human rights organizations	4	3.6	0.13
Relationships with organizations supporting people living with HIV and key populations	1.8	3.6*	0.000*

Self-reported by CHRAJ staff using USAID's Organizational Capacity Assessment methodology on a four-point likert scale.

\* denotes p-values are significant at 0.05 level

Finally, the mechanisms linking people living with HIV and key populations to legal services improved significantly between 2012 and 2015. Most complainants reported cases to CSOs, who then referred the cases to CHRAJ via the discrimination reporting system (Table 2). CSOs would often work with complainants to make sure they felt comfortable reporting their case to CHRAJ, such as by escorting complainants to CHRAJ for in-person interviews. CSOs noted that many of the cases they referred to CHRAJ came through their peer educator networks. One interviewee felt that this targeted approach worked well, noting that “outreach and information sharing to peer educators is the key to the referral chain.” Another said that “use will go up as people get redress and share their experiences.”

This referral structure helped maintain face-to-face interactions while also providing access to CHRAJ’s legal services. Multiple CSOs that work with people living with HIV and key populations benefited from their relationship with CHRAJ because the commission provided them with redress options. Furthermore, the Ghana AIDS Commission was critical to linking people living with HIV and key populations to CHRAJ’s services, as it coordinated engagement and tracked cases.

Though all but one of our CSO interviewees

had entered cases into the system, some were still having challenges understanding what types of data to enter and how to track cases. The SMS module presented even more challenges. Interviewees did not know if complainants were using SMSs to contact CHRAJ and did not think that people living with HIV and key populations knew about the SMS feature. Most interviewees thought that the SMS module required more marketing, and few CSOs told complainants about the SMS option.

### *Case analysis and progress*

Between December 1, 2013, and September 30, 2015, people living with HIV, key populations, and CSOs reported 50 cases of discrimination to CHRAJ (Table 3). Reporting was sparse in 2014, as CHRAJ did little outreach, instead focusing on quickly and appropriately managing the few cases it did receive. Following the workshops in May 2015, reporting climbed from one–two cases per month to four–five cases in May, June, and July. CHRAJ received seven cases directly from workshop participants.

Table 3 shows that men who have sex with men and people living with HIV used the system more frequently than sex workers did. The most common types of violations reported were assault and the disclosure of confidential health information, followed by blackmail and the denial of health

TABLE 2. How are cases reported to CHRAJ?

Type	Number	Percentage
CSO-reported through reporting system	28	56%
Reported in person	11	22%
Self-reported through reporting system	10	20%
Self-reported through SMS	1	2%
<b>Total</b>	<b>50</b>	

TABLE 3. Complainant profiles

Group	Number
People living with HIV	22
Men who have sex with men	21
Sex workers	7
<b>Total</b>	<b>50</b>

care or employment (Table 4).

Our review of these cases revealed that discrimination took place in different environments. The first environment was in the family, especially during divorces, when a relative would threaten to disclose someone's HIV status to gain access to land or money. Domestic violence and abuse, especially following disclosure to spouses, was also common.

During the reporting period, CHRAJ mediated non-consensual disclosure cases. Since disclosure was not explicitly illegal during this time, legal action was rarely a possibility. Resolved cases typically included a written understanding between the two parties or an apology. CHRAJ referred assault cases to the police for criminal investigation, while providing emotional support and guidance to the complainant.

The community was the next critical environment for discrimination. Men who have sex with men often reported cases in which their neighbors or landlords discovered that they have sex with men or identify as gay. These men were often threatened with eviction or blackmailed for consumer goods, such as phones, computers, and bicycles. In addition, men who have sex with men were commonly assaulted by young men. CHRAJ referred assault cases, which fall outside of its mandate, to the Domestic Violence Victim's Support Unit of the Ghana Police Service, which is trained to handle them. For housing discrimination cases, on the other hand, CHRAJ got involved by mediating between the landlord and complainant. These mediation sessions served to remind the landlord of his or her obligations under the law. Community-based discrimination also included witchcraft allegations and the non-consensual disclosure of HIV status.

These cases were mediated; actions included community discussions and, in the case of witchcraft allegations, multiple mediation sessions leading to a written agreement where the respondent agreed not to continue the allegation.

Human rights abuses also occurred at work. Most such cases involved sex workers who were assaulted by clients. These cases were rarely brought to the police, however, as police are known to abuse sex workers.<sup>35</sup> Employment discrimination was not as common as other types of discrimination. These cases included both large private employers and small market stalls. CHRAJ addressed these cases through police referral, mediation, and the filing of lawsuits against employers.

Discrimination by government institutions was also a widely reported human rights abuse. Five cases of discrimination involved police stations imprisoning men who have sex with men who had reported assault or blackmail, as well as dismissing their cases without investigating. A few cases included health center staff disclosing someone's HIV status to family members. CHRAJ handled these cases quickly through mediation. Outcomes included returning private property to men who have sex with men who had been blackmailed, convincing health centers to waive improper fees for drugs, raising health facility managers' awareness of non-consensual disclosure issues, and reinstating a student who was expelled from school.

As of September 30, 2015, 21 cases were resolved or referred to another entity. Of the ten cases that were completed, six were resolved through mediation. For the three cases that CHRAJ closed after investigating, the commission issued written findings to the complainant and respondent. Elev-

TABLE 4. Commonly reported human rights violations

Type of violation	Number
Assault	13
Disclosure of health information	14
Blackmail	9
Denial of health care	4
Denial of employment	4



en cases were transferred to other entities—namely, the police and human rights organizations.

Twenty-nine cases were ongoing as of September 2015, with all but three of them having been submitted in the previous six months. Most of these cases were in the investigation stage (Table 5). Investigations require interviewing witnesses, collecting statements, obtaining documentation, and writing recommendations; as a result, they can take many months to complete. The complexity of a particular case drives how quickly it is resolved. In some cases, mediation resolved misunderstandings and solved the problem quickly, while others required the courts' intervention to clarify the law.

Given that stakeholders designed the system to include reports from CSOs, we also analyzed how cases were reported to CHRAJ. As Table 2 shows, CSOs reported 56% of cases through the reporting system, while 22% of complainants filed their cases in person at CHRAJ's offices. In-person reporting includes those people who were escorted by CSOs. Most surprising, however, is that 20% of complainants reported directly to CHRAJ through the web-based reporting system without a CSO acting as an intermediary; this figure is unexpected, considering that internet penetration in Ghana was only 17.1% in 2012.<sup>36</sup> The SMS module accounted for only one case.

## Implications for other countries

Our analysis of interviews and case data reveals some key lessons for other countries' national human rights institutions, AIDS commissions, CSOs, and technical assistance providers working to improve access to justice for people living with HIV and key populations.

First, while the legal basis for redress is important, it is not strictly necessary. There are numerous unclear provisions in Ghana's legal framework for people living with HIV and key populations. With the right set of tools, however, a government institution with strong community-based partners and a mandate to protect human rights can overcome these gaps. CHRAJ has done so by reaching out to CSOs, providing options for mediation, and directly questioning the actions of government institutions. Mediation is especially critical if there is no explicit legal basis for redress, as filing a lawsuit and obtaining a legal remedy can take years in contexts with a weak judiciary. Nonetheless, legal action is necessary in some cases to clarify frameworks, prevent future violations, and obtain redress where mediation has failed.

Second, developing the capacity of systems and structures is critical. Since CHRAJ already had well-developed case management systems, we sought to adapt those systems to the specific needs of people living with HIV and key populations, such

TABLE 5. Case progress

Case status	Number
<b>Completed by CHRAJ</b>	10
mediated	6
investigated	3
withdrawn by complainant	1
<b>Ongoing</b>	29
in mediation	2
under investigation	26
in litigation	1
<b>Transferred</b>	11
to civil society	10
to police	1

as by improving privacy and response speed. Both CHRAJ's privacy and confidentiality policy and its confidential case routing track improved these areas. Given that people living with HIV and key populations have well-developed social networks in Ghana, word-of-mouth reports of poor service could negatively affect service uptake.

Case management systems, however, are only as good as the people handling the cases. CHRAJ staff were trained, mentored, and coached on how to provide sensitive services to people living with HIV and key populations. As noted earlier, CSO interviewees said that CHRAJ's services were welcoming and that the interviewees would continue to refer cases to CHRAJ. In addition, CHRAJ staff conducted outreach to people living with HIV and key populations in order to build relationships and understand how to relate to different types of clients.

Capacity and infrastructure challenges within CHRAJ and CSOs did, however, hinder full adoption of the reporting system. Infrastructure-related barriers, such as poor phone lines and internet access, led to inefficiencies in accessing the reporting system and responding to complainants. Moreover, human resource gaps, such as the lack of trained district- and regional-level staff and of case investigators, negatively affected the system. Also, many CSO staff were unfamiliar with web-based systems and needed significant training to report and manage cases. National human rights institutions must account for these increased infrastructure and training needs in order to effectively run a web-based reporting system, perhaps by budgeting for infrastructure upgrades, hiring new staff and trainers, and planning for increased engagement with civil society.

Third, people living with HIV and key populations must be linked to legal services by a trusted mediator. CSOs' activation of social networks was critical to linking key populations to CHRAJ's services. Since many of these networks are underground, CHRAJ alone could not reach them. These strategies were made possible by a planning and feedback process that allowed CSOs and CHRAJ time to understand how each other worked. More outreach to these networks through peer educa-

tors and peer-led groups would better link people living with HIV and key populations to CHRAJ's services. National human rights institutions and CSOs in other countries should consider other creative, context-specific ways to improve trust between people living with HIV and key populations and legal service providers.

A key innovation from this study is the focus on relationship building over technical solutions. Yes, the reporting system is a piece of technology; it is, after all, a website with reporting and feedback functions. The system, however, works only if stakeholders share the goal of improving human rights protections for people living with HIV and key populations, bring their various skills to the table to achieve that goal, and commit to building relationships to strengthen the system. In Ghana, stakeholders from civil society and the government were engaged throughout the process to plan, design, implement, and monitor the system. Their input and engagement allowed CHRAJ to reach people living with HIV and key populations through peer education networks, improved users' experiences with the reporting system, and ensured that cases were reported and tracked.

National human rights institutions face a decision concerning SMS modules. Though most Ghanaians own phones with SMS capability, we found that most complaints arrived to CHRAJ via CSO referral. CSOs showed little interest in the SMS module, as they rarely told potential complainants about it. Improved marketing by both CHRAJ and CSOs could have bolstered uptake of the SMS module, though stakeholders—in light of limited resources—chose to focus on social network activation instead. The SMS module could have increased reach beyond those peer networks. In this particular context, however, improved marketing of the SMS module would have been at the cost of peer-network relationship building.

## Conclusion

We have shown that a reporting system can provide a critical link between people living with HIV, key populations, civil society, and national

human rights institutions. In Ghana, we used legal and policy frameworks, supportive institutions, and mechanisms linking people living with HIV and key populations to legal services to create a system that provides real redress for human rights violations. Other national human rights institutions can use our framework and experience to determine if a discrimination reporting system is the right solution for the human rights challenges faced in their countries.

## Ethics statement

A research proposal was submitted to the RTI International Institutional Review Board. The board determined that our research did not involve “research with human subjects,” per 45 CFR 46.102, and that its approval was not necessary.

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