

UNAIDS guidance for partnerships with civil society,
including people living with HIV and key populations



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ACRONYMS, ABBREVIATIONS AND TERMINOLOGY

CCM	Country Coordinating Mechanism (of the Global Fund to Fight AIDS, TB and Malaria)
Civil Society	In this document, 'civil society' is frequently used as a shorthand for 'all of civil society, including key populations, women and girls, people living with HIV, as well as community-based organizations and nongovernmental organizations' (see Annex 1 Definitions)
ECOSOC	United Nations Economic and Social Council
Getting to Zero	UNAIDS Strategy 2011–2015
GIPA	The Greater Involvement of People living with HIV and AIDS Principle
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
IATT	Inter-Agency Task Team (of UNAIDS)
ILO	International Labour Organization
JUNTA	Joint UN Team on AIDS
Key populations	See Annex 1 Definitions: this term describes populations disproportionately impacted by HIV when compared with the general population. While this may vary according to local epidemic dynamics, principally this describes gay men and other men who have sex with men, women and men who inject drugs, sex workers and transgender people.
MDG	Millennium Development Goal
NCPI	National Commitments and Policies Instrument
NGO	Nongovernmental organization
PCB	Programme Coordinating Board (of UNAIDS)
SIE	Second Independent Evaluation of (UNAIDS)
UBRAF	Unified Budget, Results and Accountability Framework
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS. Note: In this document, unless specified otherwise the term 'UNAIDS' refers to the UNAIDS 10 Cosponsoring agencies in addition to the Secretariat (working at country level, as well as in regional teams and at global headquarters)
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WB	World Bank
WHO	World Health Organization
WFP	World Food Programme

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FOREWORD

Civil society: A driving force in Getting to Zero

Major social transformations are rare without individual civic leaders, civil society organizations and social movements. The suffragettes, the anti-colonial struggles, the civil rights movement were all instrumental in shaping a better world, one we now too often take for granted.

Collective action for social justice has been the driving force of the AIDS response over the past 30 years. The leadership exercised by people living with and affected by HIV has revealed the power of civil society to focus and generate transformational change.

In the early days of the epidemic, civic dynamism and activist mobilization centered on a few key organizations. Yet HIV organizations now span all corners of the globe—and have catalyzed profound change in the way that we approach health, human rights and development. Antiretroviral treatment access in the South, the repeal of travel restrictions, TRIPS flexibilities, people living with HIV assuming service provision roles—all constitute the legacy of the efforts of myriad civil society organizations. Over the decades, civil society has induced even the most reluctant leaders to act and be accountable for their commitments on HIV.

Today, a new generation is demanding social justice and political accountability. Rapid technological innovation, such as social media, provides new opportunities for civic leaders and civil society coalitions to communicate and organize to shape their own destinies. Seismic geo-political shifts are giving rise to new geographies of leadership, new sources of solutions, re-conceptualization of civil society and novel ways of working—from the local to the transnational. What has not changed is the need for inspirational leaders who can mobilize movements to generate and channel political demands for equity, dignity and sustainable development.

As momentum gathers on our journey of *Getting to Zero—Zero new HIV infections; zero discrimination; and zero AIDS-related deaths* — and in implementing the *United Nations 2011 Political Declaration on HIV/AIDS*, it is increasingly clear to me that civil society must continue to provide not only inspiration but political incentives for sustained leadership.

And as different strands of the AIDS movement pursue different targets of the *Political Declaration*, it is my hope that they will find ‘strength in unity’ and that they will find further strength in joining yet wider movements for social justice and sustainable development.

Michel Sidibé
Executive Director
UNAIDS

1. INTRODUCTION AND OVERVIEW

1.1 About this guidance document

This document provides guidance on how The Joint United Nations Programme on HIV/AIDS (UNAIDS), its Cosponsors and Secretariat (working at national, regional and global levels) should strengthen and operationalize meaningful and respectful partnership work with civil society. It should enable the UN to deliver the targets and elimination commitments agreed in the 2011 *Political Declaration on HIV/AIDS*¹. It assumes that putting partnerships into practice will take place in the context of *Getting to Zero* (UNAIDS Strategy 2011–2015) and be supported by the Unified Budget, Results and Accountability Framework (UBRAF)—which is, in essence, the UNAIDS work plan to deliver on *Getting to Zero*—as well as other key UNAIDS programming and budgeting documents.

In light of the ambitious targets agreed by member states in the 2011 *Political Declaration*, it will be essential to maximize the potential of partnerships with civil society in order to work together towards their achievement. This guidance responds to calls from partners that meaningful engagement with civil society be incorporated into all areas of the Joint Programme's work and that essential principles of engagement be reflected within the UBRAF and other key UNAIDS strategic, programming and budgeting documents. The need for this guidance has also been emphasized through a number of processes. For example, a review of the capacity-building needs of UNAIDS Country Offices found that support for effective partnership working with civil society was identified repeatedly as a key theme about which UNAIDS staff members were all looking for greater support.²

Main objectives of this guidance

- ▶ Provide **succinct, user-friendly guidance** to key stakeholders and decision-makers within Joint UN teams on AIDS, especially staff working at national level, to assist them to take concrete steps to enhance the partnership work of UNAIDS with civil society, including key populations and people living with HIV.
- ▶ Ensure that across the UN system, partnerships with civil society and all other types of collaboration are a **high priority, promoted, and fully operational**, in order to maximise the potential of achieving real results.
- ▶ Build a more **consistent, innovative and strategic approach** to work with civil society across all UNAIDS' Cosponsors and Secretariat, and at all levels (global, regional, national and local).
- ▶ Encourage and secure the **meaningful involvement of people living with HIV** within the UN in line with the GIPA principles agreed to by governments in 1994³.
- ▶ Encourage and secure the **meaningful participation of key populations, women and girls, and young people, in national, regional and global HIV responses**.
- ▶ **Secure the resources and capacity** needed for UNAIDS partnership work with civil society, including for civil society partners to fully meet their goals and priorities.
- ▶ Ensure that civil society is treated as an **essential partner** at all stages of collaboration, and that UN-AIDS staff recognize the importance of learning from the experiences and perspectives of civil society.

1 The Political Declaration was released at the end of the 2011 UN General Assembly High Level Meeting on AIDS, held in June. Information about the meeting and the text of the declaration is available at <http://www.unaids.org/en/aboutunaids/unitednationsdeclarationsandgoals/2011highlevelmeetingonaids/>.

2 "Summary of analysis made of responses to a survey of selected UNAIDS Country Offices regarding their capacity development needs", The Country Capacity Strengthening Team, Aid Effectiveness and Country Capacity Division, UNAIDS HQ, September 2011

3 GIPA is an acronym for the "greater involvement of people living with HIV and AIDS" principle.

- ▶ Ensure a **results-based** approach to partnership work, including means to measure success and ensure mutual accountability, and concrete steps that can be **tracked and monitored**, including through UBRAF.

Note: in this document, unless specified otherwise the term 'UNAIDS' refers to the UNAIDS 10 Cosponsor agencies⁴ in addition to the Secretariat (working at country level as well as in regional teams and at global headquarters).

1.2 Audience and scope

The primary audience for this guidance document is staff members of the 10 Cosponsors working on HIV, and the UNAIDS Secretariat, working at country level as well as in regional teams and at global headquarters. It may also be useful for civil society, including key populations and people living with HIV, to inform them about potential opportunities and contributions to future partnership work with UNAIDS.

1.3 Background: civil society at the core of UNAIDS efforts

The Second Independent Evaluation (SIE) of UNAIDS⁵ recognized the pivotal importance of partnerships in UNAIDS' success. Yet while the SIE report noted the influence of civil society at global level, it observed that there were few examples of similar impact at country level. With respect to the engagement of civil society, the SIE cited a lack of consensus or a common approach to partnership work with civil society across the UNAIDS Cosponsors and its Secretariat.

Consistent with the SIE recommendations, this guidance document has been developed to harmonize work related to civil society. It forms a key component of UN efforts to focus efforts on working with partners to reach the commitments set out in the Political Declaration. These cannot be delivered by 2015 without people living with HIV, key populations, and civil society more broadly, playing a central role.

The case for strong leadership from civil society is starkly evident in this area. True political commitment will never be mobilized and achieved without civil society generating demand, and resources will not be directed to highest priority and effective and evidence-based programming without direct intelligence from communities about real needs and behaviours, and what works best. This is why, for example, UNODC in Indonesia is engaged in intensive coordination with civil society, networks of people who use drugs, and people living with HIV to increase the capacity and role of civil society to contribute to the implementation of HIV prevention programmes. Similarly, UNFPA and the Asia Pacific Network of Sex Workers (APNSW) have brought together partners from government, civil society and across the UNAIDS family to jointly plan and implement programmes for female, male, and transgender sex workers. Annex 2 contains information on the strategic directions that UNAIDS partnerships with civil society will take, and throughout this document a range of examples of types of UNAIDS partnerships with civil society that have been forged are highlighted.

4 The 10 Cosponsors as of December 2011 were (in alphabetical order): the International Labour Organization (ILO), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Office on Drugs and Crime (UNODC), the United Nations Population Fund (UNFPA), the World Bank, the World Food Programme (WFP), and the World Health Organization (WHO).

5 UNAIDS Second Independent Evaluation, 2002–2008; Poate, Balogun and Attawell, September 2009

What has worked? Examples of partnership activities:

In Panama joint work between UNFPA, the UNAIDS Secretariat, Ministry of Health, an organization of people living with HIV and the General Kuna Congress comprising the indigenous leaders in Kuna Yala, reached the Kuna community with HIV prevention programming including prevention of mother-to-child transmission, condom use, reducing stigma and discrimination and promoting human rights. These were all presented with an intercultural approach in Kuna and Spanish, involving Kuna midwives and medical staff.

In India the Joint UN team on AIDS supported involvement of civil society and networks of people living with HIV, in developing the next phase of the national strategic plan, and contributed to strengthening the partnership between the National AIDS Control Programme and civil society organizations.

In South Africa the Joint UN Team on AIDS was deeply involved in development of the National Strategic Plan. UNAIDS provided resources to the National AIDS Council to convene a series of consultations with a broad range of civil society partners and groups of people living with HIV in order to inform and steer the forthcoming National Strategic Plan on HIV and AIDS. This strengthens formal relationships between civil society constituencies and the National AIDS Council.

In the Philippines, the Joint UN Team on AIDS (in particular, WHO, UNFPA, UNICEF, UNDP, the UNAIDS Secretariat) supported the strong participation of civil society, people living with HIV and key populations in the development of the new 5th AIDS Medium Term Plan (2011–2016).

In Colombia UNHCR, WFP and the UNAIDS Secretariat with local organizations and local authorities have mainstreamed HIV prevention activities into humanitarian and emergency programmes among populations living in areas affected by armed conflict and internal forced displacement. The project adopted the global guidelines on to respond to the national circumstances in Colombia. Health service providers in the area, and local authorities, were trained on HIV. Community participation has been very high

In West and Central Africa UNDP, UNESCO, UNICEF and UNFPA and the UNAIDS Regional Support Team, provided support to regional networks of people living with HIV to host a Consultation on Positive Health, Dignity and Prevention with people living with HIV, young people, civil society, government officials, UN representatives, and donor agencies to discuss the implications of this new concept. The Consultation led to decisions to put into action this new concept of empowering people living with HIV to manage their own health, experience dignity in their lives, and make choices in their relationships, which lead to positive outcomes for themselves, their partners and their families.

The UNAIDS Civil Society Unit worked with International Civil Society Support, a nongovernmental organization, to develop a new funding mechanism for a range of donors to provide ongoing, sustainable support to regional and global networks of civil society, key populations and people living with HIV. Through this effort and others, it has taken steps to articulate to donors why resources are still needed for their work, the impact of resource flat-lining and new approaches to the delivery of aid.

The ILO includes representatives of civil society as members and on its global governance structure to ensure that the governance of its work addresses all sectors. GNP+ and the International Community of Women Living with HIV/AIDS (ICW) have been invited to join the global project advisory committee to ensure that the Code of Practice on HIV/AIDS and the World of Work is grounded in the needs and realities of people living with HIV in all regions.

In the Middle East and North Africa, WHO established the Middle East and North Africa Harm Reduction Association (MENAHRRA) in partnership with the International Harm Reduction Association, in order to support civil society across the region to lead the change towards evidence-based policies and accelerate the roll out of harm reduction strategies. Over a two-year period, needle and syringe programmes and outreach to people who inject drugs has expanded in the region, with improved collaboration and greater interest in harm reduction. Morocco, Tunisia and Syria have revised their national strategies and expanded services, and Pakistan has approved opioid substitution therapy pilots.



2. RATIONALE: LEARNING FROM AND SUPPORTING CIVIL SOCIETY

Partnerships involving civil society, including key populations and people living with HIV, have been fundamental to robust local responses to HIV. Among other things, partnerships have helped support people living with HIV to demand and receive protection of their rights to treatment, non-discrimination and participation. More broadly, as responses have developed and grown, there is increasing evidence that the most effective programmes are those in which civil society's role, engagement and leadership are strongest and equitable. For example:

- ▶ Treatment roll out in the Republic of South Africa would have been far slower, perhaps non-existent, without the activism and legal challenge spearheaded by the Treatment Action Campaign (TAC) and the AIDS Law Project.
- ▶ In India the HIV epidemic among sex workers has declined through the active contribution to innovative programming and struggles for human rights of community-led innovative initiatives such as Durbar Mahila Samanvya Committee, Sonagachi, West Bengal.
- ▶ The Australian Injecting and Illicit Drug Users League (AIVL) played a key role in campaigning for harm-reduction services, safe injecting rooms and respect for drug users' rights in its home country.
- ▶ Networks of men who have sex with men in Latin America and the Caribbean consistently challenge discriminatory laws and promote safer sex campaigns.
- ▶ Women fighting AIDS in Kenya (WOFAK) operates 10 centres offering comprehensive services from prevention counselling, treatment adherence support, to nutritional support to women and children living with and affected by HIV.

UNAIDS has supported such essential local and regional civil society led interventions in many countries, and is guided in this work by guiding principles (see page 14 and 15). UN teams continue to offer technical and financial support where relevant and possible, including in crucial areas such as communications, strategic information, policy development, advocacy, leadership building, monitoring and evaluation, and documentation of lessons learnt. UNAIDS has also helped raise the profile of many locally developed programmes, and the concerns and needs underpinning them, so that they are recognized and addressed at the global level. Consultation with a broad range of representatives of civil society is routine practice for most UNAIDS Cosponsors; for example, the United Nations High Commissioner for Refugees (UNHCR) organizes an annual consultation for communication between UNHCR, nongovernmental organizations and States on displaced persons.⁶ Also, many UNAIDS Cosponsors provide funding as well as technical support to civil society. The World Bank, for example, made partnership with community organizations a cornerstone of its flagship Multi-Country HIV/AIDS Program (MAP) in Africa.

Influence and engagement has been a two-way street: the impact of civil society groups on UNAIDS is critical and profound. As multicountry responses to HIV emerged in the 1990s they adopted the paradigms that worked at country level, and so inevitably partnerships with civil society became key institutional principles and operating mechanisms when UNAIDS was established.⁷ Effective partnerships with people living with HIV and broader civil society remain a central tenet of the approach of the UNAIDS Cosponsors and Secretariat. UNAIDS seeks to reflect in its structures and operating procedures the values it espouses and promotes to countries, including through the governance structure of the PCB which includes civil society representatives as equal partners in decision making with member states. (Annex 4 contains a summary of the current status of civil society participation in governance and other cross-agency processes for UNAIDS Cosponsors.) Furthermore, the Joint Programme relies on its many partners to carry forward its normative guidance and the approaches for which it advocates.

6 In 2011 this brought together 403 representatives from 212 different nongovernmental organizations, UN and international organizations from 70 different countries, including 100 national and 102 international nongovernmental organizations.

7 The importance of civil society to UNAIDS is signalled by the fact that it has included representatives of NGOs on its governing body, the Programme Coordinating Board (PCB). Among its Cosponsors, the ILO includes civil society, in the form of trade unions, on its governing body.

Among multiple other benefits, partnership with people living with HIV, key populations and broader civil society enables UNAIDS to be more grounded and stay alert to the real needs, issues and resources of individuals, communities and countries affected by HIV. Informed by that knowledge and understanding UNAIDS is better able to support countries and communities to develop more effective responses to the epidemic, guided by lived realities and successful outcomes, responding to epidemiology and evidence, not to ideology. And the UN family has an obligation, informed by the GIPA principles, to empower and support people living with HIV and their communities to play an effective role in national responses. This is especially important in countries where partnership among government, civil society, in particular key populations and people living with HIV, is challenging. In those contexts UNAIDS has played and continues to play an important leadership role to break down the barriers to effective action.

In countries in which key populations, such as gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people are criminalized, UN teams on the ground have a special responsibility, and face real challenges in securing their genuine and meaningful participation. Such challenges can pose significant barriers to implementing effective programming, even touching on concerns for the personal security of staff, particularly those recruited nationally. Staff members may need to take care to protect themselves as well as their partners when working with people who may be prosecuted simply for belonging to key populations. The UN has an important duty of care to those working in these contexts. However, the decision to work in partnership with civil society groups representing these key populations should not be seen as merely a matter of personal commitment. Rather there is a clear requirement to work in partnership with key populations, people living with HIV and broader civil society to meet the goals set out in the Political Declaration and the UNAIDS Strategy.

2.1 Challenges to effective participation faced by civil society

There are many challenges to civil society participation that UNAIDS must recognize and help organizations to overcome in a collaborative, supportive manner. They include the following.

- ▶ Lack of acceptance—where civil society is not recognized or accepted as an equal and valued member in the response.
- ▶ Exclusion and discrimination and/or criminalization—where there is the denial of existence of certain groups, people, identities, behaviours or practices, or they are criminalized so that reaching people in need is difficult and/or dangerous.
- ▶ Legal and political barriers—where civil society groups and representatives are directly or indirectly barred from effective service and representation activities, as well as from fundraising.
- ▶ Token representation in processes—where representatives do not have the power to negotiate or speak in a meaningful way.
- ▶ ‘Cherry picking’—where particular civil society representatives are invited to participate because they are easy to work with while controversial ones, who may be more willing to raise challenging viewpoints, are excluded.
- ▶ Inauthentic representation—where civil society representatives do not have the sufficient legitimacy to represent a specific or general community group or nongovernmental organization. In such situations, key populations may not be represented directly, but through intermediaries who claim to speak on their behalf.
- ▶ Inauthentic processes of consultation—where civil society input is not carried into decision-making processes.

- ▶ Undue influence or pressure—where civil society representatives are influenced by other partners (e.g. governments or even the UN), or at the most extreme coerced in their opinions, or co-opted into decisions.
- ▶ Inadequate support and resources, in particular a lack of funds—where civil society representatives cannot participate in processes authentically because they lack human or financial resources, information or preparation time.
- ▶ Limited capacity in terms of skill sets—where civil society representatives do not have the ability to access information and actively participate on a long-term basis in (for example) meetings and consultations.

Practical guidelines on how to operationalise overcome these challenges and improve meaningful involvement of communities in HIV responses are contained in *Coordinating with Communities*, a document produced by civil society.⁸

Examples of partnership activities:

In the Asia-Pacific region, the UNAIDS Inter-Agency Task Team on HIV and Young Key Affected Populations (IATT/YKAP), aims to strengthen collaboration among UN agencies and key International Nongovernmental Organization partners to address the HIV prevention, treatment, care and support needs of young key affected populations (young men who have sex with men, young transgender people, young people living with HIV, young people using drugs, and young people involved in commercial sex.) Established in 2001, the IATT/YKAP includes membership from civil society (Save the Children, 7 Sisters and YouthLEAD, a network of young key affected populations housed at 7 Sisters), UNICEF, UNFPA, UNESCO, UNDP and, ILO the UNAIDS Secretariat. The Task Team has contributed in recent years to: joint advocacy efforts at significant national, regional and global events; strengthened capacity through national and regional workshops and consultations; improved availability of strategic information on YKAP and use for programming; and consolidation and sharing of good practice. Civil society has reported finding the IATT to be especially helpful for building relationships with some of the UNAIDS Cosponsors whose formal structures sometimes make this challenging.

In Zambia the People Living with HIV Stigma index—a novel partnership between the Joint UN Team on AIDS and networks of people living with HIV—has implemented a process of capacity strengthening, empowerment and evidence gathering that has then been converted into joint evidence-informed advocacy. Joint UN Team on AIDS has supported the establishment of a Civil Society Engagement Framework that seeks to strengthen self coordination among civil society organizations and provide a platform for advocacy with Government and other partners. Support has also been provided to the Country Coordinating Mechanism for democratic elections of civil society organization representatives including those representing people living with HIV, people living with disabilities, youth and women. The representatives have been trained on the Country Coordinating Mechanism guidelines and support will be provided for them to engage with their sectors on an on-going basis.

In Papua New Guinea UNDP has provided strategic support to the National AIDS Council Secretariat and has led the process of establishing a PNG Alliance of civil society organizations on HIV. This has a large range of results, including ongoing advocacy initiatives for legal reforms on punitive laws. Community-based organizations working with MSM and sex workers have been actively engaging and participating in advocacy activities including conducting presentations to Members of Parliament. UNFPA has provided additional support to community based sex worker organizations and supporting their inclusion in the wider Asia and Pacific advocacy for sex workers.

⁸ "Coordinating with Communities" (2007). International Council of AIDS Service Organisations (ICASO), AfriCASO and the International HIV/AIDS Alliance. Available from <http://www.icaso.org/cwc.html>.



Guiding principles for meaningful partnership between UNAIDS, civil society, key populations and people living with HIV

UNAIDS partnership with civil society, including key populations and people living with HIV, is based on the following principles.

- ▶ **Human rights:** a shared recognition of the human rights and equal dignity and value of each individual and community, and a commitment to supporting the realization of human rights for all, including accessibility to all, gender equality and the rights of women and girls.
- ▶ **Evidence-informed and ethical responses:** all processes, programmes and policies related to HIV should be grounded in evidence and based on the highest standards of ethics.
- ▶ **People living with HIV as leaders:** in line with the GIPA principle, people living with HIV must be meaningfully involved in the development, implementation, monitoring and evaluation of national government and UN policies and programmes related to HIV at country, regional and global levels.
- ▶ **Genuine partnership:** civil society is understood as a true partner in the HIV response; it is not an ‘interest group’, a vehicle through which activities can be rolled out, or a sector perceived as merely representing constituencies in need of UNAIDS assistance. Rather, civil society is a source of insight, resilience and innovation fundamental to the mission of catalysing a genuine, productive, visionary, rights-based and sustainable response to the HIV epidemic, and whose leadership, engagement and passion is essential.
- ▶ **Equality:** UNAIDS regards its partnership with civil society as equally important as its work with national governments and other UN bodies.
- ▶ **Country ownership:** the primacy of country ownership reflects the understanding that the key to success in the HIV response remains at the country level. To foster more widespread ownership and improve public accountability, many countries need greater support to lead their responses, and to establish accountability systems which create space for civil society to participate fully in national debate and dialogue on the governance of the response, including its financing. This is especially true in countries that are hostile to civil society, in particular key populations, or which have created barriers to the inclusion of people living with HIV in national responses; in these contexts, UNAIDS has additional obligations to model good practice through partnership, and this must be an institutional response, not simply based on the interest of individual staff members.

- ▶ **Responsibility of the entire Joint UN Programme on AIDS:** duties and responsibilities to build strong partnerships with civil society encompass all Cosponsors and the Secretariat in country offices, regional teams and at their global headquarters. While various cadres of staff (e.g. UNAIDS Secretariat partnership advisors and social mobilization advisors) have specific duties, working in partnership with civil society is a responsibility shared by all of UNAIDS joint programme staff.
- ▶ **Strategic impact:** partnerships are results-based, dependent on shared objectives, and focused on clear desired outcomes as articulated in *Getting to Zero*. These include reduction of stigma and discrimination; removal of punitive laws, policies and practices; implementation of effective strategies to address underlying social determinants of HIV risk and vulnerability; and scale-up of essential services in HIV prevention, treatment care and support. Progress toward achieving these outcomes should be monitored by the UN and civil society and linked to UBRAF indicators (see Annex 6: Indicators).
- ▶ **Mutual respect, cooperation, transparency and accountability:** UNAIDS must reflect in its policies, actions and approaches respect for the centrality of civil society and the meaningful involvement of people living with HIV to an effective response, and conduct its business in a transparent way that inspires trust as well as facilitating the best outcomes. Civil society must adhere to processes and systems that equally respect the roles and mandates of the UN family, and enable true partnership to flourish.
- ▶ **Recognition of the autonomy and diversity of civil society:** civil society has the right to designate and determine its own leaders, representatives and spokespeople. UNAIDS should extend its collaborative efforts as broadly as possible, with particular attention to representatives of key populations or others who have been excluded from official processes.
- ▶ **Complementary and cost-effective:** partnerships need to build on each partner's comparative advantages so that the work of each complements the other's contributions; effective partnerships are synergistic and create additionality, and working together they achieve efficiencies of scale and cost.

3. OVERVIEW OF PARTNERSHIP-RELATED STRUCTURES AND PRIORITIES

3.1 Forms of partnership

Forms of collaboration relevant to the HIV response can include informal relationships, social movements, alliances and coalitions, networks, uniting collaborative and coordination mechanisms, participation in governance, funding mechanisms and formal partnerships (which can be in the form of Memoranda of Understanding, Letters of Agreement and Collaborating Centre Agreements). UNAIDS will decide with partners on the nature or type of collaboration most appropriate to the goals pursued, and depending on the purpose of the partnership, among the options are a formal agreement, a collaborative relationship or a less formal engagement. If collaboration involves the transfer of funds or other resources, a written legally enforceable agreement is always required.⁹

3.2 Principles and criteria for partnership

Partnerships may be created to achieve a range of results—e.g., service delivery, policy change, capacity development and resource mobilization—as well as to develop and implement approaches aimed to achieve such results (e.g. guidance setting, awareness raising and knowledge sharing). Yet whatever the goal or goals, partnership with civil society needs to be strategic, results-oriented and based on the sharing of common objectives.

Another underlying principle is that UNAIDS must recognize that community ownership and community-led approaches are the cornerstone of the civil society response. Therefore, where community led organizations do not currently exist, based on the Division of Labour, UNAIDS has a responsibility to assist community members in forming such organizations—e.g. those led by and composed of men who have sex with men, people who inject drugs, sex workers and transgender people, among others. As part of this effort, UNAIDS should make it a particular priority to engage directly with networks representing key populations at all levels. It should also support such networks wherever possible in resource mobilization and capacity development.

It is essential to stress that the UN must not support civil society groups that implement policies and programmes contrary to the work and ethical standards of the Joint Programme. Such activities might include, for example, programmes that promote ‘raid and rescue’ for sex workers, forced rehabilitation and detention for sex workers and people who inject drugs, ‘therapies’ to reverse homosexuality, or that deny the sexuality of people living with HIV or their reproductive rights. In forming partnerships moving forward, UNAIDS should conduct sufficient and regular due diligence to ensure that all entities it partners with, including those from civil society, do not violate its core tenets (including those articulated in the UNAIDS Strategy).

Other criteria include the following. Partnerships should:

- ▶ Deliver on the targets of the *Political Declaration* and the strategic directions of the UNAIDS Strategy.
- ▶ Bring expertise and technical skills that complement the work of UNAIDS.
- ▶ Enable UNAIDS to add value—complementing and optimising its comparative advantages as a coordinator, catalyst, facilitator and source of normative guidance for the approaches for which it advocates.

⁹ Operational Guidelines: UNAIDS Partnership Management, forthcoming

- ▶ Fill an essential gap.
- ▶ Secure adequate funds for civil society to fulfil its mandate and contribute effectively.
- ▶ Deliver critical services or support for key populations.
- ▶ Take a gender transformative approach, responding to the unique and specific needs of women and girls.
- ▶ Enable country-owned responses.
- ▶ Foster South-South cooperation.
- ▶ Encourage the continued commitment of OECD nations and other emerging economies, including the G20, to support development efforts in countries in need and/or without sufficient resources, through funding and technical assistance.
- ▶ Build political alliances that link HIV movements with broader movements, in particular those seeking justice through social change.
- ▶ Secure the meaningful engagement of people living with and affected by HIV.
- ▶ Support young people in exercising increasing leadership.
- ▶ Employ strategic information to develop evidence-informed and rights-based responses to generate the highest returns on investment.
- ▶ Help to overcome stigma and discrimination, violence against women, and other human rights violations in the context of HIV, while supporting the realization of the rights of people living with HIV and other key populations.

3.3 Monitoring and evaluating roles and responsibilities of partnership

Joint ownership is a fundamental feature of partnerships and this must begin with a consultative process between both (or multiple) parties to (i) identify objectives and desired outcomes – linking to the 10 Political Declaration Commitments, and (ii) define the implementing activities and the resources each partner will contribute. This should lead to identifying each partner’s roles and responsibilities, as well as the outcomes they jointly seek to deliver. True partnerships also involve tracking and evaluating progress to achieve these shared objectives and outcomes. UNAIDS currently promotes a model of partnership based on mutual accountability. This includes partners holding themselves and each other to account for progress. Within these partnerships some roles and responsibilities are shared, while some are mostly or exclusively specific to civil society or UNAIDS. The following chart summarizes some of these notable, associated roles and responsibilities, the desired shared outcomes and the indicators that can be used to track progress. In addition it is proposed that UNAIDS Cosponsors and Secretariat should take steps to report explicitly on their resourcing and engagement of civil society, as requested by the PCB¹⁰. Steps to achieve this are also reflected in the UBRAF¹¹.

Annex 4 explains in more detail the rationale for the selection of indicators – they come from existing indicators in order to ensure that measurement takes place immediately. It is anticipated that new indicators will be developed in the coming years that will allow for more thorough monitoring.

¹⁰ PCB decision 9.6 (28 June 2011) requests “more explicitly reporting on resourcing and engagement of civil society supported with indicators and clear reporting”.

¹¹ Part I of the UBRAF, para 126 / figure 8 mentions non-core funds that WFP, UNICEF and UNDP dedicated to NGOs in 2010.

ROLES, RESPONSIBILITIES AND INDICATORS OF EFFECTIVE PARTNERSHIPS

Area of activity and focus	Roles and responsibilities specific to civil society (including key populations and people living with HIV)	Roles and responsibilities specific to UNAIDS Cosponsors and Secretariat	Outcomes from collaborative engagement	Indicators
<p>Form(s) of partnership and representation</p>	<p>Promote contribution to the HIV response through the development and contribution of inclusive networks and the fair and transparent selection of representatives for key constituencies, in particular people living with HIV and key populations. Representatives should reflect the diversity of the community, and be grounded in the community's real perspectives.</p>	<p>Build long-term alliances and relationships of trust through numerous avenues, including governance structures, partnership forums, formal consultations, advisory bodies, interagency task teams and reference groups, ongoing communications mechanisms, and one-on-one meetings. UNAIDS will support resource mobilization to ensure civil society's effective inclusion in these structures as appropriate.</p>	<p>Diversity and engagement of civil society groups is expanded.</p> <p>Leadership among key populations, youth and other individuals is built through mentoring, capacity building and other activities.</p> <p>Meaningful involvement of civil society and people living with HIV is promoted in country-led processes, notably the 'Three Ones' approach to national coordination, strategy and accountability.</p>	<p>To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organizations and networks of people living with HIV, of sex workers, and faith-based organizations)? NCPI B. 5. (p141)</p> <p>To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)? NCPI B. 1. 2. (p139)</p>
<p>Participation and involvement in programmes and interventions</p>	<p>Contribute to effective processes and procedures that maximise partnership by securing active engagement—for example, setting the agenda, not just responding to requests.</p>	<p>Convene, facilitate and 'build bridges' to link parties and stakeholders that might otherwise never come into contact or fail to take account of different perspectives or information. This is especially important in regards to including key populations and helping build their capacity and leadership.</p>	<p>The meaningful engagement of members of key populations and people living with HIV is promoted and contributes to effective programmes. Women, men and young people living with HIV are always included in partnership activities.</p>	<p>To what extent is civil society able to access:</p> <ul style="list-style-type: none"> a) adequate financial support to implement its HIV activities? b) adequate technical support to implement its HIV activities? <p>NCPI B. 6. (p141)</p> <p>Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes? NCPI A. II. 3. (p118)</p>

Area of activity and focus	Roles and responsibilities specific to civil society (including key populations and people living with HIV)	Roles and responsibilities specific to UNAIDS Cosponsors and Secretariat	Outcomes from collaborative engagement	Indicators
Strategic information and awareness	Act as a source of strategic information on the epidemic, grounded in the lived realities of people living with HIV, key populations, and their communities. Lead community-grounded mapping, data gathering and research processes.	Support civil society's role as a source of strategic information on the epidemic. This can be done, for example, by providing stakeholders at global, regional and country levels with i) data regarding epidemiological trends, service needs and coverage; and ii) information about national responses and policy frameworks, as well as financial flows. UNAIDS should also prioritize the dissemination of community-led, evidence-informed, and human rights-based good practice examples.	Engagement is founded on strategic information and evidence. Civil society is recognized as a key source of formal and informal evidence; UNAIDS includes civil society as technical experts, and informs civil society partners—and is informed by them—about current good practice and strategic information, based on quality, accessible information.	To what extent is civil society included in the monitoring and evaluation (M&E) of the HIV response? a) Developing the national M&E plan? b. Participating in the national M&E committee / working group responsible for coordination of M&E activities? c. Participate in using data for decision-making? NCPI B. I. 4. (p140) Number of community-based organizations and/ or networks that have meaningfully participated in joint national programme reviews or evaluations in the last 12 months UBRAF D2.2.2
Consultation and normative guidance	Provide information, gathered through community-led processes, with appropriate timeframes and languages, to allow for true consultation. This also helps ensure that consultation and feedback involve a wide range of perspectives, which are then reflected in the development of normative guidance.	Provide normative guidance for use and adaptation by partners at global, regional and country levels across the entire response, including the use of antiretroviral treatment, implementation of prevention programmes, use of data for strategic planning, ethical standards for engagement in HIV-related research, introduction of new technologies, and rights-based responses to HIV	The delivery of prevention, treatment, care and support services is well informed and transformative, and civil society is engaged to meet real needs. Quality standards and technical assistance are identified and provided (including by donors and other partners) to achieve these standards.	Has the country ensured 'full involvement and participation' of civil society in the development of the multisectoral strategy? Active involvement/ Moderate involvement/ No Involvement NCPI.A.I 1.7 (p112) 1.7 (Number of countries where) people living with HIV, Key populations and vulnerable groups are involved in the development and implementation of the National Strategic Plans. UBRAF D1.1.2

Area of activity and focus	Roles and responsibilities specific to civil society (including key populations and people living with HIV)	Roles and responsibilities specific to UNAIDS Cosponsors and Secretariat	Outcomes from collaborative engagement	Indicators
<p>Service provision and accountability</p>	<p>Ensure engagement in accountability and monitoring activities by establishing and resourcing robust systems (“watchdog” mechanisms) for overseeing and reviewing programmes to hold all partners—including UNAIDS—to account for the effective implementation of programmes, policies and strategies in line with the commitments made.</p> <p>Monitoring and quality assurance of civil society programming and service provision, using tools such as the Code of Good Practice for NGOs Responding to HIV/AIDS.</p>	<p>Provide technical support and capacity-building through i) trainings for programme planners and staff in all sectors of government and civil society; ii) guidance on developing and strengthening systems, including community system strengthening, social protection care and support; building capacity for strategic planning, mobilizing financial resources and implementing grant-funded programmes, including through the Global Fund to Fight AIDS, Tuberculosis and Malaria; iii) assisting identifying and addressing bottlenecks and barriers; and iv) facilitating access to diverse technical support.</p> <p>Support resource-mobilization efforts for civil society to be able to undertake its monitoring and accountability activities.</p>	<p>Service provision is improved and expanded as a result of increased technical assistance to meet standards and monitoring to ensure accountability.</p> <p>Accreditation schemes developed, tested and incorporated in funding agreements to ensure adherence to Getting to Zero.</p>	<p>What percentage of the following HIV programmes/services is estimated to be provided by civil society? NCPI. B. I. 7 (p142)</p> <p>Percentage of Global Fund funds channelled to CSS (not a separate indicator in any of the tools but can be tracked easily)</p> <p>Number of days of technical assistance provided to strengthen key areas of the response not included under A-C (e.g. GFATM submissions, capacity development plans, etc) by Technical Support Facilities (disaggregated by technical area /provider) UBRAF D2.4.1</p>

3.4 Operationalising partnership with civil society, people living with HIV and key populations

The input and engagement of those working at country level for Joint UN teams on AIDS is especially critical to put this new partnership paradigm into practice. Operationalising partnership with civil society must be based on a rights-based approach to development that places the UN in a triangular relationship with government (the primary body that has the duty to protect and realize rights) and civil society (the rights-holders). This means that in order to be most effective, UNAIDS staff members should strive to act as an honest broker between civil society and government, with equal engagement with both where possible. At the same time, they must ensure that key principles and criteria of partnership with civil society are upheld.

A checklist has been developed for UNAIDS staff members, which gives some useful directions for Joint UN Teams on AIDS (see Annex 5). Some key elements include the following:

- ▶ Identify the most relevant civil society groups, including groups of key populations and people living with HIV, based on local epidemiology and ‘Know Your Epidemic’ data.
- ▶ Take proactive and regular steps to engage with these groups—e.g. extend invitations to civil society leaders to meet with the Joint Team to discuss mutual priorities or attend public meetings.
- ▶ Use the UN’s privileged access to government, parliament, the judiciary and leading development partners to ensure that civil society, including people living with HIV and key populations, are meaningfully engaged in key processes, such as the development of National Strategic Plans and Country Coordinating Mechanisms.
- ▶ Seek opportunities to strengthen civil society voice and influence at national level in key policy and strategy debates, and ensure accessibility so that there is full participation.
- ▶ Identify opportunities to enhance access to funding—e.g. through Global Fund mechanisms.

The elements listed above and in Annex 5 are an important starting point for engagement for partnerships with civil society, although in many cases they need to be enhanced to meet the specific opportunities and challenges created by the response to AIDS. Moreover, it is understood that each of the UNAIDS Cosponsors, and the Secretariat, has its own procedures and approaches to partnership with civil society. This guidance document is designed to complement and reinforce these general policies and guidance and procedures.

3.5 Securing resources and capacity for effective partnership

Resources and capacity for partnerships with civil society are currently constrained, as are resources overall at this stage in the global response. Therefore, securing adequate resources, specifically funding, for a robust and effective response to HIV—which includes the active involvement of civil society, in particular key populations and people living with HIV—is and will continue to be a core priority and function of Joint UN teams on AIDS as well as for colleagues at regional and global levels.

This resource mobilization work needs to be integrated into UNAIDS country budgets, regional team budgets and the UBRAF, all of which must identify how they will build capacity for partnerships among UNAIDS and civil society, as well as identifying how UNAIDS can intensify and scale up support for resource mobilization for civil society.

Recommended actions for UNAIDS:

- ▶ Provide support (i) to governments to develop and fully fund medium-term sustainability plans which include support for civil society engagement, and (ii) to civil society to create the political incentives necessary to increase domestic funding and reduce reliance on external donors.
- ▶ Work with, and in support of Civil Society Action Teams (CSATs) at country and regional level—for civil society to develop proposals for funding from a range of sources (including the Global Fund)—and then to be effective with grant implementation if awarded.
- ▶ Provide support to develop the capacity of civil society to engage in the aid effectiveness agenda, understanding how evolving development modalities impact on HIV funding.
- ▶ Reflect in the individual work plans for each Cosponsor, the Secretariat and Joint UN Country Teams on AIDS how resources will be allocated against results.
- ▶ Align reporting of results across the global, regional and country levels with the global goals.

3.6 Minimum standards for partnerships

The principles of accountability should permeate all aspects of UNAIDS work, including partnerships. Indicators to monitor partnerships between UNAIDS and civil society, including key populations and people living with HIV, are currently being developed by UNAIDS and civil society partners, building on existing agency frameworks and the UBRAF. While the indicators will evolve and adapt to specific contexts, the **following core standards are the minimum expectations** that should govern practice, and that should apply across national, regional and global levels.

Legitimate and balanced representation: in partnering with civil society, UNAIDS will support civil society to establish mechanisms and processes that ensure people living with HIV and key populations are represented by legitimate representatives chosen through a fair and transparent process led and organized by civil society—and that representation takes into consideration issues such as geography, types and size of organizations, gender, representation of key populations, representation of people living with HIV, and a country's epidemiological profile.

Active participation: UNAIDS will support civil society representatives to engage in transparent and open consultation with their constituencies as part of any decision-making bodies or processes related to assessing, planning, budgeting, implementing, monitoring and evaluating. At the same time, UNAIDS will provide support for capacity building and for civil society representatives in order for them to participate effectively.

Appropriate level of communication and information sharing: UNAIDS and partners will ensure clarity of agreement about two-way information flows, including the regularity of meetings, sharing of documents, ensuring that information and communication is accessible, providing advance notice of meetings and timelines for receiving, reviewing and consulting on documents.

Transparent support: support for partnerships with civil society must be documented and agreed on jointly, especially where resources are identified to support civil society engagement.

UBRAF implementation: UNAIDS will secure involvement of civil society in development of country and regional workplans.

Regular monitoring: all civil society mechanisms and processes associated with its partnership

with UNAIDS should be monitored regularly, preferably independently, as an ongoing condition of the partnership. Similarly, UNAIDS' partnership mechanisms should also be subjected to regular independent review.

In tracking adherence to these minimum standards, the following will be considered when evaluating whether the partnership is sufficiently effective and equal:

- ▶ High levels of effective and two-way information sharing.
- ▶ The agenda is established by both (or multiple) parties.
- ▶ Shared control between civil society and UN, with equal influence emphasized.
- ▶ Mutual accountability is demonstrated.
- ▶ All mechanisms, structures and processes are transparent (and both or multiple parties agree on this).
- ▶ UNAIDS policies and strategic plans are developed with civil society input.

Examples of partnership activities:

In Jamaica, UNFPA supported the creation of a Men's Desk to manage requisite interventions at the Bureau of Women's Affairs, which has worked with civil society to increase mobilization of Jamaican men in the advocacy and implementation of programmes to reduce gender-based violence and improved male involvement in securing equality and rights of women.

In the Europe region, WHO has funded INPUD (the International Network of People who Use Drugs) and HIT to produce an advocacy guide for drug users' networks in addressing TB issues.

In Kenya, UNICEF piloted an innovative peer-education model led by mothers living with HIV to support pregnant women and new mothers living with HIV to access HIV testing and adhere to treatment protocols during pregnancy and after birth.

The Romanian Parliament, supported by UNODC, organized a debate on amending drug legislation, including differentiating penalties for illicit possession of drugs for personal use, reviewing legislation on drug policy coordination and financing mechanisms for civil society organizations active in the field. Civil society, national authorities and UN agencies attended the event.

In Latin America a joint campaign between UNDP, UNHCR, UNFPA, UNESCO, UNICEF, UNAIDS Secretariat and the Latin American Media Initiative (IMLAS) have developed spots to talk about sexuality, sexual education and health, under the slogan 'Unless we talk about what happens, we let it happen' with messages promoting zero discrimination. The campaign is made available free of charge among major television channels in Latin America and is accompanied with a guide for use.

In Yemen, UNDP appointed the local network of people living with HIV as a provider of technical support to the Country Coordinating Mechanism developing a new application to the Global Fund.

UNFPA, the UNAIDS Asia and Pacific Regional Support Team and the Asia Pacific Network of Sex Workers (APNSW), in partnership with ILO, UNDP, UNODC, the World Bank and the Network of Sex Work Projects, jointly organized the first Asia Pacific Regional Consultation on HIV and sex work, which resulted in the development of eight draft country-level action plans on HIV and sex work; setting a regional agenda to respond to HIV among sex workers and their clients; strengthening technical capacity of the APNSW Secretariat; and establishing regional and national-level dialogues between governments and sex workers. Since then, a Regional Thematic Working Group on HIV and Sex Work has been established, co-convened by UNFPA UNDP, the UNAIDS Asia and Pacific Regional Support Team, and APNSW with a joint work plan developed and funded to take forward recommendations from the consultation.



Links to guidance documents (governance, implementing agency, general partnership):

1. Fact Sheet Review of NGO/Civil Society Participation in the UNAIDS Programme Coordinating Board http://www.unaids.org/unaidresources/images/Partnerships/Partnerships%2019PCB/061205_NGOPCB%20Review_Fact%20Sheet_en.pdf
2. UNDP and Civil Society Organizations: a Toolkit for Strengthening Partnerships (pub. 01/06/06): http://www.beta.undp.org/undp/en/home/librarypage/democratic-governance/civic_engagement/undp-and-civil-society-organizations-a-toolkit-for-strengthening-partnerships.html
3. New directives concerning UNESCO's Partnership with Non-Governmental Organizations, 187 EX/37
4. http://www.unesco.org/education/efa/partnership/civil_society.shtml
5. UNFPA: guidelines on the assessment of potential executing agencies
6. UNHCR: <http://www.unhcr.org/cgi-bin/texis/vtx/search?page=search&docid=4ad331cf6&query=working%20with%20civil%20society>
7. UNICEF: strategic framework for partnerships and collaborative relationships <http://www.unicef.org/policyanalysis/files/N0928210.pdf>
8. Information about the work of UNODC's NGO umbrella organization, The Vienna NGO Committee on Drugs, can be found here: http://www.vngoc.org/detail.php?id_top=12 <http://www.unodc.org/unodc/en/ngos/>
9. How to work with WFP – a handbook for NGOs, Dec 2005: http://docustore.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp085019.pdf
10. The handbook is also available on the external WFP website so that NGO partners have easy access: <http://www.wfp.org/about/partners/ngos>
11. Field Level Agreement (FLA) for food-based interventions and its related guidance, available both in the PGM and WFP external website: <http://www.wfp.org/about/partners/ngos>, in particular the guidelines for preparation of budgets: <http://documents.wfp.org/stellent/groups/public/documents/communications/wfp215114.pdf>
12. WFP and NGOs - key documents on the WFP PGM: http://pgm.wfp.org/index.php/Topics:Partnerships#WFP_and_NGOs
13. Working with NGOs – WFP PGM: http://pgm.wfp.org/index.php/Topics:Partnerships:Working_with_NGOs
14. "Working with NGOs: A Framework for Partnerships", Policy Issues, 17 April 2001, WFP/EB.A/2001/4-B
15. Principles Governing Relations between the World Health Organization and Non Governmental Organizations, Adopted by the Fortieth World Health Assembly, 1987, resolution WHA40.25

General UN positions on consultative relations with NGOs

- ▶ Economic and Social Council Resolution 1996/31, promoting greater participation of non-governmental organizations from developing countries in international conferences convened by the United Nations. <http://www.un.org/documents/ecosoc/res/1996/eres1996-31.htm>
- ▶ Article 13 of the United Nations Convention against Corruption calls on State Parties to actively promote the involvement of Civil Society Organizations Civil Society Organizations: http://www.unodc.org/documents/treaties/UNCAC/Publications/Convention/08-50026_E.pdf
- ▶ The Resolution 49/2 54th Commission on Narcotic Drugs: <http://www.unodc.org/unodc/en/commissions/CND/session/49.html>
- ▶ The Resolution 54/11 at the 54th Commission on Narcotic Drugs: "Improving the participatory role of civil society in addressing the world drug problem,": <http://www.unodc.org/unodc/en/commissions/CND/session/54.html>

ANNEXES

ANNEX 1: Definitions guiding UNAIDS partnership with civil society, key populations and people living with HIV

A broad range of definitions of civil society, key populations and nongovernmental organizations is used throughout the UN family. The definitions below appear in the Unified Budget, Results and Accountability Framework (UBRAF), agreed by the UNAIDS PCB

Term	Definition	Source
Positive Health, Dignity and Prevention	<ul style="list-style-type: none"> – Increasing access to, and understanding of, evidence-informed, human rights-based public health policies and programmes that support individuals living with HIV in making choices that address their needs and allow them to live healthy lives. – Scaling up and supporting existing HIV testing, care, support, treatment and prevention programmes that are community-owned and led. – Scaling up and supporting literacy programmes in health, treatment and prevention and ensuring that human rights and legal literacy are promoted and implemented. – Ensuring that undiagnosed and diagnosed people living with HIV, along with their partners and communities, and including in HIV prevention programmes that highlight shared responsibility, regardless of known or perceived HIV status, and have options rather than restrictions to be empowered to protect themselves and their partner(s). – Scaling up and supporting social capital programmes that focus on community-drive, sustainable responses to HIV by investing in community development, networking, capacity-building and resources for organization and networks of people living with HIV. 	UNAIDS 2011-2015 Strategy: end note 39
Sex workers	Female, male and transgender adults and who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating.	UNAIDS 2011-2015 Strategy: end note 8
Transgender	In broad terms transgender comprises individuals whose gender identity and/or expression of their gender differs from social norms related to their gender of birth. The term transgender people describes a wide range of identities, roles and experiences, which can vary considerably from one culture to another.	UNAIDS 2011-2015 Strategy: end note 36
Vulnerable groups	Populations which are subject to societal pressures or social circumstance that may make them more vulnerable to exposure to infections, including HIV, such as, populations affected by humanitarian situations, refugees, internally displaced persons and migrants, informal-economy workers, people experiencing hunger, poor nutrition and food insecurity, people with disabilities, and orphaned and vulnerable children.	UNAIDS Terminology Guidelines 2011 and UNAIDS Outcome Framework 2009-2011

The additional definitions that follow have been developed during the development of this document through careful consultation with civil society, key populations and people living with HIV, as well as UN partners.

Civil Society

Civil society refers to ***the arena of uncoerced collective action around shared interests, purposes and values***. It is the sphere of autonomous associations that are independent of the public and for-profit sectors and designed to advance collective interests and ideas¹². It consists of formal associations with public ends, which have many strengths including:

- ▶ Representation of key populations.
- ▶ Acting as laboratories of innovation that test ideas before the state takes them to scale.
- ▶ Leadership development, especially among key populations.
- ▶ Securing accountability and performing a watchdog function.
- ▶ Service provision.

The role of civil society has increased to meet the demands that the HIV epidemic has placed on society. This includes health services, advocacy, and education. Civil society's relationship with the state, private sector, and donors will continue to evolve in response to the changing epidemic and the global environment. UNAIDS will work with all partners to continually strive for an effective and sustainable response. The importance of securing input from the full spectrum of civil society partners cannot be overstated. In the context of this guidance, civil society includes people living with HIV and affected by it, as well as their organizations and networks. It also includes the organizations and networks of:

- ▶ Key populations (gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people).
- ▶ Migrants and mobile populations.
- ▶ People affected by emergencies, conflicts and other humanitarian events and environments of concern.
- ▶ Prisoners and other incarcerated populations.
- ▶ Women and girls.
- ▶ Young people.
- ▶ People living with disabilities.
- ▶ Nongovernmental advocates for human rights.
- ▶ Nongovernmental actors in other health and development fields.
- ▶ Community-based organizations, networks and coalitions.
- ▶ Nongovernmental organizations.
- ▶ Nongovernmental civic organizations.
- ▶ Trade unions, labour organizations and other workers' groups.
- ▶ Faith-based organizations and groups.

UNAIDS does not include private businesses or industry in its definition of civil society. However, the joint UN Programme regards such entities as **key partners**, and adopts a range of additional strategies for engaging with employers' organizations, business coalitions, public and private sector enterprises, foundations, etc. in order to enhance private sector engagement in the AIDS response and facilitate public private partnerships.

¹² UNICEF Strategic Framework for Partnerships and Collaborative Relations' E/ICEF/2009/10/, 26 March 2009

Key populations

This guidance uses the term **key populations** to refer to communities most likely to be living with HIV or those disproportionately affected by it when compared with the general population. It is important to acknowledge that the key population groups defined for a particular setting will depend on the epidemic and social dynamics. If reduction of new infections in a population will have a significant impact on the trajectory of the epidemic in that setting then this population could be considered as a key population. The engagement of key populations is critical to a successful and meaningful HIV response: they are key to the epidemic and key to the response.

Gay men and other men who have sex with men, women and men who inject drugs, sex workers and transgender people worldwide are socially marginalized and face the full range of human rights abuses across every level making them more vulnerable to HIV. In every nation that reliably collects and truthfully reports surveillance data, gay men and other men who have sex with men, women and men who inject drugs, sex workers, and transgender people have higher HIV risk, mortality and/or morbidity when compared to the general population. In addition, their access to or uptake of relevant services is significantly lower than that of other groups. It will be especially important to recognize the needs of women and girls who work as sex workers, inject drugs and/or are transgendered. In a number of settings women and girls, as well as adolescents and other young people, experience substantial, and in some cases disproportional, impacts of the epidemic and may be considered key affected populations. In addition the contexts in which people live can create additional vulnerabilities. This is especially the case for sex workers, drug users and men who have sex with men who are incarcerated in prisons and other closed settings.

Nongovernmental organizations (NGOs)

Nongovernmental organizations are one sub-set of civil society. They are a diverse range of entities, some of which are organizations while others operate as networks at global, regional, subregional, national and grassroots levels. In essence a nongovernmental organization is a ***not-for-profit, nongovernmental body, legally established under the laws governing such groups in the country of its headquarters. It normally has a written constitution and by-laws, a governing board, a chief executive officer and staff.*** Most nongovernmental organizations also have a membership or constituency comprised of individuals, groups, or both. Types of nongovernmental organizations include development organizations; youth and women's groups; parliamentarians; professional associations; universities, colleges, and other institutions of higher education; trade unions and cooperatives; services and/or technical assistance providers; suppliers of commodities; policy or research-oriented 'think-tanks'; and information gatherers and disseminators¹³. The types of nongovernmental organizations that the UNAIDS Secretariat engages with may be classified as follows:

1. Nongovernmental organizations that emerged as a result of the epidemic, e.g., AIDS service organizations, organizations of people living with HIV.
2. Interest-based organizations and networks, e.g. harm-reduction networks, women's organizations, sex worker organizations MSM and transgender groups, disability organizations, local sports associations.
3. Faith-based organizations and networks.
4. Mainstream organizations and networks that cover a whole country, or a province, e.g. Red Cross and Red Crescent Societies, Save the Children, Oxfam.
5. Advocacy organizations and networks, e.g. Global Forum on MSM & HIV (MSMGF)¹⁴.

¹³ Guidelines for UNFPA collaboration with Non-Governmental Organizations

¹⁴ Draft UNAIDS Secretariat, Framework for Working with Civil Society, 5 June 2003

Other Important Terms

Care and support: The UN General Assembly Political Declaration A/RES/65/277 committed member states to promote comprehensive care and support services. In keeping with the Political Declaration paragraph 69 and 70, care and support, consist of seven components:

- ▶ Physical care.
- ▶ Nutritional support.
- ▶ Psychosocial support.
- ▶ Palliative care.
- ▶ Spiritual support.
- ▶ Legal support.
- ▶ Socio-economic support.

The UNAIDS Strategy highlights the importance of addressing and strengthening access to essential care and support.

Community mobilisation¹⁵: a community becomes mobilized when a particular group of people becomes aware of a shared concern or common need, and together decides to take action in order to create shared benefits. This action may sometimes be helped by the participation of an external facilitator—either a person or organization. However, momentum for continued mobilization must come from within the concerned group or it will not be sustained over time. Community mobilization can be conducted through various activities such as group discussions, community forums, outreach, and establishing community networks.

Community mobilization tries to ensure that people most affected by HIV (including people living with HIV) can play an active and influential role in shaping an effective response to it. It means that community members take responsibility for addressing HIV themselves, with the support of others where necessary, and take a joint responsibility for the outcomes of their actions. Community mobilization within a community can facilitate larger structural changes, which work to empower communities to continually improve their lives. As one of the motivations for mobilization is living with HIV, knowledge of HIV status can be an important lever in community mobilization, and thus can be accompanied by HIV testing in various settings (e.g. stand-alone centers, mobile vans, health clinics).

Community mobilization is a critical enabler and could be divided into three categories: outreach and engagement activities; support activities; and advocacy, transparency and accountability. Community mobilization can be supported through community system strengthening which is a systematic approach to promote the development of informed, capable and coordinated communities and community based organizations. Hallmarks of effective community system strengthening include the involvement of a broad range of community actors and enabling them to contribute as equal partners alongside other actors to the long term sustainability of health and other interventions at community level. Community system strengthening aims to improve health outcomes by developing the role of key affected populations, communities and community based organizations in the design, delivery, monitoring and evaluation of services, activities and programmes.

15 B. Schwartländer, et al., www.thelancet.com, Published online June 3, 2011, DOI: 10.1016/S0140-6736(11)60702-2

Faith-based organization: is the term preferred instead of, e.g. church, synagogue, mosque, or religious organization, as it is inclusive (non-judgmental about the validity of any expression of faith) and moves away from historical (and typically Western) patterns of thought¹⁶.

Partnership: voluntary and collaborative relationships between various parties, both public and non-public, in which all participants agree to work together to achieve a common purpose or undertake a specific task and, as mutually agreed, to share risks and responsibilities, resources and benefits¹⁷. Partnerships can be managed in a range of ways—through formal Memoranda of Understanding (MoU) or through less formal arrangements¹⁸.

Stakeholder: individuals, organizations and networks that have a shared interest in the work on HIV, health and human rights generated by the UN and others at country, regional and global levels.

16 UNAIDS_Terminology_Guidelines_MidtermAdditions_20111009

17 Resolution 62/211, United Nations General Assembly, 19 December 2007.

18 Operational Guidelines: UNAIDS Partnership Management, pub.forthcoming

ANNEX 2: Strategic priorities for UNAIDS partnership with civil society, key populations and people living with HIV

While the Political Declaration re-commits the global community to achieve universal access to HIV prevention, treatment, care and support by 2015, the UNAIDS Strategy helps to guide the way by which those goals can be achieved. It identifies a new paradigm for partnerships that will reinforce these efforts, emphasizing that UNAIDS will be prioritizing its partnerships and doing things differently. Particular attention will be paid to the following priority areas.

- ▶ Engaging people living with HIV, key populations and broader civil society in strengthening community voices to improve policy development, strategic planning, monitoring and evaluation, resource allocation, service delivery, and capacity building at local, regional and global levels.
- ▶ Supporting civil society to be ‘watchdogs’ of national responses to HIV and to hold governments to account.
- ▶ Leveraging the HIV movement’s passion and experience to generate a new, integrated movement that situates the HIV response within the broader context of health and development (e.g. the Millennium Development Goals and beyond).
- ▶ Engaging civil society, especially groups of key populations, in advocacy to promote and protect human rights.
- ▶ Engaging women’s organizations on the Agenda for Accelerated Country Action and building synergies across Millennium Development Goals 3, 4, 5, and 6.
- ▶ Engaging civil society outside of HIV (e.g. in human rights, education, nutrition, humanitarian situations, sexual, reproductive, maternal, newborn and child health, trade unions) to strengthen links between HIV and other Millennium Development Goals to realise a robust, sustainable movement for HIV and the Goals.
- ▶ Brokering partnership between civil society and other sectors, including government and private sector, as part of an effort to ensure a sustainable civil society response and engagement.
- ▶ Engaging youth and related organizations in building the HIV prevention revolution.

In order to prioritize action in these key areas, UNAIDS has stated that it will employ the following overarching approaches to build more effective partnerships with civil society, key populations and people living with HIV in countries, regions and globally.

Establish specific partnership functions at country level. Regardless of the configuration used for UN system coordination on AIDS at country level, specific, measurable and well-monitored plans need to be in place in all countries to engage in a respectful, substantive and strategic manner with civil society.

Focus investments on priority civil society partners. At country level prioritization means strengthening partnerships with those groups and populations whose particular expertise and comparative advantages will advance progress to meet the Political Declaration commitments and the goals of the UNAIDS Strategy. In most countries this will include identifying and engaging with indigenous entities for long-term capacity building in partnerships toward their efficacy. The exact partnerships that need to be forged will vary, and will be informed by the results of efforts to ‘Know Your Epidemic’.

Develop clear plans, and assign responsibilities, for communications, consultation and joint planning. UNAIDS will ensure transparency and accountability by prioritizing regular communication with civil society, key populations and people living with HIV, ensuring that they are systematically included in the formulation, implementation, review, monitoring and revision of key policies or programmes, whether developed at national, regional and global levels.

Support involvement, capacity building and leadership of civil society in national responses. UNAIDS has important influence with governments and will leverage this to ensure robust civil society involvement. This will include advocacy to secure legitimate representation of civil society, key populations and people living with HIV on national AIDS coordinating bodies, Country Coordinating Mechanisms, national delegations to major global and regional meetings on AIDS, and other advisory and policy-making bodies.

Ensure robust civil society engagement in key AIDS events and institutions. UNAIDS will push for participation of robust civil society, key populations and people living with HIV in key national, regional and international meetings and events, e.g. the International AIDS Conference and regional AIDS conferences, and periodic AIDS reviews at the United Nations. This can be achieved using UNAIDS engagement with key stakeholders to leverage legitimate representation and, where indicated, through direct technical and financial support.

Focus advocacy on national governments and sub-national governmental entities. UNAIDS will use its influence to encourage robust, meaningful involvement of civil society, in particular prioritizing legal and policy measures to combat stigma and discrimination; repeal of punitive laws and removal of policies and practices that block sound AIDS responses and deter access to and utilization of services by key populations; and implementation of measures to combat sexuality- and gender-based violence. UNAIDS will also invest in advocacy to encourage stakeholders to embrace and implement the Positive Health, Dignity and Prevention Framework and Guidelines.

Support the convening of diverse civil society groups. UNAIDS will play a pivotal role to create space for civil society to meet and organise, at global, regional and national levels. The qualities of UNAIDS, its diverse membership and interdisciplinary reach, create unique potentials to bring together civil society groups that might otherwise never convene together. This can include engaging representatives of key populations that have no history of working together yet share common goals (e.g. the repeal of punitive laws). In undertaking these convening efforts, UNAIDS should not impose an agenda; instead, it should serve as a facilitator, respecting the autonomy of civil society and enabling civil society to develop its own convening power, as well as positions, priorities and initiatives that contribute to the national response.

Expand the AIDS coalition. In addition to sustaining collaboration with historic civil society partners, UNAIDS will work with civil society to expand the AIDS coalition at all levels. New cadres of AIDS champions must be forged, including partners within youth-led and youth-serving organizations, the women's movement, organizations for key populations and other vulnerable populations (including migrants, refugees and prisoners), diverse faith-based organizations, sexual and reproductive health and rights organizations, human rights organizations, organizations of people living with disabilities, and additional health and development partners.

Support the PCB NGO delegation. The active, informed participation of NGO participants in the UNAIDS governing board is vital to its effective governance, bringing unique and essential perspectives to key policy and programmatic issues. New NGO delegates must be sufficiently oriented to the purpose, practices, rules and modes of operation of the PCB in order to represent effectively the perspectives of civil society in UNAIDS governance, as well as continuously communicating with their constituencies. Regional Support Teams should also be involved in providing such information and awareness.

Support civil society partners to know and to claim their human rights in the context of HIV. In line with the 2011 *Political Declaration* and *Getting to Zero*, UNAIDS will support significantly expanded programming and policy development that will enable civil society, including people living with HIV and other key populations, to know their rights/laws through legal literacy programmes and to mobilize around them and make concrete demands for HIV-related services. Civil society is also likely to need support to access legal services, law reform, stigma-reduction programmes, sensitization of law enforcement and programmes to change harmful gender norms and reduce violence against women. While UNAIDS cannot be responsible for directly delivering these, UN teams should support civil society in realising these rights and services.

ANNEX 3: Civil society participation in governance of UNAIDS Cosponsors and Secretariat

An important example of partnerships with civil society is participation in governance and other cross-agency processes. In these cases, civil society is engaged in the highest level of oversight of agencies' operations. The UN Economic and Social Council (ECOSOC) passed a resolution in 1996 to promote greater participation of nongovernmental organizations from developing countries in international conferences convened by the United Nations. This is most used in the HIV context at the time of the UN General Assembly Special Sessions on AIDS.¹⁹

UNAIDS is unique in having a formal process to facilitate civil society participation in its PCB. The PCB nongovernmental organizations work through a fair and transparent process to elect these members of the PCB, who are then supported in their work and their engagement with the broader delegation and civil society with whom they consult²⁰. Although not without challenges, such participation in governance is a testament to the strength of the existing partnership between civil society and UNAIDS.

Most UNAIDS Cosponsors have formal agreements regarding their relationships with civil society, or nongovernmental organizations, although only one (ILO) has any direct representation of civil society on top governance structures. Employers and workers' organizations are both represented and also have voting rights on the ILO Governing Body.

WHO allows for 'NGOs in official relations with WHO' (a particular status granted to accredited NGOs²¹) to send non-voting observers to the World Health Assembly and Executive Board meetings; there are currently three HIV-related organizations with this status. In addition some nongovernmental organizations may have the status of 'NGOs in working relations with WHO', which is secured by an exchange of letters. While this does not involve the nongovernmental organization in WHO's governance structures, it is a closer relationship than the informal and ad hoc dialogue that exists between many civil society groups and WHO.²²

UNESCO recognizes the central role of civil society to delivering Education for All. The Collective Consultation of NGOs on Education for All (CCNGO/EFA) is a key mechanism within the Education Sector created to facilitate reflection, continuous dialogue and joint action between nongovernmental organizations and UNESCO in this area. UNESCO also has two types of relationship with nongovernmental organizations—consultative and associate status—which allows them to attend as observers to General Conference and the Executive Board, without voting rights.

UNODC also recognizes the need to promote strong partnerships with civil society organizations. Nongovernmental organizations, in consultative status with ECOSOC, are invited as observers to participate in the regular meetings of the Commission on Narcotic Drugs (CND) and the

19 See www.un.org/documents/ecosoc/res/1996/eres1996-31.htm

20 See www.unaids.org/unaid_resources/images/Partnerships/Partnerships%2019PCB/0612_05_NGOPCB%20Review_Fact%20Sheet_en.pdf

21 WHO NGO Accreditation document reference

22 "Principles governing relations between the World Health Organization and non-governmental organizations", adopted by the Fortieth World Health Assembly, 1987, resolution WHA40.25.

Commission on Crime Prevention and Criminal Justice (CCPCJ). Since 2003, nongovernmental organizations have participated in the Conference of the States Parties to the United Nations Convention against Transnational Organized Crime and actively participated in the Conference of the States Parties to the United Nations Convention against Corruption (UNCAC). As well as facilitating regular twice-yearly dialogue with the Executive Director and making facilities available for civil society at the time of CND (the Commission on Narcotic Drugs) UNODC provides training for civil society. This training for nongovernmental organizations on UN processes provides an added value that ensures better understanding, in particular of the UNCAC review mechanism, and how nongovernmental organizations can contribute meaningfully to the process.

The other Cosponsors—UNFPA, UNICEF, UNHCR, UNDP, WFP and the World Bank—all report strong appreciation for the role of nongovernmental organizations and have guidance defining how they will work in partnership with civil society, through funding arrangements, consultation, and structures established for dialogue and coordination across civil society. Across the whole UNAIDS family there is a firm understanding, underwritten by formal documents and agreements, that civil society must play a key role in delivering an effective response to AIDS that will achieve Universal Access.

ANNEX 4: Background to selection of Indicators to monitor and evaluate partnerships between UNAIDS and civil society

In order to measure the partnership work of UNAIDS with civil society, and adherence to this guidance document, a working group was convened, including representatives from civil society and the Joint Programme, to review and select suitable indicators. The goal was to select existing indicators, at the same time recognizing that there are gaps in the current indicator set and that new indicators will be developed in the coming years to fill these gaps. The working group suggested that in the interim, two indicators per domain be selected. These are shown in the table on page 18 of the main guidance Document. The National Commitments and Policies Instrument (NCPI) questions are asked in relation to the national response (the questions in part A, are asked of the government, and in part B are asked of civil society). In theory these should be a reflection of the work of the joint UN team, but are more of a proxy measure since they were not designed to measure the UN Joint Team on AIDS activity but rather to track the national response. There are currently mechanisms in place to collect this data.

By contrast the UBRAF indicators are specifically designed to measure the work of the UN Joint Team on AIDS. Whilst these apply more directly to this guidance, there is as yet no mechanism in place to report on these indicators. This is why the working group proposes to work with both NCPI and UBRAF indicators for the first year or two, and evaluate the quality of data coming back through this process. After two years the indicator set can be reviewed and revised in light of new indicator development and the quality of data coming through the different reporting processes.

The NCPI is the most comprehensive standardized questionnaire available to assess the policy, strategy, legal and programme implementation environment for the HIV response. Although the NCPI is generally referred to as an 'indicator' it is not used in that sense. The importance of the NCPI lies in the process of data collection and data reconciliation between different stakeholders, detailed analysis of the responses, and its use in strengthening the national HIV response. The NCPI process provides a unique opportunity for the variety of stakeholders to take stock of progress made and to discuss what still needs to be done to support an effective and efficient HIV response. When completed in a truly collaborative manner, inviting appropriate representation and respecting different views, the NCPI process can play an important role in strengthening in-country collaboration and increasing shared ownership of the HIV response. The NCPI has been revised in 2010 to reflect the new Political Declaration. Structures and mechanisms have been in place to conduct this process for some years.

The UBRAF is a framework to maximize the impact of the UNAIDS family at country level which holds the Joint Programme accountable for both programmatic results and value for money. Outputs and deliverables have been developed to describe: specific contributions to the achievement of strategic goals and functions; expected level of contribution (global, regional and country levels); and accountability of cosponsors and the Secretariat. Indicators have been selected to measure progress at three levels: at the level of the overall response to AIDS to determine progress against the strategic goals, at the level of the Joint Programme to measure collective contributions, and at the level of individual cosponsors and the Secretariat. As yet systems and structures to collect data to conduct this monitoring and evaluation have not yet been established.

In order to read the table it should be noted that all NCPI indicators asking "to what extent" measure the response on a scale of 0 to 5 where 0 is "Low" and 5 is "High".

ANNEX 5: Guidance for UNAIDS country-based staff to strengthen partnerships

Context

This Annex builds on the main guidance document, and compliments other existing UNAIDS guidance (e.g., regarding the 2011 Political Declaration, the UNAIDS 2011-2015 Strategy and the Outcome Framework). It relates specifically to areas of civil society engagement by providing more detail on potential areas of action for UN staff working on AIDS at the country level. The first box contains a checklist for all UNAIDS country-based staff. Subsequent boxes relate in more specific detail to priority areas and outline potential activities. It is important to note that not all activities will be relevant to all country-based staff in all UNAIDS Cosponsor agencies and the Secretariat²³. However, there should be guidance relevant to all staff within elements of this annex. These are not definitive lists, and should be used as a starting point for discussions and to plan activities.

Overall checklist for UNAIDS country-based staff

- 1) Who are the most relevant groups in civil society, including people living with HIV and key populations, to involve in putting the Political Declaration and the UNAIDS Strategy into action? Do you have a up-to-date mapping?
- 2) How do you plan to strengthen meaningful inclusion from these groups in National Strategic Plans and CCMs in selected countries, and in selecting country priorities?
- 3) What are the plans to build or strengthen the capacity of civil society, if requested, including people living with HIV and key populations, in this priority area at country level? What are the challenges and opportunities?
- 4) How can access to funding be improved, including in regards to domestic funding for civil society, from both governmental and non-governmental sources, and international sources—for example, maximizing opportunities through dual-track financing and community systems strengthening, both priorities of the Global Fund?
- 5) How does putting the Political Declaration and the UNAIDS Strategy into action strengthen the voices and influence of civil society, including people living with HIV and key populations, at a national and sub-national level?
- 6) What are the plans to build or strengthen collaborative partnerships between government and civil society, including people living with HIV and key populations, in National Strategic Plans and CCMs? What are the challenges and opportunities?
- 7) How are health, community, legal and/or social systems strengthened to deliver services to civil society, including people living with HIV and key populations, in the relevant priority area?
- 8) How is civil society, including people living with HIV and key populations, involved in design, implementation, and monitoring and evaluation, including data collection, analysis and indicator development in the relevant priority area? Is this adequate? If not, how can it be improved?
- 9) How are the human rights and access to, and sustainability, of essential services for civil society, including people living with HIV and key populations, addressed in the relevant priority area?

²³ UNAIDS consolidated guidance note division of labour http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2063_DivisionOfLabour_en.pdf

Reduce sexual transmission of HIV by 50% by 2015

UNAIDS country staff should:

- ▶ Know the national HIV epidemic. Understand how sexual transmission is a key driver of the epidemic and which populations are most at risk and why—social, legal, economic vulnerabilities.
- ▶ Ensure the voices and perspectives of people living with HIV, women, young people and key populations—especially those who are marginalized or criminalized—are core elements of efforts to address sexual transmission
- ▶ Broker access to appropriate HIV prevention and sexual and reproductive health services to those most vulnerable (including men who have sex with men, sex workers and their clients, people who use drugs, people in prisons, detention centres and other forms of incarceration, and many women and girls). This includes support to countries to achieve integrated service approaches.
- ▶ Advocate for the implementation of the UNAIDS and GNP+ sexual and reproductive health guidance for people living with HIV
- ▶ Support work towards the creation of enabling legal and policy environments that increase access to prevention services for men who have sex with men, sex workers, people who use drugs, and women and girls. Expand programmes that address stigma and discrimination in the health care setting, in the community and among law enforcement and other social services
- ▶ Promote the adoption of Positive Health, Dignity and Prevention (PHDP) models and strategies in national and civil society HIV prevention strategies—particularly treatment as prevention
- ▶ Broker solid coalitions at country level to bring together, activists, advocates, representatives from people living with HIV and key populations, service providers, NGOs and faith-based organizations and human rights groups, as well as government and bilateral and international partners, to develop, implement and monitor HIV prevention plans
- ▶ Encourage a social dialogue with civil society on how structural barriers fuel the epidemic, e.g., stigma, mobility, food insecurity, punitive laws, drivers of transactional sex, etc.

Reduce transmission of HIV among people who inject drugs by 50% by 2015

UNAIDS country staff should:

- ▶ Provide a platform for discussion and networking on issues affecting people who inject drugs. Build advocacy capacity and carry out lobbying with policy-makers for decriminalization of drug use.
- ▶ Facilitate research and collect evidence to build a case for support to people who inject drugs and to highlight service gaps.
- ▶ Support government to find alternatives to criminalization of those dependent on drugs.
- ▶ Build a strong social movement (both within and outside of the UN and including civil society organizations) to advocate for harm reduction and substitution therapy
- ▶ Integrate a comprehensive prevention package that includes people who inject drugs and their partners into the development of Global Fund proposals, as laid out in the WHO, UNODC and UNAIDS Technical Guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users
- ▶ Support the development of policy and clinical guidance on prevention and treatment of co-infection of HIV, TB and viral hepatitis among people who inject drugs
- ▶ Work with civil society and national partners, including networks of people who inject drugs, to advocate for and create an enabling legal environment for people who inject drugs to access prevention, rehabilitation and treatment services (including removing laws that criminalize drug users, legal obstacles to harm reduction interventions and mandatory drug treatment policies).

Eliminate new infections among children by 2015 and substantially reduce AIDS-related maternal deaths

UNAIDS country staff should:

- ▶ Use the convening power of UNAIDS to broker and catalyze a series of actions at global, regional and national levels to support the scale up of programmes to prevent HIV transmission, in order to eliminate new infections among children.
- ▶ Identify and support champions for virtual elimination such as networks of mothers, women living with HIV, etc.
- ▶ Galvanize political commitment to virtual elimination programmes through UNAIDS country offices, Joint UN teams on AIDS, and partnership forums
- ▶ Ensure inclusion of virtual elimination programmes in Global Fund proposals, IHP+²⁶ plans and other in-country donor resources
- ▶ Ensure inclusion of virtual elimination programmes in Joint UN Programme of support and coordination of implementation of the four “prongs”²⁴ within the Joint Team
- ▶ Support development of patient rights programmes and training of health care workers in non-discrimination, informed consent and confidentiality.
- ▶ Include civil society service providers (including faith-based organizations, etc.) in training on data collection and reporting, and enable them to be fully engaged in national service delivery implementation planning and monitoring and evaluation processes so that their data are included in national reports and statistics.
- ▶ Work with civil society to mobilize men to engage in advocacy and voluntary counseling and testing for couples—through labour unions, men’s groups, political and religious leaders, etc.

Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015

UNAIDS country staff should:

- ▶ Work across the Joint UN team on AIDS to ensure access to treatment and treatment as prevention are core priorities on the UN and national agenda.
- ▶ Develop or support advocacy campaigns with partners to ensure intellectual property rights according to the 2001 Doha Declaration²⁵ are included in any TRIPS accords, as part of an effort to facilitate access to the lowest per unit costs of ARVs and commodities
- ▶ Advocate for civil society organizations and governments to negotiate lowest tiered pricing agreements for ARVs and commodities
- ▶ Promote the participation of civil society, particularly people living with HIV, in national procurement bodies in order to support enhancement of procurement procedures and reduce the risk of ARV and other commodities stock-outs
- ▶ Advocate for implementation of programmes to reduce stigma and discrimination—especially among health care workers—and for the repeal of laws criminalizing HIV transmission or practices of key populations at higher risk, which often puts them out of reach of services (e.g., MSM, people who inject drugs, prisoners, sex workers)
- ▶ Develop capacity of civil society on national and regional legal issues and support civil society to use existing legal frameworks to ensure access to treatment
- ▶ In IHP+ countries, collaborate to secure adequate funding for meaningful engagement of civil society and capacity building
- ▶ Build the capacity of civil society to have a watchdog function regarding availability of ARVs and avoidance of stock-outs, accessibility for key and criminalized population groups, and tracking of treatment targets.

24 UNICEF and WHO have defined four “prongs” of prevention of mother-to-child transmission (PMTCT) programming to cover the continuum of services to prevent HIV transmission to women and children, and to meet the needs of women and children living with HIV.

25 See www.who.int/medicines/areas/policy/doha_declaration/en/index.html

26 IHP+ refers to International Health Partnership and related initiatives. Additional information is available at www.internationalhealthpartnership.net/en/home.

Reduce tuberculosis deaths in people living with HIV by 50 percent by 2015

UNAIDS country staff should:

- ▶ Know the national epidemic by understanding the impact of TB on people living with HIV in the national setting and improving knowledge of TB/HIV interaction and response
- ▶ Advocate for, and build the capacity of, partners to integrate TB into the HIV response—in particular civil society capacity to prevent and diagnose TB, and to demand integrated services
- ▶ Support the creation of a social movement for TB/HIV among multi-sectoral partners such as organizations working with prisoners, people who inject drugs, education/young people, mobile populations, indigenous population, workplace/private sector, faith-based organizations, donors, etc.
- ▶ Broker inclusion of funding for TB/HIV in IHP+ countries
- ▶ Develop rights-based approaches to TB/HIV
- ▶ Ensure that civil society service providers, including faith-based organisations, are fully integrated into national strategic planning, implementation, monitoring and evaluation of TB/HIV implementation plans and models
- ▶ Work with civil society to build multisectoral coalitions of NGOs at national level working on TB/HIV to strengthen understanding and build programmatic linkages.

Close the global AIDS resource gap by 2015 and reach annual global investment of US\$22-24 billion in low and middle income countries

UNAIDS country staff should:

- ▶ Support capacity development of national civil society partners to develop and articulate the case for HIV funding
- ▶ Support civil society in advocacy activities around resource mobilization
- ▶ Facilitate civil society in the showcasing of national challenges regarding resource limitations (e.g. stock-outs, lack of funds for key population activities, availability of condoms etc) to a global and international arena
- ▶ Support civil society in advocacy to increase national budgetary contributions to the HIV response
- ▶ Support civil society participants on the Country Coordinating Mechanism
- ▶ Bring together key stakeholders at a country and regional level to develop advocacy strategies and messaging on resource mobilization
- ▶ Enhance the watchdog function of civil society around for example: use of funds, funding distribution, investment framework priorities, value for money, corruption
- ▶ Advocate for funding for community based and local networks of PLHIV, key populations, women's groups etc.
- ▶ Convene national stakeholders to maximize opportunities for civil society to help drive optimization of HIV responses consistent with the Investment Framework
- ▶ Provide civil society with technical support and information to advocate for Free Trade Agreement negotiations to avoid inclusion of TRIPS plus measures, provide space for compulsory licensing and integration of the Doha declaration
- ▶ Integrate and link with the broader health systems and development agendas for more balanced and integrated HIV responses to maximize positive synergies and efficiency gains and to achieve positive health beyond HIV.

Eliminate gender inequalities and gender based abuse and violence and increase the capacity of women and girls to protect themselves from HIV

UNAIDS country staff should:

- ▶ Facilitate a consultative process with national stakeholders, including civil society (and particularly networks of women living with HIV), on key priority actions that will produce results for women and girls
- ▶ Facilitate a national launch of the UNAIDS agenda for women and girls and monitor its progress and implementation
- ▶ Analyse gaps in existing data and commission more research if necessary
- ▶ Support capacity building of national partners on gender and HIV, violence against women and HIV, including CCMs, NACs, etc.—ideally in collaboration with partners including UN Women, UNFPA, UNDP, etc.
- ▶ Promote programmes to address HIV-related needs and vulnerabilities across the lifespan of women and girls
- ▶ Advocate so that women’s groups (including networks of women living with HIV and women rights advocates) are integrated into the national response
- ▶ Support civil society groups to better understand and respond to the HIV needs of women and girls and violence against women, and to advocate and hold governments accountable for the fulfilment of women’s rights
- ▶ Work with civil society to promote broad social movements to reduce stigma and discrimination experienced by women and girls and advance women and girls’ rights.

Eliminate stigma and discrimination against people living with and affected by HIV through promotion of laws and policies that ensure the full realization of all human rights and fundamental freedoms

UNAIDS country staff should:

- ▶ Map laws regarding, law enforcement activities targeting, and lack of access to justice for people living with HIV and other key populations
- ▶ Measure levels of stigma and discrimination – including through support to rolling out the PLHIV Stigma Index²⁷ - and support follow up to ensure results drive increased advocacy and programming to reduce stigma and discrimination
- ▶ Establish and enhance partnerships to build strong ongoing relationships with officials/staff from Ministries of Justice and Interior, parliamentarians, law enforcement and judiciary
- ▶ Support civil society to claim rights and mobilise, including through programmes to improve human rights and access to justice, programmes to reduce HIV-related stigma and discrimination, programmes to reduce violence against women and girls, legal audits and law reform, human rights and law training of police and health workers, HIV-related legal services programmes, and “know your rights/laws” campaigns
- ▶ Promote—through advocacy and partnerships—rights-based approaches and a focus on legal environment in National AIDS Councils, National Strategic Plans and operational plans, and funding proposals
- ▶ Support elements of Global Fund proposals and World Bank grants or loans that build national capacity of both civil society and government to promote laws, law enforcement and access to justice that ensure the full realization of all human rights and fundamental freedoms in the context of HIV
- ▶ Broker partnerships with bilateral donors to support comprehensive responses towards the promotion of laws that ensure the full realization of all human rights
- ▶ Build the capacity of civil society to engage in the global review of UNGASS indicators, specifically the review of the national composite policy index to ensure a comprehensive set of indicators to continue to monitor human rights, policy and legal frameworks at country level.

27 For more information about the Stigma Index, see www.stigmaindex.org/.

Eliminate HIV-related restrictions on entry, stay and residence

UNAIDS country staff should:

- ▶ Know if there are HIV-related restrictions on entry, stay and residence in the country, or if nationals (e.g. migrant workers) are affected by HIV-related restrictions applied by other countries.
- ▶ If restrictions exist in the country, or nationals are affected by restrictions being applied abroad, support civil society to gather testimonies about the impact of HIV-related restrictions on entry, stay and residence, and use these testimonies in advocacy efforts. (If testimonies relate to restrictions being applied abroad, share these testimonies with the UNAIDS Secretariat colleagues working in countries that are applying the restrictions.)
- ▶ If nationals are being affected by restrictions applied abroad, raise the issue with national authorities; encourage national authorities to raise the matter at a diplomatic level with officials from the countries applying the restrictions.
- ▶ If restrictions exist in the country, conduct a political mapping that briefly outlines the role and position of national stakeholders (including names of key individuals) who either have authority or influence towards the elimination of entry, stay and residence restrictions in the country.
- ▶ Brief potential “allies”, including human rights groups, traditional and faith leaders, parliamentarians, and celebrities, and enlist their support for the elimination of restrictions (in the context of reaching “Zero Discrimination”).
- ▶ Support civil society advocacy at a national level for the removal of HIV-related restrictions on entry, stay and residence, using data and testimonies as appropriate to maximise impact.²⁸
- ▶ Facilitate contact between civil society and national authorities; consider convening a “national task team” or similar group to sustain momentum for the elimination of restrictions.
- ▶ Advocate for support to HIV information and programmes for “people on the move” – nationals and non-nationals, leaving and entering the country – as the effective way to address HIV in the context of mobility.

²⁸ For guidance in this area, contact the UNAIDS Secretariat for copies of “Civil society action packs for the elimination of HIV-related restrictions on entry, stay and residence”.

Eliminate parallel systems for HIV-related services to strengthen integration of the AIDS response into global health and development agendas

UNAIDS country staff should:

- ▶ Identify and strengthen linkages between HIV and national efforts concerned with human development, including poverty eradication, preventative health care, enhanced nutrition, access to safe and clean drinking water, sanitation, education and the improvement of livelihoods depending on national and local context.
- ▶ Promote integration of HIV programs and services with areas including primary health care, tuberculosis, sexual and reproductive health, maternal, newborn and child health, hepatitis B and C, non-communicable diseases including mental health depending on national and local context.
- ▶ Coordinate, including key stakeholders at the national, regional and district levels for 1) joint policy guidelines and implementation tools, 2) joint planning, budgeting resource mobilization, advocacy, communication and social mobilization, 3) joint accountability with interlinked, standardized supervision, monitoring and evaluation
- ▶ Support undertaking of situation assessment to inform processes and content for strengthening health and community systems and social protection for people living with HIV and key populations at higher risk (especially analysis of the legal framework for social protection to ensure equitable access for people living with HIV and key populations)
- ▶ Facilitate a platform for discussion and integration of health and community systems and social protection issues into Joint UN Programme of Support.
- ▶ Facilitate discussion for a comprehensive response to health and community systems and social protection among government and civil society
- ▶ Broaden health and community systems and social protection initiatives at country level beyond traditional families, orphans and vulnerable children to include key populations
- ▶ Build capacity of civil society organizations to prioritize integrated comprehensive health and community systems and social protection interventions/strategies in their work
- ▶ Promote linkages among initiatives to strengthen social systems, community systems and health systems
- ▶ Facilitate capacity building of civil society to advocate for broader health and community systems and social protection initiatives at country level beyond traditional families, orphans and vulnerable children, to include key populations most at risk of HIV infection and vulnerable to its impact.

Empower young people to protect themselves from HIV

UNAIDS country staff should:

- ▶ Identify networks and organizations of young people living with HIV, youth representatives from key populations and youth-led organizations, to mobilize a youth movement on HIV prevention that will place young people at the centre of the response
- ▶ Broker partnerships to strengthen or create structures and programmes to enable young people to exercise their right to participate in decisions that affect them
- ▶ Build capacity of youth-led and youth-serving organizations, specifically to create and empower youth movements in countries
- ▶ Establish strong civil society partnerships in order to improve access to HIV and sexuality education and youth-friendly services of good quality
- ▶ Build capacity of youth and civil society organizations to be meaningfully involved in the design of planning, policy setting, implementation and monitoring and evaluation of HIV prevention activities at national level
- ▶ Promote outreach to young people with prevention messages through the use of social networking methods such as Twitter and Facebook.

Empower men who have sex with men, sex workers and transgender people to protect themselves and their partners from HIV infection and to fully access antiretroviral therapy

UNAIDS country staff should:

- ▶ Advocate with national partners—including government, donors and international organizations—to broker strong partnerships to support comprehensive service provision and legal protection for key populations
- ▶ Support key populations and their networks to advocate for access to services appropriate to their needs
- ▶ Support the engagement of key populations in policy making, planning and programme implementation, and monitoring and evaluation in regards to HIV prevention, treatment, care and support services
- ▶ Advocate for the removal of punitive laws that inhibit access to essential services and human rights for key populations
- ▶ Support the engagement of key populations in policy making, planning and programme implementation, monitoring and evaluation of HIV prevention, treatment, care and support services.

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