

# IF IT IS TO BE TRULY UNIVERSAL

## Why universal health coverage will not succeed without people living with HIV and other key populations, women, and young people

要真正实现全民可及：为什么如果不覆盖艾滋病感染者和其他重点人群、女性和年轻人，全民健康覆盖就不会成功

### A report by the NGO Representative

来自非政府组织代表的报告



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UNAIDS Programme Coordinating Board

联合国艾滋病规划署项目协调委员会

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**Additional documents for this item:**

关于本日程的其他文件

*none*

无

**Action required at this meeting—the Programme Coordinating Board is invited to:**

本次会议需要采取的行动：项目协调委员会应当：

*4.1 Recognizing that:*

*4.1 认识到*

1. The future global response to HIV should focus on, and accelerate gains made in protecting and supporting people living with HIV and other key populations, women and young people, and;

未来的全球艾滋病应对应当着眼于并加速在保护和支​​持艾滋病感染者和其他重点人群、女性和年轻人方面所取得的进展；

2. Addressing the social, economic, and structural drivers of the AIDS epidemic further contributes to reaching broader global health goals and ensuring progress across the 2030 Agenda for Sustainable Development, in order to leave no one behind;

解决艾滋病流行的社会、经济 and 结构驱动因素，有助于进一步实现更广泛的全球健康目标，并确保《2030 年可持续发展议程》所取得的进展，不让任何人掉队

*4.2 Recalling:*

*4.2 回顾到*

3. The 39th Programme Coordinating Board decision points 5.1 through 5.4, on the essential role of communities in ending AIDS by 2030 and decision point 8.4 which recognizes “the urgent need to integrate HIV response programming with other health programming... in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors”, and;

第 39 届项目协调委员会决策点 5.1-5.4 关于社区在实现 2030 年终结艾滋病的重要作用，决策点 8.4 认识到“迫切需要将艾滋病应对项目与其他健康项目结合起来……以提供更好的机制来为公民社会和社区作为独立的发展行为者提供更好的多边支持”，以及

4. The commitments outlined in the United Nations political declaration of the high-level meeting on universal health coverage adopted on 10 October 2019;

2019 年 10 月 10 日联合国关于全民健康覆盖高级别会议通过的政治宣言中所列出的承诺；

5. 4.3 *Takes note* of the report;

4.3 注意到本报告

4.4 *Requests* the UNAIDS Joint Programme to continue supporting Member States in creating an enabling environment for people living with HIV and other key populations, women and young people by addressing and overcoming relevant economic, social, structural and regulatory barriers – including stigma, discrimination and criminalization – that prevent their access to comprehensive HIV services and health-related programmes; 4.4 要求联合国艾滋病规划署继续支持成员国为艾滋病感染者和其他重点人群、女性和年轻人建立支持性的环境，以解决和克服有关的经济、社会、结构和管理方面的障碍——包括污名、歧视和刑事化，这些因素妨碍他们获得全面的艾滋病服务和健康有关项目。

4.5 *Requests* the UNAIDS Joint Programme, in accordance with the division of labour and the mandates of its different organizations, and in collaboration with civil society and community-led organizations, to recommend approaches for monitoring and reporting on the engagement of organizations of and/or for people living with HIV and other key populations, women and young people in Universal Health Coverage strategies and monitoring and evaluation frameworks;

要求联合国艾滋病规划署联合项目，根据不同机构的分工和职能，与公民社会和社区组织合作，针对如何监督和报告艾滋病感染者和其他重点人群、女性和年轻人参与全民健康覆盖战略和监督评估框架，提供建议的方法；

4.6 *Calls* on the UNAIDS Joint Programme to continue supporting Member States in ensuring all the elements of comprehensive HIV programming, as set out in the UNAIDS Strategy (2016-2021), remain or become available and accessible to people living with HIV and other key populations, women and young people under Universal Health Coverage frameworks and policies; and

呼吁联合国艾滋病规划署联合项目继续支持成员国确保全面艾滋病项目的要素，正如在联合国战略（2016-2021）中所述的，让艾滋病感染者和其他重点人群、女性和年轻人在全民健康覆盖框架和政策下能够保留或者这些服务；以及

4.7 *Calls* on Member States to contribute to the attainment of the Agenda 2030 for Sustainable Development commitment to leave no one behind and placing people living with HIV and other key populations, women and young people as critical partners and stakeholders in Universal Health Coverage design and implementation, and relevant policies and programmes, in order to promote approaches that are accountable, people-centered and community-led;

呼吁成员国为实现《2030年可持续发展议程》作出承诺，不让任何人掉队，并且将艾滋病感染者和重点人群、女性和年轻人作为重要伙伴和利益相关方参与全民健康覆盖的设计和执行，以及有关政策和项目中，以促进负责任、以人为本和社群主导的方法。

*\*These are the final approved decision points at the 45th PCB Meeting*

*\*这些是在第45届项目协调委员会会议上通过的最终决策要点。*

1.

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## ABBREVIATIONS 缩略语

GATE	Global Action for Trans Equality
GIPA	Greater Involvement of People Living with HIV
GNP+	Global Network of People Living with HIV
ITPC	International Treatment Preparedness Coalition
LGBT	lesbian, gay, bisexual and trans
NSWP	Global Network of Sex Work Projects
PCB	Programme Coordinating Board
PEPFAR	President's Emergency Fund for AIDS Relief
SDG	Sustainable Development Goal
SRHR	sexual and reproductive health and rights
UHC	Universal Health Coverage
UNAIDS	United Nations Joint Programme on HIV/AIDS
WHO	World Health Organization

GATE 跨性别平等全球行动

GIPA 加强艾滋病感染者的参与

GNP+ 全球艾滋病感染者网络

ITPC 国际治疗联盟

LGBT 女同性恋、男同性恋、双性恋和跨性别

NSWP 全球性工作者项目网络

PCB 项目协调委员会

PEPFAR 总统紧急艾滋病援助基金

SDG 可持续发展目标

SRHR 性和生殖健康权利

UHC 全民健康覆盖

UNAIDS 联合国艾滋病规划署

WHO 世界卫生组织

## INTRODUCTION 介绍

### Subject of report 本报告主题

1. Each year, the NGO Delegation to the Programme Coordinating Board (PCB) prepares a report on an aspect of the response to HIV that merits greater prominence, stronger policy perspective and clearer agreement across the United Nations Joint Programme on HIV/AIDS (UNAIDS).

每年，项目协调委员会的非政府组织代表团会针对艾滋病应对中的某个方面准备一份报告，该报告凸显了整个联合国艾滋病规划署内强有力的政策观点和更清晰的一致意见。

2. For 2019, the NGO Delegation report focuses on the essential role of people living with HIV and other key populations, women and young people in making Universal Health Coverage (UHC) *truly* universal as an effective and efficient strategy that benefits *all* in need, including those most marginalized.

2019年，非政府组织代表团报告重点关注艾滋病感染者和其他重点人群、女性和年轻人在使全民健康覆盖真正成为普遍、有效的战略，惠及所有需要的人，包括最边缘化的人群当中的重要作用。

3. UHC is a critical issue for both the global health agenda and the global HIV response. It has been the subject of discussions and debates at national, regional and international levels. In some of those multisectoral forums, civil society—including organizations and networks by and for people living with HIV and other key populations, women and young people—have expressed their needs and concerns in relation to UHC.

全民健康覆盖是全球健康议程和全球艾滋病应对的重要议题。它一直是国家、区域和国际层面讨论和辩论的主题。在一些多部门论坛中，公民社会（包括艾滋病感染者和其他重点人群、女性和年轻人的组织和网络）表达了他们对全民健康覆盖的需求和关注。


4. The forums have included the Thematic Session on UHC at the 44th UNAIDS PCB Meeting in June 2019, the first United Nations (UN) High-Level Meeting on Universal Health Coverage in September 2019, and the associated multistakeholder hearing in April 2019. The High-Level Meeting culminated in the approval of the Political Declaration on Universal Health Coverage.

这些论坛包括2019年6月联合国艾滋病规划署项目协调委员会第44届会议关于全民健康覆盖的主题部分，2019年9月第一次关于全民健康覆盖的联合国高级别会议，以及2019年4月相关利益相关方的听证会。高级别会议的结果是批准了《全民健康覆盖政治宣言》

5. The Political Declaration on Universal Health Coverage sets out Member States' conceptual understanding of and political commitments to UHC. The text has been criticized by some in civil society for not explicitly naming key populations who are crucial to the HIV response, such as gay men and other men who have sex with men, people who use drugs, sex workers and trans people. That omission—especially when compared to the Declaration's naming of "all children, youth, persons with disabilities, people living with HIV, older persons, indigenous peoples, refugees and internally displaced persons and migrants"—risks rendering certain populations invisible in UHC.

《全民健康覆盖政治宣言》阐述了成员国对全民健康覆盖的概念理解和政治承诺。宣言的文本受到了公民社会的一些批评，因为没有明确提及对于艾滋病应对而言非常重要的重点人群，如男同性恋和其他男男性行为者、毒品使用者、性工作者和跨性别者。这个疏忽—特别是《宣言》中提及“所有儿童、年轻人、残疾人、艾滋病感染者、老年人、土著人、难民，国内流离失所的人和移民”，可能使一些人群在全民健康覆盖中不可见。

6. Another criticism of the Declaration is that it lacks a practical performance framework that will make results transparent and measurable.<sup>1</sup> In addition, the text fails to mention key conditions for ending the AIDS epidemic, such as the decriminalization of all key populations, a matter that is critically important to both key populations and the entire HIV response,

对《宣言》的另一个批评是其缺乏能够使结果透明和可衡量的实施绩效框架。<sup>2</sup> 此外，宣言的文本没有提及终止艾滋病流行的重要条件，如对所有重点人群的去刑事化，这对于重点人群和整个艾滋病应对工作都是至关重要的。

7. The Political Declaration does, however, provide a starting point for:
  - educating communities about why UHC is important to the HIV movement;
  - raising awareness about health as a human right; and
  - initiating advocacy actions to strengthen government commitments to UHC and ensure that UHC at the country-level is *truly* universal.

但是，《政治宣言》开启了以下几方面的工作

- 教育社群为什么全民健康覆盖对于艾滋病运动来说是重要的；
- 提高健康作为一项人权的意识；以及
- 发起倡导行动以加强政府对全民健康覆盖的承诺，确保全面健康覆盖在国家层面是真正的普及。

8. Globally, the Declaration provides a consensus tool through which stakeholders can hold governments to account and advocate for action, including for ensuring that UHC is *truly* universal.

在全球范围内，《宣言》提供了一个共识工具，利益相关方能够督促政府尽责，倡导采取行动，包括确保健康覆盖真正普及。

## Purpose of report 本报告的目的

9. The 2019 NGO Delegation Report builds on the foundations laid thus far for UHC, while looking ahead to its next phase, when the Political Declaration will be operationalized. During that phase, countries will contribute to the achievement of Sustainable Development Goal (SDG) target 3.3<sup>3</sup> and several other targets by accelerating the development and implementation of UHC plans, packages and partnerships.

2019 年非政府组织代表团报告建立在迄今为全面健康覆盖所奠定的基础上，同时对下一阶段进行了展望，即《政治宣言》付诸实施。在此阶段，各国将促进可持续发展目标 3.3<sup>4</sup>和其他目标的实现，加速开发和实施全民健康覆盖计划、一揽子计划和合作伙伴关系。

10. To support this, the NGO Delegation report goes beyond civil society's previous advocacy messages ("what we *need* from UHC") to a more forthright approach ("what we *bring* to UHC").

为了支持这一点，非政府组织代表团报告在之前公民社会的倡导信息（我们需要全民健康覆盖提供什么）基础之上更进一步，采取了更为直截了当的方法（我们为全民健康覆盖提供了什么）。

11. The report focuses in particular on the contributions of organizations and networks led by people living with HIV and other key populations, women and young people, which have played a unique and essential role in responses to HIV, and whose work can now be replicated, adapted and scaled-up in the context of UHC and other areas of health.

报告特别侧重艾滋病感染者和其他重点人群、女性和年轻人的组织和网络的贡献，他们在艾滋病应对方面发挥了独特而且必不可少的作用，现在这些工作可以在全民健康覆盖和其他健康领域复制，调整和扩大。

12. The 45th Meeting of the PCB is one of the first major international gatherings to take place since the UN High-Level Meeting on Universal Health Coverage. This report seeks to maximize this opportunity and the leadership role of the Joint Programme and Member States by:

第 45 届项目协调委员会是自联合国关于全民健康覆盖高级别会议以来举行的第一个主要国际会议。本报告试图最大程度地利用这个机会，和联合项目及成员国和领导力：

- increasing understanding, and illustrating good practices and lessons learned about the significant contributions which communities, organizations and networks of people living with HIV and other key populations, women and young people can make to UHC, based on their experiences of responding to HIV; and 基于艾滋病应对的经验，加深理解社群、组织和艾滋病感染者网络和其他重点人群、女性和年轻人对全民健康覆盖的重大贡献，并展示良好实践，分享经验教训；和
- reconfirming existing PCB decision points and recommending new ones, so the Joint Programme can support those contributions within the operationalization of the Political Declaration and the fulfilment of a *truly* universal UHC.
- 重新确认项目协调委员会现有的决策点并提出新的决策点，以便联合项目能够支持《政治宣言》的实施，并为真正实现人们普遍受益的全民健康覆盖做贡献。



## Methodology for report 本报告的研究方法

13. The 2019 NGO Delegation Report is based on the experiences and lessons of the members and constituents of the NGO Delegation to the PCB. It was developed through four methodologies:

2019 年非政府组织代表团报告是基于项目协调委员会非政府组织代表团成员和参与方的经验和教训为基础的。该报告通过以下四种方法撰写：

- Case studies. A call for case studies was disseminated to all regions and constituencies represented by the members of the NGO Delegation;
- 案例研究。收集案例研究的告示在所有地区和非政府组织代表团成员和地区都发布了
  
- Literature review. This incorporated over 40 resources (including research studies, briefings and consultation reports) produced by a range of civil society, UN and academic organizations. These included position papers on UHC developed by global networks by and for people living with HIV and other key populations, representing the views of their constituents from across the world;  
文献回顾。这包括公民社会、联合国和学术组织超过 40 多种的资源（包括研究报告、简报和咨询报告）。其中包括艾滋病感染者和其他重点人群全球网络开发的关于全民健康覆盖的立场文件，代表来自世界各地社群的观点。
  
- Key informant interviews. These were conducted with 15 representatives of organizations and networks by and for people living with HIV and other key populations, women and young people; the UNAIDS Secretariat; and a Cosponsor;
- 重要信息者访谈。这些访谈由艾滋病感染者和其他重点人群、女性和年轻人组织和网络的 15 名代表进行；联合国艾滋病规划署秘书处；以及一个共同发起人；

Focus group discussions. These were conducted with 45 representatives of people living with HIV and other key populations, women and young people. Participants included young people and adults living with HIV, trans people living with HIV, young key populations, sex workers, migrants and adolescent girls and young women. They came from Australia, Brazil, Canada, Indonesia, Kenya, Myanmar, Namibia, Nepal, Thailand, Uganda, USA and Zimbabwe.

焦点小组讨论。45 名艾滋病感染者和其他重点人群、女性和年轻人代表参与了讨论。参会者包括感染艾滋病的年轻人和成年人、跨性别人士、年轻的重点人群、性工作者、流动人口和年轻的女孩和女性。他们来自澳大利亚、巴西、加拿大、印度尼西亚、肯尼亚、缅甸、纳米比亚、尼泊尔、泰国、乌干达、美国和津巴布韦。

## Key terms used in report 本报告所使用的术语

14. The NGO Delegation report uses several key terms, including "key populations", which UNAIDS defines as: "Groups of people who are more likely to be exposed to HIV or to transmit it, and whose engagement is critical to a successful HIV response."<sup>5</sup> In all countries, key populations include people living with HIV, gay men and other men who have sex with men, trans people, people who inject drugs and sex workers.

非政府组织代表团使用了几个主要的术语，包括“重点人群”，联合国艾滋病规划署将其定义为：“更可能暴露于艾滋病毒或者传染艾滋病毒的人，他们的参与对于一个

成功的艾滋病应对是非常重要的。”<sup>6</sup> 在所有国家，重点人群包括艾滋病感染者、男同性恋和其他男男性行为者、跨性别者、注射吸毒者和性工作者。

15. The report also focuses on women and young people. In addition, it acknowledges that other groups of people can experience increased exposure to HIV due to their circumstances.<sup>7</sup> Examples of "people in conditions of vulnerability" include indigenous people, documented and undocumented migrants, mobile workers and people living in rural or border areas.

本报告还侧重女性和年轻人。此外，报告认识到其他人群由于自身状况可能会增加艾滋病感染的机会。<sup>8</sup> “处于脆弱状态的人”包括土著人、登记在册和未进行登记的流动人口、流动工人和生活在农村或边境地区的人。

16. UHC, which is mandated by SDG target 3.8,<sup>9</sup> is defined by the World Health Organization (WHO) as an approach whereby “all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.”<sup>10</sup> As WHO further states, this embodies three, interrelated objectives:

可持续发展目标 3.8<sup>11</sup>确定了全民健康覆盖，世界卫生组织将其定义为一种“所有人和社区都可以充分利用他们所需要的促进、预防、治疗、康复和姑息治疗服务，这些服务应当是足够和有效的，同时保障使用这些服务不会使人们面临财务困难”。<sup>12</sup> 正如世界卫生组织第一个指出，这包括三个相互关联的目标：

- equity in access to health services, i.e. everyone who needs services should get them, not only those who can pay for them;
- 公平地获得卫生保健服务，需要服务的人应该能够获得这些服务，而不仅仅是那些可以负担得起的人；
- the quality of health services should be high enough to improve the health of those receiving services; and
- 卫生服务的质量应当足够高，能够改善服务接受者的健康；
- people should be protected against financial risk, thereby ensuring that the cost of using services does not put people at risk of financial harm.
- 人们应当免受财务风险，确保使用服务的费用不会使人们陷入财务困难。

## Overview of contributions of people living with HIV and other key populations, women and young people

### 艾滋病感染者和其他重点人群、女性和年轻人贡献的概述

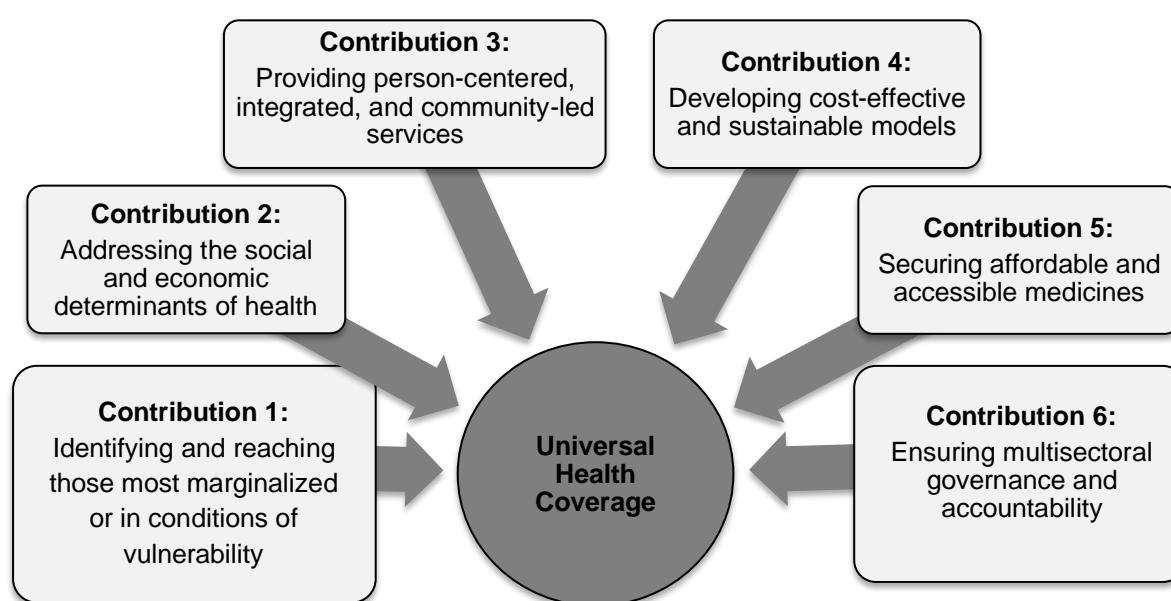
17. This report shows why UHC will not succeed without the contributions of people living with HIV and other key populations, women and young people. It also shows that their contributions will greatly increase UHC's potential for success. Those community members, and their organizations and networks, bring unique experiences, expertise and insights. This is often based on decades of responding to HIV and related areas, such as human rights and gender equality. Those assets are often referenced but are yet to be fully recognized and utilized at the many levels that impact UHC and in ways that can ensure that the strategy will be *truly* universal.

本报告表明，如果没有艾滋病感染者和重点人群、女性和年轻人的贡献，全民健康覆盖不会成功。它还表明，他们的贡献将大大增加全民健康覆盖成功的潜力。这些社区

组织、他们的组织和网络，带来了独特的经验、专业知识和见解。这通常是基于数十年在艾滋病和其他有关领域的经验，比如人权和性别平等。这些宝贵的资产常常被提及，但尚未在能够影响全民健康覆盖的很多层面上获得充分的认可和利用，应当确保这个战略真正普及。

18. The rest of this report describes and illustrates six key contributions which community-led organizations can make to UHC. Those contributions were identified by the NGO Delegation through the literature review, interviews, and discussions conducted for the report.

本报告的其他部分描述并说明了社区主导的组织可以为全民健康覆盖所做出的六项重要贡献。这些贡献是由非政府组织代表团通过文献回顾、采访和讨论所确定的。



**Universal Health Coverage 全民健康覆盖**

### **Contribution 1: Identifying and reaching people who are most marginalized or in conditions of vulnerability**

贡献一：确定和覆盖那些最边缘化或者脆弱的人群

19. The Political Declaration on Universal Health Coverage mandates Member States to:

Paragraph 70: “Ensure that no one is left behind, with an endeavor to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination, as well as to empower those who are vulnerable or in vulnerable situations and address their physical and mental health needs which are reflected in the 2030 Agenda for Sustainable Development, including all children, youth, persons with disabilities, people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants.”

《全民健康覆盖政治宣言》要求各成员国：

第 70 段：“确保没有人被抛下，立足于人的尊严，体现平等和非歧视的原则，要首先覆盖那些落在最后面的人群的权利，对脆弱人群或者处于脆弱环境中的人赋权，解决他们身体和精神需求，这些都反映在 2030 年可持续发展议程中，包括所有儿童、年轻人、残障人士、艾滋病感染者、老年人、土著人、难民和流离失所的人和流动人口。”

Paragraph 72: “Promote strong and resilient health systems, reaching those who are vulnerable or in vulnerable situations.”

第 72 段：“促进强大而有韧性的卫生系统，惠及那些弱势或者处于脆弱环境的人。”

20. Inclusive targeting and effective reach are essential to UHC and global health in general. The concept envisages coverage that extends to *everyone*, including people traditionally excluded from mainstream healthcare.

有包容、有针对性和有效地覆盖对于全民健康覆盖和全球健康来说是至关重要的。这个设想所包含的理念是惠及每一个人，包括那些传统上被主流医疗服务所排斥的那些人。

21. This is vital for changing a reality in which over half of the world's population lacks access to essential health services,<sup>13</sup> and for ensuring that individuals, families, households and communities can break free of the traps of marginalization and ill-health. Targeting and reach are key to what civil society calls "reaching the last mile" of health-care delivery.

全世界有超过一半的人口缺乏基本的医疗卫生服务，关注那些被遗忘的群体对于改变这一状况是非常重要的<sup>14</sup>，并且确保个人、家庭、家族和社区能够打破边缘化和不健康的陷阱。有针对性地覆盖这些人群，对于公民社会所谓的“覆盖最后一公里”提供医疗服务是非常重要的。

22. Community-led organizations and networks that are of and for people living with HIV and other key populations, women and young people have a proven track record in identifying and mobilizing those people who are most excluded and vulnerable, for example due to their social, political, or geographical isolation. This draws on years' of experience listening to, learning from and working with communities responding to HIV. Such experience has built a wealth of understanding, including about the intersectional nature of people's lives and challenges. For example: an adolescent who is trans may also be an undocumented migrant; a woman who is a sex worker may also face violence; a man who has sex with other men may also belong to an ethnic or racial minority group; or a woman who injects drugs may also have a disability. Community-led responses recognize that the health care for each individual must attend to the totality of their lives.

那些最被排斥和脆弱的人口因为社会、政治或地理方面的因素而被隔离。艾滋病感染者和其他重点人群、女性和年轻人的社区组织和网络在确认和动员这些社群方面的成绩是记录在案。这些努力借鉴了多年聆听艾滋病社群、向其学习和与之合作的经验。这些经验是建立在丰富的对人们生活及所面临的多重挑战的理解之上。例如，一个跨性别青少年可能也是一个无证移民；一个女性性工作者可能面临暴力；一个男男性行为者可能是少数民族或者种族；一个注射毒品的女性也有可能是残疾人。以社区为主导的应对认识到，针对每个人的医疗服务应当符合他们的生活经验。

23. As highlighted in the 2017 NGO Delegation report presented to the 41st PCB Meeting, if an "end to AIDS" is to be achieved, it is essential to reach the "10-10-10"

populations and sub-populations. These are the communities who face the most extreme marginalization and neglect, and are being missed by the 90–90–90 HIV treatment targets and Fast-Track strategy.<sup>15</sup>

正如在第 41 届项目协调委员会上提交的 2017 年非政府组织代表团报告中所强调的，如果要实现“终结艾滋病”，那么覆盖“10-10-10”人群和子群体是非常重要的。这些是面临最极端边缘化和忽视的社群，而且被 90–90–90 艾滋病治疗目标和快速通道策略所忽略。<sup>16</sup>

24. Organizations and networks of and for people living with HIV and other key populations, women and young people, bring established reputations, consistency and trust among communities. They combine these with innovative approaches to find and engage with large numbers of people who other sectors cannot or will not reach.

艾滋病感染者和其他重点人群、女性和年轻人的组织和网络，带来了好的声誉、社群和信任。他们将这与创新性的方法结合起来，去寻找和参与那些其他部门无法覆盖的大量人口。

25. These organizations and networks bring first-hand understanding of people's lives and contexts. For example, as highlighted in the UNAIDS Fast Track Cities initiative, they are critical for navigating the social and health-care systems that reach community members in cities (where the majority of affected populations live).<sup>17</sup>

这些组织和网络带来了对人们的生活及其环境第一手的资料。例如，正如联合国艾滋病规划署快速通道城市倡议所强调的那样，他们对于在社会和医疗卫生体制中航行是非常重要的，这些体制覆盖了城市中的社区成员（大多数受影响的人口居住在那里）。<sup>18</sup>

26. Importantly, the focus of organizations and networks of and for people living with HIV and other key populations, women and young people can extend beyond their general peer groups (such as gay men and other men who have sex with men or people who inject drugs). Their focus can be on subpopulations who are especially vulnerable, such as *young* men who have sex with men or *women* who inject drugs. And they can grasp the nuanced differences within populations, such as between people who *use drugs* and people who *inject* drugs, or between sex workers who work on their **own o and** sex workers who work within cooperatives in brothels. Overall, these organizations and networks are best equipped to understand and engage with the complexities of people's lives.

重要的是，艾滋病感染者和其他重点人群、女性和年轻人的组织和网络能够在他们的同伴组织的基础之外扩展（如男同性恋和男男性行为者，或者注射毒品使用者）。他们的重点可以放在那些特别脆弱的亚群体上，如年轻的男男性行为者，或女性注射毒品使用者。他们可以掌握人群内部的细微差别，如毒品使用者和注射毒品使用者，个体性工作者和在妓院工作的性工作者的区别。总体而言，这些组织和网络最有能力去理解和处理这些人们生活的复杂性。

27. These nuanced approaches recognize that, even within marginalized populations, there are subpopulations who are *especially* marginalized. Identifying and supporting those communities is vital if interventions are to genuinely "leave no one behind".

这些辨认细微差别的方法让我们认识到，即使在边缘群体当中，也存在特别被边缘化的亚群体。确认和支持这些社群，对于真正实现“不让任何人掉队”是非常重要的。

28. The organizations in question can perform roles that are central to public and primary health. They can, for example, respond to changing behavioural patterns, such as sex workers who manage clients and network through on social media and through the Internet.<sup>19</sup> In addition to providing essential services, the organizations can also serve as early-warning and first-response systems—for example in humanitarian crises, emergencies (such as human rights violations) or around emerging trends (such as peaks in mortality among particular groups of people living with HIV).<sup>20</sup>

这些组织可以发挥在公共卫生和初级医疗中的核心作用。例如，他们可以对不断变化的行为模式做出回应，如通过社交媒体和互联网管理客人和关系的性工作者。<sup>21</sup>除了提供基本的服务，这些组织能够作为预警和急救系统，例如在人道主义危机、紧急情况（如人权侵害）或者新出现的趋势中（如特定的艾滋病感染者群体出现死亡率的高峰）。<sup>22</sup>

29. Examples of good practice in identifying and reaching people who are most marginalized can be seen throughout the history of the HIV response. They include: 在整个艾滋病的应对历史中，都可以看到寻找和覆盖最边缘化群体的良好实践。这些包括：

- LoveYourself, Philippines.<sup>23</sup> This is an organization of volunteers, which supports gay men and other men who have sex with men, a community that faces severe social stigma and experiences, with 4.9% HIV prevalence (compared to 0.1% among the general population).<sup>24</sup> LoveYourself reaches people through a strategy that focuses on self-worth and that uses positive messages about self-empowerment and quality of life to mobilize interest in healthcare. The organization combines creative outreach approaches (from attractive videos to online novels and social media posts) with community clinics in Cebu, Mandaluyong, Manila, Pasay, Quezon City and Taguig. The latter offer friendly and safe peer-led services such as HIV testing, counseling, pre-exposure prophylaxis (PrEP) and support groups for people living with HIV. From 2011 to March 2019, LoveYourself reached almost 110 000 people and enrolled 3800 people living with HIV on antiretroviral therapy.
- LoveYourself (爱自己)、菲律宾。<sup>25</sup> 这是一个由志愿者组成的机构，为男同性恋和其他男男性行为者提供支持，这个群体面临着严重的社会污名，其艾滋病感染率为 4.9%（在一般人群中为 0.1%）。<sup>26</sup> LoveYourself 通过以自我价值为中心的策略去接触社群，使用关于自我赋权和生活质量的积极信息来激发人们对医疗保健的兴趣。该组织结合创造性的宣传方法（包括有吸引力的视频、在线小说和社交媒体），与宿雾、曼达卢永、马尼拉、帕赛、奎松市和塔吉格的社区诊所合作。这些社区诊所为艾滋病感染者提供友好和安全的同伴服务，如艾滋病检测、咨询、暴露前预防（PrEP）和支持小组。从 2011 年至 2019 年 3 月，LoveYourself 覆盖了将近 110000 人，为 3800 名艾滋病感染者启动抗病毒治疗。
- Convictus, Ukraine.<sup>27</sup> Based in Kiev, this organization supports sex workers of all genders. It works in an environment where sex workers are criminalized and where the prevalence of HIV among them is 5.2%.<sup>28</sup> About one third of sex workers are believed to also use drugs.<sup>29</sup> Convictus has demonstrated the importance of providing differentiated and convenient services to reach people who are marginalized and to meet their needs. Its activities include operating a small health facility in the city centre, along with mobile units that visit hotels,



saunas, truck stops, brothels and apartments. The facility is open 10am to 6pm, while the first mobile team starts at 7pm, using the organization's contacts and social media to identify where sex workers are gathering. The first team stops work at 1am, after which a second unit works in the surrounding areas of the city where the most vulnerable sex workers (who lack documentation and avoid state-run services) work. Convictus includes sex workers among its staff. It reaches 4600 people a year, about half of the sex workers in the city. It has contributed to high levels of condom use during sex work and to declining HIV prevalence among young sex workers.

- **Convictus, 乌克兰。**<sup>30</sup> 这个组织在基辅支持所有性别的性工作者。在该国性工作者是被刑事化的，性工作者中的艾滋病感染率是 5.2%。<sup>31</sup> 大约三分之一的性工作者使用毒品。<sup>32</sup> **Convictus** 已经证明了提供差异化和便捷服务以覆盖边缘群体并满足其需求的重要性。它所开展的活动包括在市中心运营一个小型的医疗诊所，以及一个流动的服务项目能够到宾馆、桑拿、卡车停靠站、妓院和公寓提供服务。这个诊所的运营时间是早上 10 点到下午 6 点，而流动团队晚上七点开始工作，通过该组织的联系人和社交媒体来识别性工作者聚集的地方。第一组在凌晨一点停止工作，然后第二个小组在最脆弱的性工作者（没有证件并且试图避开政府服务）工作的周边地区开展服务。**Convictus** 在其员工当中包含性工作者。它每年覆盖 4600 人，大约占了该市性工作者的一半。该组织使得性工作中安全套的使用比率很高，并降低年轻性工作者中的艾滋病感染率。
- **SisterSpace, Canada.**<sup>33</sup> This centre based is in Vancouver and is run by Atira, an organization by and for women that aims to end gender-based violence. The centre provides a comprehensive, safe and accessible package of support for women who inject drugs, a highly marginalized and under-served group who often have multiple needs (including needs related to mental health and violence). The Centre promotes harm reduction strategies and serves as a secure environment where women can inject their own drugs, access on-site primary health care and be referred to other social services, such as for housing. It offers clean injection equipment, condoms and other harm reduction commodities. SisterSpace reaches, engages with and retains community members by taking a person-centered approach, with the staff creating respectful relationships that recognize the women as experts in their own situations and decisions. The Centre serves about 80 women a day and is open daily, including early in the morning and late at night night.
- **SisterSpace (姐妹空间), 加拿大。**<sup>34</sup> 这个位于温哥华的中心由 **Atira** 运营，是一个致力于消除性别暴力的女性组织。该中心为女性注射毒品使用者提供全面、安全和可及的支持。女性注射毒品使用者极度地边缘化，而且服务严重不足，她们有着多重的需求（包括心理健康和暴力有关的需求）。该中心推广减低伤害策略和服务，并提供一个安全的环境，女性可以注射自己的毒品，获得现场的初级卫生保健服务并转介到其他的社会服务，如住房。它提供洁净的注射器具、安全套和其他减低伤害物品。**SisterSpace** 通过以人为本的方式，接触和留住社区成员，并与他们互动，与员工建立互相尊重的关系，承认女性作为自己的处境和决定的专家。该中心每天开放，一天为大约 80 名女性提供服务，包括在清晨和深夜。

30. These kinds of initiatives for identifying and reaching the most marginalized provide lessons which can also be applied to UHC, include the need to:

这样的项目能够找到并覆盖最边缘化的社群，其经验教训也适用于全民健康覆盖，其中包括：

- **put "the last mile first"**, as demanded by the Global Network of People Living with HIV (GNP+) <sup>35</sup> and by civil society more generally, by developing programmes which prioritize reaching the "10–10–10" populations (the poorest and most marginalized members of society) and which place them at the centre of healthcare;
- “最后一公里优先”，正如全球艾滋病感染者网络（GNP+）<sup>36</sup> 和公民社会所要求的，要开发优先考虑覆盖“10–10–10”人群（社会中最贫穷和最边缘的人口），并将他们至于医疗保健的中心；
- **meaningfully involve** people living with HIV and other key populations, women and young people in all stages of decision-making on outreach, from design to implementation and evaluation, by treating them as experts and partners, rather than as “beneficiaries”.
- **有效地参与**，让艾滋病感染者和其他重点人群、女性和年轻人有效地参与外展的所有阶段的决策，包括从设计、执行和评估，将他们作为专家和合作伙伴，而不是“受益者”。
- **utilize, integrate and fund** organizations and networks led by people living with HIV and other key populations, women and young people in recognition of their unique expertise and capacity to reach and engage the most marginalized members of society.
- **利用、整合和资助**艾滋病感染者和重点人群、女性和年轻人的组织和网络，承认他们独特的专业知识，以及覆盖和动员社会中最边缘化群体的能力。

*“There is a risk that governments see Universal Health Coverage as being just about reaching the “easy” vulnerable groups. Yet it’s those that are “hidden”—the women in violent relationships, the men who have sex with men who don’t identify as gay men, the trans sex workers—that need support the most. It is only key population groups—that work within community dynamics, that know the clandestine places, that understand the local codes and language—that can reach them.”*

有一种风险是政府将全民健康覆盖视为只是接触那些“容易”找到的脆弱群体。但是，那些“隐藏”起来的人群—处于暴力关系中的妇女，与并不认同为男同性恋的人发生性关系的男性，跨性别性工作者—是最需要这些支持的。只有来自这些群体的人才能够在社群的范围开展工作，了解秘密的地方，了解当地的语言，能够找到他们。

– Carlos Garcia de Leon, Latin American and Caribbean Council of AIDS Service Organisations, Mexico

-- Carlos Garcia de Leon, 拉丁美和加勒比海地区艾滋病服务组织委员会，墨西哥

*“In some countries, people who use drugs still lack access to basic health care, let alone harm reduction. Universal Health Coverage is an opportunity to voice our needs and our right to health. But it’s also a threat—that we remain the last to be included, the last to be reached, the last to be listened to.”*

在一些国家，毒品使用者仍然缺乏基本的医疗服务，更不用说减低伤害。全民健康覆盖是一个表达我们的需求和健康权声音的机会。但这也是一种威胁—我们仍然是最后一个被包括在内的，最后一个被覆盖的，最后一个被聆听的人。

– Ernesto Cortes Amador, Asociación Costarricense para el Estudio e Intervención en Drogas, Costa Rica



## Contribution 2: Addressing the social and economic determinants of health

### 贡献 2: 解决健康的社会和经济决定因素

31. The Political Declaration on Universal Health Coverage mandates Member States to:
32. 《关于全民健康覆盖的政治宣言》要求成员国：

Paragraph 1: “Reaffirm the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health.”

第 1 款：“重申每个人无任何区别地享有可达到的最高身心健康的权利。”

Paragraph 11: “Recognize the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health.”

第 11 段：“认识到有必要通过政治承诺、政策和国际合作，解决社会、经济和环境以及其他健康决定因素，消除国家间的健康不平等”。

33. The World Health Organization (WHO) defines the social determinants of health as the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems (including social norms and political and economic mechanisms) that form the conditions of daily life.<sup>37</sup>

世界卫生组织将健康的社会决定因素定义为人们出生、成长、工作、生活和变老的环境，以及更广泛的构成日常生活的力量和制度（包括社会规范和政治及经济机制）。

38

34. As stated by the UNAIDS Reference Group on HIV and Human Rights, UHC will only be possible if structural barriers are removed and legal, political and social enablers are promoted.<sup>39</sup> The latter include community mobilization, treatment literacy, law reform, stigma reduction and human rights promotion. These characterize the type of enabling environment—with humane laws, supportive policies and progressive social attitudes—that is needed to support those who are most vulnerable and excluded. Without such an environment, even where UHC services are *available*, such communities will not find them *accessible*.

正如联合国艾滋病规划署艾滋病和人权专家委员会所述，只有消除结构性的障碍，并促进法律、政治和社会性推动因素，全民健康覆盖才有可能实现。<sup>40</sup> 后者包括社会动员、治疗扫盲、法律改革、消除污名和推动人权。这些支持性的环境和特点，和人权法、支持政策和进步的社会态度，都是支持最脆弱和被排斥者所需的必要条件。没有这样的环境，就算是全民健康覆盖服务可及，这些社群也无法获得。

35. Social determinants are central to UHC's principle of equity. To be truly universal, the approach needs to benefit everyone, regardless of social identity, legal status or ability to pay, for example. Health is a right, not a privilege. UHC is not just about access to medicines, financing schemes, and health workers. It is also, perhaps primarily, about social and economic justice.

社会决定性因素是全民健康覆盖平等原则的核心。为了真正实现全民覆盖，这种方法需要让所有人受益，而不论他们社会身份、法律地位或者支付能力，比如。健康是一项权利，而不是一项特权。全民健康覆盖不仅仅是要获得药物、财务机制以及医护人员。它可能还涉及到社会和经济正义。

36. Addressing social determinants is one of the accelerators for the Global Action Plan for Healthy Lives and Well-being for All,<sup>41</sup> the global initiative to address SDG 3 which WHO coordinates across several global agencies. The Action Plan states that: "addressing the determinants of health is vital to creating an enabling environment for health and well-being for all and ensuring that no one is left behind, including through rights-based and gender-responsive approaches, leveraging investments and action in sectors beyond health and maximizing gains across the SDGs."

解决社会决定因素是《全民健康生活和福祉全球行动计划》

<sup>42</sup>能够加速实现的因素之一，

世界卫生组织协调多个全球倡议以解决可持续发展目标 3。《行动计划》指出：“解

*"UHC will not be achieved unless the legal, political and social determinants of health are addressed. The right to health has been recognized as a basic human right, articulated in many international declarations and covenants. Therefore, UHC must take a human rights-based approach that ensures*

*"Structural oppression prevents us from accessing our basic right to health, and efforts to remove these barriers invariably exclude our communities. Many of us are poor, or extremely poor, and paying for healthcare is not an option. Others are excluded from health-care coverage because of who we are and the bodies we have, because we live in countries where the healthcare system frames our gender identity and/or our sex characteristics as 'pre-existing conditions', thus excluding us from health insurance cover. Those of us with intersecting identities/situations face insurmountable barriers accessing health ... including people of color and/or from ethnic and/or religious minorities, people living in poverty or who are homeless, migrants, sex workers, those who are imprisoned, people living with HIV and people living with disabilities."*

结构性的压迫使得我们无法享有基本的健康权，而消除这些障碍的努力总是将我们的社群排除在外。我们中的很多人是贫穷的，或者极端贫困，因此无法支付医疗费用。其他一些人被排除在医疗保险之外，因为我们的身份和身体状况，因为我们所在国家的医疗系统将我们的性别认同或者性别特征认定为“既存条件”，从而将我们排除在医疗保险之外。我们这些有着多重身份/处境的人在获得医疗服务方面面临着无法克服的障碍……包括有色人种、和或少数民族和或宗教少数人群、贫困人口或者无家可归者、流动人口、性工作者、被监禁的人、艾滋病感染者和残障人士。

– Global Action for Trans Equality (GATE)

决健康的决定因素对于创造有利于所有人健康和福祉的环境是非常重要的，并确保不让任何人掉队，包括通过基于权利和对性别敏感的方法，利用医疗部门以外的投资和行动，以最大程度地实现可持续发展目标的收益。”

37. People living with HIV and other key populations, women and young people have pioneered understandings of and responses to HIV as an issue which is not only biomedical but which is shaped by multiple social and commercial determinants. Some of those are directly related to HIV. Many others, such as gender inequality or gender-based violence, are society-wide challenges with far-reaching consequences for people's wellbeing. The criminalization of key populations has posed a particularly persistent and strong barrier to accessing health services and to the protection of people's wellbeing broadly.

艾滋病感染者和其他重点人群、女性和年轻人在如何应对艾滋病的问题有着领先的理解。他们认为，这不仅是一个生物医学问题，而是由多个社会和商业决定因素所塑造的负复杂问题。一些与艾滋病直接相关。但很多其他因素，如性别不平等或者基于性别的暴力，是整个社会所面临的挑战，对人们的福祉有着深远的影响。对重点人群的刑事化，使得获得医疗服务和在更广泛的意义上保护人们福祉面临着持久而强大的障碍。

38. Organizations that are led by people living with HIV and other key populations, women and young people, have shown deep understanding of how the determinants of people's health intersect. For example, living with HIV is just one aspect of a person's life. Other, sometimes more immediate needs might relate to being homeless or experiencing intimate partner violence. It is often necessary to address people's immediate priorities first—as the humane and respectful thing to do, but also as a strategic entry point to then address other issues, such as HIV.

艾滋病感染者和其他重点人群、女性和年轻人领导的组织展示了他们对健康影响因素相互交织的理解。例如，感染艾滋病只是一个人生活的一个侧面。而其他更为紧迫的需求可能与无家可归，或者面临亲密伴侣暴力有关。通常来说，首先解决这些紧迫的需求是非常必要的，既是人道的，也是显示对人的尊重，但同时也是解决其他问题如艾滋病的战略切入点。

39. The importance of social enablers has gained greater recognition within the global response to HIV. For example, the multistakeholder process led by UNAIDS to set HIV programmatic targets for 2025 and estimate resource needs for 2021–2030, will consider including targets for such enablers.<sup>43</sup>

在全球的艾滋病应对中，社会支持性因素的重要性已经得到越来越多的承认。例如，在联合国艾滋病规划署制定 2025 年艾滋病项目目标的多方利益相关者参与的过程中，以及预估 2021-2031 所需资源的过程中，将考虑包含这些社会支持性因素的指标。<sup>44</sup>

40. Despite immense challenges, organizations and networks led by people living with HIV and other key populations, women and young people have shown that it is possible to act to address the social determinants of health. Throughout the world, they have combined programmatic interventions (e.g. to reduce stigma by health-care workers in facilities) with advocacy campaigns (e.g. to change national laws). The latter have focused on legal and policy areas that both directly relate to HIV (such as HIV laws) and address wider, connected areas (such as drug policy, travel restrictions, migration policy, gender identity and age of consent).

尽管面临巨大的挑战，艾滋病感染者和其他重点人群、女性和年轻人所领导的组织和网络展示了采取行动解决健康的社会决定性因素是有可能的。在全世界范围内，他们已经将项目化的干预措施（如减少医疗环境中医护人员的污名）和倡导运动（如改变国家法律）相结合。后者侧重与艾滋病有关的法律和政策领域（如艾滋病法律），并解决更广泛的相联系的领域（如毒品政策、旅行限制、移民政策、性别平等和合法性交年龄）。

#### 41. Examples of good practice in addressing the social determinants of health can be seen in the work of:

以下是一些解决健康的社会性决定因素的良好实践的例子：

- **Community Health Advocates, Malawi.**<sup>45</sup> These are volunteers who have received training on HIV, TB and human rights from AIDS and Rights Alliance for Southern Africa. Many are people living with HIV, adolescent girls and young women or lesbian, gay, bisexual and trans (LGBT) people. They live in countries across eastern and southern Africa, the region most affected by HIV. In Malawi, the Community Health Advocates are attached to district-level clinics, where they work alongside community members and duty bearers, such as the police, magistrates, district commissioners and religious leaders. They monitor access to HIV and TB services, as well as human rights violations, and use the resulting data for local and national advocacy. Examples of results in communities include reduced stockouts of HIV and TB drugs, fewer arrests of sex workers and fewer incidents of homophobia.<sup>46</sup> The Advocates have made a major contribution to improved access to healthcare for marginalized populations.
- **Community Health Advocates (社区健康倡导者)，马拉维。**<sup>47</sup> 这些志愿者接受了来自非洲南部艾滋病和权利联盟提供的艾滋病、结核和人权培训。其中很多人是艾滋病感染者、少女和年轻女性或女同性恋、男同性恋、双性恋和跨性别。他们来自非洲东部和南部，是最受艾滋病影响的区域。在马拉维，社区健康倡导者隶属于社区一级的诊所，他们和社区成员以及当地的职能部门一起工作，如警察、治安法官、地区专员和宗教领袖。他们监督艾滋病和结核病服务的获得情况，以及人权侵害，并将这些数据用于当地和国家层面的倡导。社区所取得的成果包括减少了艾滋病和结核药物的库存，性工作者更少被逮捕，以及更少的恐同。<sup>48</sup> 这些倡导对改善边缘群体获得医疗服务做出了重大贡献。
- **Fundación Huésped, Argentina.**<sup>49</sup> This organization supports trans people, a population which experiences high levels of violence and HIV infection, with very low average life expectancy in Latin America. It conducts research into the social determinants of health. One of its studies found that only 32% of trans women finish high school, while over one third of trans women attempt suicide and 41% avoid medical care due to discrimination.<sup>50</sup> Based on such information, Fundación Huésped established a trans-sensitive clinic. This combines free health services (e.g. for HIV and other sexually transmitted infections) with peer support and counseling with an overall focus on people's dignity and quality of life. It offers trans-specific services, including hormonal treatment, legal advice (e.g. on using the country's Gender Identity Law) and workplace support (e.g. to deal with cases of discrimination). The organization also uses its research to inform public health policies at national and regional levels.
- **Fundación Huésped, 阿根廷。**<sup>51</sup> 该组织为跨性别者提供支持。在拉丁美洲，这是一个遭受着高水平暴力和艾滋病感染的人群，人均预期寿命非常低。该组织针对健康的社会决定性因素开展研究。其中的一个研究发现只有 32% 的跨性别女性读完高中，而有三分之一的跨性别女性试图自杀，41% 由于歧视而尽量避免就医。<sup>52</sup> 基

于这些信息，Fundación Huésped 建立了一个跨性别敏感的诊所。这个诊所将免费的健康服务（如艾滋病和其他性传播疾病）与同伴支持和咨询结合起来，关注人们的尊严和生命质量。它提供专门针对跨性别的服务，包括激素治疗、法律建议（如如何运用该国的《性别认同法》）和工作场所支持（如处理歧视案件）。该组织还利用所开展的研究来支持制定国家和区域层面的公共卫生政策。

- **MENA Rosa, Middle East and North Africa.**<sup>53</sup> This is the first-ever network by and for women living with HIV in this region. Its work includes facilitating dialogues and producing evidence of the immense social prejudice and isolation experienced by its members. For example, in country dialogues, 95% of women reported being subjected to physical violence, and many cited experiences such as early marriage and genital mutilation. By providing safe spaces and peer support, MENA Rosa enables community members to talk freely about the double stigma they face (as both women and people living with HIV) and the resulting abuse in families, communities, and health-care settings. The research produced by the network informs powerful advocacy to regional policy-makers about the social determinants of health.
- **MENA Rosa, 中东和北非。**<sup>54</sup> 这是该地区有史以来第一个女性艾滋病感染者的网络。它的工作包括促进对话，为其成员所遭受的巨大社会偏见和孤立提供证据。例如，在国家对话中，95%的女性报告遭受肢体暴力，很多人有早婚和割礼的经历。通过提供安全的空间和同伴支持，MENA Rosa 让社区成员能够自由地讨论她们所面临的双重歧视（作为女性和艾滋病感染者），以及由此所造成的来自家庭、社区和医疗机构的虐待。由该网络所开展的这项研究推动了区域决策者有力关于健康的社会性决定因素方面的倡导，。

42. These and other initiatives to address the social determinants of health have provided important lessons which can be applied to UHC, including the need to: 这些解决健康的社会性决定因素的倡议，为全民健康覆盖提供了重要的经验教训，包括：

- **view action on social determinants as essential**, not an optional extra, to all health responses for all communities, in particular those who face structural barriers and who are stigmatized, marginalized and excluded;
- **重视关注社会性决定因素的行动**，在所有社群的健康应对中，特别是那些面临结构性障碍，而且被污名、边缘化和排斥的社群；
- **address the social determinants of health** throughout all components of national health planning and implementation, including contextual analyses, budgeting, service delivery, monitoring, law reform and policy-making; and
- **解决健康的社会决定因素**要贯穿国家医疗计划和执行的整个过程，包括环境分析、预算、提供服务、监督、法律改革和决策；和
- **apply a rigorous monitoring and evaluation framework** to programmes addressing social determinants to provide evidence that they bring concrete health impacts, in particular to people living with HIV and other key populations, women and young people.
- **将严格的监督和评估框架**应用于解决社会因素的项目，以提供证据证明他们能够带来具体的健康影响，特别是对艾滋病感染者和其他重点人群、女性和年轻人。

*“HIV has always shown us where all the intersections are. Stigmatizing any particular population is just a route to increase the HIV epidemic ... You need to decriminalize HIV, you need to decriminalize drug use, you need to decriminalize sex work. All of the ways*

*that [governments] have tried to criminalize people's survival hasn't gotten us anywhere."*

*“艾滋病总是向我们展示所有问题的交叉点。对特定人群的污名化只是增加艾滋病流行的一种途径……你需要将艾滋病去刑事化，你需要将毒品使用去刑事化，你需要将性工作去刑事化。（政府）试图将人们的生存方式定罪让我们无处可去。”*

– Participant in focus group discussion with trans people living with HIV, USA

跨性别艾滋病感染者焦点小组讨论的参加者，美国

*"Health ... has to dialogue with other areas. People who are poor, very hungry or facing situations of violence .... need a health system that considers all this."*

*“卫生……要与其他领域对话。穷人，非常饥饿或者面临着暴力的处境……需要医疗体系考虑所有的这些因素。”*

– Participant in focus group discussion with young people living with HIV, Brazil

年轻人艾滋病感染者焦点小组讨论的参加者，巴西

### **Contribution 3: Providing person-centred, integrated, and community-led services**

贡献 3:提供以人为中心、整合的和社群领导的服务

43. The Political Declaration on Universal Health Coverage mandates Member States to:

《全民健康覆盖政治宣言》要求成员国：

Paragraph 25: “Implement most effective, high impact, quality-assured, people-centered, gender and disability-responsive, and evidence-based interventions to meet the health needs of all throughout the life course, and in particular those who are vulnerable or in vulnerable situations, ensuring universal access to nationally determined sets of integrated quality health services at all levels of care for the prevention, diagnosis, treatment and care in a timely manner.”

第 25 段：“实施最有效、高影响、保证质量、以人为中心，对性别和残障敏感，循证的干预措施，来满足所有人整个生命过程的健康需求，特别是那些弱势或者在脆弱处境的人，确保他们能够全面及时获得由国家所确定的一套预防、诊断、治疗和关怀服务。”

Paragraph 46: “Expand the delivery of and prioritize primary health care as a cornerstone of a sustainable, people-centered, community-based and integrated health system and the foundation for achieving universal health coverage, while strengthening effective referral system between primary and other levels of care, recognizing that community-based services constitute a strong platform for primary health care.”

第 46 段：“扩大和优先初级卫生服务作为可持续、以人为中心、社区为基础及整合的医疗系统的基石，以达到全面的健康覆盖，通过加强在初级和其他各级系统之间有效的转介系统，承认社区为基础的服务构成一个强有力的初级卫生医疗平台。”

44. According to WHO's Framework on Integrated, People-Centered Health Services,<sup>55</sup> people-centered care is: "An approach to care that consciously adopts individuals', carers', families' and communities' perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences."

根据世界卫生组织《以人为本的综合健康服务框架》<sup>56</sup>，以人为本的关怀是：“一种自觉地采用个人、照料者、家庭和社区的观点，作为参与者和受益者，根据人们的全部需求而不是个别疾病来组建可信赖的医疗系统，并且尊重社会偏好。”

45. The WHO Framework also provides the following definition of integrated services: "Health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector, and according to their needs throughout the life course."

世界卫生组织的框架也对整合服务提供了以下定义：“通过提供和管理卫生组织，使得人们获得连续的健康促进、疾病预防、诊断、治疗、疾病管理、康复和姑息治疗服务，并根据他们在生命过程中的需求，在卫生部门之内和之外协调不同层级和地点的护理。”

46. In 2019, the term "community-led responses" was the subject of a UNAIDS-convened consultation process. This came in response to Decision Point 10.4b of the 43rd PCB Meeting,<sup>57</sup> which followed-up on the decision points from the 2016 NGO Delegation report which had been presented to the 39th PCB Meeting.<sup>58</sup>

2019年，是联合国艾滋病规划署召集的意见征询中，“由社群领导的应对”是讨论的主题。这是对第43届项目协调委员会会议决策要点10.4b的回应<sup>59</sup>，也是对在39届项目协调委员会会议上提交的2016年非政府组织代表团报告决策要点的跟进。<sup>60</sup>

47. The consultation yielded a definition of community-led responses as: "actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups, and networks that represent them." The process also produced to a definition of "key population-led responses".

这次咨商产生了社群领导的应对的定义：“旨在改善社群健康和人权的行动和策略，是在知情的情况下制定的，并由社区自己、及其代表他们的组织、小组和网络执行。”这个过程也产生了对“重点人群领导的应对”的定义。

48. Both community-led and key population-led responses are especially effective when they are also community-based, i.e. are delivered within and among local communities. The World Bank has described community-based initiatives as the "cornerstone" of effective responses to HIV.<sup>61</sup> They enable the provision of services in physical locations (such as homes, schools, community sites, drop-in centres, workplaces and religious centers) or virtual locations (such as websites or dating apps) that are convenient, familiar and accessible for community members, including those who might, otherwise, be "hard to reach".

当社群领导和重点人群领导的应对是以社群为基础的时候会特别有效，如在当地社区内提供。世界银行将以社区为基础的倡议描述为有效艾滋病应对的“基石”。<sup>62</sup> 他们

可以在方便、熟悉和可及的地理位置（如家、学校、社区站点、活动中心、工作场所和宗教中心）或者虚拟的文职（如网站或者约会软件），包括那些可能“难以覆盖的人”。

49. These service characteristics are vital for UHC, a strategy which focuses not only on quantity and breadth of coverage, but also on the quality and depth of systems. They help ensure that service packages are on the necessary scale and are appropriate, acceptable and accessible for all. This requires working in ways that support the entirety of people's needs, in terms of general wellbeing and specific health needs. The latter include, for example, harm reduction for people who inject drugs; gender affirming services for trans people; sexual and reproductive health and rights services for sex workers, gay men other men who have sex with men, and trans people; services to address gender-based violence for adolescent girls and young women; and HIV treatment adherence support for people living with HIV.

具有这些特征的服务对于全民健康覆盖是至关重要的，全民健康覆盖不仅仅关注覆盖的范围和数量，还要关注系统的质量和深度。它们有助于确保服务计划达到必要的规模，并且是对所有人是适当的、可接受的和可及的。这就需要以满足人们整体需求的方式开展工作，关注总体的福祉和特定的健康需求。后者包括，如，为注射毒品使用者提供减低伤害服务；为跨性别者提供性别肯定服务；为性工作者、男同性恋和其他男男性行为者以及跨性别者提供性和生殖健康服务；为青春期女孩和年轻妇女解决性别暴力的问题；以及为艾滋病感染者提供艾滋病依从性治疗支持。

50. UHC packages cannot be “one size fits all”. They have to ensure that holistic and flexible support is delivered in friendly, respectful and effective ways to all in need.

全民健康覆盖不能“一刀切”。他们要确保以友好、尊重和有效的方式来为所有需要的人提供全面而灵活的支持。

51. Within the response to HIV, organizations and networks that are led by people living with HIV and other key populations, women and young people have repeatedly demonstrated their ability to develop high-quality services which are tailored and differentiated<sup>63</sup> for those in greatest need, and which are not prescriptive. As stated the UNAIDS 2019 global update put it, this is a “winning formula” that “alters HIV epidemics.”<sup>64</sup>

在艾滋病应对中，艾滋病感染者和其他重点人群、女性和年轻人领导的组织和网络已经反复展示了他们针对最需要的人群开发量身定制的<sup>65</sup>高质量服务，并且不是指定的。正如联合国艾滋病规划署 2019 的全球最新动态所指出，这是一个“改变艾滋病流行”的“成功的公式”。<sup>66</sup>



52. Furthermore, such groups have shown their ability to expand their remit beyond HIV, for example by integrating services related to sexual and reproductive health and rights, mental health, eye health, gender-based violence, ageing, dental health, cancer and diabetes. A specific example is the prevention of vertical transmission of HIV. Organizations have advocated for pregnant women living with HIV to receive counselling and antiretroviral therapy, as well as a full range of sexual and reproductive health and rights services and other health services for themselves and their children.

此外，这些组织显示他们能够把影响扩大到艾滋病之外的能力，例如整合关于性和生殖健康权利、心理健康、眼睛健康、暴力、老龄化、牙齿健康、癌症和糖尿病的服务。一个具体的例子是预防艾滋病的垂直传播。一些组织一直在倡导感染艾滋病的怀孕女性能够获得咨询和抗病毒治疗，以及一系列的性和生殖健康权利服务，以及针对他们自己和其他孩子的其他健康服务。

此外，这些组织显示他们能够把影响扩大到艾滋病之外的能力，例如整合关于性和生殖健康权利、心理健康、眼睛健康、暴力、老龄化、牙齿健康、癌症和糖尿病的服务。一个具体的例子是预防艾滋病的垂直传播。一些组织一直在倡导感染艾滋病的怀孕女性能够获得咨询和抗病毒治疗，以及一系列的性和生殖健康权利服务，以及针对他们自己和其他孩子的其他健康服务。

*“There is no need for states to re-invent the wheel to address the needs of people who use drugs within UHC. Building on what is already there and investing in community-based services, for example those run by drug-user led organizations, are not just a cost-effective option, but consolidate what communities already know works for their own health and communities.”*

*“没有必要让各国重新在全民健康覆盖之下解决毒品使用者的需求。基于现有的基础，投资于以社区为基础的服务，例如那些由毒品使用者所领导的机构，不仅仅是一种具有成本效益的选择，而且还巩固了社区已经知道的对他们健康和社区有效的服务。”*

– International Network of People Who Use Drugs  
国际毒品使用者网络

53. People living with HIV and other key populations, women and young people bring unique cultural competencies to their work. For example, they use language, messages and outreach methods that are familiar and appropriate for their communities, by they indigenous people, young people, migrants or LGBT people. They also understand how cultural norms (e.g. around health-seeking behaviours) affect people’s lives.

艾滋病感染者和其他重点人群、女性和年轻人在其工作当中带来了独特的文化能力。例如，他们使用土著民、年轻人、流动人口或 LGBT 所熟悉并适合的语言、信息和宣传方法。他们也了解文化规范（如关于寻求健康服务）如何影响人们的生活。

54. The work of these organizations and networks is based on rights, confidentiality and non-judgment. It is peer-based and maximizes the transfer of lived experiences, with people benefiting from the support from staff and volunteers to whom they can relate.

这些组织和网络的工作是基于权利的、保密性和不带判断的。它是以同伴为基础的，可以最大程度地传递他们的生活经验，人们可以从与他们有关的员工和志愿者的支持中受益。

55. These organizations and networks manage activities that address the full and holistic needs of marginalized community members. For example, the Positive Health, Dignity and Prevention approach developed by GNP+ not only addresses the care and treatment needs of people living with HIV, but those relating to prevention and to wider areas of rights, mental health and wellbeing.

这些组织和网络管理的活动可以解决边缘社群的全部和整体需求。例如，全球艾滋病感染者网络所开发的“积极健康、尊严和预防”方法不仅仅解决了艾滋病感染者的关怀和治疗需求，而且还涉及到预防，和更广范围的权利、心理健康和福祉需求。

56. In some contexts, comprehensive services are provided at "one-stop-shop" facilities which address a wide range of people's needs at one location (reducing stress, cost and inconvenience). In other contexts, they are provided through carefully developed referral systems, for example to other service providers which have received training from organizations and networks led by and for key populations on how to offer services which are, for example, "sex worker-friendly" or "youth-friendly".

在一些情况下，“一站式”设施提供了全面的综合服务，在一处满足了人们的广泛需求（减轻压力、成本和不便）。在其他情况下，他们通过精心开发的转介系统来提供服务，例如，转介给那些接受过来自重点人群组织和网络的培训，知道关于如何提供“性工作者友好”或“青年友好”服务的组织。

57. Community-led organizations and networks have demonstrated their ability to work in an integrated and partnership way—where their services combine with and complement those of other sectors, and add up to comprehensive support for individual community members and their families.

以社区为主导的组织和网络已经展示他们以整合及伙伴关系的方式开展工作的能力，他们的服务与其他部门的服务相结合和互补，并成为对个人社区成员及其家庭的全面支持。

58. These contribution are based on strong community systems, which are vital for resilient and sustainable systems for health. Those systems also enable people living with HIV and other key populations, women and young people to perform social contracting for a wide range of health and social services.

这些贡献是基于强大的社区系统，对于一个具有活力和可持续的卫生系统来说至关重要的。这些系统能够使艾滋病感染者和其他重点人群、女性和年轻人通过社会购买服务来提供广泛的一系列健康和社会服务。

59. Drawing on their HIV work especially, these communities offer a wealth of experience which can be shared across regions and other health areas. These are "banked" in a range of global resources available publicly. Examples include the "implementation tools" developed collaboratively between key population networks and UN agencies, which offer detailed guidance on the design of comprehensive programmes.<sup>67</sup>

特别是在其艾滋病工作的基础上，这些社群提供了丰富的经验，可以在各个地区和其他卫生领域共享。这些资源被“存储”在一系列公开的全球资源中。例如，包括重点人群网络和联合国机构合作开发的“实施工具”，为全面的综合性项目提供了详细的指导。<sup>68</sup>

60. Examples of good practice in providing people-centered, integrated and community-led services can be seen in the work of:

提供以人为本、整合及社区主导的服务的良好实践包括：

- APICHA Community Health Centre, USA.<sup>69</sup> This project began in 1989 as an HIV prevention organization focused on Asian, Asian-American and Pacific Islander communities in New York City. It developed into a multiservice health-care provider that focuses on immigrant and LGBT communities, both of which experience marginalization and heightened vulnerability. APICHA now works to increase access to comprehensive primary care, preventive health services and mental health services, with a commitment to excellence and cultural competency that enhances people’s quality of life. Drawing on lessons from its HIV work, APICHA’s services are community-level, person-centered and comprehensive. They include a trans health clinic, pharmacy, pre-exposure prophylaxis team, chronic disease management, LGBT youth drop-in and mental health support.
- APICHA (社区健康中心), 美国.<sup>70</sup> 这个项目始于 1989 年, 开始是作为一个艾滋病预防的机构, 专门关注纽约市亚裔、亚裔美国人和太平洋岛民社区。它现在已经发展成一个提供多种服务的健康医疗服务提供者, 关注移民和 LGBT 社区, 而这两个社群都面临着边缘化和加剧的脆弱性。APICHA 现在致力于提高全面初级医疗保健、预防性医疗服务和精神健康服务的可及性, 致力于能够提高人们生活质量的卓越和文化的力量。APICHA 借鉴了艾滋病工作的经验, 其服务是基于社区层面提供的, 以人为本的和全面的。包括跨性别健康诊所、药房、暴露前预防小组、慢性病管理、LGBT 青少年活动中心和心理健康支持。
- Health Options for Young Men on HIV/AIDS and STIs (HOYMAS), Kenya.<sup>71</sup> This Nairobi-based organization is led by male sex workers and it supports male sex workers and other men who have sex with men, groups which face criminalization and high levels of abuse. One in four sex workers in Kenya experience physical or sexual violence, while 44% are affected by arrests, intimidation and violence perpetrated by the police. HOYMAS provides comprehensive HIV services, including through peer outreach, home-based care and a community-led clinic (that serves as a “one-stop-shop” for all health, social and legal services). It also extends its services to address a wider range of community needs. For example, it provides a livelihoods programme, with opportunities to build vocational skills, set up small businesses and access savings and credit schemes. HOYMAS also conducts advocacy with national decision-makers and sensitization work with the police, journalists, health-care providers and religious leaders to foster a more supportive environment for its work and its members.
- 年轻男性艾滋病和性病健康选择 (HOYMAS), 肯尼亚.<sup>72</sup> 这个设在内罗毕的组织是由男性性工作者所领导的, 支持男性性工作者和其他男男性行为者, 这些人面临着刑事化和高水平的虐待。肯尼亚四分之一的性工作者遭受身体或性暴力, 44%受到来自警察的逮捕恐吓和暴力。HOYMAS 提供全面的艾滋病服务, 包括同伴外展、家庭护理和社区主导的诊所(提供医疗、社会和法律方面服务的一站式中心)。它还扩展其服务以解决一系列的社区需求。例如, 它提供生计项目, 提供机会培训职业技能, 建立小型企业及储蓄和信贷计划。HOYMAS 也向国家决策者、记者、医务人员和宗教领袖开展倡导和宣传工作, 以为其工作和成员营造一个支持性的环境。

- **RedTraSex, Latin America and the Caribbean.**<sup>73</sup> This regional network of sex workers responded to multiple reports of stigma and discrimination in health-care settings by developing a good practice guide for health-care personnel, such as nurses, gynecologists and psychologists. The guide shares the network's community-led and community-based experiences of providing comprehensive and person-centered support to marginalized sex workers as part of HIV programmes. It covers issues such as stigma and discrimination, migration, gender-based violence, mental health, sexual and reproductive health rights, HIV and sexually transmitted infections. In 2012–2018, RedTraSex used the guide to sensitize over 120 health centres, signing agreements with 58 of them to routinely implement the guide.

**RedTraSex, 拉丁美洲和加勒比地区。**<sup>74</sup> 这个区域性工作者网络通过为医护人员（如护士、妇科医生和心理学家）制定良好实践指南，来应对医疗环境中的污名和歧视。该指南分享了该网络由社群领导的工作，基于其为边缘性工作者提供全面和以人为本的支持的经验，作为艾滋病项目的一部分。它涵盖了污名和歧视、人口流动、性别暴力、精神健康、性和生殖健康权利、艾滋病和性传播感染。2012-2018年，RedTraSe 使用该指南对超过 120 名卫生中心进行了宣传，与其中 58 个中心签署了实施该指南的协议。

61. Those and similar initiatives to provide rights-based, people-centered, integrated, and community-led services have produced important lessons which can be applied to UHC, including:

这些倡议提供以权利为基础、以人为本、整合的社区主导服务，为全民健康覆盖提供了重要的教训，包括；

- **develop whole-person and rights-based approaches** to healthcare for people living with HIV and other key populations, women and young people. The approaches should incorporate the general determinants of people's wellbeing, while not neglecting their disease-specific needs, for example in relation to HIV prevention, care, support and treatment;
- **开发基于人为本和以权利为基础的方法**，为艾滋病感染者和其他重点人群、女性和年轻人的健康服务。这些方法应当考虑对人们福祉产生影响的一般性因素，而又不忽略他们特定的疾病需求，例如，与艾滋病有关的预防、关怀和治疗。
- **prioritize people living with HIV and other key populations, women and young people-led interventions**, in recognition of the unique value-added of services which people who are experts in their own communities can design, implemented and manage; and
- **优先考虑艾滋病感染者和其他重点人群、女性和年轻人主导的干预措施**，承认人们是其社群的专家，能够提供独特的视角和贡献，他们可以参与设计、实施和管理这些服务；
- **recognize and support community systems for health** in order to strengthen the work of community organizations and networks, and complement the services, expertise and infrastructure of stakeholders, such as the government and private sector.
- **认可和支持社区卫生系统**，以加强社区组织和网络的工作，补充政府和私营部门的服务、专业知识和基础设施。

*“We have seen that when programmes for sex workers are led by sex workers, they are better than when delivered by others. This is because we bring our own lived realities and understand our own needs.”*

*“我们已经看到，如果面向性工作者的项目由性工作者来主导的话，会比项目由其他人来主导的会更好。这是因为我们带来了我们自己现实生活的经验，并且更加了解自己的需求。”*

– Grace Kamau, African Sex Workers Alliance, Kenya

Grace Kamau,非洲性工作者联盟，肯尼亚

*“We are facing an intersection of so many issues, including racial discrimination, poverty ... So, for us to prioritize HIV, a program must be able to address the [other] needs that we have ... We cannot just go to people and say, oh we have HIV information, we are testing, and we will link you up to services. [The response is] ‘Well, it is not in my 12345 list of priorities. I’m thinking about how do I pay my rent? How do I support my people back home? How do I pay my bills?’”*

*“我们面临很多问题的交集，包括种族歧视、贫困.....因此，为了要优先艾滋病项目，一个项目必须能够解决我们所面临的（其他）问题.....我们不能只是去找到这些人，说我们有艾滋病相关的信息，我们正在做检测，我们能够帮你找到需要的服务。（回答会是）好吧，艾滋病不在我的优先事务列表上，我正在发愁怎么付房租？怎么支持我老家的家人？我怎么支付这些钱？”*

– Participant in focus group discussion with organizations led by and for migrants, USA

关于流动人口的焦点小组讨论参加者，美国

## Contribution 4: Developing cost-effective and sustainable models

贡献 4: 开发具有成本效益的可持续发展模型

62. The Political Declaration on Universal Health Coverage mandates Member States to:

《全民健康覆盖政治宣言》要求各成员国：

Paragraph 13: “Recognize that primary health care brings people into first contact with the health system and is the most inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being, and that primary health care is the cornerstone of a sustainable health system for universal health coverage and health-related Sustainable Development Goals.”

第 13 段：“认识到初级卫生系统使人们与卫生系统首次接触，是提高人们身体和精神健康、社会福祉的最具包容性、最有效的方法，初级卫生系统是实现全面健康覆盖和健康有关的可持续发展目标可持续的卫生系统的基石。”

Paragraph 39: “Pursue efficient health financing policies, including through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out of pocket expenditures leading to financial

hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those who are vulnerable or in vulnerable positions, through better allocation and use of resources, with adequate financing for primary health care.”

第 39 段：“实行有效的卫生筹资政策，包括通过与有关当局紧密合作，如财政和卫生部门，来应对未被满足的需求，消除财务壁垒，以获得优质、安全、有效、可负担的基本医疗服务、药物、疫苗、诊断和卫生技术，减少导致财务困难的现金支出，在整个生命过程提供财务保险保护，特别是那些贫困者和处于脆弱处境的人，通过更好分配和使用资源，为初级医疗保健提供足够的资金。”

63. Cost effectiveness and sustainability are pivotal to the type of seismic, systems-wide changes to healthcare that are needed to achieve UHC. They are key to shifting away from the current situation in which approximately 45% of global expenditure on health is out-of-pocket, a reality that pushes almost 100 million people into extreme poverty every year.<sup>75</sup>

成本效益和可持续性对于实现全民健康覆盖所需要的震荡式的、整个医疗系统的改革是至关重要的。他们是摆脱目前状况的关键。在当前，大约有 45% 的全球卫生支出是自掏腰包的，这一现实状况每年导致将近 1 亿人陷入极端贫困。<sup>76</sup>

64. Three decades of implementing HIV programmes, mainly at the primary health-care level, has provided people living with HIV and other key populations, women and young people-led organizations and networks with a wealth of knowledge about the costing and resourcing of interventions. They have learned, for example, that the costs of accessing health-care go beyond the cost of antiretroviral drugs: it is also about diagnostics (including CD4 tests), transport expenses and psychosocial support.

实施艾滋病项目三十年来，主要是在初级卫生系统一级，为艾滋病感染者和其他重点人群、女性和年轻人主导的组织和网络提供了大量关于干预措施成本和资源的丰富知识。他们了解到，例如，获得医疗服务的费用远远超过抗病毒药物：还包括诊断（包括 CD4 检测）、运输费用和心理支持。

65. Meanwhile, the groups themselves often function in resource-poor settings and have struggled to secure financing through conventional channels, such as government health-care budgets. This affects their work and impedes the sustainability of their interventions, a reality the PCB NGO Delegation has often highlighted and deplored.

同时，这些团体本身经常在资源匮乏的环境中运作，努力通过常规渠道，如政府的卫生预算，来保障财务稳定。这对他们的工作产生影响并阻碍了其干预措施的可持续性，这是项目协调委员会非政府组织代表团经常强调和谴责的。

66. Community organizations' and networks' experiences in responding to HIV can help shorten the learning curve for UHC, for example by drawing on their know-how about rights-based and gender-transformative programmes. They can also offer infrastructure (such as cadres of volunteers, community groups, and outreach mechanisms) and pathways to navigate health-care systems (such as knowledge of effective referral systems). Both are major opportunities to scale and speed-up UHC.

社区组织及其网路在艾滋病应对方面的经验能够帮助缩短全民健康覆盖的学习曲线，例如利用他们对以权利为基础和性别转变项目方面的知识。他们能够提供基础结构

(如志愿者、社区小组和外展机制)，以及如何与卫生系统打交道的经验(如关于有效转介系统的知识)。这些对于扩大和加快全面健康覆盖是主要的机会。

67. As global resources for HIV have decreased, value for money and resilience have become increasingly vital. This is especially the case in middle-income countries which are transitioning away from external financing (such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria), and where inequalities are increasing and social and political rights are eroding. In such contexts, there is a particular concern about the feasibility and efficacy of government funding for civil society organizations, especially those led by people living with HIV and other key populations, women and young people.

随着全球艾滋病资源减少，花好每一分钱和我们的抵御能力变得越来越重要。对于中等收入国家更是如此，外部资助(如全球抗击艾滋病、结核和疟疾基金)在转移，这些国家中的不平等现象在加剧，社会和政治权利受到侵蚀。在这些环境下，人们特别关注政府对公民社会资助的可行性和效力，特别是艾滋病感染者和其他重点人群、女性和年轻人领导的组织。

68. As shown in the 2016 NGO Delegation report, presented to the 39th PCB meeting, an end to AIDS will not occur by 2030 without sustainable financing for the community-led response to HIV<sup>77</sup>.

正如第 39 届项目协调委员会上提交的 2016 年非政府组织代表团报告所述，如果没有可持续的资助支持社群领导的艾滋病应对，我们不会在 2030 年终结艾滋病。<sup>78</sup>

69. Organizations and networks led by and for people living with HIV and other key populations, women and young people play crucial roles in providing day-to-day, community-based and person-centered services in areas such as health awareness, HIV prevention, and stigma and discrimination reduction. These services also bring financial advantages, including by averting costly emergency and crisis healthcare. They are also cost-effective. Models of home-based testing<sup>79</sup>, community-based treatment distribution<sup>80</sup> and peer support<sup>81</sup> are often more cost effective than institution-based options.

艾滋病感染者和其他重点人群、女性和年轻人领导的组织和网络在提供日常的、以社区为基础和以人为本的服务，在提高健康意识、艾滋病预防、消除污名和歧视方面发挥着重要作用。这些服务还具有财务方面的优势，包括避免了昂贵的紧急和危机医疗服务。这些服务也是具有成本效益的。家庭测试<sup>82</sup>、基于社区的治疗分布<sup>83</sup>和同伴支持<sup>84</sup>，与基于机构的选择这些服务经常是更加具有成本效益的。

70. UHC is an opportunity for the work of such organizations and networks to be better recognized and valued, including through more systematic integration into national health systems.<sup>85</sup> It is also an opportunity for such organizations and networks (alongside other stakeholders involved in the global response) to continue to improve the cost-effectiveness of action on HIV through system-wide approaches.<sup>86</sup>

全民健康覆盖提供了一个机会，让这些组织和网络的工作获得更好的承认和重视，包括系统性地整合进国家卫生系统中。<sup>87</sup>这也是这些组织和网络(和其他参与全球应对的利益相关方一道)继续通过系统性的方法提高艾滋病行动的成本效益的机会。<sup>88</sup>

71. Examples of good practice in developing good-quality, cost-effective and sustainable models can be seen in the work of:

在开发高质量、具有成本效益和可持续模型的良好实践可见于下列的例子：

- **Rise Clubs, South Africa.**<sup>89</sup> These clubs are coordinated by the Soul City Institute for Social Justice. They are run by and for adolescent girls and young women, in a country where social determinants, particularly harmful gender norms, put them at great and disproportionate risk of HIV infection. In 2018, there were more than twice as many new HIV infections among young women (aged 15–24 years) than among young men (69 000 compared to 25 000)<sup>90</sup>. The Rise Clubs model focuses on providing a low-cost, safe space for adolescent girls and young women to share approaches and strategize on issues affecting their lives—from enrolling in schools to building self-esteem and preventing unwanted pregnancies. HIV prevention features throughout this work. Within its first two years, the Rise Club model was scaled up in 6 provinces, with over 1 100 Clubs reaching 18 000 adolescent girls and young women.
- **Rise Clubs (上升俱乐部), 南非。**<sup>91</sup> 这些俱乐部是由灵魂城市社会正义研究所协调的。他们由少女和年轻女性所运营，在这个国家中，社会决定因素特别是有性的性别规范，使他们处于更大的不成比例的艾滋病感染风险中。2018年，年轻女性中的艾滋病感染者是（15-24岁）是年轻男性的两倍（69000和25000）<sup>92</sup>。Rise Clubs模式的重点在于为少女和年轻女性提供一个低成本的安全空间，来分享影响她们生活的方法和策略—从入学到建立自尊心和防止意外怀孕。艾滋病预防贯穿其中。在最初的两年内，Rise Clubs的模式扩展到了6个省，超过1100个俱乐部覆盖了18000名少女和年轻女性。
- **Groups of people living with HIV, sub-Saharan Africa countries.**<sup>93</sup> These organizations have been central to designing models to deliver antiretroviral therapy to people living with HIV in ways that reduce costs for both service providers and service users. The models have included community-based adherence clubs (which meet at local health facilities and provide peer support); community antiretroviral distribution points (which provide easier access to medication refills by bringing them closer to where people live); and community treatment groups (where members take turns to collect medicines, provide adherence support and monitor outcomes for fellow members). The models have been tested and implemented in eight countries: Democratic Republic of the Congo, Guinea, Kenya, Lesotho, Malawi, Mozambique, South Africa and Zimbabwe. They are cost effective and potentially sustainable, and the differentiated service delivery has resulted in increased levels of treatment adherence and retention for people in HIV care.<sup>94</sup>
- **艾滋病感染者小组，撒哈拉以南非洲国家。**<sup>95</sup> 这些组织在为艾滋病感染者设计抗病毒治疗模型、以减少服务提供方和服务使用者的成本方面发挥着重要的作用。这些模式包括以社区为基础的依从性俱乐部（他们在当地的医疗卫生机构会面并提供同伴支持）；社区抗病毒药物分发点（在靠近人们居住地的地方提供便捷的药物补充）。该模式已经在八个国家实施并测试：刚果民主共和国、几内亚、莱索托、马拉维、莫桑比克、南非和津巴布韦。他们是具有成本效应和可持续潜力的，而且提供的差异化服务使得艾滋病感染者的治疗依从性和保留率得到了提高。<sup>96</sup>
- **Pink Lotus, Viet Nam.**<sup>97</sup> This a sex worker-led organization developed a model of community-based counseling and HIV support in Ho Chi Minh City. It works in a national context where approximately 3.6% of female sex workers are living with HIV,<sup>98</sup> and where service organizations rely heavily external donor funding.



In its initial phase, the model reached 514 sex workers and managed 93 referrals to medical services. It showed that a key population-led initiative could achieve reach and be cost effective. Subsequently, when the Government sought to develop an HIV prevention programme with higher coverage, it selected the Pink Lotus model for scale-up in 15 provinces, based on a partnership between the organization, the Government and civil society. The work is funded through the provincial government, with strong potential for local sustainability.

粉色莲花，越南。<sup>99</sup> 这是一个性工作者领导的组织，在胡志明市开发了一个社区为基础的咨询和艾滋病支持模式。在越南，大约有 3.6% 的女性性工作者感染艾滋病<sup>100</sup>，服务组织严重依赖外部资助方的资金。在初始阶段，该模式覆盖了 514 名性工作者，转诊了 93 人接受医疗服务。它表明了重点人群领导的举措可以取得影响并且是具有成本效益的。随后，当地政府寻求开发一个覆盖面更广的艾滋病预防项目，它选择了粉色莲花的模式在 15 个省推广，基于与该组织、政府和公民社会的合作。这项工作由省一级的政府资助，具有地方可持续发展的潜力。

72. These and similar initiatives to develop cost-effective and sustainable models have generated important lessons which can be applied to UHC, including the need to:

这些和其他类似的举措能够开发具有成本效益和可持续发展的模式，所产生的重要经验教训可以适用于全民健康覆盖，包括：

- **ensure effective, efficient and necessary funding mechanisms** that enable organizations and networks led by and for people living with HIV and other key populations, women and young people to apply for and gain resources. This is preferable to funding channels that are only accessible to larger civil society organizations, networks, or international agencies. The changes should include appropriate policies and systems to enable social contracting, with funding transferred from the government to civil society organizations;
- **确保有效、高效和必要的资助机制**，使艾滋病感染者和其他重点人群、女性和年轻人能够申请并获得资源。这比那些只有大型公民社会组织、网络或国际机构才能获得的资金渠道更为可取。这些变化应当包括适当的政策和系统来实施社会购买服务，让资助从政府转移到公民社会组织。
- **build on and adapt** existing community-led infrastructure and resources, rather than start from scratch. For example, if adequately funded, established models of HIV services for people living with HIV and other key populations, women and young people can be expanded to also offer UHC packages, thereby presenting a more cost-effective alternative to parallel services; and
- **建立并改善**现有的社区主导的基础设施和资源，而不是从头开始。例如，如果有足够资助金，为艾滋病感染者和其他重点人群、女性和年轻人建立艾滋病服务模式，并扩展至可提供全民健康覆盖服务，从而提供一种更具成本效益的替代方案；
- **quantify and resource the full costs** of programmes by and for people living with HIV and other key populations, women and young people, rather than presume that the work will be conducted for free or at low cost. Ensure that adequate budgeting is included in relevant national processes, such as to develop government health budgets or Global Fund funding requests.
- 将艾滋病感染者和其他重点人群、女性和年轻人主导的**项目成本进行量化和分配**，而不是假定这项工作的会免费或以低成本的方式开展。确保在有关的国家流程中包括足够的预算，如制定政府卫生预算或申请全球基金。

*“Health systems need to re-frame their role and their relationship to communities. There is no need for Universal Health Coverage to duplicate systems. Communities and the HIV response have given us the infrastructure we need.”*

*“卫生系统需要重新确定他们的角色及与社区的关系。没有必要让全民健康覆盖重复建立系统。社区和艾滋病应对已经为我们提供了所需的基础设施。”*

– Mara Quesada, Action for Health Initiatives, the Philippines

-- Mara Quesada, 健康行动计划, 菲律宾

*“The ‘gift’ from HIV was connecting health issues to people’s lives and providing culturally informed healthcare. Now that work of community-led groups needs to be respected and funded. Money needs to be put into the hands of communities to develop their own health services – ones that work within local contexts and will last.”*

*“艾滋病给我们的礼物是将健康问题与人们的生活联系起来，并提供具有文化背景的医疗服务。现在社区小组的工作需要获得尊重和资助。需要将更多的钱投入社区，以开发他们自己的健康服务—那些能够在当地环境中发挥作用并且持续下去的服务。”*

– Renee Masching, Canadian Aboriginal AIDS Network, Canada

-- Renee Masching, 加拿大澳大利亚艾滋病网络, 加拿大

*“The state doesn’t acknowledge community knowledge and expertise. This is a major challenge. One of the main threats is that most of the donors are leaving the Asia Pacific region and governments are not willing to fund or work with the key population community ... They are worried that the community will talk about human rights, but the community must stand on our principles and not just take any terms the governments put on us.”*

*“国家并不承认社区的知识和专长。这是一个主要的挑战。主要的威胁之一是大多数的资助方正在离开亚太地区，而且政府并不愿意资助重点社群的工作……他们担心这些社群会讨论人权问题，但社群必须坚持我们的原则，而不是接受政府给我们的任何条件。”*

– Participant in focus group with young key populations, including sex workers, Asia and the Pacific

年轻的重点人群焦点小组参会者，包括性工作者，亚太地区

## **Contribution 5: Securing affordable and accessible medicines**

贡献 5: 确保能够负担并且可及的药物

73. The Political Declaration on Universal Health Coverage mandates Member States to:

《全民健康覆盖政治宣言》要求各国：

Paragraph 50: “Improve availability, affordability and efficiency of health products by increasing transparency of prices of medicines, vaccines, medical devices, diagnostics, assistive products, cell and gene-based therapies and other health technologies across the value chain, including through improved regulations and building constructive engagement and a stronger partnership with relevant stakeholders, including industries, private sector and civil society ...to address the global concern on high prices of some health products.”

第 50 段：“通过提高药品、疫苗、医疗器械、诊断、辅助产品、细胞和基因疗法和其他健康技术的价格透明度，包括通过改善法规和建立积极的参与，和利益相关方建立

强有力的合作关系，包括行业、私营部门和公民社会，改善健康产品的可及性、可承担性和有效性，.....以解决全球关于一些健康产品高昂的价格的关注。”

Paragraph 51: “Promote increased access to affordable, safe, effective and quality medicines, including generics, vaccines, diagnostics and health technologies, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WHO Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all.”

第 51 段：“推动人们能够获得可负担的、安全、有效和优质的药物，包括非专利药、疫苗、诊断和医疗技术，重申世界贸易组织《关于与贸易有关的知识产权协议》（TRIPS 协议），也重申《关于与贸易有关的知识产权协议和公共卫生的多哈宣言》，认识到知识产权的权利应当以支持成员国去保护公共卫生，特别是推动所有人能够获得药物的方式去解释和实施。”

74. Health equity lies at the heart of UHC, which aims to ensure that health services are accessible to all who need them (not only those who can pay) and protect people from financial risk.<sup>101</sup> Economic status is a major determinant of health. As such, UHC packages and services (including medicines and commodities) need to be at the right scale and affordable.

健康平等是全民健康覆盖的核心，旨在确保所有需要医疗服务的人能够获得这些服务（而不仅仅是能够负担医疗费用的人），并保护人们免受财务风险。<sup>102</sup> 经济状况是健康的主要决定因素。因此，全民健康覆盖和服务（包括药品和商品）需要在规模上适当并且价格可承受。

75. To be accessible, medicines need to be affordable for individuals, organizations and countries. People need to be able to get and use the drugs and health commodities they need without risking financial ruin. Organizations need to have reliable sources of reasonably priced medicines to support their programmes. Ministries of Health and Finance need to be able to budget for drug procurement and supply to fulfill UHC packages at scale.

为了易于获取，个人、组织和国家必须能够负担得起药品。人们需要能够获得和使用所需的药品和健康有关的商品，而不必冒着财务困难的风险：组织需要有可靠来源、价格合理的药品来支持他们的项目。卫生部和财务部需要对药品采购和供应做预算，来实现全民健康覆盖的规模。

76. As outlined in WHO's *Delivering quality-assured medical products for all* report, UHC has to reduce the costs of medicines, increase their supply and ensure that they are of high quality and effective.<sup>103</sup>

正如世界卫生组织《为所有提供质量保证的医疗产品》所述，全民健康覆盖必须降低药品成本，增加药品供应和保障高质量和有效性。<sup>104</sup>

77. Within the response to HIV, people living with HIV and other key populations, women and young people have conducted brave, groundbreaking advocacy to secure access to affordable and high-quality medicines. That work has incorporated a wide range of strategies, from the implementation of community-led monitoring (to provide evidence of the scale and impact of antiretroviral stockouts) to the delivery of

medicines (to facilitate the peer-based delivery of antiretroviral therapy) and the conduct of national-level campaigning (to reform laws and challenge obstructive patents).

在艾滋病应对中，艾滋病感染者和其他重点人群、女性和年轻人开展了勇敢而具有开创性的倡导来确保人们能够获得可负担的优质药品。这项工作包含一系列广泛的策略，从实施社群领导的监测（以提供抗病毒药物关于库存规模和影响的证据），到药物的分发（以推动基于同伴的抗病毒治疗提供），和国家层面的活动（以改革法律和专利的挑战）。

78. In some contexts, the response to HIV has brought a fundamental change to the relationship between service users and medical professionals and corporations. For example, through “knowing your rights” and treatment literacy campaigns, people living with HIV have become experts in their own health condition and treatment options. They have able to engage in and lead dialogues on drug pricing and quality.

在一些情况下，艾滋病的应对使服务使用者和医疗专业人员之间关系发生了根本性的变化。例如，通过“了解你的权利”和治疗扫盲运动，艾滋病感染者能够成为自己健康状况和治疗选择方面的专家。他们能够参与并领导关于药品价格和质量的对话。

79. Community-led organizations and networks have addressed access to HIV-specific medicines, along with the other drugs and commodities that needed for a comprehensive response to HIV. For example, groups have advocated for the availability and affordability of medicines for opportunistic infections and comorbidities, such as tuberculosis. They have also drawn attention to issues around drug interactions, such as for trans people living with HIV who are taking antiretroviral drugs alongside hormone treatments, or for people who inject drugs who are living with HIV and are taking antiretrovirals alongside opioid substitution therapy.

社会组织和网络已经解决了艾滋病药物的获得问题，以及全面的艾滋病应对所需的其他药品和商品。例如，很多组织已经在倡导机会感染和并发症药物的可及性和可承受性，如结核病。他们还提出了诸如药物相互作用的问题，如感染艾滋病的跨性别者在接受激素治疗的同时服用抗病毒药物，或者感染艾滋病的注射毒品使用者在服用抗病毒药物的同时接受阿片类药物替代疗法。

80. Underpinning the work of organizations by and for people living with HIV and other key populations, women and young people is a central message: the high prices and unaffordability of medicines has a catastrophic impact on the economic and health status of people, in particular those who are most marginalized. These organizations and networks have applied persistent pressure for increased public expenditure on health, improved regulation of the private sector and greater transparency and accountability. Accountability is relevant in the work of all stakeholders (including governments and the private sector) and all relevant areas of work (including the processes involved in trade negotiations and the status of patents).

艾滋病感染者和其他重点人群、女性和年轻人组织的工作包含着这样一个核心信息：药品的高昂价格和不可负担，对于人们的经济和健康状况会造成灾难性的影响，特别是那些最边缘化的人。这些组织和网络已经施加压力，要求增加对健康的公共支出，改善对私营部门的管理，提高透明度和问责制。问责对于所有利益相关方（包括政府和私营部门）的工作以及所有有关领域的工作（包括贸易谈判和专利的状况）都具有重要的意义。

81. Examples of good practice in securing access to essential and affordable medicines can be seen in the work of:

在确保基本药物的可及性和可负担的良好实践可见于下列的工作：

- Fundación Grupo Efecto Positivo, Argentina.<sup>105</sup> This is a group by and for people living with HIV that works in a country which is classified as "high-income". It has monitored patent applications for HIV-related drugs and has challenged those that block equitable access. In 2015, the price of a first-line antiretroviral therapy regimen was USD 2642 per person per year in Argentina, 26 times higher than the lowest-priced generic version. This was due mainly to a patent on the fixed-dose combination. The Fundación analyzed the application and filed oppositions, arguing that the drug was not patentable because its combination of three existing antiretrovirals constituted neither "invention" nor "novelty". It lobbied decision-makers, engaged in policy dialogues, publicized the story in the media and supported the government's efforts to pursue generic purchasing. As a result, the patent application was withdrawn, opening the way for generic competition. This led to the price of the first-line regimen decreasing to USD 152 per person per year, a 94% reduction which would save the national AIDS programme approximately USD 37 million.
- Fundación Grupo Efecto Positivo, 阿根廷.<sup>106</sup> 这是一个由艾滋病感染者所领导的小组，为社群提供服务。该小组位于阿根廷，这是一个被列为“高收入”的国家。该小组监测艾滋病有关药物的专利申请，并对那些阻碍公平获得药物的专利提出了挑战。2015年，阿根廷一线抗病毒药物的价格是2642美元每人每年，比价格最低的仿制药高26倍。这主要是因为对固定剂量组合的专利。Fundación 对该申请进行了分析，并提出异议，认为该药不应当获得专利，因为它是三种现有抗病毒药物的组合，并不构成“发明”，也不构成“”创新。它对决策者进行游说，参与政策对话，在媒体上发布故事，支持政府购买仿制药的努力。结果，该专利申请被撤回，为仿制药竞争开辟了道路。这使得一线药物价格的价格降低至152美元每人每年，降低了94%，为国家艾滋病项目节约大概3700万美元。
- Community Treatment Observatories, West Africa.<sup>107</sup> These networks of people living with HIV (including members of key populations) operate in 11 countries and aim to increase access to optimal HIV treatment through the systematic monitoring of services. They are supported by the International Treatment Preparedness Coalition (ITPC) and ITPC West Africa. The Observatories collect and analyze data on the availability, accessibility, acceptability, affordability and appropriateness of HIV care and services at local clinics. The focus is on pregnant women, young people, gay men and other men who have sex with other men, sex workers and people who inject drugs. The combined data provides evidence of the true picture of access to HIV medicines in West Africa. For example, it shows that the average frequency of stock-outs is 23% for antiretrovirals. It also highlights that certain populations (e.g. gay men and other men who have sex with men, sex workers and young people) have low levels of linkage to HIV treatment and care.
- 社区治疗观察, 西非.<sup>108</sup> 这些艾滋病感染者网络（包括重点人群的成员）在11个国家运营，旨在通过系统地监测服务，来增加艾滋病治疗的可及性。他们获得了国际治疗联盟（ITPC）以及ITPC西非的支持。这些观察者收集和分析关于当地诊所艾滋病关怀和服务可及性、可接受性、可负担性和适当性的数据。重点是孕妇、年轻人、男同性恋和其他男男性行为者、性工作者和注射毒品使用者。这些整合的数据提供了西非艾滋病药物获得情况的真实图景。例如。它表明抗病毒药物的平均

缺货频率是 23%。它也强调了一些特定的人群（如男同性恋和其他男男性行为者、性工作者和年轻人）与艾滋病治疗和关怀的联系程度较低。

- **Botswana Network on Ethics, Law and AIDS, Botswana.**<sup>109</sup> This civil society organization, working with organizations by and for key populations and the Southern Africa Litigation Centre, challenged the Government's policy of refusing free antiretroviral therapy to non-citizen prisoners. At the time, 87% of people living with HIV in Botswana were accessing ART, but foreign prisoners were being left behind. The partners pursued strategic litigation in the High Court, which ruled that denial of treatment to non-citizen prisoners living with HIV violated their constitutional rights. The judgment secured the prisoners' right to accessible and affordable antiretroviral therapy.

- **博茨瓦纳道德、法律和艾滋病网络，博茨瓦纳。**<sup>110</sup> 这个公民社会组织与重点人群组织、南部非洲诉讼中心合作，挑战政府拒绝为囚犯中的非本国公民提供免费的抗病毒治疗的政策。那时候，博茨瓦纳 87% 的艾滋病感染者能够获得抗病毒药物治疗，但来自外国的囚犯无法获得。这些合作伙伴在高等法院进行战略诉讼，高院裁定拒绝为监狱中非本国公民的艾滋病感染者提供治疗侵犯了他们的宪法权利。这个判决确保了囚犯获得可负担的抗病毒药物治疗的权利。

*“The text of the Political Declaration fails to communicate the many contributions of communities and civil society to the delivery and implementation of UHC. An enabling social, legal and policy environment is required for robust participation of communities; this means that civil society organizations must be able to legally register, receive finances, and operate without fear of harassment or violence.”*

*“《政治宣言》的文本未能传达社区和公民社会在提供和执行全民健康覆盖方面所做出的很多贡献。社区的积极参与需要一个支持性的社会、法律和政策环境；这意味着公民社会组织必须能够合法注册、获得资金，能够在不担心骚扰或暴力的情况下进行运作。”*

– MPact Global Action for Gay Men's Health and Rights

MPact 全球男同性恋健康和权利行动

82. Within these and other initiatives, to secure access to essential and affordable medicines, lessons learned from HIV activities (and which can be applied to UHC) include the need to:

在这些和其他的倡议中，确保获得基本的和可负担的药物，来自艾滋病运动的经验教训（可应用于全民健康覆盖）包括：

- **invest in treatment literacy** for people living with HIV and other key populations, women and young people to enable them to enhance their capacities (e.g. with regard to drug pricing, patenting and intellectual property) and to become patient advocates who can argue for their own right to health and lead advocacy on access to affordable medicines;
- **资助治疗扫盲**，针对艾滋病感染者和其他重点人群、女性和年轻人，使他们能够提高能力（如在药物价格、专利和知识产权方面），成为能够伸张自己健康权的倡导者，领导获得可负担药物的倡导运动；
- **use advocacy arguments that combine legal and rights language**, based on sound legal information and precedents (such as on the use of TRIPS), combined with the right to health (as committed to in relevant Political Declarations); and
- **结合法律和权利的语言来增强倡导论点**，基于合理的法律信息和案例（如使用 TRIPS），结合健康权（《政治宣言》中有关条款的承诺），和



- **maintain attention to the quality, cost and accessibility of medicines** to ensure that they are available and affordable to people living with HIV and other key populations, women and young people, are of high quality, and are efficacious and appropriate.
- **继续关注药物的质量、成本和可及性**，来确保艾滋病感染者和其他重点人群、女性和年轻人能够获得可负担的药物，并且是优质的、疗效好的，适当的。

*“We have to draw the links between HIV and other areas of health where marginalized communities face the same type of barriers, such as the high prices of medicines. We need accountability from everyone, including pharmaceutical companies and insurance companies. Otherwise healthcare—and Universal Health Coverage—is just about who has money and who doesn’t.”*

*“我们必须在艾滋病和其他的健康领域建立联系，在这些领域中，社区面临着同样类型的障碍，如药品的高昂价格。我们需要向所有人问责，包括制药公司和保险公司。否则，医疗保健和全民健康覆盖只是让那些有钱人能获得。”*

– Elie Ballan, M-Coalition, Arab Foundation for Freedoms and Equality, Lebanon

– Elie Ballan, M-Coalition, 阿拉伯自由和平等基金会，黎巴嫩

## Contribution 6: Ensuring multisectoral governance and accountability

贡献 6: 确保多部门的治理和问责

83. The Political Declaration on Universal Health Coverage mandates Member States to:

《全民健康覆盖的政治宣言》要求各国：

- Paragraph 20: “Recognize that people’s engagement, particularly of women and girls, families and communities, and the inclusion of all relevant stakeholders is one of the core components of health system governance, to fully empower all people in improving and protecting their own health.”
- 第 20 段：“认识到人们的参与，特别是女性和女童，家庭和社区，以及所有利益相关方的参与，是卫生系统治理的核心组成部分，以充分赋权所有人来改善和保护自身健康的能力。”
- Paragraph 54: “Engage all relevant stakeholders, including civil society, the private sector, and academia, as appropriate, through the establishment of participatory and transparent multistakeholder platforms and partnerships, to provide input to the development, implementation and evaluation of health and social-related policies and reviewing progress for the achievement of national objectives for universal health coverage.”
- 第 53 段：“让所有利益相关方参与，包括公民社会、私营部门和学术界，以适当的方式，通过建立参与式和透明的多利益相关方平台和合作伙伴关系，来提供意见开发、实施和评估健康和社会相关的政策，并审查时限全民健康覆盖的国家目标的进展。”

84. As with the response to HIV, to succeed, UHC requires a whole-of-society and multisectoral approach to both its implementation and governance. Community and civil society engagement is a further accelerator of the Global Action Plan for Healthy

Lives and Well-being for All.<sup>111</sup> The accelerator is based on the rationale that: “ensuring that communities and civil society receive the support that they need to be meaningfully engaged enables them to bring their lived experience, perspectives and expertise to knowledge generation, policy-making and health responses that are rights-based, accountable and ensure that no one is left behind.”

和艾滋病应对一样，如果要成功，全民健康覆盖在实施和治理方面需要采取全社会和多部门的方法。社区和公民社会参与进一步推进了《全民健康生活和福祉全球行动》。<sup>112</sup> 该推动是基于这样的理由：“确保社区和公民社会获得他们所需要的支持来有效地参与，使他们能够带来他们的生活经验、观点和专长，以创造知识、进行决策和健康应对，让这些能够以权利为基础、负责任和确保没有任何人掉队。”

85. Organizations and networks of people living with HIV and other key populations, women and young people bring decades of experience in pioneering and impactful engagement in governance and decision-making bodies. Formalized engagements have occurred at all levels, including:

艾滋病感染者和其他重点人群、女性和年轻人领导的组织和网络在治理和决策机构方面有开拓性和有影响的参与，有着数十年的经验。正式的参与发生在各个层面上，包括：

- globally (such as with the NGO Delegation participating in the UNAIDS PCB);
  - at Member State-level (such as with civil society representatives participating in Country Coordinating Mechanisms for the Global Fund or in national AIDS councils); and
  - locally (such as with representatives on District or Village Health Committees).
- 在全球范围内（如与非政府组织代表团一道参与联合国艾滋病规划署项目协调委员会）
  - 在成员国的层面上（如与公民社会代表一起参与全球基金的国家协调机制，或者在国家艾滋病委员会）
  - 地方上（如与地区或乡村健康委员会的代表）

86. Engagements have also included processes related to the development or review of strategies, programmes and proposals. Examples include national AIDS strategies, Global AIDS Monitoring, national health budgets, universal periodic reviews, funding requests for the Global Fund, and Country Operational Plans for the President’s Emergency Fund for AIDS Relief.

参与也包括制定或回顾战略、项目和计划书的过程。例如，国家艾滋病战略、全球艾滋病监测、国家卫生预算、普遍定期审议、全球基金申请，以及总统艾滋病紧急援助基金的国家行动计划。

87. In such forums, community leadership has played unique roles, using the real-life issues and needs of constituents to mobilize political will, influence decision-making and shape resource allocation. Led by impassioned and informed representatives, this advocacy has put the principle of "nothing about us without us" into practice.

在这样的论坛中，社群领导发挥了独特的作用，利用现实生活中社群的问题和需求来动员政治意愿、影响决策和资源分配。在富有激情、见识多广的代表的带领下，这些倡导将“没有我们参与就没有决策”的原则付诸实践。



88. The Lancet Commission on Advancing Global Health and Strengthening the HIV Response in the Era of the Sustainable Development Goals stated that “the greater integration of affected communities in global health governance ... will be one of the lasting legacies of HIV activism.”<sup>113</sup>

柳叶刀关于在可持续发展目标时代加强艾滋病应对全球健康促进委员会表示：“在全球健康治理中更多地融入受影响社群的参与……将是艾滋病运动的持久遗产之一。”

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89. Representatives of people living with HIV and other key populations, women and young people have played especially important roles in holding other stakeholders—particularly governments, the medical profession and pharmaceutical companies—to account. They have often been the ones asking difficult questions, insisting on greater transparency and pushing for improved performance. That work has combined formal (e.g. representatives participating in Global AIDS Monitoring processes) and informal roles (e.g. activists using social media to act as “watchdogs”).

艾滋病感染者和其他重点人群、女性和年轻人的代表在向利益相关方问责方面，特别是政府、医疗行业和医药公司，发挥了特别重要的作用。他们经常提出很难的问题，要求更高的透明度，并推动提高绩效。这项工作将正式（如参与全球艾滋病监测过程的代表）和非正式的角色（如使用社交媒体充当监督者的活动家）相结合。

90. The contribution of those representatives has become both increasingly important and challenging in contexts with shrinking civil society space. CIVICUS reports that, across the world, the sector faces multiple challenges, such as increasing encroachment on the civic space of excluded groups and rising right-wing populism.<sup>115</sup> It is more important than ever for the voices of marginalized communities to be heard, and for those with access to power to support them.

在公民社会空间缩小的情况下，这些代表贡献正变得越来越重要，同时也越来越具有挑战性。CIVICUS 报告称，在全世界范围内，这个部门正面临着多重挑战，如被排斥群体的公民空间越来越被侵占，以及右翼民粹主义的崛起。<sup>116</sup>

91. As the pace of UHC increases, people living with HIV and other key populations, women and young people will need to maintain their role in the governance of the response to HIV. While core HIV services should be included in UHC packages, there will remain a need for strong national AIDS strategies that continue to respond to the nuanced needs of specific key populations. This is strategically vital in a global context where 54% of new HIV infections (and more than 95% in some regions) occur in such communities.<sup>117</sup>

随着全民健康覆盖步伐的加快，艾滋病感染者和其他重点人群、女性和年轻人需要在艾滋病应对的治理中继续发挥作用。虽然全民健康覆盖的计划应当包含核心的艾滋病服务，我们仍然需要强有力的国家艾滋病战略，以继续应对特定重点人群的需求。全球 54% 的艾滋病新发感染（在某些地区超过 95%）发生在这些社群中。<sup>118</sup>

92. Communities involved in HIV have also demonstrated an important ability to work together, by forming coalitions and shared platforms which, in turn, support representatives in decision-making bodies. Those mechanisms are opportunities to identify common ground, provide a united voice on priority issues for communities, and ensure strong communication flows (from and to constituencies). Examples exist

at all levels: global (such as the "Free Space" process that brings together global key population and civil society networks);<sup>119</sup> regional (such as the "Nobody left outside" initiative that is a collective of organizations representing marginalized communities in Europe);<sup>120</sup>; and national (such as consortia of key population networks).

参与艾滋病工作的社群也展现出了合作的重要能力，他们建立联盟和共享平台，这些行动又反过来支持了代表参与决策机构。这些机制是寻求共同立场的机会，为社群的优先问题提供一致的声音，确保有效的交流（来自社群并回归社群）。这些例子来自各个层面：全球（如“自由空间”过程，将全球重点人群和公民社会网络聚集在一起）<sup>121</sup>，区域（如“没有人被排除在外”倡议，代表着欧洲的边缘群体社群）<sup>122</sup>，以及国家（如重点人群网络和联盟）。

**93. Examples of good practice in ensuring multisectoral governance and accountability can be seen in the work of:**

在确保多部门治理和问责的良好实践可见于下列案例：

- **Organizations by and for people living with HIV and other key populations, Kenya.**<sup>123</sup> These are organizations (including of gay men and other men who have sex with men, trans people, sex workers and people who inject drugs) which have played leading roles in the multisectoral governance of Kenya's response to HIV. The National AIDS Control Council recognizes their importance, especially those which are led by people living with HIV and other key populations. Those groups have strengthened their contributions by improving coordination and forming umbrella mechanisms, such as the Kenya Key Populations Consortium.
- **艾滋病感染者和其他重点人群的组织，肯尼亚。**<sup>124</sup> 这些组织（包括男同性恋和其他男男性行为者、跨性别者、性工作者和注射毒品使用者），在肯尼亚的多部门艾滋病应对中发挥着主导作用。国家艾滋病防治委员会认识到他们的重要性，特别是那些由艾滋病感染者和其他重点人群所领导的组织。这些组织通过改善协调和建立联盟机制，如肯尼亚重点人群联盟，来加强自己的贡献。

This has strengthened their representation on bodies such as the Board of the National AIDS Control Council and the Kenya Coordinating Mechanism (for the Global Fund). Having proved the benefits of working in a multisectoral way, such a model is now being developed for Kenya's approach to UHC. For example the Health NGOs Network participates in the Ministry of Health's UHC Benefits Package Advisory Panel.

这加强了他们在国家艾滋病防治委员会理事会和肯尼亚协调机制（全球机制）中的代表性。这种方式证明了多部门合作的好处，目前肯尼亚也针对全民健康覆盖开发这种工作模式。例如，健康非政府组织网络参加了卫生部的全面健康覆盖福利包建议小组。

- **Associação Mulheres Guerreiras, Brazil.**<sup>125</sup> This sex worker-led organization operates in the city of Campinas. Nationally, HIV prevalence among sex workers is 5.3% (compared to 0.5% for the general population).<sup>126</sup> Years' of advocacy has led to extensive involvement in the municipal council, the many multisectoral political decision-making body for the city's decentralized health system. The organization has advocated for its position in bodies such as the Municipal Councils for Women's Rights and for Health. In that way, it has put pressure on the local government to expand health services for sex workers in Jardim Itatinga, a neighborhood where **most** of the city's sex work occurs. This has led to the Health Centre Santos Dumont offering services that specifically address the

needs of sex workers, from condom supplies to gynecological services and hormonal therapy (for trans sex workers). The centre can care for 150 people daily, with sex workers able to access it confidentially, without have to provide identification.

- **Associação Mulheres Guerreiras**, 巴西。<sup>127</sup> 这个由性工作者领导的组织在坎纳斯市运营。在全国范围内，性工作者中的艾滋病感染率是 5.3%（相比之下，一般人群的感染率为 0.5%）。<sup>128</sup> 多年的倡导工作使得人们广泛地参与市议会，市议会是该市分权的卫生系统的多部门决策机构。该组织一直倡导女性权利和健康委员会在市议会中的地位，它给当地政府施压，要求扩大对 Jardim Itatinga（这是一个性工作者集中的地区）性工作者的医疗服务。这导致了 Santos Dumont 卫生中心提供专门针对性工作者需求的服务，包括提供安全套、妇科服务和激素治疗（面向跨性别性工作者）。该中心每天可以为 150 人提供服务，性工作者可以匿名接受服务，而不需要提供身份信息。
- **Facilitators of Community Transformation, Malawi**.<sup>129</sup> This is a youth network which, in collaboration with Malawi's Country Coordinating Mechanism, organized consultations among adolescent girls and young women to inform the work supported by the Global Fund. The consultations focused on the design of clubs adolescent girls and young women, one of the interventions funded under the country's Global Fund grant. The network also prepared participation in an annual civil society forum on Global Fund processes. More than 500 adolescent girls and young women engaged in an "I-Speak Out" campaign to ensure accountability and transparency of Global Fund grant implementation processes.
- **Facilitators of Community Transformation (推动社区转型)**, 马拉维。<sup>130</sup> 这是一个年轻人的网络，与马拉维国家协调机制合作，在年轻女孩和妇女中组织咨询活动，帮助他们了解全球基金所资助的工作。这些咨询会议主要集中在年轻女孩和妇女俱乐部的设计，这是该国全球基金资助项目中的一个活动。该网络还准备参加关于全球基金程序的年度公民社会论坛。有超过 500 名年轻女孩和妇女参加了“我说”的活动，以确保全球资金的赠款在实施过程中的责任和透明。

94. These and similar initiatives to ensure multisectoral governance and accountability have generated key lessons which can be applied to UHC, including the need to:

这些和其他类似的活动保证了多部门的治理和问责，为全民健康覆盖提供了可适用的重要经验教训，包括：

- **ensure meaningful engagement** of people living with HIV and other key populations, women and young people in multisectoral governance bodies. The engagement should go beyond a “seat at the table”, and should include formal and accountable mechanisms and genuine power to influence decisions, policies and resource allocations;
- 确保艾滋病感染者和其他重点人群、女性和年轻人在多部门治理机构中的**有效参与**。这些参与应当不仅仅局限于“占有一席之地”，还应当包括正式的问责机制和能够影响决策、政策和资源分配的真正权力；
- **support high quality representation** of people living with HIV and other key populations, women and young people in multisectoral bodies by enabling them to select their own representatives and, where required, to access technical support to build their practical capacity, such as in budgeting or monitoring; and
- 支持艾滋病感染者和其他重点人群、女性和年轻人在多部门机构中**高效地代表**，通过支持他们选择自己的代表，获得技术支持来建设实操技能，如预算或监督；

- **have built-in and transparent accountability mechanisms** for multisectoral governance structures. This is to enable all stakeholders, especially those affected most directly by the issues at hand, to understand what has (or has not) been achieved and why this has happened, and to advocate for appropriate action.
- 在多部门治理架构中**设置透明的问责机制**。让所有利益相关方，特别是那些最受当前问题影响的人，来了解已经（或尚未）取得的成就，以及造成这个局面的原因，并主张采取适当的行动。

*“It’s not only about allowing the community to have a seat at the table ... but allowing them to make the table and set the table. It’s not about decision-makers prescribing to communities, but letting communities speak for themselves and teach decision-makers. They will tell you the challenges they face—racism, patriarchy, homophobia, etc.—and what good health care needs to look like.”*

– Larry Walker, THRIVE SS, USA

“这不仅仅是让社群占有一席之地……而且还要让他们自己决定这个席位。这不是让决策者给社区划分权力，而是让社群自己发声，并教育决策者。他们将讲述他们所面临的挑战——种族主义、父权制、恐同，等等，以及好的医疗服务应当是什么样子的。”

– Larry Walker, THRIVE SS, 美国

*“We’ve learned that what works is equitable collaboration at all levels – involving services providers, policy makers, researchers and people living with HIV themselves. This is the only way to address the huge barriers to health care—racism, homophobia, xenophobia, stereotyping—that affect our community.”*

“我们的教训就是只有在各个层次上的平等合作才是有效的——让服务提供者、决策者、研究人员和艾滋病感染者。这是解决医疗服务中巨大障碍的唯一方法——种族主义、恐同、仇外心理、刻板印象，都影响着我们的社群。”

– Maureen Owino, Committee for Accessible AIDS Treatment, Canada

– Maureen Owino, 艾滋病治疗可及委员会，加拿大

## CONCLUSION

总结

95. The UN Political Declaration on Universal Health Coverage is now in place. In many respects, however, the story of UHC has just begun. The real work is now starting: turning words and commitments into actions that are *truly* universal and that reach and benefit everyone in need.

《联合国关于全民健康覆盖的政治宣言》现在已经发布。但是，在很多方面，全民健康覆盖的故事才刚刚开始。真正的工作才刚刚开始：将语言和承诺变成真正普遍并覆盖和惠及所有需要帮助的人的行动。

96. At this critical juncture, organizations and networks led by and for people living with HIV and other key populations, women and young people are an immense asset. Through decades of responding to HIV, they are a global resource of knowledge, experience and expertise, including for identifying and reaching those most marginalized or in conditions of vulnerability; addressing the social and economic determinants of health; providing person-centered, integrated, and community-led services; developing cost-effective and sustainable models; securing affordable and accessible medicines; and ensuring multisectoral governance and accountability.

在这个紧要的关头，艾滋病感染者和其他重点人群、女性和年轻人所领导的组织和网络是一种无价的财富。在几十年的艾滋病应对中，他们是具有知识、经验和专业知识的全球资源，包括确认和覆盖最边缘或者处于弱势的群体；解决健康和社会和经济的决定因素；提供以人为本，整合、和社群领导的服务；开发具有成本效益和可持续的模式；确保可承担和可及的药物，以及多部门治理和问责。

*“Global commitments enshrined in a Political Declaration will only have meaning if translated into policies, actions, and financing at the country level. Clear, coherent, and communities and civil society-inclusive accountability mechanisms that build upon national, regional, and global processes are needed to move the Political Declaration on UHC from mere rhetoric to reality. The Political Declaration should be accompanied by an accountability framework that establishes targets through which all stakeholders – including key and affected communities – can hold countries to account. These should include specific indicators to assess the extent to which Universal Health Coverage is ‘putting the last mile first’ and meeting the needs of the poorest and most marginalized.”*

“政治宣言中所载的全球承诺只有在国家层面转化为政策、行动和资助才有意义。清晰、协调一致和包含社群和公民社会的问责机制，并建立在国家、区域和全球过程之上，才能够将《全民健康覆盖政治宣言》从理论变为现实。政治宣言应当同时建立问责框架，确立目标，让所有利益相关方，包括重点和受影响社群，能够让国家承担责任。这些应当包括具体的指标来评估全民健康覆盖在何种程度上“优先考虑最后一公里”，并满足最贫穷最边缘化社群的需求。”

– Global Network of People Living with HIV  
全球艾滋病感染者网络

97. These and other areas of good practice—which have been pioneered, proven and scaled-up by people living with HIV and other key populations, women and young people – are ready to be replicated and adapted for UHC.

这些和其他的良好实践—由艾滋病感染者和其他重点人群、女性和年轻人所开创、证明和扩大规模，已经准备好为全民健康覆盖复制和使用。

98. If these opportunities are not used—and the contributions of people living with HIV and other key populations, women and young people are rejected or under-utilized—UHC will not succeed. HIV responses within UHC will be sidelined and UHC will leave people behind. It will not be *truly* universal.

如果不利用这些机会，艾滋病感染者和其他重点人群、女性和年轻人的贡献被拒绝或者未被使用，全民健康覆盖将不会成功。全民健康覆盖中的艾滋病应对将被搁置，人们将会被抛下。普遍可及不会真正实现。

## PROPOSED DECISION POINTS FOR THE PCB

建议项目协调委员会采纳的行动要点：

99. The Political Declaration on Universal Health Coverage mandates Member States to:

Paragraph 80: “Leverage the full potential of the multilateral system, in collaboration with Member States upon their request, and call upon the relevant entities of the United Nations development system, within their respective mandates, primarily WHO as the leading agency on health, as well as the reinvigorated UN Resident Coordinators and the UN Country Teams, within their respective mandates, as well as other relevant global development and health actors, including civil society, private sector and academia, to assist and support countries in their efforts to achieve universal health coverage at the national level, in accordance with their respective national contexts, priorities and competencies.”

《关于全民健康覆盖的政治宣言》要求成员国：

第 80 段：“发挥多边系统的全部潜力，应成员国的要求与之合作，呼吁联合国发展系统的有关机构，在各自的职权范围之内，特别世界卫生组织作为健康的领导机构，联合国驻地协调员和联合国国家团队，以及其他有关的全球发展和卫生机构，包括公民社会、私营部门和学术界，根据各自的国家背景、优先事项和能力，来协助和支持国家实现全民健康覆盖的努力。”

100. With this in mind, the PCB is urged to respond to this NGO Delegation Report by both recommitting to existing decision points and agreeing to new ones.

考虑到这一点，我们敦促项目协调委员会对非政府组织代表团的报告作出回应，即重申现有的决策要点，对新的决策要点达成一致意见。

101. The NGO Delegation calls upon Member States, UNAIDS Cosponsor Organizations and partners to recommit to, and accelerate action on:

非政府组织代表团呼吁各成员国、联合国艾滋病规划署共同赞助方和合作伙伴就以下行动作出承诺并加快行动：

*\*These are the final approved decision points at the 45<sup>th</sup> PCB Meeting*

*这是在第 45 届项目协调委员会上批准的最终决策要点。*

### 4.1 Recognizing that:

认识到：

6. The future global response to HIV should focus on, and accelerate gains made in protecting and supporting people living with HIV and other key populations, women and young people, and;

未来全球艾滋病应对应当着眼于，并加快在保护和支​​持艾滋病感染者和其他重点人群、女性和年轻人方面取得进展；以及

7. Addressing the social, economic, and structural drivers of the AIDS epidemic further contributes to reaching broader global health goals and ensuring progress across the 2030 Agenda for Sustainable Development, in order to leave no one behind;

解决艾滋病流行的社会、经济和结构性驱动因素会进一步有助于实现更广泛的全球健康目标，并确保在《2030年可持续发展议程》中取得的进展不抛下任何人；

#### 4.2 *Recalling:*

*回顾到：*

8. The 39th Programme Coordinating Board decision points 5.1 through 5.4, on the essential role of communities in ending AIDS by 2030 and decision point 8.4 which recognizes “the urgent need to integrate HIV response programming with other health programming... in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors”, and;

第39届项目协调委员会决策点5.1到5.4，关于社区在2030年终结艾滋病方面的重要作用，以及决策点8.4，承认“将艾滋病应对项目与其他健康项目结合在一起的迫切需求……为公民社会和社区作为独立的发展机构提供更好多边支持，建立这样的机制，”以及

9. The commitments outlined in the United Nations political declaration of the high-level meeting on universal health coverage adopted on 10 October 2019;

2019年10月10日在关于全民健康覆盖的高级别会议上通过的联合国政治宣言中所载的承诺；

#### 4.3 *Takes note of the report;*

注意到本报告；

4.4 *Requests* the UNAIDS Joint Programme to continue supporting Member States in creating an enabling environment for people living with HIV and other key populations, women and young people by addressing and overcoming relevant economic, social, structural and regulatory barriers – including stigma, discrimination and criminalization – that prevent their access to comprehensive HIV services and health-related programmes;

4. 4 要求联合国艾滋病规划署联合项目继续支持成员国为艾滋病感染者和其他重点人群、女性和年轻人建立支持性的环境，解决和克服有关的经济、社会、结构和管理方面的障碍，包括污名、歧视和刑事化，阻碍了这些人获得全面的艾滋病服务和健康有关的项目；



4.5 *Requests* the UNAIDS Joint Programme, in accordance with the division of labour and the mandates of its different organizations, and in collaboration with civil society and community-led organizations, to recommend approaches for monitoring and reporting on the engagement of organizations of and/or for people living with HIV and other key populations, women and young people in Universal Health Coverage strategies and monitoring and evaluation frameworks;

4.5 要求联合国艾滋病规划署联合项目，根据分工和不同组织的职责范围，与公民社会和社区组织合作，为艾滋病感染者和其他重点人群、女性和年轻人在全民健康覆盖策略和监督评估框架方面提供方法的建议；

4.6 *Calls* on the UNAIDS Joint Programme to continue supporting Member States in ensuring all the elements of comprehensive HIV programming, as set out in the UNAIDS Strategy (2016-2021), remain or become available and accessible to people living with HIV and other key populations, women and young people under Universal Health Coverage frameworks and policies; and

4.6 要求联合国艾滋病规划署联合项目继续支持成员国确保在联合国战略（2016-2021）中所规定的全面艾滋病项目中的所有要素，在全民健康覆盖框架和政策下，让艾滋病感染者和其他重点人群、女性和年轻人能够保留和获得这些服务；

4.7 *Calls* on Member States to contribute to the attainment of the Agenda 2030 for Sustainable Development commitment to leave no one behind and placing people living with HIV and other key populations, women and young people as critical partners and stakeholders in Universal Health Coverage design and implementation, and relevant policies and programmes, in order to promote approaches that are accountable, people-centered and community-led;

呼吁成员国为实现《2030年可持续发展议程》作出贡献，不抛下任何人，并将艾滋病感染者和其他重点人群、女性和年轻人作为全民健康覆盖设计和实施方面的重要伙伴和利益相关方，以促进负责任、以人为中心和社区主导的方法。

## ANNEX 1: Interviewees and focus group participants

### 附件 1: 被访者和焦点小组参加者

#### Interviewees 被访者

Name 姓名	Organization 组织
1. Grace Kamau	African Sex Workers Alliance (ASWA), Kenya 非洲性工作联盟，肯尼亚
2. Mara Quesada	Action for Health Initiatives (ACHIEVE Inc.), the Philippines 健康倡议行动，菲律宾
3. Ernesto Cortes	Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID), Costa Rica



	Asociación Costarricense para el Estudio e Intervención en Drogas (ACEID), 哥斯达黎加
4. Elie Ballan	M-Coalition, Arab Foundation for Freedoms and Equality, Middle East and North Africa M-联盟, 阿拉伯自由和平等基金会, 中东和北非
5. Richard Stern	Agua Buena, Costa Rica Agua Buena, 哥斯达黎加
6. Carlos Garcia de Leon	Latin American and Caribbean Council of AIDS Services Organizations (LACCASO), Latin America and Caribbean 拉丁美洲和加勒比艾滋病服务组织委员会, 拉丁美洲和加勒比
7. Renee Masching	Canadian Aboriginal AIDS Network (CAAN), Canada 加拿大澳大利亚土著人艾滋病网络, 加拿大
8. Maureen Owino	Committee for Accessible AIDS Treatment (CAAT), Canada 艾滋病治疗可及委员会, 加拿大
9. Cecilia Chung	Positively Trans / Transgender Law Centre, USA 积极跨性别法律中心, 美国
10. Larry Walker	THRIVE SS, USA THRIVE SS, 美国
11. Rico Gustav	Global Network of People Living with HIV (GNP+), global 全球艾滋病感染者网络, 全球
12. George Ayala	MPact Global Action for Gay Men's Health and Rights, global 全球男同性恋健康和权利行动, 全球
13. Ruth Morgan-Thomas	Global Network of Sex Work Projects (NSWP), global 全球性工作项目网络, 全球
14. Laurel Sprague	United Nations Joint Programme on HIV/AIDS (UNAIDS), global 联合国艾滋病规划署, 全球
15. Andy Seale	World Health Organization (WHO), global 世界卫生组织, 全球

### Focus group participants

#### 焦点小组参加者

Focus group discussion with young key populations and sex workers and representatives of organizations by and for young key populations and sex workers:

我们与年轻人和性工作者，以及代表这些社群的组织代表开展了焦点小组讨论：

1. Ikka Noviyanti, YouthLEAD, Indonesia  
Ikka Noviyanti, YouthLEAD, 印度尼西亚
2. Gaj Gurung, YouthLEAD, Nepal  
Gaj Gurung, YouthLEAD, 尼泊尔
3. Vanessa, YouthLEAD, Thailand  
Vanessa, YouthLEAD, 泰国
4. Kaythi Win, Asia Pacific Network of Sex Workers (APNSW), Myanmar  
Kaythi Win, 亚太性工作者网络, 缅甸
5. Gyanu Gurung, APNSW, Nepal  
Gyanu Gurung, 亚太性工作者网络, 尼泊尔

6. (Facilitator) Jules Kim, Asia and the Pacific Delegate, NGO Delegation  
(主持人) Jules Kim, 亚洲和太平洋地区代表, 非政府组织代表团

Focus group discussion with young people (aged 22–26 years) living with HIV, Brazil:  
与巴西艾滋病感染者年轻人 (22-26 岁) 开展焦点小组讨论 :

7. Bruno
8. Cristina
9. Eduardo
10. Jéssica
11. Nathália
12. Niki
13. Thiago
14. (Facilitator) Alessandra Nilo, Latin America and the Caribbean Delegate, NGO Delegation  
(主持人) Alessandra Nilo, 拉丁美洲和加勒比代表, 非政府组织代表团

Focus group discussion with adult women and men living with HIV, Recife, Brazil:  
与成年女性和男性艾滋病感染者开展焦点小组讨论, 累西腓, 巴西 :

15. Rosângela
16. Sandra Beltrão
17. Josué Melo
18. Sonia Cavalcanti
19. Carlos Heraclito
20. Carlos Augusto da Silva
21. Claudia O. Freitas
22. Elissandra Vieira Costa
23. Roberto Brito
24. José Candido da Silva
25. (Facilitator) Alessandra Nilo, Latin America and the Caribbean Delegate, NGO Delegation  
(主持人) Alessandra Nilo, 拉丁美洲和加勒比代表, 非政府组织代表团

Focus group discussion with trans people living with HIV, USA:

与感染艾滋病的跨性别者开展焦点小组讨论, 美国

26. Lee Andel Dewey, trans man living with HIV, Chicago, Illinois  
Lee Andel Dewey, 感染艾滋病的跨性别男性, 芝加哥, 伊利诺斯州
27. Shaun, trans woman living with HIV  
Shaun, 感染艾滋病的跨性别女性
28. Courtney, trans woman living with HIV, Mississippi  
Courtney, 感染艾滋病的跨性别女性, 密西西比
29. Tasha, trans woman living with HIV, Memphis, Tennessee  
Tasha, 感染艾滋病的跨性别女性, 孟菲斯, 田纳西州
30. Diana, trans woman living with HIV, San Francisco, California  
Diana, 感染艾滋病的跨性别女性, 三藩市, 加利福尼亚
31. Teo Drake, trans man living with HIV, Massachusetts  
Teo Drak, 感染艾滋病的跨性别男性, 马塞诸塞州
32. Nikee, trans woman living with HIV, Atlanta, Georgia  
Nikee, 感染艾滋病的跨性别女性, 亚特兰大, 乔治亚州
33. (Facilitator) Andrew Spieldenner, North America Delegate, NGO Delegation  
(主持人) Alessandra Nilo, 北美代表, 非政府组织代表团

Focus group discussion with adolescent girls and young women and representatives of organizations of adolescent girls and young women, eastern and southern Africa:

与年轻女孩和妇女，以及来自这些组织的代表开展焦点小组讨论，东非和南部非洲：

34. Irene Ogeta, ATHENA, Kenya  
Irene Ogeta, ATHENA, 肯尼亚
35. Yvonne, adolescent, Zimbabwe  
Yvonne, 青少年, 津巴布韦
36. Helena Nangombe, Young Women Empowerment, Namibia  
Helena Nangombe, 年轻女性赋权, 纳米比亚
37. Allen, adolescent, Uganda  
Allen, 青少年, 乌干达
38. Lucy Wanjiku Njenga, Africa Delegate, NGO Delegation  
Lucy Wanjiku Njenga, 非洲代表, 非政府组织代表团

Focus group discussion with migrants and representatives of organizations by and for migrants, Canada and USA:

与流动人口和代表这些社群的组织代表开展焦点小组讨论，加拿大和美国：

39. Teresia Otieno, HIV Program, Center for Multicultural Health, Seattle, Washington, USA; US People Living with HIV Caucus; and Community of Women Living with HIV, North America  
Teresia Otieno, 艾滋病项目, 多文化健康中心, 西雅图, 华盛顿, 美国; 美国艾滋病感染者小组; 女性艾滋病感染者社区, 北美
40. Sipiwe Mapfumo, African Communities Program Coordinator, HIV Community Link, Calgary, Alberta, Canada  
Sipiwe Mapfumo, 非洲社区项目协调员, 艾滋病社区链接, 卡尔加里, 艾伯塔省, 加拿大
41. Amanda Lugg, Director of Advocacy and LGBTQ Programming, African Services, New York  
Amanda Lugg, 倡导和 LGBTQ 项目主任, 非洲服务, 纽约;
42. Simret Daniel, Project Coordinator: Knowledge to Action, Sexuality Education Resource Centre, Winnipeg, Manitoba, Canada  
Simret Daniel, 项目协调员: 从知识到行动, 性教育资源中心, 加拿大曼尼托巴省温尼伯
43. Ana Iervolino, Program Evaluation and Research Analyst, Sexuality Education Resource Centre, Winnipeg, Manitoba, Canada  
Ana Iervolino, 项目评估和研究分析员, 性教育资源中心, 加拿大曼尼托巴省温尼伯
44. Ashley Doung, AIDS Committee of Windsor, Ontario, Canada  
Ashley Doung, 温莎市艾滋病委员会, 安大略省, 加拿大
45. (Facilitator) Wangari Tharao, North America Delegate, NGO Delegation  
(主持人) Wangari Tharao, 北美代表, 非政府组织代表团

## ANNEX 2: Literature list

### 附件 2: 资源列表

#### Resources produced by civil society 公民社会开发的资源

1. Putting the last mile first: position statement on Universal Health Coverage. GNP+; 2019.
2. GNP+ calls for a strong accountability mechanism for UHC, (press release). GNP+; 2019.
3. Briefing note: Universal Health Coverage. NSWP; 2019.
4. What does Universal Health Coverage mean for people who use drugs? A technical brief, INPUD; 2019.
5. Call to action: put the last mile first to accelerate universal health coverage for all. MPact Global Action for Gay Men's Health and Rights; 2019.
6. Ensuring Universal Health Coverage for key populations. MPact Global Action for Gay Men's Health and Rights; 2019.
7. World Health Day 2019 – Universal Health Coverage (press release). GATE; 2019.
8. WHO Meeting: Universal Health Coverage (press release). GATE; 2018.
9. Key populations are left behind in the 2019 Political Declaration on Universal Health Coverage. MPact Global Action for Gay Men's Health and Right; 2019.
10. community responses for health – at the heart of primary health care and essential to Universal Health Coverage: advocacy brief. Free Space Process and PITCH, 2019.
11. AidsFonds series of web articles on the impact of UHC on communities:
  - Why lessons from HIV must be heeded as UHC rolls out in East And Southern Africa (<https://aidsfonds.org/story/why-lessons-from-hiv-must-be-heeded-as-uhc-rolls-out-in-east-and-southern-africa>)
  - How to ensure communities affected by HIV in Vietnam can access UHC (<https://aidsfonds.org/story/how-to-ensure-communities-affected-by-hiv-in-vietnam-can-access-uhc>)
  - How to bring UHC to marginalized groups in Indonesia (<https://aidsfonds.org/work/pitch/story/how-to-bring-uhc-to-marginalised-groups-in-indonesia>)
  - Why Kenya's UHC pilot cannot afford to ignore HIV (<https://aidsfonds.org/story/why-kenyas-uhc-pilot-cannot-afford-to-ignore-hiv>)
  - UHC in Ukraine: how to stop services from shrinking (<https://aidsfonds.org/work/pitch/story/uhc-in-ukraine-how-to-stop-services-from-shrinking>)
12. Towards transformative integration of the HIV and AIDS response into Universal Health Coverage: building on the strengths and successes of the HIV and AIDS response. PITCH; 2019.
13. Does the UN's Universal Health Care Declaration fail the most vulnerable people? Frontline AIDS; 2019.
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18. Civil society priority actions for the UN High-Level Meeting on Universal Health Coverage. Civil Society Engagement Mechanism for UHC2030.
19. Nobody Left Outside Initiative (website) (<https://nobodyleftoutside.eu/who-we-are/>)

#### Resources produced by United Nations and other agencies

##### 联合国和其他机构开发的资源

20. Political Declaration of the High-Level Meeting on Universal Health Coverage—Universal

Health Coverage: Moving together to build a healthier world. United Nations General Assembly; 2019.

21. HIV and Universal Health Coverage: a guide for civil society. UNAIDS; 2017.
22. Communities at the centre: defending rights, breaking barriers, reaching people with HIV services: Global AIDS Update 2019. UNAIDS; 2019.
23. The Sustainable Development Goals and the HIV response: stories of putting people at the centre. UNAIDS; 2017.
24. Moving together to build a healthier world: key asks from the UHC movement. UN High-Level Meeting on Universal Health Coverage. UHC2030.
25. UHC 2030 (website). UHC2030 (<https://www.uhc2030.org/our-mission/>)
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42. Ooms G, Kruja K. The integration of the global HIV/AIDS response into universal health coverage: desirable, perhaps possible, but far from easy. Global Health. 2019;15(1):41.

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- 2 全球艾滋病感染者网络呼吁全面健康覆盖应当包含一个强有力的问责机制（新闻稿），全球艾滋病感染者网络，2019；
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- 6 On the Fast Track to End AIDS: UNAIDS: 2016–2021 Strategy, UNAIDS.
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- 10 Universal Health Coverage and health financing, (webpage), WHO ([https://www.who.int/health\\_financing/universal\\_coverage\\_definition/en/](https://www.who.int/health_financing/universal_coverage_definition/en/)).
- 11 目标 3.8: 实现全民健康覆盖，包括提供金融风险保护，人人享有优质的基本保健服务，人人获得安全、有效、优质和负担得起的基本药物和疫苗。
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