

NGO REPORT 2023

非营利组织报告 2023

People living with HIV during humanitarian emergencies

人道主义紧急情况中的艾滋病毒感染者

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

Recalling the Global AIDS Strategy 2011-2016, specifically its 95-95-95 treatment targets in all populations, regions, and countries affected by the HIV epidemic; its 95% combination prevention target for people at risk of HIV in humanitarian settings; its 90% target of people in humanitarian settings having access to , , HIV and services;

Recalling the by the NGO Representative at the 43rd meeting of the UNAIDS PCB, decision point 4.4, on addressing the diverse needs of migrants and mobile populations as well as refugees and crisis-affected populations, and decision point 4.6, on promoting access to services; improving data about people on the move; adapting laws, policies and practices that prevent access; strengthening health systems; and enabling collaboration between health systems and communities;

Take note of the ;

Call on the Joint Programme to:

update the 2010 *Guidelines for Addressing HIV within Humanitarian Settings* (Inter-Agency Standing Committee Task Force on HIV), including specifically addressing the needs of people living with HIV;

provide the PCB annually with an update on HIV prevalence and incidence in countries experiencing humanitarian emergencies, as well as an update on the Joint Programme's response to HIV in humanitarian emergencies, with specific focus on people living with HIV;

review and, where needed, update the division of labour between the Cosponsors of the Joint Programme on HIV services in humanitarian emergencies to ensure a stronger integration of HIV in the humanitarian response of all actors especially at the country level

collaborate with national stakeholders to develop a targeted response for people living with HIV during humanitarian emergencies in national strategic and emergency plans

in conjunction with relevant stakeholders, agree on a common definition of humanitarian emergencies

develop guidelines for service provision for people living with HIV during humanitarian emergencies including identifying a minimum package of interventions and highlighting the role of communities

coordinate the development of an investment strategy including government, donor and private funding streams for building and sustaining the leadership of communities and people living with HIV during humanitarian emergencies;

establish a collaboration with **IM** and to improve the collective capacity of agencies and other stakeholders to address HIV in humanitarian settings.

Cost implications for the implementation of the decisions: N/A

此项目的附加文件： 不适用

本次会议需要采取的行动——请方案协调委员会：

回顾 《全球艾滋病战略 2021-2026》，特别是受艾滋病毒流行影响的所有人群、区域和国家的 95-95-95 治疗目标；在人道主义环境中，针对有艾滋病毒风险的人，其 95%的综合预防目标；对人道主义环境中的人们能够获得艾滋病毒服务，其 90%的目标；

回顾 非政府组织代表在 PCB 第 43 次会议上关于解决移民和流动人群以及难民和受危机影响人群的多元需求的决策点 4.4，以及关于促进服务可及的决策点 4.6；改善有关流动人群的数据；调整阻碍可及性的法律、政策和措施；加强卫生系统；促进卫生系统与社群之间的合作；

注意到该报告

呼吁 规划署：

更新 2010 年《在人道主义环境中处理艾滋病毒问题指南》（机构间常设委员会艾滋病毒问题工作组），包括具体处理艾滋病毒感染者的需求；

每年向 PCB 通报有人道主义紧急情况的国家艾滋病毒流行率和发病率的最新情况，以及规划署在人道主义紧急情况下应对艾滋病毒的最新情况，特别关注艾滋病毒感染者；

审查并在必要时更新人道主义紧急情况下规划署共同赞助者之间的分工，以确保将艾滋病毒问题更有力地纳入所有行动者的人道主义响应，特别是在国家层面

与国家利益相关方合作，在国家战略和应急计划中，为人道主义紧急情况下的艾滋病毒感染者制定针对性响应

与利益相关方合作，就人道主义紧急情况的共同定义达成一致

开发在人道主义紧急情况下为艾滋病毒感染者提供服务的指南，包括确定最低限度的一揽子干预措施和强调社群的作用

协调制定投资战略，包括政府、捐助者和私人资金，以建立和维持社群和艾滋病毒感染者在人道主义紧急情况下的领导地位；

加强与 国际移民组织和联合国人道主义事务协调厅 合作，提高各机构和其他利益相关方在人道主义环境中应对艾滋病毒问题的集体能力。

执行决策所涉费用问题： 不适用

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Summary 摘要

1. This 2023 NGO Report builds on the 2018 NGO Report titled *People on the move*. It is intended to be a user-friendly document which, among other things, expands our understanding of humanitarian emergencies and contributes to the development of a minimum package of services for people living with HIV during humanitarian emergencies.

这份 2023 年非政府组织报告以 2018 年非政府组织报告《流动人口》为基础。它旨在成为一份方便用户的文件，扩大我们对人道主义紧急情况的了解，并有助于制定在人道主义紧急情况下为艾滋病毒感染者提供的最低限度一揽子服务。

2. The report draws on a variety of sources, including: library research; a global community survey in English, French, Spanish and Russian; interviews with 28 key informants; six focus groups in English and French (55 participants); seven good practice case studies; and a peer review process.

该报告采纳多个信息源，包括：图书馆研究；用英文、法文、西班牙文和俄文进行全球社群调查；采访了 28 名关键信息人；6 个英文和法文焦点小组（55 名参与者）；七个良好实践案例研究；以及同行评议过程。

3. Over the years, key concepts in the field of humanitarian emergencies have become less clear and the related funding models have weakened. At the same time, these emergencies continue to seriously disrupt services for people living with HIV, including for preventing and treating HIV and for providing mental health and other support.

多年来，人道主义紧急情况领域的关键概念变得不那么清晰，相关的资助模式也有所削弱。与此同时，这些紧急情况继续严重扰乱对艾滋病毒感染者服务，包括预防和治疗艾滋病毒以及提供心理健康和其他支持。

4. Communities provide a range of services through local physical and mental health professionals, as well as trained and supervised peers and lay workers. That work requires partnerships with strong and well-prepared healthcare systems, speedier access to humanitarian aid, improved opportunities, and a strengthened capacity for leadership. It also requires that humanitarian responses be conducted in ways that build agency and resilience. Delaying support for communities until *after* a humanitarian phase misses huge opportunities, as shown in the seven good practice case studies below.

社群通过当地的身心健康专业人员以及经过培训和督导的同伴和非专业工作者提供一系列服务。这项工作需要与强大且准备充分的医疗保健系统建立伙伴关系，更快地获得人道主义援助，增加机会，加强领导力。它还要求以建立能动性和复原力的方式开展人道主义响应。将对社群的支持推迟到人道主义救援阶段之后会错失巨大的机会，正如下面的七个良好实践案例研究所示。

5. This report proposes an initial set of guiding principles towards developing a minimum package of HIV services for people living with HIV during humanitarian emergencies. It also provides an initial outline of what a minimum package of services would include: a three-month supply of antiretrovirals; enough food to meet the additional nutritional needs of adults and children living with HIV; HIV-related health-care priorities; capacity building of community workers and peers; and mechanisms for delivering cash transfers.

本报告提出了一套初步的指导原则，以便在人道主义紧急情况下为艾滋病毒感染者制定最低限度的一揽子艾滋病毒服务。报告还初步概述了最低限度的一揽子服务将包括的内容：三个月的抗逆转录病毒药物供应；足够的食物来满足感染艾滋病毒的成人和儿童的额外营养需求；与艾滋病毒有关的卫生保健优先性；社群工作者和同伴的能力建设；以及提供现金转移的机制。

6. The report highlights six overarching recommendations:

报告强调了六项总体建议：

- promote a clear understanding of the term "humanitarian emergency";
- 促进对“人道主义紧急情况”一词的明确理解；
-
- recognize the special health and psychosocial needs of people living with HIV;
- 认识到艾滋病毒感染者的特殊健康和心理社会需求；
-
- integrate humanitarian responses within HIV strategic plans;
- 将人道主义响应纳入艾滋病毒战略计划；
-
- collaborate with relevant partners to further clarify a minimum package of interventions;
- 与相关伙伴合作，进一步明确最低限度的一揽子干预措施；
-
- recognize the critical role of communities; and
- 认识到社群的关键作用；和
-
- develop and implement interventions aimed at mitigating the negative impacts on the continuum of HIV services.
- 制定和实施旨在减轻对艾滋病毒服务连续性的负面影响的干预措施。

7. The report ends with a call to action which is directed to the UNAIDS Programme Coordinating Board. It highlights the need to:

报告最后向艾滋病规划署方案协调委员会发出了行动呼吁。它强调了以下需求：

- promote a common understanding of humanitarian emergencies in terms of their impact on people living with HIV;
- 促进对“人道主义紧急情况对艾滋病毒感染者的影响”的共识；
-
- clarify where UNAIDS locates accountability within its own structures in relation to its response to the needs of people living with HIV during humanitarian emergencies;
- 在应对人道主义紧急情况中艾滋病毒感染者需求方面，澄清艾滋病规划署在其自身结构中设置的问责机制；
-
- update the 2010 Guidelines for Addressing HIV within Humanitarian Settings;
- 更新 2010 年《在人道主义环境中处理艾滋病毒问题指南》；
-
- convene a process to further develop the guiding principles and contents of a minimum package of interventions;
- 召集进程，进一步制定最低限度的一揽子干预措施的指导原则和内容；
-

- elaborate an investment strategy for building the leadership of communities and people living with HIV during humanitarian emergencies; and
- 制定一项投资战略，以在人道主义紧急情况下建立社群和艾滋病毒感染者的领导领导力；
-
- urgently enhance collaboration with the International Organization for Migration and the United Nations Office for the Coordination of Humanitarian Affairs.
- 紧急加强与国际移民组织和联合国人道主义事务协调厅的合作。

Introduction 介绍

"With hunger, many sick people have stopped taking ARVs and, unfortunately, we lost four of our comrades. Most of the sick don't have money."

由于饥饿，许多病人停止服用抗逆转录病毒药物，不幸的是，我们失去了四名同志。大多数病人没有钱。

– Francophone African survey respondent 非洲法语区受访者

8. The 2023 NGO Report addresses the topic of people living with HIV during humanitarian emergencies. The report aims to:
- 《2023年非政府组织报告》探讨了人道主义紧急情况下艾滋病毒感染者的话题。该报告旨在：
- share a common understanding of humanitarian emergencies in terms of their impact on people living with HIV;
 - 就人道主义紧急情况对艾滋病毒感染者的影响达成共识；
 - highlight the effects of humanitarian emergencies on HIV prevention, testing, treatment and care specifically relative to people living with HIV;
 - 强调人道主义紧急情况对艾滋病毒预防、检测、治疗和关怀的影响，特别是对艾滋病毒感染者的影响；
 - showcase the critical role of communities in responding to the needs of people living with HIV during humanitarian emergencies;
 - 展示社群在人道主义紧急情况下在应对艾滋病毒感染者需求方面发挥的关键作用；
 - share best practices on responses to humanitarian emergencies for and by people living with HIV; and
 - 分享艾滋病毒感染者应对人道主义紧急情况的最佳实践；
 - identify the minimum package of interventions for people living with HIV during humanitarian emergencies.
 - 确定在人道主义紧急情况下为艾滋病毒感染者提供的最低限度的一揽子干预措施。

9. Currently, there are acknowledged humanitarian emergencies in almost every UNAIDS region; a majority of them are occurring in sub-Saharan Africa and in the Middle East and North Africa.

目前，几乎每个艾滋病规划署区域都存在公认的人道主义紧急情况；其中大多数发生在撒哈拉以南非洲以及中东和北非。

10. This report builds on the 2018 NGO report, titled *People on the move*.¹ That report showed that HIV itself presented a humanitarian emergency but that not all people on the move were doing so because of a humanitarian situation they faced. The report followed the broad definition of "migrant" used by the International Organization for Migration (IOM) and discussed a wide range of key populations moving across international borders and within states, regardless of legal status, willingness, cause, or length of stay. For example, it discussed the experiences of people living with or affected by HIV who were refugees, experiencing forced displacement, or migrating across borders for economic reasons or due to legal environments, or who were regularly moving back and forth across frontiers for work purposes.

本报告以 2018 年非政府组织报告《流动人群》为基础。² 该报告表明，艾滋病毒本身就是一种人道主义紧急情况，但因为他们面临的人道主义局势，并非所有流动人口都如此看待。该报告遵循了国际移民组织（IOM）对“移民”的广泛定义，并讨论了跨越国际边界和国家内部流动的广泛关键人群，无论其法律地位、意愿、原因或逗留时间长短。例如，它讨论了艾滋病毒感染者或受其影响的人的经历，这些人可能是被迫流离失所的难民，或因经济原因或法律环境而跨境移民，或出于工作目的经常在边境来回移动。

11. The 2018 report touched on a range of issues, including the effects of increased human mobility; obstacles affecting access to HIV-related services; mobile populations that are being left behind in the HIV response; and a range of innovative and scalable good practices. The subsequent decision points agreed to by the UNAIDS Programme Coordinating Board (PCB)³ included calls for supporting migrant and mobile populations, refugees and crisis-affected populations in accessing HIV-related services; improving the availability of data on HIV and migration; addressing legal, policy and practice barriers to HIV-related services; strengthening national health systems; and encouraging the creation of enabling environments for greater cooperation between national health systems, communities and civil society organizations. 2018 年的报告涉及一系列问题，包括人口流动性增加的影响；影响获得艾滋病毒相关服务的障碍；在艾滋病毒应对中被留下的流动人群；以及一系列创新和可扩展的良好实践。联合国艾滋病规划署方案协调委员会（PCB）随后商定的决策点⁴包括呼吁支持移民和流动人群、难民和受危机影响的人群获得与艾滋病毒有关的服务；改善艾滋病毒和移民数据的可用性；解决艾滋病毒相关服务的法律、政策和实践障碍；加强国家卫生系统；鼓励创造有利环境，加强国家卫生系统、社群和民间组织之间的合作。

¹ UNAIDS PCB NGO Delegation. Report by the NGO Representative: Agenda item 1.4. Geneva: UNAIDS Programme Coordinating Board; 11 December 2018 (https://www.unaids.org/en/resources/documents/2018/PCB43_18.20).

² 联合国艾滋病规划署 PCB 非政府组织代表团。非政府组织代表的报告：议程项目 1.4。日内瓦：艾滋病规划署方案协调委员会；2018 年 12 月 11 日 (https://www.unaids.org/en/resources/documents/2018/PCB43_18.20)。

³ *Ibid*

⁴ 同前

Clarifying specific key concepts: literature review 阐明具体的关键概念：文献综述

"It is difficult to have a clear understanding of what we mean by 'humanitarian emergency'. Promoting human welfare through urgent action is central. However, not all emergencies are sudden, with a clear beginning. In MENA (the Middle East and North Africa), acute economic and other difficulties have been building for years."

很难清楚地理解我们所说的人道主义紧急情况⁵的含义。通过紧急行动促进人类福祉至关重要。然而，并非所有的紧急情况都是突然的，有一个明确的开始。在中东和北非（中东和北非），严重的经济和其他困难已经持续了多年。

– Maher Sleiman, Frontline AIDS–MENA 中东北非艾滋病一线, Lebanon 黎巴嫩

12. The literature review focused on three themes that pertain to people living with HIV during humanitarian emergencies:

文献综述的重点是与人道主义紧急情况下艾滋病毒感染者有关的三个主题：

- the concepts of "natural" versus "man-made" emergencies;
- “自然”与“人为”紧急情况的⁵概念；
-
- the relationship of humanitarian relief to the development continuum; and
- 人道主义救济与发展连续体的关系；
-
- clarification of what constitutes *humanitarian* emergencies.
- 澄清何为人道主义紧急情况。

"Natural" versus "man-made"

“自然”与“人为”

13. In the past, humanitarian emergencies were seen as having either "natural" or "man-made" causes. "Natural" causes include phenomena such as avalanches, cyclones, droughts, earthquakes, epidemics, floods, tsunamis and volcanic eruptions. "Man-made" causes tend to involve armed conflict, including terrorism and civil or inter-state war. It is important to note that emergencies increasingly result from a mix of "natural" and "man-made" causes, which has yielded a third category: the complex humanitarian emergency.⁵ The number of complex humanitarian situations are also increasing. This is due partly to the global climate emergency, which itself results from both "natural" and "man-made" causes. These complex emergencies—potentially reaching all regions as the climate emergency intensifies—are stretching available humanitarian resources.

⁵ Humanitarian Coalition. What is a humanitarian emergency?
(<https://www.humanitariancoalition.ca/what-is-a-humanitarian-emergency>).

过去，人道主义紧急情况被视为有“自然”或“人为”原因。“自然”原因包括雪崩、旋风、干旱、地震、流行病、洪水、海啸和火山爆发等现象。“人为”原因往往涉及武装冲突，包括恐怖主义和內战或国家间战争。必须指出，紧急情况越来越多地由“自然”和“人为”原因共同造成，这导致了第三类：复杂的人道主义紧急情况。⁶ 复杂的人道主义局势也在增加。这在一定程度上是由于全球气候紧急情况本身是由“自然”和“人为”原因造成的。随着气候紧急情况的加剧，这些复杂的紧急情况可能会蔓延到所有地区，使可用的人道主义资源捉襟见肘。

14. Whether "natural", "man-made" or complex, the conditions in which a humanitarian emergency occurs affect its impact, including on people living with HIV. For example, the effects of humanitarian emergencies are likely to be more severe in countries with weaker health systems, recurring seasonal disasters or climate emergency impacts, weak human rights-based legal frameworks, high levels of stigma, civil unrest or instability, significant economic disparity and poverty, and higher background prevalence of HIV. Humanitarian emergencies magnify the effects of those pre-existing conditions.

无论是“自然”、“人为”还是复杂的，人道主义紧急情况发生的条件都会影响其影响，包括对艾滋病毒感染者的影响。例如，在卫生系统薄弱、季节性灾害或气候紧急情况影响反复发生、基于人权的法律框架薄弱、污名程度高、內乱或不稳定、经济差距和贫困严重以及艾滋病毒流行率较高的国家，人道主义紧急情况的影响可能更为严重。人道主义紧急情况放大了这些原有问题的影响。

15. It is increasingly difficult to draw neat distinctions between "natural" and "man-made" emergencies. Humanitarian emergencies tend to emerge from a protracted series of shocks that result in steady societal degradation. Examples include the multiyear armed conflict alongside severe food insecurity in South Sudan, and regular flood/hurricane damage alongside gang violence in Haiti.⁷ "Natural" events can be shaped by "man-made" factors, such as the lack of flood defenses or poor building construction.⁸ Similarly, armed conflict can stem from intensified competition for natural resources, especially under the growing pressure of the climate emergency.

越来越难以区分“自然”和“人为”紧急情况。人道主义紧急情况往往产生于一系列旷日持久的冲击，导致社会持续退化。例子包括南苏丹的多年武装冲突和严重的粮食不安全，以及海地经常发生的洪水/飓风破坏和帮派暴力。⁹ “自然”事件可能受到“人为”因素的影响，例如缺乏防洪设施

⁶ 人道主义联盟。什么是人道主义紧急情况？（<https://www.humanitariancoalition.ca/what-is-a-humanitarian-emergency>）。

⁷ Global humanitarian overview. Geneva: OCHA; 2022 (<https://www.un-ilibrary.org/content/books/9789210012423>).

⁸ “Modelling based on temperature data and data from 400 000 individuals across 25 countries in sub-Saharan Africa in a "business as usual" scenario for carbon emissions, shows between 11.6 and 16.0 million additional cases of HIV by 2050, an increase in prevalence of 1.4–2.1 percentage points. An analysis of biomarker data on 200 000 individuals' serostatus across 19 African countries reveals an 11% increase in HIV infection rates after every drought in HIV-endemic rural areas.” See Proposition paper: The climate crises and HIV. Brighton: Frontline AIDS; 2022, p. 15.

⁹ 全球人道主义概况。日内瓦：人道协调厅;2022（<https://www.un-ilibrary.org/content/books/9789210012423>）。

或建筑施工不善。¹⁰ 同样，武装冲突也可能源于对自然资源的激烈竞争，尤其是在气候紧急情况日益加剧的压力下。

The disaster/relief-development continuum

灾害/救济-发展连续体

16. Historically, humanitarian responses have been seen as intense and relatively short-term interventions that are aimed primarily at minimizing further loss of life. This early response phase is assumed, over time, to give way to a development phase where the focus shifts to rebuilding and preparing for future disasters and/or emergencies.

从历史上看，人道主义响应一直被视为密集和相对短期的干预，其主要目的是尽量减少进一步的生命损失。假设随着时间推移这一早期响应阶段将让位于发展阶段，在这个阶段，重点将转移到重建和为未来的灾害或紧急情况做准备。

17. In the context of increasingly complex and longer-lasting humanitarian challenges, that simple paradigm is no longer appropriate. Increasingly, ongoing humanitarian, development and preparedness work is occurring simultaneously and is then interrupted by repeated, new emergencies which require relief responses. This is being seen, for example, in Burkina Faso and other Sahel countries; in Ethiopia, Somalia and other countries in the Horn of Africa; and in Mozambique, Pakistan, Syria and Venezuela.

在日益复杂和持久的人道主义挑战的背景下，这种简单的模式已不再适用。正在进行的人道主义、发展和备灾工作越来越多地同时进行，然后又被反复发生的需要救济响应的新紧急情况打断。例如，在布基纳法索和其他萨赫勒国家；在埃塞俄比亚、索马里和非洲之角的其他国家；以及莫桑比克、巴基斯坦、叙利亚和委内瑞拉就可以看到这种情况。

18. This complex reality creates particular challenges within the structures and funding mechanisms of humanitarian agencies. For example, limited and targeted humanitarian funds are being used for development purposes, while development funds are being used to meet the need urgent calls for humanitarian relief. A notable drain on international aid funding has been the so-called "war on drugs", which has absorbed billions of taxpayer dollars with very few positive results.¹¹

这一复杂的现实给人道主义机构的结构和筹资机制带来了特殊的挑战。例如，有限和有针对性的人道主义资金被用于发展目的，而发展资金则用于满足人道主义救济的紧急需求。国际援助资金的一个显著消耗是所谓的“毒品战争”，它吸收了数十亿纳税人的钱，但几乎没有取得积极成果。¹²

¹⁰“根据撒哈拉以南非洲 25 个国家的 40 万人的温度数据和‘碳排放一切照旧’情景的数据进行建模，显示到 2050 年将增加 1160 至 1600 万例艾滋病毒病例，患病率增加 1.4-2.1 个百分点。对 19 个非洲国家 20 万人血清状态的生物标志物数据的分析显示，在艾滋病毒流行的农村地区，每次干旱后，艾滋病毒感染率都会增加 11%。见《提案文件：气候危机和艾滋病毒》。布莱顿：艾滋病前线；2022 年，第 15 页。

¹¹ Provost, C, et al. Aid for the war on drugs. London: Harm Reduction International; 2023 (<https://hri.global/publications/aid-for-the-war-on-drugs/>).

¹² Provost, C, et al. 《对禁毒战争的援助》。伦敦：国际减害组织;2023 (<https://hri.global/publications/aid-for-the-war-on-drugs/>) .

19. In addition, as humanitarian needs increase, financial support to humanitarian agencies is decreasing, while inflation and currency fluctuations are adding further financial strain. Earlier in 2023, the International Committee of the Red Cross cut 1,800 staff globally (almost one-tenth of its entire staff) as it struggled with the most serious financial crisis of its 60-year history. United Nations (UN) agencies involved in humanitarian activities are facing similar challenges.¹³ Current approaches to humanitarian funding and response are failing. 此外，随着人道主义需求的增加，对人道主义机构的财政支持正在减少，而通货膨胀和汇率波动则进一步加剧了财政压力。2023年初，红十字国际委员会在全球裁员 1800 人（几乎占其总员工人数的十分之一），以应对其 60 年历史上最严重的金融危机。参与人道主义活动的联合国机构也面临着类似的挑战。¹⁴ 目前人道主义筹资和响应途径正在失败。

20. In the mid-1990s already, a new vision for humanitarian disaster responses was being discussed: the so-called relief-development or humanitarian-development continuum.¹⁵ The aim was to link relief and development to avoid competition for funding: better relief work would contribute to development, and better development would reduce the need for relief. That approach has evolved into an approach that seeks to maximize outcomes across three areas, resulting in a humanitarian-development-peace continuum.¹⁶

早在 1990 年代中期，就已经讨论了人道主义救灾的新愿景：即所谓的救济-发展或人道主义-发展连续体。¹⁷ 其目的是将救济与发展联系起来，以避免争夺资金：更好的救济工作将有助于发展，而更好的发展将减少对救济的需要。这种途径已经演变成一种寻求在三个领域取得最大成果的方法，从而实现人道主义-发展-和平的连续统一体。¹⁸

21. In this new approach, an improved humanitarian response would simultaneously lay the groundwork for future development and peace, with the prioritizing of local community agency

¹³ "En 2022, les Nations unies ont enregistré un déficit record de leurs missions humanitaires avec seulement 24 milliards de dollars récoltés sur un montant nécessaire estimé à près de 52 milliards." Rich, D. France 24, 8 June 2023 (<https://www.france24.com/fr/europe/20230608-ukraine-inflation-ins%C3%A9curit%C3%A9-la-crise-au-cicr-remet-en-cause-le-financement-des-ong>).

¹⁴ “2022 年，联合国的人道主义任务出现了创纪录的赤字，在估计需要的近 520 亿美元中，仅筹集了 240 亿美元。” Rich, D. France 24, 2023 年 6 月 8 日（<https://www.france24.com/fr/europe/20230608-ukraine-inflation-ins%C3%A9curit%C3%A9-la-crise-au-cicr-remet-en-cause-le-financement-des-ong>）。

¹⁵ Bidder M. Linking relief and development—a conceptual outline. Addis Ababa: UNDP, Emergencies Unit for Ethiopia; 1994 (https://www.africa.upenn.edu/eue_web/ctinum.htm).

¹⁶ Global humanitarian review. Geneva: OCHA; 2022 (https://2022.gho.unocha.org/delivering-better/operationalizing-humanitarian-development-peace-nexus-through-basic-social/?gclid=Cj0KCQjw4bipBhCyARIsAFsieCyKKUMT86kXyY7roF_6NblAmirv9jnwAz9VW_O51vZp8vU7D3qGhhEaAn5wEALw_wcB).

¹⁷ Bidder M. 《联结救济与发展——概念大纲》。亚的斯亚贝巴：开发署埃塞俄比亚紧急情况股;1994（https://www.africa.upenn.edu/eue_web/ctinum.htm）。

¹⁸ 《全球人道主义综述》。日内瓦：人道协调厅;2022（https://2022.gho.unocha.org/delivering-better/operationalizing-humanitarian-development-peace-nexus-through-basic-social/?gclid=Cj0KCQjw4bipBhCyARIsAFsieCyKKUMT86kXyY7roF_6NblAmirv9jnwAz9VW_O51vZp8vU7D3qGhhEaAn5wEALw_wcB）。

and leadership a key element. Localization becomes an important mechanism for establishing improved and sustainable linkages between relief, on the one hand, and both development and peace, on the other. In the context of HIV, that would mean maximizing the leadership of people living with HIV and affected communities within humanitarian responses. This is discussed in greater detail in Chapter 6, below, particularly in relation to the 30–60–80 targets of the Global AIDS Strategy 2021–2026.¹⁹

在这种新途径中，改进的人道主义响应将同时为未来的发展与和平奠定基础，而优先考虑当地社群机构和领导是一个关键因素。本土化成为在救济与发展与和平之间建立改进和可持续联系的重要机制。在艾滋病毒方面，这意味着在人道主义应对行动中最大限度地发挥艾滋病毒感染者和受影响社群的领导作用。下文第 6 章对此进行了更详细的讨论，特别是与《全球艾滋病战略 2021-2026》的 30-60-80 具体目标有关。²⁰

What constitutes a humanitarian emergency?

什么构成人道主义紧急情况？

22. Not all disasters are acknowledged as *humanitarian* disasters or linked to *humanitarian* crises or emergencies. National governments may declare a local, regional or countrywide disaster, crisis or emergency without it being considered a humanitarian situation. In addition, there is no globally shared understanding of the difference between humanitarian crises and emergencies. Often, these two concepts are used interchangeably or in overlapping, even circular, ways to refer to a sudden, damaging event that affects many people.²¹ Crises may be more sudden than emergencies, but emergencies may need a more immediate or urgent response than crises.²² In addition, each humanitarian emergency is unique. Similarly, not all humanitarian emergencies elicit the same responses: compare, for example, the resourcing responses to the Ukraine emergency situation and comparable situations in other regions.

并非所有灾害都被认为是人道主义灾难或与人道主义危机或紧急情况有关。各国政府可以宣布地方、区域或全国性的灾害、危机或紧急情况，而不将其视为人道主义情况。此外，对于人道主义危机和紧急情况之间的区别，全球没有共同的理解。通常，这两个概念可以互换使用，也可以重叠甚至循环的方式来指代影响许多人的突然的破坏性事件。²³危机可能比紧急情况更突然，但紧急情况可能需要比危机更直接或更紧急的反应。²⁴此外，每一种人道主义紧急情况都是独一无二的。同样，并非所有人道主义紧急情况都会引起相同的反应：例如可比一比乌克兰紧急情况和其他地区的类似情况的资源应对措施。

¹⁹ SEE below p. 15ff.

²⁰ 见下文第 15 页及以下各项。

²¹ Bloxham L. What is a humanitarian crisis? London: Concern Worldwide; 2022 (<https://www.concern.org.uk/news/what-is-a-humanitarian-crisis>).

²² Al-Dahash HF, Thayaparan M, Kulatunga U. Understanding the terminologies: disaster, crisis and emergency. In: Chan and Neilson (Eds), Proceedings of the 32nd ARCOM Conference. Manchester, 5–7 September 2016 (<https://openresearch.lsbu.ac.uk/item/872x5>).

²³ Bloxham L. 《什么是人道主义危机？》伦敦：全球关注；2022 (<https://www.concern.org.uk/news/what-is-a-humanitarian-crisis>) .

²⁴ Al-Dahash HF, Thayaparan M, Kulatunga U. 《了解术语：灾难、危机和紧急情况》。Chan 和 Neilson（编辑），第 32 届 ARCOM 会议论文集。曼彻斯特，2016 年 9 月 5-7 日 (<https://openresearch.lsbu.ac.uk/item/872x5>) 。

23. Humanitarian emergencies should be distinguished also from serious human rights violations that affect certain populations in a country or across many countries. Some participants in this report's global community survey commented that there were key populations²⁵ who face significant challenges in situations they consider humanitarian emergencies even though those situations are not necessarily recognized as such by their governments or in current understandings of what constitutes a humanitarian emergency. Examples provided in the survey included people criminalized and victimized in the "war on drugs"; the thousands of victims of extra-judicial killings in the Philippines' "war on drugs"; the murders of gay people; and the maltreatment and violence directed at indigenous populations. These examples are usually considered to constitute human rights violations rather than humanitarian emergencies.

人道主义紧急情况也应与影响一国或许多国家某些人群的严重侵犯人权行为区分开来。本报告全球社群调查的一些参与者评论说，在他们认为是人道主义紧急情况的局势中，有些关键人群²⁶面临重大挑战，尽管这些局势不一定得到其政府或目前对人道主义紧急情况的理解的承认。调查中提供的例子包括：在“禁毒战争”中被定罪和受害的人；菲律宾“禁毒战争”中数以千计的法外处决受害者；谋杀同性恋者；以及针对土著居民的虐待和暴力。这些例子通常被认为构成侵犯人权，而不是人道主义紧急情况。

24. Pre-existing vulnerabilities or fragilities can lead to and/or aggravate a humanitarian emergency—for example, unstable government or health systems, prolonged economic crisis, high HIV prevalence, high levels of stigma and discrimination, criminalization of key populations, or an already ongoing national emergency. For example, while both COVID-19 and HIV present global and highly challenging pandemics or crises, they tend to be referred to as humanitarian emergencies only when they exceed the response capacities of a country.

原有的易受影响性或脆弱性可能导致或加剧人道主义紧急情况，例如，不稳定的政府或卫生系统、长期的经济危机、艾滋病毒的高流行率、高度的污名和歧视、对关键人群的刑事定罪或已经持续的国家紧急情况。例如，虽然 COVID-19 和艾滋病毒都是全球性的、极具挑战性的流行病或危机，但只有当它们超出一个国家的应对能力时，它们才往往被称为人道主义紧急情况。

25. The UN International Strategy for Disaster Reduction (UNISDR) defines a humanitarian emergency arising from a disaster as: “A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources.”²⁷

²⁵ Defined as sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners and other people in closed settings.

²⁶ 《定义为性工作者、男同性恋者和其他男男性行为者、注射毒品使用者、跨性别者、囚犯和其他封闭环境中的人。

²⁷ UNISDR Terminology on disaster risk reduction. New York: UN International Strategy for Disaster Reduction; 2009 (https://reliefweb.int/report/world/2009-unisdr-terminology-disaster-risk-reduction?gclid=CjwKCAjwp8OpBhAFEiwAG7NaEtSswYiMNUJfAfpnduiF2qRtvlipd400LwS4HMQz_YYxVUsWhIVodRoCAgEQAvD_BwE).

联合国国际减灾战略（UNISDR）将灾害引起的人道主义紧急情况定义为：“对社群或社会运作的严重破坏，涉及广泛的人员、物质、经济或环境损失和影响，超出了受影响社群或社会使用自身资源应对的能力。”²⁸

26. Meanwhile, the WHO describes a humanitarian emergency as a situation “impacting the lives and well-being of a large number of people or a significant percentage of a population and requiring substantial multi-sectoral assistance. For a WHO response, there must be clear public health consequences.”²⁹ The WHO definition is similar to the UNISDR's definition in that it emphasizes impacts on a large³⁰ number of people or a significant percentage of the population. However, it is more specific in noting the need for substantial multisectoral assistance, including additional support from abroad. The WHO definition also requires the presence of public health consequences. It could be further adapted by UNAIDS to specifically focus on HIV, for example: "For a UNAIDS response, there must be clear HIV-related consequences".

与此同时，世界卫生组织将人道主义紧急情况描述为“影响大量人口或很大比例人口的生活和福祉，需要大量多部门援助的情况。世卫组织的应对措施必须有明确的公共卫生后果。”³¹ 世卫组织的定义与联合国减灾战略的定义相似，因为它强调对大量³²人口或很大比例人口的影响。然而，它更具体地指出需要大量的多部门援助，包括来自国外的额外支持。世卫组织的定义还要求存在公共卫生后果。艾滋病规划署可以进一步调整它，以特别关注艾滋病毒问题，例如：“艾滋病规划署的应对措施必须有明确的与艾滋病毒有关的后果”。

27. This report is intended to contribute to ongoing dialogue about the definition and declaration of humanitarian emergencies. As the UN body charged with leading the coordination of international humanitarian assistance, the UN Office for the Coordination of Humanitarian Affairs (OCHA) needs to be a priority stakeholder in the effort to develop a stronger consensus. Stronger links between UNAIDS and OCHA are needed if the needs of people living with HIV are to be effectively served during humanitarian emergencies.

本报告旨在促进正在进行的关于人道主义紧急情况的定义和宣言的对话。作为负责协调国际人道主义援助的联合国机构，联合国人道主义事务协调厅（OCHA）需要成为建立更牢固共识工作的优先利益相关方。如果要在人道主义紧急情况下有效满足艾滋病毒感染者的需要，就需要加强艾滋病规划署和人道协调厅之间的联系。

Summary 摘要

²⁸ 《联合国减灾战略（UNISDR）关于减少灾害风险的术语》。纽约：联合国国际减灾战略;2009（https://reliefweb.int/report/world/2009-unisdr-terminology-disaster-risk-reduction?gclid=CjwKCAjwp8OpBhAFEiwAG7NaEtSswYiMNUJfAfpnduiF2qRtvlipd400LwS4HMQz_YYxVUsWhIVodRoCAgEQAvD_BwE）。

²⁹ Emergency response framework (2nd ed.). Geneva: WHO; 2017, p.3.

³⁰ It is worth noting that "a large number" is not defined by WHO; for example, it is not clear whether extrajudicial killings of alleged drug users (e.g., in the Philippines) or widespread murders of men who have sex with men, or attacks on indigenous populations would satisfy the criterion.

³¹ 《应急响应框架（第2版）》。日内瓦：世卫组织;2017年，第3页。

³² 值得注意的是，世卫组织没有对“大量”进行定义;例如，不清楚法外处决被指控的毒品使用者（例如在菲律宾）或广泛谋杀男男性行为者，或袭击土著居民是否符合这一标准。

28. The current paradigm of humanitarian responses emerged after World War Two. In the 1990s, the paradigm was revised into a humanitarian-development continuum approach. More recently, especially during COVID-19 and the acute impacts of the climate emergency, our understanding of key humanitarian concepts has blurred further. In addition, the models for funding humanitarian responses are not appropriate for current realities. It is time for a serious rethink.

当前的人道主义响应范式是在第二次世界大战后出现的。在 1990 年代，该范式被修订为人道主义-发展连续体方法。最近，特别是在 COVID-19 和气候紧急情况的严重影响期间，我们对关键人道概念的理解进一步模糊。此外，为人道主义响应筹资的模式并不适合当前的现实。现在是认真反思的时候了。

29. The literature suggests that humanitarian emergencies tend to share three characteristics: (1) an event or series of events ("natural", "man-made" or both) that constitute an acute and/or ongoing threat to the health, safety, rights (including health rights), or physical and mental wellbeing of a large group of people; (2) an immediate need for action; which (3) includes multisectoral internal and, especially, external humanitarian relief. From the perspective of UNAIDS, the adoption of the WHO definition can provide a basis for a workable understanding of a "humanitarian emergency".

文献表明，人道主义紧急情况往往具有三个共同特征：（1）对一大群人的健康、安全、权利（包括健康权）或身心健康构成严重或持续威胁的事件或一系列事件（“自然”、“人为”或两者兼有）；（2）需要立即采取行动；（3）其中包括多部门内部，特别是外部人道主义救济。从艾滋病规划署的角度来看，采用世卫组织的定义可以为对“人道主义紧急情况”的可行理解提供基础。

Methodology 方法论

30. This report draws on a variety of sources to explore the cross-cutting themes that are relevant for people living with HIV during humanitarian emergencies.

本报告利用各种来源，探讨了 在人道主义紧急情况下与艾滋病毒感染者相关的跨领域主题。

- **Library or desk research.** The report is based on a review of 146 written documents, including journal articles, conference reports, newspaper articles, organizational website statements, policy briefs, and other resources prepared by UN, academic and civil society bodies. The most relevant of those documents are listed in the Bibliography (Annex 1).
- **图书馆或案头研究。** 报告基于对 146 份书面文件的综述，包括期刊文章、会议报告、报纸文章、组织网站声明、政策简报以及联合国、学术界和民间组织机构编写的其他资源。这些文献中最相关的文件列在参考书目（附件 1）中。
- **Global community survey.** This was an online qualitative survey to gather detailed and diverse feedback from community participants in their own words. It was conducted early in the preparation of the report to uncover issues and experiences that needed to be considered in the report. The survey was conducted in four languages: English, French, Spanish and Russian. Feedback was received from 322 individual respondents³³ from all UNAIDS regions.

³³ Eleven respondents indicated that they represented two regions. Thus, while the total number of responses came to 333, there were 322 individual participants in the global community survey.

- **全球社群调查。**这是一项在线定性调查，旨在收集社群参与者用他们自己的话提供的详细而多元的反馈。这项工作是在编写报告的早期进行的，目的是发现报告中需要考虑的问题和经验。调查以四种语言进行：英语、法语、西班牙语和俄语。收到了来自艾滋病规划署所有区域的 322 名受访个体³⁴的反馈意见。

Table 1: Regional responses to global community survey 表 1: 全球社群调查区域反馈

UNAIDS regions 艾滋病规划署区域	Number of responses 反馈人数
Eastern and southern Africa 东部和南部非洲	39
Western and central Africa 西部和中部非洲	20
Asia and the Pacific 亚太	33
Latin America 拉美	88
Caribbean 加勒比	9
Middle East and North Africa 中东北非	12
Eastern Europe and Central Asia 东欧中亚	65
Western and central Europe and North America 西欧中部和北美	54
Prefer not to say 匿名	13
TOTAL 总计	333

- **Key informant interviews.** Twenty-eight key informants were interviewed online. The majority of them were in countries with current humanitarian emergencies, e.g., Afghanistan, Bangladesh, Haiti, India, Lebanon, Myanmar, Mozambique, Pakistan, South Sudan, Ukraine, and Venezuela (see Annex 2). The informants had direct experience with humanitarian emergencies and were proposed by stakeholders, including PCB Member States, Cosponsors, international and national AIDS organizations, and members of the PCB NGO Delegation. The informants included advisors to PCB Members, Geneva or country-based staff of Cosponsors, and representatives of international and national HIV service organizations. Their professional backgrounds included humanitarian response work, medical and social services, and human rights advocacy.
- **关键信息人访谈。**28 名关键信息人接受了在线采访。其中大多数在当前存在人道主义紧急情况的国家，例如阿富汗、孟加拉、海地、印度、黎巴嫩、缅甸、莫桑比克、巴基斯坦、南苏丹、乌克兰和委内瑞拉（见附件 2）。信息人对人道主义紧急情况有直接经验，由利益相关方提名，包括 PCB 成员国、共同赞助者、国际和国家艾滋病组织以及 PCB 非政府

³⁴ 11 个受访者表示他们代表两个地区。因此，虽然回复总数为 333 份，但全球社群调查中有 322 名个人参与者。

组织代表团成员。信息人包括 PCB 成员的顾问、日内瓦或共同赞助者驻国家的工作人员，以及国际和国家艾滋病毒服务组织的代表。他们的专业背景包括人道主义应急工作、医疗和社会服务以及人权倡导。

- **African focus groups.** Given the large number of humanitarian emergencies in sub-Saharan Africa and the high HIV prevalence in much of that region, six focus groups were held in English and French, with the participation of 55 people from Cameroon, the Democratic Republic of the Congo, Kenya, Mali, Mozambique, Nigeria and Zambia (see Annex 2). The participants were recruited with the help of the African NGO delegates to the PCB, as well as the Global Network of People Living with HIV (GNP+). Participants were staff, volunteers and members of local or regional African nongovernmental organizations (NGOs).
- **非洲焦点小组。** 鉴于撒哈拉以南非洲地区发生大量人道主义紧急情况，以及该地区大部分地区艾滋病毒流行率高，以英语和法语举行了六个焦点小组会议，来自喀麦隆、刚果民主共和国、肯尼亚、马里、莫桑比克、尼日利亚和赞比亚的 55 人参加了会议（见附件 2）。这些参与者是在 PCB 非洲非政府组织代表以及全球艾滋病毒感染者网络（GNP+）的帮助下招募的。与会者是非洲地方或区域非政府组织的工作人员、志愿者和成员。
- **Good practice case studies.** The NGO Delegation posted an open call for submissions of examples of good practices for meeting the needs of people living with HIV during humanitarian emergencies. Case studies were received from various humanitarian settings, from civil society and staff of a country-level Cosponsor office. Seven case studies were selected to illustrate how communities have effectively responded to the needs of people living with HIV during a humanitarian emergency and how collaboration with the UN and other humanitarian agencies supported those responses.
- **良好实践案例研究。** 非政府组织代表团公开征集在人道主义紧急情况下满足艾滋病毒感染者需求的良好实践实例。从各种人道主义环境、民间组织和共同赞助方国家办事处的工作人员那里收到了案例研究。选取了七个案例研究来说明社群在人道主义紧急情况下如何有效应对艾滋病毒感染者的需求，以及与联合国和其他人道主义机构的合作如何支持这些应对措施。
- **Peer review process.** Drafts of the report were reviewed by members of the NGO Delegation, an external civil society expert panel convened by the Delegation, and governance and technical experts from the UNAIDS Secretariat.
- **同行评议。** 非政府组织代表团成员、由代表团召集的外部民间组织专家小组以及艾滋病规划署秘书处的治理和技术专家审阅了报告草稿。

31. The report was not intended to produce quantitative data or statistical analysis. While written documents in the bibliography provide both quantitative and qualitative information, the research methods used in preparing the report were largely qualitative. As such, the report is limited to drawing on the literature and on community and other experts to acquire greater knowledge and understanding of the situation of people living with HIV during humanitarian emergencies and to propose feasible responses based on that understanding.

报告无意提供定量数据或统计分析。虽然参考书目中的书面文件提供了定量和定性信息，但编写报告时使用的研究方法主要是定性的。因此，报告仅限于利用文献以及社群和其他专家的知识加深对人道主义紧急情况下艾滋病毒感染者状况的认识和了解，并在此基础上提出可行的应对措施。

Summary 摘要

32. The report uses a variety of information and evidence to explore the needs and experiences of people living with HIV during emergencies, including a desk review, a global online community survey, key informant interviews, focus groups in sub-Saharan Africa, good practice case studies, and a peer review process. The report draws on those sources to better understand the situation of people living with HIV during humanitarian emergencies and to propose responses based on that understanding.

报告使用各种信息和证据来探讨艾滋病病毒感染者在紧急情况下的需求和经验，包括案头审查、全球在线社群调查、关键信息人访谈、撒哈拉以南非洲焦点小组、良好时间案例研究和同行审议。报告利用这些来源，更好地了解艾滋病病毒感染者在人道主义紧急情况下的状况，并在此基础上提出应对措施。

Effects of humanitarian emergencies 人道主义紧急情况的影响

"For people living with HIV in Afghanistan, already in a very difficult economic situation, limited access to health-care services and high level of stigma and discrimination in the country have greatly affected their livelihood and access to HIV prevention, care, treatment and support services."

对于已经处于极大经济困境的阿富汗艾滋病病毒感染者来说，获得卫生服务的机会有限，以及该国的高度污名和歧视，极大地影响了他们的生计以及获得艾滋病病毒预防、关怀、治疗和支持服务的机会。

– Abdul Rasheed, Youth Health and Development Organization 青年健康发展组织, Afghanistan 阿富汗

33. Humanitarian emergencies disrupt lives on a massive scale. Globally, some 110 million people are displaced each year. Humanitarian emergencies seriously disrupt existing systems and structures, including those related to providing HIV prevention, treatment and care to people living with HIV. Community feedback received in the preparation of this report identified several priority needs of people living with HIV which become even more urgent to address during humanitarian emergencies. Prime among them is access to antiretroviral therapy (ART), without both HIV prevention and treatment is badly undermined. Also often disrupted are access to food and drinking water, HIV-related and other health care (including for sexually transmitted infections), and shelter or housing. In addition, specific key populations of people living with HIV who already struggle to meet their key needs often find themselves in even more perilous circumstances during humanitarian emergencies. Humanitarian aid has to address these effects, including providing material goods and technical assistance.

人道主义紧急情况大规模扰乱了人们的生活。全球每年约有 1.1 亿人流离失所。人道主义紧急情况严重扰乱了现有的系统和结构，包括与向艾滋病病毒感染者提供艾滋病病毒预防、治疗和关怀有关的系统和结构。在编写本报告时收到的社群反馈确定了艾滋病病毒感染者的几项优先需求，这些需求在人道主义紧急情况下变得更加紧迫。其中最主要的是获得抗逆转录病毒治疗（ART），而艾滋病毒的预防和治疗都受到严重破坏。获得食物和饮用水、与艾滋病毒有关的卫生保健和其他卫生保健（包括性传播感染）以及避难所或住房也经常受到干扰。此外，在人道主义紧急情况下，已经难以满足其关键需求的特定艾滋病病毒感染者群体往往发现自己处于更加危险的境地。人道主义援助必须解决这些影响，包括提供物资和技术援助。

Effects on prevention and testing 对预防和检测的影响

34. Despite the disruptions that humanitarian emergencies have on prevention and testing, these services continue to be essential and now extend to include people on the move who may be undiagnosed or may have acquired HIV during displacement. Specific to people living with HIV - the focus of this Report - particular combination prevention and testing services may be at risk for example for STIs, viral hepatitis and tuberculosis; for HIV-related non-communicable physical and mental health conditions; for CD4 viral load testing.

尽管人道主义紧急情况对预防和检测造成了干扰，但这些服务仍然是必不可少的，现在已经扩大到包括可能未被诊断或可能在流离失所期间感染艾滋病毒的流动人群。具体到艾滋病毒感染者（本报告的重点），特定的综合预防和检测服务可能缺失，例如性传播感染、病毒性肝炎和结核病；与艾滋病毒有关的非传染性身心健康状况；CD4 病毒载量测试。

35. While continuing to emphasize interventions such as contact tracing, condom use, the provision of harm reduction services, promotion of behavior change and other prevention activities, the focus of these services relative to people already living with HIV may shift slightly to place *added* emphasis on interventions such as the provision of vaccines for HPV and viral hepatitis; prevention of HIV-related communicable and non-communicable conditions like tuberculosis, viral hepatitis, aging-related conditions, and mental health conditions; preventing vertical transmission; preventing gender-based violence (GBV) and accompanying survivors of violence; and especially ensuring treatment as prevention with the goal of achieving viral suppression and undetectability.

在继续强调诸如接触者追踪、使用安全套、提供减低伤害服务、促进行为改变和其他预防活动等干预措施的同时，这些服务的重点相对于已经感染艾滋病毒的人可能会略有转移，以**更加**强调干预措施，例如提供 HPV 病毒和病毒性肝炎疫苗；预防与艾滋病毒有关的传染性和非传染性疾病，如结核病、病毒性肝炎、衰老相关疾病和精神健康状况等疾病；预防垂直传播；预防基于性别的暴力（GBV）和陪伴暴力幸存者；特别是确保治疗即预防，以实现病毒抑制和检测不到为目标。

Effects on treatment and care 对治疗和关怀的影响

36. People living with HIV in humanitarian settings tend to experience at least three major access issues in relation to treatment and care: antiretroviral (ARV) supplies; food; and mental health services.

在人道主义环境中，艾滋病毒感染者在治疗和关怀方面往往至少会遇到三个主要问题：抗逆转录病毒（ARV）用品；食物；以及精神卫生服务。

37. Treatment and care challenges were evident at the height of the COVID-19 pandemic when lockdowns affected people – including people living with HIV, who have particular, additional requirements – to meet their food needs, earn incomes, seek basic health care or receive specialized care, fill medicine prescriptions, etc., employment/income, medical tests, TB services, etc. In some places, delivery and follow-up treatment and care related to vertical transmission struggled. Access was particularly difficult for people who were not in their place of domicile or who lacked the required documentation to access local services.

在 COVID-19 大流行最严重的时候，治疗和关怀挑战很明显。封锁影响了包括有特殊额外要求的艾滋病毒感染者在内的人们各个方面，如满足食物需求、赚取收入、寻求基本卫生保健或接受专业关怀、填写药物处方等、就业/收入、医疗检查、结核病服务等。在一些地方，与垂直传播有关的分娩和随访治疗和关怀陷入困境。对于不在住所地或缺乏获得当地服务所需文件的人来说，获得当地服务尤其困难。

38. Humanitarian emergencies disrupt access to essential treatments, such as ART and opioid agonist treatment. Supply lines may be disrupted, health-care workers may be scattered and unable to attend work, and health-care facilities may be damaged. People living with HIV may also be forcibly displaced and find themselves in unfamiliar territory, with limited ability or permission to travel and not knowing where to access their prescribed ARVs. Those who are asylum seekers or refugees may face additional restrictions in their access to treatment and care. Despite the requirements of Article 31 of the 1951 Refugee Convention, some countries may not have the necessary policy frameworks in place and/or lack the necessary health system resources to comply.³⁵ People may not have the required health insurance documentation or prescriptions to access their medications. Multimonth prescriptions and support for acquiring appropriate medical documentation were highly effective responses. 人道主义紧急情况扰乱了获得基本治疗的机会，例如抗逆转录病毒治疗和阿片类治疗。供应链可能中断，卫生保健工作者可能分散而无法上班，卫生保健设施可能遭到破坏。艾滋病毒感染者也可能被迫流离失所，身处陌生的地区，旅行能力或许有限，不知道在哪里获得处方抗逆转录病毒药物。寻求庇护者或难民在获得治疗和关怀方面可能面临额外的限制。尽管有 1951 年《难民公约》第 31 条的要求，但一些国家可能没有必要的政策框架或缺乏必要的卫生系统资源来遵守。³⁶ 人们可能没有获得药物所需的健康保险文件或处方。数月的处方和对获得适当医疗文件的支持是非常有效的应对措施。
39. Humanitarian emergencies affect not only access to services and medicines but also people's health-seeking behaviors as they prioritize their immediate humanitarian needs over their health concerns. During times of crisis, individuals living with HIV often prioritize basic needs such as shelter and food. People living with HIV or belonging to key populations may not know where to seek humanitarian support or may be wary of doing so due to fear of stigma and discrimination. A survey in Ukraine, for example, found that 87% of respondents had not applied for humanitarian assistance.³⁷ However, rapid assessments carried out by Light of Hope in Ukraine in June 2023 indicate that people were more willing to access HIV-related care when trusted and HIV-oriented organizations provided humanitarian support using a "one-stop shop" model.³⁸

人道主义紧急情况不仅影响获得服务和药品的机会，还影响人们的求医行为，因为他们将眼前的人道主义需求置于健康问题之上。在危机时期，艾滋病毒感染者往往优先考虑住所和食物等基本需求。艾滋病毒感染者或关键人群可能不知道在哪里寻求人道主义支持，或者可能由于害怕污名和歧视而对这样做持谨慎态度。例如，乌克兰的一项调查发现，87%的受访者没有申请人道主义援助。³⁹ 然而，2023 年 6 月，“希望之光”在乌克兰进行的快速评估表明，当受信任且

³⁵ Global trends report 2022. Geneva: UNHCR; 2023 (<https://www.unhcr.org/global-trends-report-2022>).

³⁶ 《2022 年全球趋势报告》。日内瓦：难民署;2023 (<https://www.unhcr.org/global-trends-report-2022>) .

³⁷ Volgina A. *Personal communication*, 14 September 2023).

³⁸ Results of the rapid assessment of communities and local NGOs – Ukraine. Amsterdam; GNP+; 2023 (<https://gnpplus.net/wp-content/uploads/2023/08/Results-of-rapid-assessment-2023.docx.pdf>).

³⁹ Volgina A. 个人交流，2023 年 9 月 14 日。

以 艾滋病毒为导向的组织使用“一站式”模式提供人道主义支持时，人们更愿意获得与 艾滋病毒相关的关怀。⁴⁰

40. UNAIDS has acknowledged the specific food security and nutrition needs of people living with HIV. Generally, adults living with HIV are estimated to have 10–30% higher energy requirements than healthy, HIV-negative adults, while the energy needs of children living with HIV can be 50–100% higher than those of their HIV-negative counterparts.⁴¹ These additional requirements should guide the provision of food to people living with HIV in humanitarian settings. However, that is unlikely to occur unless strategies specific to the needs of people living with HIV are put in place by governments and humanitarian agencies as part of their humanitarian responses.

联合国艾滋病规划署承认艾滋病毒感染者有特殊粮食安全和营养需求。一般来说，艾滋病毒感染者的成年人的能量需求估计比健康的艾滋病毒阴性成年人高 10-30%，而艾滋病毒感染儿童的能量需求可能比艾滋病毒阴性儿童高 50-100%。⁴² 这些额外要求应指导在人道主义环境中向艾滋病毒感染者提供食物。然而，除非各国政府和人道主义机构制定专门针对艾滋病毒感染者需求的战略，作为其人道主义应对措施的一部分，否则这种情况不太可能发生。

41. Humanitarian emergencies can worsen and generate mental health challenges. The psychological effects of the COVID-19 pandemic boosted awareness of the need for psychological first aid and for ongoing psychological and psychosocial support. Many people living with HIV (especially those from key populations) are likely to be contending already with stigma and discrimination, isolation/loneliness, and certain cognitive challenges. Humanitarian emergencies aggravate those travails. One of the key informants in this report, a long-time HIV activist, admitted being too afraid to access a crowded clinic to get their ARV supply for fear of revealing their HIV status.

人道主义紧急情况可能会恶化并带来心理健康挑战。COVID-19 大流行的心理影响提高了人们对心理急救以及持续心理和社会心理支持需求的认识。许多艾滋病毒感染者（尤其是来自关键人群的感染者）可能已经在与污名和歧视、孤立或孤独以及某些认知挑战作斗争。人道主义紧急情况加剧了这些苦难。这份报告中的关键信息人之一，一位长期的艾滋病毒活动家，承认由于害怕暴露他们的艾滋病毒状况，他们不敢进入拥挤的诊所去获取抗逆转录病毒药物供应。

Summary 摘要

42. Humanitarian emergencies can seriously interrupt prevention, treatment, and care services for people living with HIV. To mitigate these disruptions, it is crucial to prioritize access to these services. This includes a strong focus on prevention to stop the spread of HIV and associated infections, ensuring the availability of Treatment as Prevention (TasP), addressing mental health concerns, and providing support for harm reduction and substance use treatment. Efforts should also be directed towards ensuring access to multi-month supplies of ARVs, satisfying nutritional needs, and serving people's psychosocial needs.

⁴⁰ 《对社群和当地非政府组织的快速评估结果——乌克兰》。阿姆斯特丹;国民生产总值+;2023 (<https://gnpplus.net/wp-content/uploads/2023/08/Results-of-rapid-assessment-2023.docx.pdf>) .

⁴¹ HIV, food security and nutrition. Policy brief. Geneva: UNAIDS; 2008.

⁴² 《艾滋病毒、粮食安全和营养》。政策简报。日内瓦：联合国艾滋病规划署;2008.

人道主义紧急情况可能严重中断艾滋病毒感染者的预防、治疗和关怀服务。为了减轻这些中断，优先这些服务可及性至关重要。这包括高度重视预防以阻止艾滋病毒和相关感染的传播，确保治疗即预防（TasP）的可用性，解决心理健康问题，并为减低伤害和物质使用治疗提供支持。还应努力确保数月的抗逆转录病毒药物供应的可及性，满足营养需求，并满足人们的社会心理需求。

Communities at the centre of an emergency response 社群是应急响应的中心

"Communities and people living with HIV need to be capable of bringing their needs to the table. This is harder to do if they have not been included prior to a humanitarian emergency: if civil society representatives were not involved as a partner before, they will be less likely to be able to contribute once there is a humanitarian emergency."

社群和艾滋病毒感染者需要能够将他们的需求摆在桌面上。如果在人道主义紧急情况发生之前没有纳入其中，就更难做到：如果民间组织代表以前没有作为合作伙伴参与，一旦发生人道主义紧急情况，他们就不太可能做出贡献。

– Eva Marly Steide, Housing Works 住房工作, Haiti 海地

43. The Global AIDS Strategy 2021–2026 requires that community-led organizations deliver 30% of testing and treatment services, 60% of programmes supporting the achievement of societal enablers (i.e., addressing stigma and discrimination, gender-based inequalities and violence, and punitive and discriminatory laws and policies), and 80% of HIV prevention services for key populations and women by 2025.⁴³

《全球艾滋病战略 2021-2026》要求，到 2025 年，社群主导组织应提供 30% 的检测和治疗服务，60% 的项目支持实现社会推动因素（即解决污名和歧视、基于性别的不平等和暴力以及惩罚性和歧视性法律和政策），以及 80% 的艾滋病毒预防服务。⁴⁴

44. As highlighted in the theme for World AIDS Day 2023, "Let communities lead", there is growing recognition that community leadership has to be at the core of HIV plans and should be well-resourced and unencumbered by barriers. This is in line with the long-standing commitment to the "Greater Involvement of People Living with AIDS" (or GIPA) principle and the insistence of "Nothing about us without us". The HIV response requires the meaningful participation of people living with HIV in policy-making and programme design, from inception to implementation, delivery, monitoring, and evaluation. Affected communities have to be at the center of the HIV response, including in preparation for and during humanitarian emergencies.

正如 2023 年世界艾滋病日的主题“让社群发挥领导作用”所强调的那样，人们越来越认识到，社群领导必须成为艾滋病毒工作计划的核心，并且应该有充足的资源，不受阻碍。这符合对“艾滋病患者更多参与”（GIPA）原则的长期承诺，以及“没有我们参与，就不要为我们决定”的坚持。

⁴³ Global AIDS Strategy 2021–2026. End Inequalities. End AIDS. Geneva: UNAIDS; 2021, p. 141.

⁴⁴ 《全球艾滋病战略 2021-2026》。《消除不平等。终结艾滋病》。日内瓦：联合国艾滋病规划署；2021 年，第 141 页。

艾滋病毒抗击工作要求艾滋病毒感染者有效参与政策制定和项目设计，从构想到实施、交付、监测和评估。受影响的社群必须处于艾滋病毒抗击工作的中心，包括在人道主义紧急情况的准备和期间。

Key lessons from the AIDS pandemic about the role of communities

艾滋病大流行中关于社群作用的主要经验教训

45. The AIDS pandemic continues to show that communities can effectively lead and deliver HIV services, including some clinical services such as testing for HIV and viral hepatitis, as well as provide access points for prescribed medications, mental health first aid and treatment adherence support. Through their stakeholder networks, community-led HIV organizations are able to advocate for improved service delivery, as well as for greater investment in health and pandemic preparedness and responses. The HIV movement is strong and well-respected in communities and it is experienced in working with marginalized people in difficult situations: it has a lot to offer to the humanitarian sector. The AIDS pandemic reminds us that community-led and -based services are essential components of an effective health-care systems, including—and perhaps especially—when those systems are under strain.

艾滋病大流行继续表明，社群可以有效地领导和提供艾滋病毒服务，包括一些临床服务，如艾滋病毒和病毒性肝炎检测，以及提供处方药、心理健康急救和治疗依从性支持。通过其利益相关方网络，社群领导的艾滋病毒组织能够倡导改善服务提供，并加大对卫生和大流行防范和应对的投入。艾滋病毒运动在社群中很强大，很受尊重，在与处于困境中的边缘化人群合作方面经验丰富：它可以为人道主义部门提供很多东西。艾滋病大流行提醒我们，以社群为主导和以社群为基础的服务是有效卫生保健系统的重要组成部分，也许尤其是当这些系统处于压力之下时。

Community roles 社群角色

46. The report's background research aimed to clarify the most pressing needs and the range of responsive services that communities provide to people living with HIV during humanitarian emergencies. This was important for defining a minimum package of interventions.

报告的背景研究旨在澄清社群在人道主义紧急情况下向艾滋病毒感染者提供的最迫切需求和响应服务范围。这对于确定最低限度的一揽子干预措施非常重要。

47. Community-led organizations and services are sources of information, especially during periods of disruption and confusion. They are more likely to know who needs specific services, products, and support during upheavals and can play crucial roles in serving those needs. They can conduct needs assessments, collect data to monitor service delivery quality and fairness and work in local languages. They can build capacity among lay and professional service providers to help counter stigma and discrimination by fostering greater awareness and sensitivity about people's human rights and their need for confidentiality and trust. Community-led organizations typically do all this despite being underfunded and lacking proper recognition from formal health systems.

社群主导组织和服务是信息的来源，尤其是在混乱时期。他们更有可能知道在动荡期间谁需要特定的服务、产品和支持，并且可以在满足这些需求方面发挥关键作用。他们可以进行需求评估，收集数据以监控服务交付的质量和公平性，并以当地语言工作。他们可以在赋能非专业服务提供者和专业服务提供者，通过提高对人们人权及其对保密和信任的需求的认识和敏感性，

帮助消除污名和歧视。社群主导组织通常在资金不足且缺乏正规卫生系统的适当认可的情况下完成所有这些工作。

48. In addition to assisting with the distribution of ARV medicines, condoms and harm reduction commodities, community-led organizations can provide information and support for preventing HIV infection and for sexual and reproductive health generally. They can support survivors of gender-based violence; operate drop-in centers/safe spaces; provide mental health and psychosocial assistance; and help with food provision. These organizations can play vital roles in bolstering struggling health systems in these and other ways.

除了协助分发抗逆转录病毒药物、安全和减低伤害的物资外，社群主导组织还可以为预防艾滋病毒感染以及其他性与生殖健康提供信息和支持。他们可以支持基于性别的暴力幸存者；运营救助中心和安全空间；提供心理健康和社会心理援助；并帮助提供食物。这些组织可以通过这些和其他方式在支持陷入困境的卫生系统方面发挥重要作用。

49. These roles are especially relevant to the ongoing WHO initiative aimed at developing a pandemic preparedness treaty under international law. The proposed treaty is rooted in the WHO constitution and is intended to adopt an all-government and all-society approach to strengthening the capacities, resilience and responsiveness of health systems to future pandemics. In addition to government actors, WHO intends to include the participation of a wider range of stakeholders via public hearings, including international agencies, civil society organizations and other relevant actors. These consultations are important opportunities for community-led and other civil society organizations to share the experiences they have acquired during the AIDS and COVID-19 pandemics and during various humanitarian emergencies.⁴⁵

这些角色与世卫组织正在进行的旨在根据国际法制定大流行防范条约的倡议尤为重要。拟议的条约植根于世卫组织章程，旨在采取全政府和全社会的途径，加强卫生系统对未来大流行的能力、复原力和反应能力。除政府外，世卫组织还打算通过公开听证会让更广泛的利益相关方参与，包括国际机构、民间组织和其他相关行为者。这些磋商是社群主导组织和其他民间组织分享他们在艾滋病和 COVID-19 大流行以及各种人道主义紧急情况下获得的经验的重要机会。⁴⁶

50. Key demands have emerged from the background research done for this report: stronger and better-prepared health-care systems that include community-led services; speedier access to funding support for local NGOs which provide relief services; and strong engagement with, and leadership by communities.

从为本报告所做的背景研究中得出了关键要求：包括社群主导的服务在内的更强大、准备更充分的保健系统；为提供救济服务的当地非政府组织提供更快的资金支持；以及与社群的密切接触和支持社群领导。

⁴⁵ Pandemic prevention, preparedness and response accord. Geneva: World Health Organization; 28 June 2023 (<https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>).

⁴⁶ 《大流行预防、防范和应对协议》。日内瓦：世界卫生组织；2023年6月28日（<https://www.who.int/news-room/questions-and-answers/item/pandemic-prevention--preparedness-and-response-accord>）。

51. Governments have the primary responsibility to protect and assist citizens who are affected by disasters. If health-care systems are already weak, disasters will very likely weaken them further. Key informants noted the lack and variability of health-care facilities, with limited integration of services. One of the ways to prepare for emergencies is to focus on health system strengthening that includes the entire continuum of health care, from hospital to community-led services. Some informants also identified how slow and complex it was for local community or civil society organizations to access funds to support their relief efforts; especially in the early phases of emergencies, when help is most needed.
政府负有保护和援助受灾害影响的公民的首要责任。如果卫生保健系统已经很薄弱，灾害很可能会进一步削弱它们。关键信息人指出，卫生保健设施缺乏且多变，服务整合有限。为突发事件做准备的方法之一是注重加强卫生系统，包括从医院到社群主导服务的整个卫生保健连续体。一些信息人还指出，当地社群或民间组织获得资金支持其救济工作的过程极为缓慢和复杂；特别是在最需要帮助的紧急情况的早期阶段。
52. For communities to achieve their potential as part of health-care delivery during humanitarian emergencies, governments and humanitarian responders have to make room for communities to participate and even lead certain aspects of the response. Research participants urged that community engagement in leading and delivering services be treated as a strategic priority. Such recognition can be measured by the extent to which governments and humanitarian agencies, including entities like OCHA and the UNHCR, invite and facilitate the participation and leadership of community groups and build their technical and operational capacities. Given current funding pressures for humanitarian activities, stronger engagement with and use of community-led services are a viable way forward. Community-led services should be acknowledged and integrated as a crucial element of health-care systems.
为了让社群在人道主义紧急情况下发挥其作为卫生保健服务的一部分的潜力，各国政府和人道主义应急人员必须为社群参与甚至领导应对工作的某些方面创造空间。研究参与者敦促将社群参与领导和提供服务视为战略优先事项。这种承认，可以通过政府和人道主义机构，包括人道协调厅和难民署等实体，在多大程度上邀请和促进社群团体的参与和领导，并建立其技术和业务能力来衡量。鉴于目前人道主义活动的资金压力，加强对社群主导服务的参与和使用是一条可行的前进道路。社群主导的服务应得到承认，并作为保健系统的一个关键要素加以整合。
53. People living with HIV require holistic support, including during humanitarian emergencies, but this can be hampered by the distinct mandates that guide donors and humanitarian organizations. Therefore, community organizations and others on the frontline must engage across various donor and organization mandates to serve people's needs holistically. The same principle—and constraints—applies to endeavors related to addressing violence, facilitating employment and societal integration, or providing education programmes for children: people need comprehensive support. This underscores the need for more flexibility in delivering humanitarian aid and the value of a “one-stop shop” model, which is well-suited to community providers.
艾滋病病毒感染者需要全面的支持，包括在人道主义紧急情况下，但这可能会受到指导捐助者和人道主义组织的特定任务的阻碍。因此，社群组织和前线的其他人必须参与各种捐助者和组织的任务，以全面满足人们的需求。同样的原则和制约因素也适用于解决暴力问题、促进就业和社会融合或为儿童提供教育计划的工作：人们需要全面的支持。这凸显了在提供人道主义援助方面需要更大的灵活性，以及“一站式”模式的价值，这种模式非常适合社群服务机构。

Summary 摘要

54. Communities have to be at the center of humanitarian emergency responses for people living with HIV. By 2025, community-led organizations should be delivering 30% of testing and treatment services, 60% of programmes supporting the achievement of societal enablers, and 80% of HIV prevention services. These organizations already provide a wide range of services. But they need partnerships with strong and well-prepared health systems; speedier access to humanitarian funding support; and improved opportunities for leadership.
社群必须成为艾滋病毒感染者人道主义应急响应的中心。到 2025 年，社群主导的组织应提供 30% 的检测和治疗服务，60% 的支持实现社会推动因素的项目，以及 80% 的艾滋病毒预防服务。这些组织已经提供了广泛的服务。但他们需要与强大且准备充分的卫生系统建立伙伴关系；更快地获得人道主义资金支持；以及增加领导机会。
55. Communities also need humanitarian responses to be conducted in ways that build both their agency and resilience and that of people living with HIV. Achieving more locally-led humanitarian responses should not wait until *after* a humanitarian emergency has passed; the process should start now. Traditional responses can perpetuate or encourage dependency, undermining eventual recovery and development processes. A response methodology that works with and through sustainably funded community-led services would be more effective and would pay long-term dividends. Examples of effective community-government-agency collaborations can then be collected and used to inspire and drive others in different humanitarian settings.
社群还需要以建立他们以及艾滋病毒感染者能动性和复原力的方式开展人道主义应对。不应等到人道主义紧急情况过去后，才能实现更多由地方主导的人道主义应对措施；该工作应立即开始。传统的应对措施可能使依赖性长期存在或助长依赖性，破坏最终的恢复和发展进程。与可持续资助的社群主导服务合作并通过社群主导的服务工作的应对方法将更加有效，并将带来长期红利。可以收集社群-政府-机构有效合作的例子，并用于激励和推动不同人道主义环境中的其他人。

Showcasing the critical role of communities: best practice case studies⁴⁷ 展示社群的关键作用：最佳实践案例研究⁴⁸

56. In preparing this report, it was clear that there are many examples around the world of good practices for meeting the needs of people living with HIV in humanitarian settings. Those examples must be collated and shared, replicated elsewhere and scaled-up where appropriate. The next section shares seven such examples.
在编写这份报告时，很明显世界各地有许多在 humanitarian 环境中满足艾滋病毒感染者需要的良好做法的例子。这些例子必须经过整理和分享，在其他地方复制，并在适当时扩大规模。下一节将分享七个这样的例子。

⁴⁷ There were many more good practice case studies proposed than could be included in this short report. We thank all the civil society individuals and groups who worked on them.

⁴⁸ 提出的良好实践案例研究比本简短报告所能包括的要多得多。我们感谢所有为这些项目开展工作的民间组织个人和团体。

Collaborating with 100% Life—Ukraine⁴⁹ 与 100% Life 合作—乌克兰⁵⁰

57. With 16 000 members, 100% Life (formerly the Network of People Living with HIV) is the largest HIV patient organization in both Ukraine and Europe. The Network aims to ensure full access to treatment for people living with HIV, TB and/or hepatitis C across 25 regions of Ukraine, improve their quality of life, and promote their rights and freedoms. Operating since 2001, it is the main implementing partner of the Global Fund and United States Agency for International Development. Annually, the Network provides services to more than 190 000 patients, 90 000 of whom are people living with HIV.

100% Life（前身为艾滋病毒感染者网络）拥有 16000 名成员，是乌克兰甚至欧洲最大的艾滋病毒患者组织。该网络旨在确保乌克兰 25 个地区的艾滋病毒、结核病和丙型肝炎感染者能够充分获得治疗，改善他们的生活质量，并促进他们的权利和自由。自 2001 年开始运作以来，它是全球基金和美国国际开发署的主要执行伙伴。该网络每年为超过 19 万名患者提供服务，其中 9 万名是艾滋病毒感染者。

58. Before the current war in Ukraine, just over 60% of the population lived below the poverty line; that situation has not improved. UNHCR reports that, by mid-2023, nearly 5.1 million people were internally displaced in Ukraine and more than 6.2 million had left the country as refugees. Approximately 17.6 million people needed humanitarian assistance in 2023.

在目前的乌克兰战争之前，超过 60% 的人口生活在贫困线以下；这种情况并没有改善。联合国难民署报告称，截至 2023 年年中，乌克兰有近 510 万人在国内流离失所，超过 620 万人作为难民离开该国。2023 年，约有 1760 万人需要人道主义援助。

59. This case study describes how 100% Life worked with humanitarian agencies to improve the lives of people living with HIV in Ukraine. The World Food Programme (WFP) initiated the collaboration, which approached the Network to act as a partner. Although the principle of UN or other humanitarian agencies working with and even taking the lead from local organizations was not new, this was the first time such a major humanitarian agency had approached the Network.

本案例研究描述了 100% Life 如何与人道主义机构合作，改善乌克兰艾滋病毒感染者生活。世界粮食计划署（WFP）发起了这项合作，该网络接洽作为合作伙伴。尽管联合国或其他人道主义机构与当地组织合作甚至由当地组织牵头的原则并不新鲜，但这是第一次如此重要的人道主义机构与该网络接触。

60. Many people living with HIV in Ukraine struggle to earn a regular income. During crises, they are also often among the first to lose their jobs, largely due to stigma and discrimination. Some may resort to exchanging sex for food, protection and other necessities. The collaboration between 100% Life and WFP brought food security for 900 000 people, about 300 000 of whom were people living with HIV or TB, and their families. The Network led on

⁴⁹ Since the beginning of the war in February 2022, millions of people have been forced to flee Ukraine. Approximately 17.6 million people, almost half the entire population, now need humanitarian assistance and protection (<https://www.unocha.org/ukraine>).

⁵⁰ 自 2022 年 2 月战争开始以来，数百万人被迫逃离乌克兰。目前约有 1760 万人（几乎占总人口的一半）需要人道主义援助和保护（<https://www.unocha.org/ukraine>）。

delivering monthly food packages, each of which included about 17 kilograms of non-perishable food supplies. The packages helped ensure that no-one would die of hunger and offered people some leeway to supplement their meals with fresh products when available. The food packages were delivered in many ways, including at shelters and in hospitals.

乌克兰的许多艾滋病毒感染者都在难以赚取固定收入。在危机期间，他们也往往是最先失去工作的人之一，这主要是由于污名和歧视。有些人可能会诉诸于用性来换取食物、保护和其他必需品。100% Life 与世界粮食计划署之间的合作为 90 万人带来了粮食安全，其中约 30 万人是艾滋病毒或结核病感染者及其家人。该网络带领着每月运送食品包，每个食品包有约 17 公斤不易腐烂的食品供应。这些包裹有助于确保没有人会死于饥饿，并为人们提供了一些余地，以便在可用时用新鲜产品补充他们的膳食。食品包以多种方式提供，包括在避难所和医院。

61. A powerful example of the benefits of this collaboration was the rescue of two Ukrainian women from an isolated rural community close to the frontline, one of whom was living with HIV while the other was living with hepatitis C. Their food packages were funded by the Global Fund and were provided via WFP which also helped link the women to other services, including for dental problems and severe stress. The Network, WFP, and Global Fund and other private donors eventually managed to evacuate the women from close to the frontline and ensure they had adequate food and shelter.

这种合作的好处的一个有力例子是，在靠近前线的一个孤立的农村社群救出两名乌克兰妇女，其中一名感染了艾滋病毒，另一名感染了丙型肝炎。她们的食品包由全球基金资助，并通过世界粮食计划署提供，粮食计划署还帮助妇女获得其他服务，包括牙科问题和严重压力。网络、世界粮食计划署、全球基金和其他私人捐助者最终设法将这些妇女从前线附近撤离，并确保她们有足够的食物和住所。

Reported by Valeriia Rachynska, Director – Human Rights, Gender and Communities Development

100% Life (<https://network.org.ua/en/>)

由人权、性别和社群发展主任 Valeriia Rachynska 报道

100% Life (<https://network.org.ua/en/>)

Displaced Venezuelans living with HIV—Venezuela/Colombia⁵¹流离失所的委内瑞拉艾滋病毒感染者—委内瑞拉/哥伦比亚⁵²

62. Red Somos is a community-based organization in Colombia. Founded in 2007, it works for the recognition of sexual and gender diversity and for sexual health and community empowerment through the provision of community services and social research. Red Somos collaborates with groups and populations in vulnerable contexts, particularly LGBTIQ+ people, people living with HIV, refugees and migrants. Its work combines community and technical expertise in the development of effective interventions that prevent HIV and promote sexual health, comprehensive care, viral suppression, reduction of HIV stigma and discrimination, and empowerment of people living with HIV.

Red Somos 是哥伦比亚的一个社群组织。它成立于 2007 年，致力于通过提供社群服务和社会性别研究来承认性和性别多样性，并促进性健康和社群赋权。Red Somos 与弱势群体合作，特别是性少数人群、艾滋病毒感染者、难民和移民。其工作结合了社群和技术专长以制定有效的干预措施，预防艾滋病毒和促进性健康、全面关怀、病毒抑制、减少艾滋病毒污名和歧视以及增强艾滋病毒感染者的能力。

63. The HIV situation in Colombia is intertwined with the presence of some 2.9 million displaced Venezuelans. "Assuming a stable HIV prevalence among migrants and refugees and a population size of 2,477,588 refugees and migrants in Colombia, based on September 2022 migration estimates that include all states of migration, this would equate to 22,298 migrants and refugees are living with HIV in Colombia and require continued access to treatment, though only 4,500 Venezuelans are registered with the national health system, according to the Colombian Ministry of Health.

哥伦比亚的艾滋病毒问题与大约 290 万流离失所的委内瑞拉人交织在一起。“假设移民和难民的艾滋病毒流行率稳定，根据 2022 年 9 月的移民估计，包括所有移民在内，哥伦比亚的难民和移民人口规模为 2477588 名，这相当于哥伦比亚有 22298 名移民和难民感染艾滋病毒，需要继续获得治疗。而根据哥伦比亚卫生部的说法，只有 4500 名委内瑞拉人在国家卫生系统登记。

64. Vulnerabilities experienced by the displaced Venezuelan population living with HIV include lack of access to health services and treatment, gaps in the continuum of care, lack of information, economic vulnerability, lack of documentation, discrimination and stigmatization,

⁵¹ Despite some signs of improvement, the most vulnerable Venezuelans still face limited access to essential services and economic opportunities. The 2022 rainy season heavily affected tens of thousands of people due to overflowing rivers and landslides, damaging small businesses and affecting small producers (see <https://www.unocha.org/venezuela>). Colombia has made progress in development and peacebuilding over the past decade, but internal armed conflict and violence, extreme weather-related events and the COVID-19 pandemic have left some 7.7 million people in need of humanitarian assistance. The influx of refugees and migrants from Venezuela has increased the burden on host communities (see <https://www.unocha.org/colombia>).

⁵² 尽管有一些改善的迹象，但最脆弱的委内瑞拉人仍然面临有限的基本服务和经济机会可及性。2022 年的雨季严重影响了数万人，原因是河流泛滥和山体滑坡，损害了小企业并影响了小生产者（见 <https://www.unocha.org/venezuela>）。哥伦比亚在过去十年中在发展和建设和平方面取得了进展，但国内武装冲突和暴力、极端天气相关事件和 COVID-19 大流行使约 770 万人需要人道主义援助。来自委内瑞拉的难民和移民的涌入增加了收容社群的负担（见 <https://www.unocha.org/colombia>）。

and conditions that favour HIV transmission, such as survival sex, human trafficking, gender-based violence, and xenophobia. The situation has been mitigated somewhat by the entry into force of Colombia's Temporary Protection Permit for refugee and migrant Venezuelans, which provides for protection and access to the health system.

流离失所的委内瑞拉艾滋病毒感染者所经历的脆弱性包括无法获得卫生服务和治疗、连续关怀存在缺口、缺乏信息、经济脆弱性、缺乏证件、歧视和污名，以及助长艾滋病毒传播的环境，如生存性行为、人口贩运、基于性别的暴力和仇外心理。哥伦比亚对委内瑞拉难民和移民的临时保护许可证生效，情况有所缓解，该许可证提供了保护和进入卫生系统的机会。

65. Red Somos established *Tu pana te cuida* ("Your friend/peer takes care of you") as an innovative model for developing community-based health interventions that meet the needs of LGBTIQ+ refugees and migrants, as well as people living with HIV. The model has been implemented in three cities: Barranquilla, Bogotá and Soacha. Services focus on community and health attention and promotion; legal assistance; social protection; and cultural change. Key services include HIV, syphilis and hepatitis C rapid testing; delivery of ARVs; health advice; hormone therapy; mental health counseling and support groups; and legal advice, for example, on discrimination and regularization issues.

Red Somos 创立了 *Tu pana te cuida* (“你的同伴照顾你”)，作为一种创新模式，用于开发基于社群的健康干预措施，以满足性少数难民和移民以及艾滋病毒感染者需求。该模式已在三个城市实施：巴兰基亚、波哥大和索阿查。服务的重点是社群和健康关注和促进；法律援助；社会保护；以及文化变革。主要服务包括艾滋病毒、梅毒和丙型肝炎快速检测；提供抗逆转录病毒药物；健康建议；激素治疗；心理健康咨询和支持小组；以及法律咨询，例如关于歧视和正规化问题。

66. *Tu pana te cuida* serves people who are particularly vulnerable to HIV infection, as well as those living with HIV. Examples include an HIV-positive female sex worker who needed help to access pre-exposure prophylaxis and now assists with HIV prevention support and a 19-year-old Venezuelan who contracted HIV and was supported in being regularized in Colombia so he could legally access HIV treatment.

Tu pana te cuida 为特别容易感染艾滋病毒的人以及艾滋病毒感染者提供服务。例如，一名艾滋病毒阳性的女性性工作者以前需要帮助才能获得暴露前预防，现在她协助提供艾滋病毒预防支持，以及一名 19 岁的委内瑞拉人，她感染了艾滋病毒，后得到支持在哥伦比亚得到身份正规化，以便合法地获得艾滋病毒治疗。

67. Jose is a good example of the effectiveness of this project. After leaving Venezuela, he arrived in Colombia without a support network and resorted to selling sex to have money to eat and survive. He eventually took a rapid test at *Tu pana te cuida* and discovered he had contracted HIV. The project accompanied him through the process of registering for treatment and other health services, provided psychosocial support, and helped him develop a stable support network. Jose is now a leader and community activist who shares his story openly and helps others take advantage of the project and its services. As Jose noted: "Red Somos and *Tu pana te cuida* are synonymous with opportunity, self-improvement, support and achievement. Once you recognize that migrants and refugees living with HIV have much more to offer than our diagnosis, you're able to create safe spaces for everyone, and that's what *Tu pana te cuida* does."

Jose 是这个项目有效性的一个很好的例子。离开委内瑞拉后，他在没有支持网络的情况下抵达哥伦比亚，并诉诸于贩性来获得食物和生存。他最终在 *Tu pana te cuida* 进行了快速检测，发现自己感染了艾滋病毒。该项目陪伴他完成了注册治疗和其他健康服务的过程，提供了社会心理支持，并帮助他建立了稳定的支持网络。Jose 现在是一名领袖和社群活动家，他公开分享他

的故事，并帮助其他人利用该项目及其服务。正如 Jose 所说：“Red Somos 和 *Tu pana te cuida* 是机会、自我提升、支持和成就的代名词。一旦你认识到感染艾滋病毒的移民和难民可以提供的不仅仅是我们的诊断，你就能为每个人创造安全的空间，这就是 *Tu pana te cuida* 所做的。

Reported by Miguel Angel Barriga Talero and David Marquez, Red Somos, Colombia

Miguel Angel Barriga Talero 和 David Marquez 报道, Red Somos, 哥伦比亚

Peers supporting peers—Democratic Republic of the Congo⁵³同伴支持同伴——刚果民主共和国⁵⁴

68. This case study draws on the experience of two groups in the Democratic Republic of the Congo: the Congolese Union of Organizations of People Living with HIV (UCOP+) and the Community Distribution Post (PoDi) of Antiretrovirals, a community model of care developed by UCOP+.

本案例研究借鉴了刚果民主共和国两个团体的经验：刚果艾滋病毒感染者组织联盟（UCOP+）和抗逆转录病毒药物社群分发站（PoDi），这是 UCOP+ 开发的一种社群关怀模式。

69. UCOP+ is dedicated to defending the health and dignity of people living with HIV and raising their voices in the fight against HIV. It assists people living with HIV to organize into grassroots communities that promote the health rights of everyone in the country. For its part, PoDi provides decentralized HIV services, including psychosocial support and ARVs, facilitates viral load monitoring, and promotes positive living with HIV. UCOP+致力于捍卫艾滋病毒感染者的健康和尊严，并在抗击艾滋病毒的斗争中发出自己的声音。它帮助艾滋病毒感染者组织成基层社群，促进该国每个人的健康权利。就其本身而言，PoDi 提供分散的 HIV 服务，包括社会心理支持和抗逆转录病毒药物，促进病毒载量监测，并促进 HIV 感染者的积极生活。
70. Peers participate in various activities of the two organizations. They raise awareness about HIV, organize HIV testing among displaced people, and support those who test HIV-positive through referrals to care and treatment. They also help distribute ARVs and offer psychosocial support. They help put in place mechanisms to prevent vertical transmission of HIV among pregnant and breastfeeding women, raising awareness about the benefits of good nutrition and encouraging the eating of nutritious foods and dietary supplements.

⁵³ The Democratic Republic of the Congo has the largest number of internally displaced people in sub-Saharan Africa: years of violence and insecurity have forcibly displaced 5.7 million people. Violence has increased recently in some provinces, including against civilians living in displacement sites. See Democratic Republic of the Congo overview. Geneva: OCHA (<https://www.unocha.org/democratic-republic-congo>).

⁵⁴ 刚果民主共和国是撒哈拉以南非洲境内流离失所者人数最多的国家：多年的暴力和不安全局势迫使 570 万人流离失所。最近，一些省份的暴力事件有所增加，包括针对生活在流离失所安置点的平民的暴力事件。见刚果民主共和国概述。日内瓦：人道协调厅 (<https://www.unocha.org/democratic-republic-congo>)。

伙伴们参加两个组织的各种活动。他们提高对艾滋病毒的认识，在流离失所者中组织艾滋病毒检测，并通过转介关怀和治疗来支持艾滋病毒检测呈阳性的人。他们还帮助分发抗逆转录病毒药物并提供社会心理支持。帮助建立机制，防止艾滋病毒在孕妇和哺乳期妇女中垂直传播，提高对良好营养益处的认识，并鼓励食用营养食品和膳食补充剂。

71. Facilitators selected to be trained as peer educators must meet certain criteria; for example, they should be openly living with HIV, be literate, and be able to communicate in a local language. People who qualify undergo training, which focuses on HIV knowledge, testing, monitoring, and providing support for adherence and positive living with HIV. Participants receive cash payments for participating in training and to cover expenses. Peer educators' work includes conducting home visits, arranging appointments or reminding people of them, and organizing support group meetings to raise awareness, provide advice, and share experiences.

被选为同伴教育者接受培训的协助者必须符合某些标准，例如，他们应该是公开的艾滋病毒感染者，识字，并能够用当地语言交流。符合条件的人将接受培训，重点是艾滋病毒知识、检测、监测以及为依从性和艾滋病毒感染提供支持。参与者因参加培训和相关支出而获得现金。同伴教育者的工作包括进行家访、安排预约或提醒人们，以及组织支持小组会议以提高认识、提供建议和分享经验。

72. Some peers are trained to become mother mentors. They usually have to meet additional criteria, for example, be a mother with recent experience in childbirth and breastfeeding and be capable of raising awareness among HIV-positive pregnant or breastfeeding women. They also undergo training and receive cash payments to support their training and subsequent activities. They conduct HIV awareness sessions, support and monitor other mothers in maintaining adherence to ARV medications through home visits, phone calls, or text messages (SMS) to schedule appointments or reminders. They also organize self-help group meetings to raise awareness, advise and share experiences.

一些同伴被培训成为母亲导师。她们通常必须满足其他标准，例如，是最近有分娩和母乳喂养经验的母亲，并且能够提高艾滋病毒阳性孕妇或哺乳期妇女的认识。她们也接受培训并获得现金，以支持她们的培训和后续活动。她们通过家访、电话或短信（SMS）安排预约或提醒，开展艾滋病毒宣传活动，支持和监督其他母亲保持对抗逆转录病毒药物的依从性。她们还组织自助小组会议，以提高认识、提供建议和分享经验。

73. The peer-led work has numerous benefits. For example, UCOP+ reports that some 730 displaced people living with HIV have been identified at its seven sites and referred to care structures after follow-up and awareness visits. The peers also set up a monitoring system and support mechanism to ensure the continuum of care for displaced people living with HIV. "I talk about HIV without taboos, I understand my illness, and I am becoming my own doctor," said one of the recipients of peer-led services. "My peers are an outstanding support for my positive life with HIV," said another.

同伴主导的工作有很多好处。例如，UCOP+报告说，在其七个站点发现了大约 730 名感染艾滋病毒的流离失所者，并在跟踪访问后将她们转介到关怀机构。同伴们还建立了一个监测系统和支持机制，以确保对感染艾滋病毒的流离失所者的持续关怀。“我毫无禁忌地谈论艾滋病毒，我了解我的疾病，我正在成为我自己的医生，”一位同伴主导服务的接受者说。“我的同伴对我感染艾滋病毒后的生活给予了杰出的支持。”另一位说。

Reported by Angélique Machozi, Community Antiretroviral Distribution Post, Whiskey Kalume, Congolese Union of Organizations of People Living with HIV, Democratic Republic of the Congo

由刚果艾滋病毒感染者组织联盟 Whiskey Kalume 社群抗逆转录病毒药物分发站 Angélique Machozi 报道，刚果民主共和国

People living with HIV and using drugs—Afghanistan⁵⁵ 艾滋病毒感染者和毒品使用者——阿富汗⁵⁶

74. Bridge Hope Health Organization (BHHO) is a non-profit and non-political community-based organization in Afghanistan, established in May 2015 by people who use drugs. Its remit has since expanded to include people living with HIV and other key populations. It reinforces livelihoods, health, human rights, and harm reduction and strengthens emergency assistance. Currently, BHHO is implementing drug harm reduction projects with the financial support of the UN Office on Drugs and Crime (UNODC), the UN Development Programme (UNDP), and the Global Fund.

Bridge Hope Health Organization 联结希望健康组织（BHHO）是阿富汗的一个非营利性、非政治性的社群组织，由毒品使用者于 2015 年 5 月成立。之后它的工作范围扩大到包括艾滋病毒感染者和其他关键人群。它加强了生计、健康、人权和减低伤害，并加强了紧急援助。目前，BHHO 正在联合国毒品和犯罪问题办公室（UNODC）、联合国开发计划署（UNDP）和全球基金的财政支持下实施减低毒品伤害项目。

75. Afghanistan has very low HIV prevalence in the general population. Still, it is experiencing a concentrated HIV epidemic among people who inject drugs. According to WHO, in 2019, HIV prevalence among people who inject drugs was about 4.4% nationally,⁵⁷ A high prevalence of injecting drug use, weak surveillance system, insufficient HIV-related knowledge, stigma and discrimination against people living with HIV, and gender-based violence are contributing to the spread of HIV in the country.

阿富汗的艾滋病毒在一般人群中的流行率非常低。但艾滋病毒流行在注射毒品使用者间很集中。根据世卫组织的数据，2019 年，全国注射毒品使用者的艾滋病毒感染率约为 4.4%，⁵⁸注射毒品使用率高、监测系统薄弱、艾滋病毒相关知识不足、对艾滋病毒感染者的污名和歧视以及基于性别的暴力正在助长艾滋病毒在该国的传播。

76. The ruling Taliban have set their sights on stamping out drug addiction, including through force. The predominant drug treatment model involves long-term residential treatment services (45 days of in-patient treatment programmes for adults and 180 days for

⁵⁵ Afghanistan is facing a major humanitarian crisis with serious risk of systemic collapse and human catastrophe. In addition to the human costs, the crisis is reversing many of the gains of the last 20 years, including on women's rights. The country is also highly prone to natural hazards, whose frequency and intensity are exacerbated by the effects of climate change. See Afghanistan overview. OCHA (<https://www.unocha.org/afghanistan>).

⁵⁶ 阿富汗正面临一场重大的人道主义危机，面临系统性崩溃和人类灾难的严重风险。除了人力成本之外，这场危机正在逆转过去 20 年取得的许多成果，包括妇女权利方面的成果。该国还极易遭受自然灾害，气候变化的影响加剧了自然灾害的频率和强度。见阿富汗概述。人道协调厅（<https://www.unocha.org/afghanistan>）。

⁵⁷ WHO Afghanistan Country Office report 2019. Kabul: WHO; 2019 (http://www.emro.who.int/images/stories/afghanistan/who_at_a_glance_2019_feb.pdf?ua=1).

⁵⁸ 世卫组织阿富汗国家办事处 2019 年报告。喀布尔：世卫组织;2019 (http://www.emro.who.int/images/stories/afghanistan/who_at_a_glance_2019_feb.pdf?ua=1) .

adolescents) with limited capacity for outpatient and outreach programmes. About 50 drug treatment centers are operating across the country. Those services are poorly integrated into the health system; patients have no access to ARVs, opioid agonist therapy, or psychosocial and peer support. Community-based treatment, shown to be one of the most efficient, is poorly developed. The recovery model and support, including tailored educational support, vocational training and employment support, and temporary livelihood provision for people in recovery, are almost non-existent, and most of the patients are discharged without any follow-up after these residential treatments. In addition to the treatment centers, the Taliban has been establishing large new “rehabilitation centers” to accommodate several thousand people who were rounded up from the streets by force.

执政的塔利班已将目光投向了消除毒瘾，措施包括武力。主要的戒毒模式包括长期住院治疗服务（成人住院治疗方案 45 天，青少年住院治疗方案 180 天），门诊和外展能力有限。全国约有 50 个戒毒中心在运作。这些服务与卫生系统的整合很差；患者无法获得抗逆转录病毒药物、阿片类治疗或社会心理和同伴支持。以社群为基础的治疗被证明是最有效的治疗之一，但发展不足。康复模式和支持，包括量身定制的教育支持、职业培训和就业支持，以及为康复者提供的临时生计，几乎不存在，大多数患者在这些住院治疗出院后没有任何随访。除了治疗中心外，塔利班还建立了新的大型“康复中心”，以容纳数千名被强行从街头围捕的人。

77. Stigma and discrimination are common against people who use drugs or live with HIV, and there is a great deal of ignorance about HIV and hepatitis. People try to protect themselves by avoiding any contact with people living with HIV. Stigma is also high in healthcare settings, and fear of infection results in poor services. As a result, people may be denied procedures such as appendectomies or dental surgeries, or patients are required to provide disposable surgical kits at their own expense (around 70 euros per kit). HIV prevention services are available in only eight of the country's 34 provinces, while opioid agonist therapy is available in five provinces, and access to ARVs is limited in general.

对毒品使用者或艾滋病毒感染者的污名和歧视很常见，人们对艾滋病毒和肝炎一无所知。人们试图通过避免与艾滋病毒感染者接触来保护自己。在医疗机构中，污名情况严重，对感染的恐惧会导致服务质量差。因此，人们可能会被拒绝进行阑尾切除术或牙科手术等手术，或者要求患者自费提供一次性手术包（每个包约 70 欧元）。在全国 34 个省份中，只有 8 个省份提供艾滋病毒预防服务，而 5 个省份提供阿片类治疗，总体上获得抗逆转录病毒药物的机会有限。

78. BHHO and other local organizations, in collaboration with UNDP and UNODC, provide a range of services via a network of drop-in centers in eight provinces. There, people who use drugs or live with HIV can receive primary health care, including counseling, social support, HIV testing, needle and syringe exchange, condoms, and ARVs. BHHO also accompanies people living with HIV to clinic appointments in Kabul. Through its networks of people living with HIV in eight provinces, BHHO assists people to access their medicines and provides up to three months of ARVs to people living with HIV, which is especially important for pregnant women living with HIV. Earlier ARV shortages have been overcome through improved collaboration with ART providers and UNDP. BHHO and UNODC are also engaged in capacity building around, for example, harm reduction, good practices for drug use treatment, the specific needs of women, and HIV care among stimulants users. They also arrange training for health-care providers.

BHHO 和其他地方组织与 UNDP 和 UNODC 合作，通过八个省的救助中心网络提供一系列服务。在那里，毒品使用者或艾滋病毒感染者可以获得初级卫生保健，包括咨询、社会支持、艾滋病毒检测、针头和注射器交换、安全套和抗逆转录病毒药物。BHHO 还陪同艾滋病毒感染者前往喀布尔的诊所就诊。通过其在八个省份的艾滋病毒感染者网络，BHHO 帮助人们获得药物，并向艾滋病毒感染者提供长达三个月的抗逆转录病毒药物，这对感染艾滋病毒的孕妇尤为

重要。通过改善与抗逆转录病毒治疗机构和开发署的合作，克服了早期的抗逆转录病毒药物短缺问题。BHHO 和 UNODC 还围绕减低伤害、戒毒良好实践、妇女的特殊需求以及兴奋物质使用者的艾滋病毒关怀等开展能力建设。他们还还为卫生保健机构安排培训。

Message from Afghanistan 来自阿富汗的信息

79. “There is a need for fundraising to scale up the services with a special focus on people living with HIV. Also, there is a need for interventions to reduce stigma and discrimination at the policy and service providers’ levels.”

“有必要筹集资金以扩大服务范围，特别关注艾滋病毒感染者。此外，有必要采取干预措施，在政策和服务机构层面减少污名和歧视。

Reported by Morgane BERNARD-HAREL & Dr Ziaurahman Zia, UNODC – Afghanistan, and Ata Hamid & Abdur Raheem Rejae, Bridge Hope Health Organization

由 联合国毒品和犯罪问题办公室阿富汗办事处的 Morgane BERNARD-HAREL 和 Ziaurahman Zia 博士以及联结希望健康组织 Ata Hamid 和 Abdur Raheem Rejae 报道

Stay on ART—International 坚持抗逆转录病毒治疗—国际

80. “Stay on ART” (www.stayonart.com) is an international project that was set up by Life4me+, an NGO that works to prevent new cases of HIV and other STIs, hepatitis C, and tuberculosis by using software technologies, including apps for mobile phones. The Life4me+ system is available in 15 languages: Arabic, Armenian, Chinese, English, Estonian, French, Georgian, German, Italian, Portuguese, Romanian, Russian, Serbian, Spanish and Ukrainian.

“坚持抗逆转录病毒治疗” (www.stayonart.com) 是由 Life4me+ 发起的国际项目，Life4me+ 是一个非政府组织，致力于通过使用软件技术（包括手机应用程序）来预防艾滋病毒和其他性传播感染、丙型肝炎和结核病的新增病例。Life4me+ 系统提供 15 种语言版本：阿拉伯语、亚美尼亚语、中文、英语、爱沙尼亚语、法语、格鲁吉亚语、德语、意大利语、葡萄牙语、罗马尼亚语、俄语、塞尔维亚语、西班牙语和乌克兰语。

81. “Stay on ART” began in 2020 when COVID-19 led to lockdowns and border closures, leaving many people without access to essential medicines such as ARV drugs. Stay on ART created a simple Google form allowing people to request support in case of ART shortages. Applications came from everywhere, including tourists on islands, truck drivers, and sailors working on cargo liners. The initiative assisted more than 1,000 people to access ARVs, with the support of activists, doctors, and many caring people.

“坚持抗逆转录病毒治疗”始于 2020 年，当时 COVID-19 导致封锁和边境关闭，使许多人无法获得抗逆转录病毒药物等基本药物。“坚持抗逆转录病毒治疗”创建了一个简单的 Google 表单，允许人们在 ART 短缺的情况下请求支持。申请来自四面八方，包括岛上的游客、卡车司机和在货轮上工作的水手。在活动家、医生和许多有爱心的人的支持下，该项目帮助了 1000 多人获得抗逆转录病毒药物。

82. Each request presented its own challenges, but one is especially memorable. We received a request from a sailor, "Max" (not his real name), on a cargo ship in a port in Thailand. His six-month sailing period had been coming to an end when the lockdowns began. None of the crew could go ashore, and they were preparing to spend the next six months on the ship. Max managed to send us a request through a satellite phone network. We realized we had three days to provide him with his ARVs because the ship was about to set sail again. With assistance from Thai activists, we bought the right pills and arranged the transfer.

Unfortunately, the ship was sent to a port in China ahead of schedule. So, the ARVs had to be sent to China, which was very difficult to do during the lockdown. But finding someone who could deliver the package to the ship was even more difficult. This time, activists in China stepped in. Max had already lost hope, but the parcel reached him! Max has stayed in touch with Life4me+ and continues to say: “I still can't believe that you managed to do it and do not understand how you did it”.

每个请求都有自己的挑战，但有一个特别令人难忘。我们收到了一名水手“Max”（化名）的请求，他在泰国港口的一艘货船上。当封锁开始时，他六个月的航行期已经结束。没有一个船员可以上岸，他们准备在船上度过接下来的六个月。Max 设法通过卫星电话网络向我们发送了请求。我们意识到只有三天的时间向他提供抗逆转录病毒药物，因为这艘船即将再次起航。在泰国活动人士的协助下，我们购买了合适的药并安排了转移。不幸的是，这艘船提前去往中国的一个港口。因此，抗逆转录病毒药物必须被送往中国，这在封锁期间非常困难。但是找到一个可以将包裹运送到船上的人就更加困难了。这一次，中国的活动人士介入了。麦克斯已经失去了希望，但包裹到达了他手中！麦克斯一直与 Life4me+ 保持联系，并继续说：“我仍然不敢相信你们做到了，不明白你们是怎么做到的”。

The challenge of getting ART packages to people varies depending on the country involved. For example, when sending packages to countries where HIV is criminalized, we were forced to disguise pills by putting them in candy boxes or hiding them in personal items, like socks. During the war in Ukraine, a new wave of requests began arriving. One read: "Good afternoon, I am from Ukraine, I am in Poland. The therapy that I received in Ukraine is ending. Please tell me where I can get therapy here in Poland. I really look forward to your answer, as it is vitally important. Thank you in advance!" Another read: "Hello, my husband is a sailor. He is taking

therapy for HIV. Now, he is heading to Spain, the port of Tarragona. Where can he get ARV therapy?"

向人们提供抗逆转录病毒治疗的挑战因所涉及的国家而异。例如，当将包裹寄往艾滋病被刑事定罪的国家时，我们被迫将药丸放在糖果盒中或藏在袜子等个人物品中来伪装药丸。在乌克兰战争期间，新一波的请求开始到来。其中一人写道：“下午好，我来自乌克兰，我现在在波兰。我在乌克兰获得的治疗即将结束。请告诉我在波兰哪里可以得到治疗。我真的很期待你的回答，因为它至关重要。谢谢！另一个人写道：“你好，我丈夫是一名水手。他正在接受艾滋病治疗。现在，他将前往西班牙的塔拉戈纳港。他在哪里可以得到抗逆转录病毒治疗？”

83. Thanks to an improved referral system, we were able to help over 1,500 people as of July 2023. This number is likely much higher since we are only counting direct requests and not users who visit the special website of the “Stay on ART” project.

得益于改进的转介系统，截至 2023 年 7 月，我们能够帮助超过 1500 人。这个数字可能要高得多，因为我们只计算直接请求，而不是访问“坚持抗逆转录病毒治疗”项目网站的用户。

84. We have found that people living with HIV are still highly vulnerable to any kind of emergency. Stigma and discrimination at all levels force people to hide their status. However, we believe that our approach has proved its effectiveness and could be replicated in constrained conditions like natural disasters, war, and under discriminatory political regimes. “Stay on ART” was developed to reach a large number of people living with HIV and help them integrate into the healthcare system. The biggest reward for us is when people receive treatment and, of course, it is always nice to receive words of gratitude from them, like these: “Thank you very much for the answer. Now we know what to do. It's good that I found a resource where I can get all the answers and support! Thank you so much again!”

我们发现，艾滋病毒感染者仍然极易受到任何紧急情况的影响。各级的污名和歧视迫使人们隐瞒自己的身份。然而，我们认为我们的方法已经证明了其有效性，并且可以在自然灾害、战争和歧视性政治制度等受限制的条件下复制。“坚持抗逆转录病毒治疗”旨在惠及大量艾滋病毒感染者，并帮助他们融入医疗保健系统。对我们来说，最大的回报是人们获得治疗，当然，收到他们的感激总是很高兴的，比如：“非常感谢你的回答。现在我们知道该怎么做了。很高兴我找到了一个资源，我可以获得所有的答案和支持！再次感谢你们！”

Reported by Ten, Executive Director, and Alex Schneider, President Life4me+ (<https://life4me.plus/en/>)

由执行主任 Ten 和 Life4me+ 主席 Alex Schneider 报道 (<https://life4me.plus/en/>)

Working together—Bangladesh⁵⁹ 携手合作—孟加拉⁶⁰

85. Based in Bangladesh, the Bandhu Social Welfare Society (Bandhu) focuses on the rights and well-being of gender-diverse and HIV-vulnerable communities, particularly people living with HIV. In the context of humanitarian emergencies, such as natural disasters or conflicts, Bandhu works to ensure that these marginalized groups are not left behind. It provides a range of services, including access to health care, psychosocial support, safe spaces, legal assistance, and awareness campaigns. It collaborates with other organizations, government agencies, and humanitarian actors to coordinate efforts. By advocating for people's rights and by providing essential services, Bandhu seeks to reduce the impact of emergencies on people's well-being and to facilitate their inclusion in relief and recovery efforts.

总部设在孟加拉的班杜社会福利协会（Bandhu）专注于性别多元和易受艾滋病毒影响的社群的权利和福祉，特别是艾滋病毒感染者。在自然灾害或冲突等人道主义紧急情况下，Bandhu 致力于确保这些边缘化群体不被落下。它提供一系列服务，包括获得医疗保健、社会心理支持、安全空间、法律援助和宣传活动。它与其他组织、政府机构和人道主义行为者合作，协调工作。通过倡导人权和提供基本服务，Bandhu 寻求减少紧急情况对人们福祉的影响，并促进他们参与救济和恢复工作。

86. The Gender-Diverse Working Group, led by Bandhu in Cox's Baza, is a key collaborative effort that involves various stakeholders to address the specific needs and challenges faced by gender-diverse individuals and people living with HIV. The working group comprises representatives from UN and government agencies, NGOs, health-care providers, community advocates, and members of gender-diverse communities.

由 Bandhu 在考克斯巴扎领导的性别多元化工作组是一项关键的合作，涉及各种利益相关者，以解决性别多元化个人和艾滋病毒感染者面临的具体需求和挑战。该工作组由来自联合国和政府机构、非政府组织、卫生保健机构、社群倡导者和性别多元化社群成员的代表组成。

87. Cox's Bazar is a region hosting a large number of refugees, including some 1100 people who are living with HIV. Through the joint efforts of the working group and Bandhu, we were able to serve their needs in meaningful ways through a number of activities. Bandhu set up networking connections with government stakeholders, particularly at Sadar Hospital, where ART services were available. This enabled people living with HIV to gain access to treatment. Once the networking was established, the individuals were supervised and provided with referral linkages to the government hospital. This helped ensure that their follow-up care was consistent and well-coordinated. In addition, the individuals were included in Bandhu's SPORSHO network, which offered a platform for sharing their experiences, exchanging information, and receiving emotional and mental health support.

⁵⁹ About one million Rohingya refugees live in the largest refugee camp in the world in Cox's Bazar,. Rohingya refugees rely entirely on humanitarian assistance for protection, food, water, shelter and health. They live in temporary shelters in a highly congested camp setting. Bangladesh ranks third in the world among states most affected by natural disasters and Rohingya refugees are highly exposed to weather-related hazards, such as cyclones, flooding and landslides. See <https://www.unhcr.org/countries/bangladesh>.

⁶⁰ 大约有 100 万罗兴亚难民生活在世界上最大的难民营考克斯巴扎尔。罗兴亚难民完全依靠人道主义援助来获得保护、食物、水、住所和健康。他们住在高度拥挤的营地临时避难所。孟加拉在受自然灾害影响最严重的国家中排名第三，罗兴亚难民极易受到与天气有关的灾害，如飓风、洪水和山体滑坡。请参见 <https://www.unhcr.org/countries/bangladesh>。

考克斯巴扎尔是一个收容大量难民的地区，其中包括大约 1100 名艾滋病毒感染者。通过工作组和 Bandhu 的共同努力，我们得以通过一系列活动以有效方式满足他们的需求。Bandhu 与政府利益相关方建立了网络联系，特别是在提供抗逆转录病毒治疗服务的 Sadar 医院。这使艾滋病毒感染者能够获得治疗。一旦建立了网络，这些人就会受到监督，并向政府医院提供转诊联系。这有助于确保他们的后续关怀是一致和协调的。此外，这些人还被纳入 Bandhu 的 SPORSHO 网络，该网络提供了一个分享他们的经验、交流信息以及接受情感和心理健康支持的平台。

88. The collaboration between the working group and Bandhu in Cox's Bazar led to a focused and effective support system for people living with HIV in a difficult environment through advocacy, networking, referral linkages, supervision, and inclusion in a support network. The work addressed both their medical and psychosocial needs, showing that a holistic and compassionate approach is possible in a humanitarian setting.

工作组与考克斯巴扎尔的 Bandhu 之间的合作，通过倡导、网络、转诊联系、监督和纳入支持网络，为处于困难环境中的艾滋病毒感染者建立了一个集中而有效的支持系统。这项工作满足了他们的医疗和社会心理需求，表明在人道主义环境中采取整体和体恤的方法是可能的。

Reported by Shohel Rana, Team Leader, Bandhu (<https://www.bandhu-bd.org/>)

由 Bandhu 团队负责人 Shohel Rana 报道 (<https://www.bandhu-bd.org/>)

Youth empowerment—Nigeria 青年赋权——尼日利亚

89. Today for Tomorrow Foundation (TFTF) is a youth-led and -serving NGO based in northeast Nigeria, which has experienced armed conflict since 2009, when the jihadist insurgent group Boko Haram announced its intention to set up a province of Islamic State there. TFTF was founded in 2016 to help everyone in the community attain their rights and fulfill their full potential, prioritizing adolescents and youth. To achieve this, TFTF works to address problems and improve people's well-being, especially through training, mentoring, and empowerment. 今日为明日基金会”（TFTF）是一个由青年领导和服务的非政府组织，总部设在尼日利亚东北部，该地区自 2009 年起经历武装冲突，当时圣战叛乱组织博科圣地宣布打算在那里建立一个伊斯兰国省。TFTF 成立于 2016 年，旨在帮助社群中的每个人实现自己的权利并充分发挥其潜力，优先考虑青少年和青年。为了实现这一目标，TFTF 致力于解决问题并改善人们的福祉，特别是通过培训、指导和赋权。
90. A key element of the work involves developing safe spaces where women and girls can receive sexual and reproductive health and rights (SRHR) information and services in two camps housing internally displaced persons. Camp leaders, women residents and community health workers were educated about the need for safe spaces and stigma-free ways of accessing SRHR materials, including sanitary pads, contraceptives, and HIV testing kits. The work also involved educating adolescents and young people about risky sexual behaviors.

这项工作的一个关键要素是开发安全空间，让妇女和女童能够在收容境内流离失所者的两个营地获得性与生殖健康与权利信息和服务。营地负责人、女性居民和社群卫生工作者接受了教育，了解需要安全的空间和无污名的方式来获取性健康和生殖健康权利材料，包括卫生巾、避孕药具和艾滋病毒检测试剂盒。这项工作还涉及对青少年和青年进行危险性行为的教育。

91. TFTF also focuses on building capacity among young people living with HIV to address stigma and discrimination, and it supports them to protect their health, understand the benefits of ART and adhere to treatment, and recognize that people who stigmatize them are driven by ignorance and misperception. TFTF trains youth to advocate for themselves, including for supplies and resources related to their basic hygiene needs or for malaria and other health threats. Training is provided in a stigma-free environment where young people feel safe and can ask any questions they want.

TFTF 还专注于在感染艾滋病毒的年轻人中建立应对污名和歧视问题的能力，并支持他们保护自己的健康，了解抗逆转录病毒治疗的好处并坚持治疗，并认识到污名化他们的人是出于无知和误解。TFTF 培训青年为自己倡导，包括为他们的基本卫生需求或疟疾和其他健康威胁提供用品和资源。培训是在无污名的环境中提供的，年轻人感到安全，可以提出任何问题。

Reported by Adek Bassey, Today for Tomorrow Foundation, Nigeria

Adek Bassey 报道，今日为明日基金会，尼日利亚

Minimum package of interventions 最低限度的一揽子干预措施

"Ensuring a reliable and continued supply of ART is crucial. Ensuring access to regular check-ups, laboratory tests, and specialized care for HIV-related complications is important. Addressing the holistic needs of individual persons living with is crucial to prevention of AIDS."

确保抗逆转录病毒治疗的可靠和持续供应至关重要。确保获得定期检查、实验室检测和针对 HIV 相关并发症的专门关怀非常重要。满足个人感染者的整体需求对预防艾滋病至关重要。

– William Mabior Achuil, Executive Director 执行主任, Food and Agriculture Development Agency 食品农业发展局, Republic of South Sudan 南苏丹共和国

92. A key aim of this report is to identify a minimum package of interventions for people living with HIV in humanitarian emergencies. While the background research provided many insights into such a minimum package, it also showed that wider stakeholder discussion and further research were needed to ensure a strong evidence base for defining, pilot testing, and implementing such a package. Therefore, The report took an evidence-informed approach to describe a minimum package, hoping that further, more collaborative research can quickly yield clear guidelines.

本报告的一个主要目的是确定在人道主义紧急情况下为艾滋病毒感染者提供的最低限度的一揽子干预措施。虽然背景研究为这种最低限度的一揽子措施提供了许多洞见，但它也表明，需要更广泛的利益相关者讨论和进一步的研究，以确保为定义、试点和实施这样的一揽子措施提供强有力的证据基础。因此，该报告采用循证方法来描述最低限度的一揽子措施，希望进一步的、更多的合作研究能够迅速产生明确的指导方针。

93. The concept of a minimum package is not new. The 2018 NGO Report, for example, specifically called for the development and promotion of: “a basic package of non-judgmental, confidential, and culturally and linguistically competent primary health-care services that will be made available to people on the move as part of UHC and in recognition of their right to the highest attainable standard of health, regardless of migration status, free of charge, and including speedy access to quality and culturally competent HIV, TB and hepatitis diagnostics, treatment and care services, mental health services as needed, sexual and reproductive health services for women and girls, and ensuring continuity of care”.⁶¹
最低限度一揽子的概念并不新鲜。例如，2018 年非政府组织报告特别呼吁发展和推广：“作为全民健康覆盖的一部分，向流动人口提供一揽子基本的非评判性、保密性、文化和语言胜任的初级卫生保健服务，并承认他们享有可达到的最高健康标准的权利，无论其移民身份如何，免费，包括迅速获得合格且文化胜任的艾滋病毒、结核病和肝炎诊断、治疗和关怀服务、必要的精神卫生服务、妇女和女童的性与生殖健康服务，以及确保关怀的连续性”。⁶²
94. In 2010, the Inter-Agency Standing Committee Task Force on HIV created guidelines intended to “assist humanitarian and AIDS organizations in planning the delivery of a minimum set of HIV prevention, treatment, care, and support services to people affected by humanitarian

⁶¹ UNAIDS PCB NGO Delegation. Report by the NGO Representative: Agenda item 1.4. Geneva: UNAIDS Programme Coordinating Board; 11 December 2018, para 132 (https://www.unaids.org/en/resources/documents/2018/PCB43_18.20).

⁶² 联合国艾滋病规划署 PCB 非政府组织代表团。非政府组织代表的报告：议程项目 1.4。日内瓦：艾滋病规划署方案协调委员会；2018 年 12 月 11 日，第 132 (https://www.unaids.org/en/resources/documents/2018/PCB43_18.20) 段。

crises”.⁶³ Other examples exist of essential or minimum packages for humanitarian emergencies, including for education⁶⁴ and sexual and reproductive health.⁶⁵

2010年，机构间常设委员会艾滋病问题工作组制定了指导方针，旨在“协助人道主义和艾滋病组织规划向受人道主义危机影响的人们提供最低限度的艾滋病预防、治疗、关怀和支持服务”。⁶⁶ 还有针对人道主义紧急情况的基本或最低限度的一揽子措施，包括教育⁶⁷、性与生殖健康等。⁶⁸

Guiding principles 指导原则

95. The global community survey, key informant interviews, and focus group discussions provided insights into the central needs of people living with HIV during humanitarian emergencies. Based on this information, it is possible to begin developing the outlines of a minimum package of appropriate interventions.

全球社群调查、关键信息人访谈和焦点小组讨论提供了对艾滋病病毒感染者在人道主义紧急情况下的核心需求的洞见。根据这些信息，可以开始制定最低限度的一揽子适当干预措施的大纲。

96. The first step is to clarify the principles for determining such a minimum package. The package should:

第一步是澄清确定这种最低限度一揽子措施的原则。该一揽子措施应当：

- deliver services that are especially needed in the earlier stages of a humanitarian emergency;
- 在人道主义紧急情况的早期阶段提供特别需要的服务;
- minimize death and disease among people living with HIV; and
- 尽量减少艾滋病病毒感染者的死亡和疾病;
- build resilience.
- 建立复原力。

97. The focus on "earlier stages" leaves room for the subsequent and progressive addition of more comprehensive physical and mental health services and detailed strengthening of

⁶³ Inter-Agency Standing Committee. Guidelines for addressing HIV in humanitarian settings. Geneva: UNAIDS; 2010, p. 6 (https://www.unaids.org/sites/default/files/media_asset/jc1767_iasc_doc_en_3.pdf).

⁶⁴ INEE Minimum standards for education: Preparedness, response and recovery. New York: Inter-Agency Network for Education in Emergencies; 2010 (<https://inee.org/resources/inee-minimum-standards>).

⁶⁵ Minimum initial services package for sexual and reproductive health in crisis situations: Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. Inter-Agency Working Group; 2020.

⁶⁶ 机构间常设委员会。《在人道主义环境中应对艾滋病问题的准指南》。日内瓦：联合国艾滋病规划署;2010年，第6页 (https://www.unaids.org/sites/default/files/media_asset/jc1767_iasc_doc_en_3.pdf)。

⁶⁷ 《INEE 教育最低标准：准备、应对和恢复》。纽约：机构间紧急情况下的教育网络;2010 (<https://inee.org/resources/inee-minimum-standards>)。

⁶⁸ 《危机情况下性与生殖健康的最低限度初始服务包：关于人道主义环境中生殖健康的机构间实地手册》。机构间工作组;2020。

community and social and government systems. However, given the growth in complex and ongoing emergencies, it is very likely that new humanitarian emergencies will emerge from time to time amid an existing emergency. The minimum package would, therefore, also be relevant for these new "emergencies within emergencies", for example, when a natural disaster occurs during an ongoing conflict situation or vice versa.

对“早期阶段”的重视为随后逐步增加更全面的身心健康服务以及详细社群、社会和政府系统增强留下了空间。然而，鉴于复杂和持续的紧急情况增加，在现有的紧急情况下，很可能不时出现新的人道主义紧急情况。因此，最低限度的一揽子措施也应适用于这些新的“紧急情况中的紧急情况”，例如，在持续的冲突局势中发生自然灾害，或反过来。

98. **Services to protect lives would be a priority for the minimum package: for example, stable access to ARVs, food, drinkable water, and shelter, regardless of a person's nationality or immigration/citizenship status. Services supporting ARV adherence would need to reflect the diversity of people living with HIV. A minimum package of humanitarian interventions would be human rights-based and would emphasize the leadership and involvement of communities and people living with HIV.**

保护生命的服务将是最低限度的一揽子措施的优先事项：例如，稳定地获得抗逆转录病毒药物、食物、饮用水和住所，无论一个人的国籍或移民/公民身份如何。支持抗逆转录病毒药物依从性的服务需要反映艾滋病毒感染者的多样性。最低限度的一揽子人道主义干预措施将以人权为基础，并强调社群和艾滋病毒感染者的领导和参与。

Possible elements of the minimum package 最低限度一揽子措施的可能要素

99. **Based on inputs received during the research for this report, five elements are proposed for the minimum package.**

根据本报告研究期间收到的意见，提出了最低限度的一揽子措施五个要素。

100. **A minimum three-month supply of ARVs.** Access to ARVs was commonly seen as the most pressing need of people living with HIV during humanitarian emergencies, especially people living far from locations where ARVs are distributed. The provision of a three-month supply of ARVs appears to be a widespread practice in humanitarian settings. An associated problem is that displaced people may not have with them the documentation that is needed to access ARVs (e.g., a prescription). Mechanisms are needed to assist people living with HIV to acquire the necessary documentation to access the available essential medications (which may be different from the ones they were previously using).

至少三个月的抗逆转录病毒药物供应。在人道主义紧急情况下，获得抗逆转录病毒药物通常被视为艾滋病毒感染者最迫切的需求，特别是那些生活在远离抗逆转录病毒药物分发地点的人。提供三个月的抗逆转录病毒药物供应似乎是人道主义环境中的普遍做法。一个相关的问题是，流离失所者可能没有获得抗逆转录病毒药物所需的文件（例如处方）。需要建立机制来帮助艾滋病毒感染者获得必要的文件，以获得可用的基本药物（这些药物可能与他们以前使用的药物不同）。

101. **Adequate food, water, and shelter.** The minimum package must reflect UNAIDS recommendations about the additional nutritional needs of children and adults living with HIV (i.e., adults have 10–30% higher energy requirements than a healthy adult without HIV, and children have 50–100% higher than normal requirements).⁶⁹ Providing for these needs in humanitarian settings may also require support for transport or evacuation to safer locations.

⁶⁹ HIV, food security and nutrition. Policy brief. Geneva: UNAIDS; 2008.

充足的食物、水和庇护所。最低限度的一揽子措施必须反映联合国艾滋病规划署关于感染艾滋病毒的儿童和成人的额外营养需求的建议（即，成人的能量需求比没有艾滋病毒的健康成年人高 10-30%，儿童的能量需求比正常需求高 50-100%）。⁷⁰ 在人道主义环境中满足这些需求可能还需要支持运输或疏散到更安全的地点。

102. **HIV-related health care.** This would include testing and treatment for hepatitis, tuberculosis, and sexually transmitted infections; viral load testing; harm reduction materials and substance use treatment, specifically access to opioid agonist therapy; prevention of vertical transmission; treatment and care for people exposed to sexual violence, including rape; and psychological first aid and psychosocial support. Robust referral systems need to be implemented to ensure that people's other urgent health needs are addressed.

与艾滋病毒有关的卫生保健。这将包括肝炎、结核病和性传播感染的检测和治疗；病毒载量检测；减少伤害的物资和物质使用治疗，特别是获得阿片类治疗；预防垂直传播；治疗和关怀遭受包括强奸在内性暴力的人；以及心理急救和社会心理支持。需要实施强有力的转诊系统，以确保人们的其他紧急健康需求得到满足。

103. **Capacity-building for community health and social workers.** If communities and people living with HIV are to *lead and deliver* services in humanitarian settings, they need additional capacity building, training, supervision, and other support. That would include addressing HIV stigma and discrimination and adopting a human rights-based approach, as well as providing targeted information on delivering first aid during humanitarian emergencies and ensuring the safety of staff and service users.

社群卫生和社会工作者的能力建设。如果社群和艾滋病毒感染者要在人道主义环境中 *领导和提供服务*，他们需要更多的能力建设、培训、督导和其他支持。这将包括解决艾滋病毒的污名和歧视问题，采取基于人权的方法，以及提供关于在人道主义紧急情况下提供急救和确保工作人员和服务使用者安全的针对性信息。

104. **Cash transfers/employment/income.** There is a fundamental need during a humanitarian emergency for cash to purchase food, pay for transport, and buy data for mobile phones, etc., since many people will have lost their usual sources of income. The provision of uninterrupted access to income is a crucial component of a minimum package during humanitarian emergencies.⁷¹ UNHCR, WFP, and other partners already provide cash interventions in emergencies worldwide.⁷²

现金转移/就业/收入。在人道主义紧急情况下，现金是一项基本需要，用来购买食物、支付交通费用和购买手机流量等，因为许多人将失去通常的收入来源。在人道主义紧急情况下，提供不

⁷⁰ 艾滋病毒、粮食安全和营养。政策简报。日内瓦：联合国艾滋病规划署；2008。

⁷¹ This report is specifically about people living with HIV. However, cash transfers and access to income are also very important ways to minimize HIV vulnerability and risk.

⁷² 2022 Annual report on cash assistance. Geneva: UNHCR, 2022 (<https://www.unhcr.org/media/2022-annual-report-cash-assistance>).

间断的收入是最低限度的一揽子措施的关键组成部分。⁷³ 联合国难民署、世界粮食计划署和其他合作伙伴已经在世界各地的紧急情况下提供现金干预。⁷⁴

Summary 摘要

105. Clarifying a minimum package of interventions for humanitarian emergencies requires spelling out the guiding principles for those interventions and then elaborating on the service details. Three principles are proposed: focus on services that are needed in the initial stages of an emergency, that minimize death and morbidity, and that build resilience.

要澄清人道主义紧急情况的最低限度的一揽子干预措施，就需要阐明这些干预措施的指导原则，然后详细阐述服务细节。提出了三项原则：重点关注紧急情况初始阶段所需的服务，最大限度地减少死亡和发病率，并建立复原力。

106. The minimum package for people living with HIV would include a three-month supply of ARVs; food and water that takes into account the added nutritional needs of adults and children living with HIV; HIV-related health care, including prevention and testing (including viral load testing); capacity building of community workers and peers; and mechanisms for acquiring cash.

艾滋病毒感染者的最低一揽子措施将包括三个月的抗逆转录病毒药物供应；考虑到艾滋病毒感染者成人和儿童的额外营养需求的食物和水；与艾滋病毒有关的卫生保健，包括预防和检测（包括病毒载量检测）；社群工作者和同伴的能力建设；以及获取现金的机制。

Conclusion: recommendations and proposed decision points

结论：建议和拟议的决策点

"UNAIDS could focus on educating its UN family people internally about prioritizing HIV, supporting collaboration and building bridges between communities and policymakers and governments, and backing leadership and advocacy by communities and people living with HIV."

联合国艾滋病规划署可以专注于在内部教育其联合国大家庭人员，让他们了解艾滋病毒的优先事项，支持社群与政策制定者和政府之间的合作和建立桥梁，并支持社群和艾滋病毒感染者的领导和倡导。

– Daxa Patel, National Coalition of People living with HIV 艾滋病毒感染者国家联盟, India 印度

107. The 2023 NGO report builds on the of 2018 NGO report. One of the recommendations of the 2018 report was for an improved working relationship with IOM; this was taken forward in the approved decision points of the PCB. However, a key recommendation for developing and promoting a minimum package of services for people on the move was not included in those final, approved decision points.

⁷³ 这份报告专门针对艾滋病毒感染者。然而，现金转移和获得收入也是最小化艾滋病毒脆弱性和风险的非常重要的途径。

⁷⁴ 2022 年现金援助年度报告。日内瓦：难民署，2022 年（<https://www.unhcr.org/media/2022-annual-report-cash-assistance>）。

2023 年非政府组织报告以 2018 年非政府组织报告为基础。2018 年报告的建议之一是改善与国际移民组织的关系；这在 PCB 批准的决策点中得到了推进。然而，为流动人群制定和推广最低限度的一揽子服务的关键建议并未列入这些最终批准的决策点。

108. **Improved collaboration with relevant stakeholders, including IOM and OCHA, as well as working towards a minimum package of interventions for people living with HIV during humanitarian emergencies, are priorities in this current report. This will require significant stakeholder engagement from Member States, UN agencies, civil society, people living with HIV, and donors such as the Global Fund and the United States President's Emergency Fund for AIDS Relief.**

本报告的优先事项是加强与包括国际移民组织和人道协调厅在内的相关利益相关方的合作，以及努力在人道主义紧急情况下为艾滋病毒感染者提供最低限度的一揽子干预措施。这将需要会员国、联合国机构、民间组织、艾滋病毒感染者以及全球基金和美国总统艾滋病紧急援救基金等捐助者的大量利益相关方参与。

Overarching recommendations 总体建议

109. **Before detailing the specific decision points arising from this report, the following six overarching recommendations are presented to all stakeholders involved in providing services to people living with HIV during humanitarian emergencies.**

在详细说明本报告提出的具体决策点之前，向参与在人道主义紧急情况下向艾滋病毒感染者提供服务的所有利益相关方提出了以下六项总体建议。

110. **Promote a clear understanding of the term "humanitarian emergency".** A shared understanding could emphasize three core features of an emergency as an event or series of events ("man-made", "natural" or both) which

促进对“人道主义紧急情况”一词的明确理解。共同的理解可以强调紧急情况作为一个事件或一系列事件（“人为”、“自然”或两者兼有）的三个核心特征：

- represent an acute and/or ongoing threat to the health, safety, rights (including health rights), or physical and mental wellbeing of a large group of people (acknowledging that *large* is a term open to interpretation);
- 呈现对一大群人的健康、安全、权利（包括健康权）或身心健康的严重或持续威胁（如何定义“一大群”可再讨论）；
- demand immediate action; and
- 要求立即采取行动；
- require multisectoral internal as well as external humanitarian relief, the latter under the coordination of OCHA.
- 需要多部门内部和外部人道主义救济，后者在人道协调厅的协调下进行。

UNAIDS could consider adopting the WHO definition of the term "humanitarian emergency".

艾滋病规划署可以考虑采用世卫组织对“人道主义紧急情况”一词的定义。

111. **Recognize special health and psychosocial needs.** During emergencies, governments and humanitarian actors must urgently ensure access to appropriate prevention, medication, treatment and care specific to the physical and mental health needs of people living with HI **认识到特殊的健康和心理社会需求。**在紧急情况下，各国政府和人道主义行为者必须紧急确保针对艾滋病毒感染者身心健康需求的适当预防、药物、治疗和关怀的可及性。

112. **Integrate humanitarian response within HIV strategic plans.** Governments and the humanitarian community need to work together to improve the integration of humanitarian

concerns in HIV strategic plans and the integration of HIV in emergency preparedness, needs assessments and humanitarian responses. Strengthening the joint capacity to collect, analyze and use evidence and data related to HIV in humanitarian settings and among populations affected by emergencies is crucial to improve advocacy and programming in this area of work.

将人道主义应对纳入艾滋病毒战略计划。各国政府和人道主义社群需要共同努力，更好地将人道主义关切纳入艾滋病毒战略计划，并将艾滋病毒问题纳入应急准备、需求评估和人道主义响应。加强在 humanitarian 环境和受紧急情况影响的人群中收集、分析和使用与艾滋病毒有关的证据和数据的联合能力，对于改进这一工作领域的倡导和项目至关重要。

113. Collaborate with relevant stakeholders to further clarify a minimum package of interventions. A working description of such a package would include:

与相关利益相关方合作，进一步明确最低限度的一揽子干预计划。当前设计的此类一揽子措施包括：

- a minimum three-month supply of ARVs;
- 至少三个月的抗逆转录病毒药物供应量;
- food and water supplies that take into account the added nutritional needs of adults and children living with HIV;
- 考虑到艾滋病毒感染者成人和儿童的额外营养需求的食物和水供应;
- HIV-related health care that is sensitive to the diverse, intersectional needs of key populations of people living with HIV, and that includes prevention and testing;
- 与艾滋病毒有关的卫生保健，对艾滋病毒感染者关键人群的各种交叉需求敏感，包括预防和检测;
- capacity building for community workers; and
- 社群工作者的能力建设;
- mechanisms for acquiring cash.
- 获取现金的机制。

In practice, such a package would also need to address the needs of people at risk of HIV, and key stakeholders should pilot it before being implemented. Clarifying and ensuring such a minimum package is essential for emergency preparedness.

在实践中，这一揽子措施还需要满足有艾滋病毒感染风险的人的需要，主要利益相关方应在实施之前进行试点。澄清和确保这样一个最低限度的一揽子措施对于应急准备至关重要。

114. Recognize the critical roles of communities. It is time for communities to lead in the HIV response, as spelled out in the Global AIDS Strategy. UNAIDS and OCHA could lead in promoting a humanitarian emergency response that builds on existing local HIV-related capacities to more effectively meet the needs of people living with and vulnerable to HIV. As the world increasingly faces complex emergencies, climate breakdown, and dwindling humanitarian funds, humanitarian methodologies should emphasize and build on community leadership.

认识到社群的关键作用。正如《全球艾滋病战略》所阐明的那样，现在是社群在艾滋病毒抗击工作发挥领导作用的时候了。艾滋病规划署和人道协调厅可以牵头，以现有的当地艾滋病毒相关能力为基础，促进人道主义应急响应更有效地满足艾滋病毒感染者和易感染者的需要。随着世界日益面临复杂的紧急情况、气候崩溃和人道主义资金的减少，人道主义途径应强调并建立在社群领导力的基础上。

115. Develop and implement interventions to minimize disruptions along the continuum of HIV services. Governments and humanitarian actors need to prioritize the development and implementation of prevention, testing, treatment, and holistic care interventions that are

targeted at minimizing the negative impacts of humanitarian emergencies on the continuum of HIV services for people living with HIV. Doing so requires ensuring the effective use of development funding and investments in health system strengthening. Having specific strategies to provide services for people living with HIV during humanitarian emergencies should be a priority for governments and humanitarian responders.

制定和实施干预措施，以尽量减少艾滋病毒服务连续性的中断。各国政府和人道主义行为者需要优先制定和实施预防、检测、治疗和整体关怀干预措施，以尽量减少人道主义紧急情况对艾滋病毒感染者艾滋病毒服务连续性的负面影响。要做到这一点，就需要确保有效利用发展资金和加强卫生系统的投资。制定在人道主义紧急情况下为艾滋病毒感染者提供服务的具体战略应成为各国政府和人道主义应急人员的优先事项。

Proposed decision points 拟议的决策点

116. The 2023 NGO Report proposes decision points that avoid repeating commitments that have been made previously by the UN or UNAIDS PCB meetings. The proposed decision points are SMART⁷⁵ to address the urgency of ongoing and increasingly complex humanitarian emergencies, as well as the global goal of ending AIDS as a public health threat by 2030, a deadline that is only seven years away.

《2023年非政府组织报告》提出了避免重复联合国或联合国艾滋病规划署 PCB 会议先前作出承诺的决策点。拟议的决策点是 SMART⁷⁶ 的，旨在应对持续和日益复杂的人道主义紧急情况的紧迫性，以及到 2030 年消除艾滋病这一公共卫生威胁的全球目标，而距离最后期限只有七年的时间。

117. The following decision points are proposed to the 53rd meeting of the UNAIDS PCB, 12–14 December 2023:

向 2023 年 12 月 12 日至 14 日举行的联合国艾滋病规划署 PCB 第 53 次会议提出以下决策点：

- *Recalling the Global AIDS Strategy 2021–2026, specifically its 95–95–95 treatment targets in all populations, regions, and countries affected by the HIV epidemic; its 95% combination prevention target for people at risk of HIV in humanitarian settings; its 90% target of people in humanitarian settings having access to sexual and reproductive health and rights, tuberculosis, HIV and gender-based violence services;*
- *回顾《2021-2026 年全球艾滋病战略》，特别是其针对受艾滋病毒流行影响的所有人群、区域和国家的 95-95-95 项治疗目标；在人道主义环境中为有艾滋病毒风险的人提供 95% 的综合预防目标；其 90% 的目标是在人道主义环境中的人能够获得性健康和生殖健康及权利，结核病、艾滋病毒和基于性别的暴力服务；*
- *Recalling the report by the NGO Representative at the 43rd meeting of the UNAIDS PCB, decision point 4.4, on addressing the diverse needs of migrants and mobile populations as well as refugees and crisis-affected populations, and decision point 4.6, on promoting access to services; improving data about people on the move; adapting laws, policies and practices that prevent access; strengthening health systems; and enabling collaboration between health systems and communities;*
- *回顾非政府组织代表在艾滋病规划署 PCB 第 43 次会议上的报告，关于解决移民和流动人群以及难民和受危机影响人口的多元需求的决策点 4.4，以及关于促进服务可及性的决策点 4.6；改善流动人群的数据；调整阻碍可及性的法律、政策和措施；加强卫生系统；促进卫生系统与社群之间的合作；*
- *Takes note of the report;*
- *注意到该报告；*
- *Calls on the Joint Programme to:*
- *吁请规划署：*
 - a. *update the 2010 Guidelines for Addressing HIV within Humanitarian Settings (Inter-Agency Standing Committee Task Force on HIV), including specifically addressing the needs of people living with HIV;*

⁷⁵ "Specific, Measurable, Achievable, Relevant, Time-bound".

⁷⁶ “具体的、可衡量的、可实现的、相关的、有时限的”。

更新 2010 年《在人道主义环境中处理艾滋病毒问题指南》（机构间常设委员会艾滋病毒问题工作组），包括具体处理艾滋病毒感染者的需求；

- b. provide the PCB annually with an update on HIV prevalence and incidence in countries experiencing humanitarian emergencies, as well as an update on the Joint Programme's response to HIV in humanitarian emergencies, with a specific focus on people living with HIV;

每年向 PCB 提供关于发生人道主义紧急情况的国家艾滋病毒流行率和发病率的最新情况，以及关于规划署在人道主义紧急情况下应对艾滋病毒的最新情况，特别关注艾滋病毒感染者；

- c. review and, where needed, update the division of labor between the Cosponsors of the Joint Programme on HIV services in humanitarian emergencies to ensure a stronger integration of HIV in the humanitarian response of all actors especially at the country level;

审查并在必要时更新人道主义紧急情况下规划署共同赞助者之间的分工，以确保将艾滋病毒问题更有力地纳入所有行动者的人道主义响应，特别是在国家层面；

- d. collaborate with national stakeholders to develop a targeted response for people living with HIV during humanitarian emergencies in national strategic and emergency plans;

与国家利益相关方合作，在国家战略和应急计划中为人道主义紧急情况下的艾滋病毒感染者制定有针对性的应对措施；

- e. in conjunction with relevant stakeholders, agree on a common definition of humanitarian emergencies;

与相关利益相关方一道，商定人道主义紧急情况的共同定义；

- f. develop guidelines for service provision for people living with HIV during humanitarian emergencies, including identifying a minimum package of interventions and highlighting the role of communities;

制定在人道主义紧急情况下为艾滋病毒感染者提供服务的指南，包括确定最低限度的一揽子干预措施，并强调社群的作用；

- g. coordinate the development of an investment strategy—including government, donor, and private funding streams—for building and sustaining the leadership of communities and people living with HIV during humanitarian emergencies; and

协调制定投资战略，包括政府、捐助者和私人资金，以在人道主义紧急情况下建立和维持社群和艾滋病毒感染者的领导地位；

- h. establish a collaboration with the International Organization for Migration and the United Nations Office for the Coordination of Humanitarian Affairs to improve the collective capacity of different UN agencies and other stakeholders to address HIV in humanitarian settings.

与国际移民组织和联合国人道主义事务协调厅建立合作，以提高联合国不同机构和其他利益相关方在人道主义环境中应对艾滋病毒的集体能力。

[Annexes follow 后续附件]

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Annex 2. Key informants and focus groups 附录 2. 关键信息人与焦点小组

1. Individuals 个人 (24)

Emergency setting 紧急环境	Key informant 关键信息人
International 国际	Frédéric Boyer, Global Health Advisor at the Permanent Representation of France to the UN 法国驻联合国常任代表全球卫生顾问 Binod Mahanty, Advisor to the Ministry of Health, Germany 德国卫生部顾问 Allen Maina, Chief of Public Health Section 公共卫生科长, UNHCR 联合国难民署 Michael Smith, HIV Adviser and UNAIDS Focal Point 艾滋病毒问题顾问与艾滋病规划署协调人, WFP 联合国人口基金
Afghanistan 阿富汗	Morgane BERNARD-HAREL and Dr Ziurahman Zia, <i>UNODC 联合国毒品与犯罪问题办公室 – Afghanistan 阿富汗</i> Ata Hamid & Abdur Raheem Rejae, Bridge Hope Health Organization 联结希望健康组织 Abdul Rasheed, Youth Health and Development Organization 青年健康与发展组织 Matt Southwell, Coact Technical Support 技术支持
Bangladesh 孟加拉	Shale Ahmed, Nazmul Haque, Shohel Rana, <i>Bandhu Social Welfare Society 班杜社会福利协会</i>
Haiti 海地	Eva Marly Steide, Housing Works 住房工作 (Haiti) (海地)
India 印度	Daxa Patel, National Coalition of People living with HIV in India 印度艾滋病毒感染者国家联盟
Lebanon/MENA 黎巴嫩/中东非	Maher Sleiman, Frontline AIDS (Lebanon) 艾滋病前线 (黎巴嫩)
Myanmar 缅甸	Pyae Phyo Kyaw (Victor) Anonymous key informant (匿名关键信息人)
Mozambique 莫桑比克	Julio Mutemba, Regional Psychosocial Support Initiatives 区域心理社会支持倡议 (REPSSI) – Mozambique 莫桑比克 Teles Nhanombe, Pediatric-Adolescent Treatment Africa 非洲儿童青少年治疗 (Mozambique) (莫桑比克)

Pakistan 巴基斯坦	Shahzadi Rai, Gender Interactive Alliance 性别互动联盟
South Sudan 南苏丹	William Mabior Achuil, Food and Agriculture Development Agency 食品与农业发展局
Ukraine 乌克兰	Anton Basenko, <i>INPUD</i> Andrii Chernyshev, <i>Alliance Global 全球联盟</i> Ioannis Mameletzis, <i>WHO – Ukraine 世卫组织-乌克兰</i> Valeriia Rachynska, <i>100% Life</i> Maryna Varban, Alliance for Public Health 公共卫生联盟
Venezuela 委内瑞拉	Mary Ann Torres, International Council of AIDS Service Organizations 艾滋病服务组织国际联合会

2. African focus group participants 非洲焦点小组参与者 (55)

Country 国家	Focus group participants 焦点小组参与者
Cameroon 喀麦隆	Landom Shey, Gildas Ndzome, Virginie Zangue, Ndongo Jimenez, Nigel, Endeley Paul, Cathy Aba, Felico, Bruno Baha, Alice Wouedjie, André Tsogo, Benoit Bissohong
Democratic Republic of the Congo 刚果民主共和国	Lysette Bora, Karim KALUME HAMAD, BASILA KABUKA Djimy. KALUME Whisky, DENGU SAFI Cécile, Ange MAVULA NDEKE, Shadie MARYSA, César MOMBUSA, Meschack SHONGO, MATCHOSI LASSI Angélique, BAPU NDJATCHU Jean de Dieu, MAKI NDRUINGA Justin, SOMBO SAOKPA John
Madagascar 马达加斯加	Karancha Lydia, Marion Njorogo, Tasline Otieno, Michael Owino
Mali 马里	Mariam TOURE, Dramane KONE, Amadou I. SANGHO, Amey GUE Mathurin, Ali DJERMA, Abdoulaye BANOU, Cheick H. SIDIBE, Madani Diarra, Djeneba COUMARE, Amadou TRAORE, Ibrahim S. TOURE
Mozambique 莫桑比克	Roberto Paulo
Nigeria 尼日利亚	Joseph I Anosike, Layidi Abraham Johnson, Nkechi Okoro, Blessing Omebiro, Ayomide Faith Jaiyeola, Adeyemi Bilikis Apeke, Bukola Okaraga Eneye, Hajara Aliyu, Kareem Samsudeen Adebola, Haruna Aaron Sunday, Stephanie Ajuma Okoriko, Amaka Enemo, Adek Bassey,
Zambia 赞比亚	Mable Zibuku

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