

# REPORT BY THE NGO REPRESENTATIVE NGO 代表报告

## Engagement, Evidence and Impact: 25 years of the NGO Delegation to the UNAIDS PCB 参与、证据和影响：非政府组织代表团在 联合国艾滋病规划署项目协调理事会的 25 年

**Additional documents for this item: None**

本项目下其他文档: 无

**Action required at this meeting – the Programme Coordinating Board is invited to:**  
本次会议要求采取的行动——请项目协调理事会:

*Preamble:*

序言

4.1 *Recalling* previous decision points (from the 2012 meeting of the PCB when the evaluation report was submitted, plus other recent and relevant decision points relating to civil society engagement)<sup>1</sup>;

4.1 回顾以前的决策点（从 2012 年 PCB 会议提交评估报告起，以及最近与民间社会参与有关的其他决策点）；<sup>2</sup>

4.2 *Recognizing* that meaningful involvement of communities and civil society is critical and an essential element for an effective HIV response on the path to end AIDS<sup>3</sup>;

4.2 认识到社群和民间社会的有效参与至关重要，是有效应对艾滋病毒、消除艾滋病的关键基本要素；<sup>4</sup>

4.3 *Recognizing* the value, contribution, effectiveness and impact of the NGO Delegation at the PCB as best practice, particularly in bringing to light urgent concerns faced by people living with HIV, key populations, women, young people and migrants, for immediate attention and action;

4.3 认识到非政府组织代表团在 PCB 的价值、贡献、效力和影响，作为最佳实践，特别是在阐明艾滋病毒感染者、关键人口、妇女、青年和移民面临的紧迫问题以立即关注和采取行动方面；

4.4 *Takes note* of the report;

4.4 注意到报告；

4.5 *Calls on* Member States and the Joint Programme to affirm the NGO Delegation as an integral component of the governance of the PCB and to ensure an enabling environment for its continued meaningful engagement, representation of authentic community voices and perspectives, and outreach to its community and civil society constituencies;

4.5 呼吁成员国和规划署确认非政府组织代表团是 PCB 治理的有机组成，并确保创造有利环境，使其继续有效参与，代表真正的社群声音和观点，并联系社群和民间社会群体；

<sup>1</sup> Decision Points 4.2, 4.5, 7.4, 7.5, 8.2 and 8.3 of the 45<sup>th</sup> PCB Meeting; Decision Points 7.5 and 10.3 of the 43<sup>rd</sup> PCB Meeting; Decision Points 4.3, 4.4, 7.2 and 7.3 of the 41<sup>st</sup> PCB Meeting.

<sup>2</sup> 决策点 4.2, 4.5, 7.4, 7.5, 8.2 和 8.3 的 4 次 PCB 会议; 决定点 7.5 和 10.3 的 43 次会议; 决策点 4.3, 4.4, 7.2 和 7.3 的 41 次 PCB 会议。

<sup>3</sup> 2019 ECOSOC Resolution on the Joint United Nations Programme on HIV/AIDS

<sup>4</sup> 2019 年经社理事会关于联合国艾滋病规划署的决议

4.6 *Urges* the Joint Programme to ensure full and meaningful participation of civil society representation at the PCB through the NGO Delegation, including continuity of financial support for the Communication and Consultation Facility commensurate with its functions;

4.6 敦促规划署确保民间社会代表通过非政府组织代表团充分和有效参与 PCB，包括继续为与其职能相应的交流磋商机制提供财政支持；

4.7 *Requests* the Joint Programme to ensure that strategies for community and civil society engagement are enshrined in the next Global AIDS Strategy;

4.7 请规划署确保将社群和民间社会参与战略列入下一个全球艾滋病战略；

4.8 *Builds* on lessons learned from community and civil society engagement, particularly key populations and people living with HIV in the global, regional, national, and local HIV responses, including, but not limited to:

4.8 借鉴社群和民间社会参与的经验教训，特别是全球、区域、国家和地方艾滋病毒抗击工作中的关键人群和艾滋病毒感染者，包括但不限于：

a. the importance of bringing embodied knowledge of HIV and lived experiences to decision-making processes;

将艾滋病毒所蕴含的知识和生活经验带到决策过程的重要性；

b. the knowledge about the needs of people living with and affected by HIV, and what works and why other interventions do not work at country level;

了解艾滋病毒感染者和受艾滋病毒影响者的需要，以及在国家层面哪些干预有效，为什么其他干预措施不起作用；

c. the efficiency in planning and utilization of resources in HIV programming;

设计艾滋病毒项目时规划和利用资源的效率；

d. the effectiveness of community-led HIV programming and service delivery;

社群主导的艾滋病毒项目和服务提供的有效性；

## Contents 目录

Introduction 介绍 .....	1
The UNAIDS PCB 联合国艾滋病规划署项目协调理事会 .....	2
The NGO Delegation 非政府组织代表团 .....	3
Overview of key contributions 重要贡献概览 .....	5
<u>Key contribution 1: Bringing the face of HIV to the PCB and persistently advocating for the priority issues of communities and civil society</u> 主要贡献 1: 将艾滋病问题的面貌呈现给 PCB, 并坚持不懈地倡导社群和民间社会的优先事项 .....	9
<u>Key contribution 2: Bringing evidence, profile and passion to neglected and contentious issues for the PCB</u> 主要贡献 2: 将被忽视和有争议的问题带入 PCB, 并提供证据、概况和激情 .....	15
<b>Key contribution 3: Bringing a regional perspective to the PCB—highlighting communities and civil society issues from diverse contexts</b> 主要贡献 3: 带给 PCB 区域视角, 突出不同背景的社群和民间社会问题 .....	19
Key contribution 4: Supporting the PCB to connect the response to HIV to wider issues and processes <b>主要贡献 4: 支持 PCB 将艾滋病毒抗击工作与更广泛的问题和工作联系</b> .....	23
Key contribution 5: Contributing to the effectiveness, efficiency and accountability of UNAIDS governance <b>主要贡献 5: 促进联合国艾滋病规划署治理的效力、效率和问责</b> .....	27
Key contribution 6: Influencing the governance of and partnerships with other global health institutions <b>主要贡献 6: 影响其他全球卫生机构的治理和伙伴关系</b> .....	31
Conclusions <b>结论</b> .....	32
Recommendations 建议 .....	35
Proposed Decision Points for the 47th meeting of the PCB <b>第 47 次 PCB 会议建议决策点</b> .....	35
Annex 1: List of interviewees <b>附录一: 受访者名单</b> .....	
Annex 2: Profile of survey respondents <b>附录二: 受访者概况</b> .....	
Annex 3: List of past and present members of the NGO Delegation <b>附录三: 非政府组织代表团过往与当前成员名单</b> .....	
Annex 4: Topics of NGO reports <b>附录四: NGO 报告主题</b> .....	

## Dedication 题献

This report is dedicated to everyone—those still with us and those who have passed away— who has served on or supported the NGO Delegation, from the first meeting of the UNAIDS PCB to the present day. You are remembered and your contribution is acknowledged and deeply appreciated.

这份报告献给每个服务或支持过非政府组织代表团的人，包括那些仍然和我们在一起的人和那些已经去世的人。从艾滋病规划署 PCB 第一次会议到今天，你们被铭记，你们的贡献得到承认和深切的赞赏。

## Acronyms and abbreviations

### 缩略语和缩写

<b>AIDS</b>	<b>Acquired immunodeficiency syndrome</b> 获得性免疫缺陷综合症
<b>APN+</b>	Asia-Pacific Network of People Living with HIV 艾滋病毒感染者亚太网络
<b>CSEM</b>	Civil Society Engagement Mechanism 民间社会参与机制
<b>ECOSOC</b>	(United Nations) Economic and Social Council (联合国) 经社理事会
<b>GAP</b>	Global Action Plan for Healthy Lives and Well Being for All 人人健康生活福祉 全球行动计划
<b>GIPA</b>	Greater Involvement of People Living with HIV 更好纳入艾滋病毒感染者
<b>HIV</b>	<b>Human immunodeficiency virus</b> 人类免疫缺陷病毒
<b>Global Fund</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria 抗击艾滋病、结核与疟疾全球基金
<b>GNP+</b>	Global Network of People Living with HIV 艾滋病毒感染者全球网络
<b>ICASO</b>	International Council of AIDS Service Organizations 艾滋病服务组织国际理事会
<b>INPUD</b>	International Network of People Who Use Drugs 毒品使用者国际网络
<b>NGO</b>	Nongovernmental organization 非政府组织
<b>NSWP</b>	Global Network of Sex Work Projects 性工作项目全球网络
<b>PCB</b>	Programme Coordinating Board 方案协调理事会
<b>SDGs</b>	Sustainable Development Goals 可持续发展目标
<b>SRHR</b>	Sexual and Reproductive Health and Rights 性与生殖健康和权利
<b>UBRAF</b>	Unified Budget, Results and Accountability Framework 统一预算、成果与问责 框架
<b>UNAIDS</b>	Joint United Nations Programme on HIV and AIDS 联合国艾滋病规划署
<b>UNDP</b>	United Nations Development Programme 联合国发展署
<b>UNODC</b>	United Nations Office on Drugs and Crime 联合国毒品和犯罪问题办公室
<b>WHO</b>	World Health Organization 世界卫生组织

## Introduction 介绍

1. In 1995, the Joint United Nations Programme on HIV and AIDS (UNAIDS) was established, building on the principles and lessons of the Global Programme on AIDS.<sup>5</sup> In an unprecedented move within the UN system, the new programme included a Nongovernmental Organization (NGO) Delegation in its governance structure, the Programme Coordinating Board (PCB).  
1995年，基于全球艾滋病规划方案的原则和教训，联合国艾滋病毒和艾滋病联合规划（联合国艾滋病规划署）成立。<sup>6</sup>在联合国系统内，新的规划署有一个前所未有的举措，在其治理结构方案协调理事会中有一个非政府组织代表团。
2. This report marks the 25th anniversary of the NGO Delegation to the UNAIDS PCB. It takes stock of the engagement, evidence and impact of the Delegation to date, highlighting examples of key actions and results. It also makes recommendations for the future, in a context where responses to HIV by key populations,<sup>7</sup> people living with HIV, women, young people and migrants—referred to in this report as "communities and civil society"—are more vital than ever. The report notes with deep concern that the political space, human rights, financial viability and very existence of those organizations and networks are under threat.  
本报告标志着非政府组织代表团在艾滋病规划署PCB的25周年。它评估了代表团迄今为止的参与、证据和影响，重点介绍了关键行动和成果的例子。报告还对未来提出建议，因为关键人群<sup>8</sup>抗击艾滋病毒的工作愈发重要。关键人群、艾滋病毒感染者、妇女、年轻人和移民为“社群和民间社会”。报告深切地注意到，这些组织和网络的政治空间、人权、财政生存能力和生存受到威胁。
3. The NGO Delegation produced the NGO Report 2020 by using three methodologies. 非政府组织代表团使用三种方法编写了《2020年NGO报告》。
  - **Literature review.** Over 100 resources from a range of sources (such as the minutes of meetings, governance guidelines and evaluation reports) were reviewed. Particular use was made of the UNAIDS PCB online archive<sup>9</sup> (including the Decision Points and background papers for all 46 meetings held to date) and the NGO Delegation archive (including 26 NGO Reports<sup>10</sup> and 30 post-PCB meeting communiqués,<sup>11</sup> with the texts of interventions made by NGO Delegates).  
**文献综述。** 审查了来自各种来源的100个资源（如会议记录、治理准则和评估报告）。特别利用艾滋病规划署PCB在线档案<sup>12</sup>（包括迄今举行的所有46次会议的决

<sup>5</sup> Global Programme on AIDS 1987-1995: Final Report, WHO, 1997; and UNAIDS: The First Ten Years 1996-2007, UNAIDS, 2008.

<sup>6</sup> 1 关于艾滋病全球方案 1987-1995：最终报告，世卫组织，1997年；和艾滋病规划署：第一个十年1996-2007，艾滋病规划署，2008年。

<sup>7</sup> Key populations are defined according to: "UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people and people who inject drugs as the four main key population groups, but it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services." See UNAIDS Terminology Guidelines. Geneva: UNAIDS; 2015.

<sup>8</sup> 关键群体的定义根据：“艾滋病规划署认为男同性恋者和其他男男性行为者、性工作者、跨性别者和注射毒品使用者是四个关键人口群体，但它承认，囚犯和其他被监禁者也特别容易感染艾滋病毒，而且往往缺乏适当的获取服务途径。”参见艾滋病规划署术语指南。日内瓦：UNAIDS, 2015.

<sup>9</sup> UNAIDS Programme Coordinating Board Archive, UNAIDS (<https://www.unaids.org/en/whoweare/pcb>)

<sup>10</sup> NGO Reports, NGO Delegation to the UNAIDS PCB (<https://unaidspcbngo.org/resources/ngo-reports/>)

<sup>11</sup> Communiqués, NGO Delegation to the UNAIDS PCB (<https://unaidspcbngo.org/resources/communiqués/>)

<sup>12</sup> 艾滋病规划署方案协调理事会档案，UNAIDS, (<https://www.unaids.org/en/whoweare/pcb>)

策点和背景文件)和非政府组织代表团档案(包括26份NGO报告<sup>13</sup>和30份PCB会议公报<sup>14</sup>,以及NGO代表发言的文本)。

- **Key informant interviews.** Seventeen semistructured interviews were conducted with a range of stakeholders of relevance to the work of the NGO Delegation. These included representatives of past and current NGO Delegations, NGO Observers, Member States, the UNAIDS Secretariat and UNAIDS Cosponsors. [See Annex 1 for a list].
  - **关键信息员访谈。**与非政府组织代表团工作有关的一系列利益相关方进行了17次半结构化访谈。其中包括过去和现在的非政府组织代表团代表、NGO观察员、成员国、艾滋病规划署秘书处和艾滋病规划署联合赞助方代表。[有关清单,见附件1]。
  - **Survey:** An e-survey was produced in Arabic, Chinese, English, French, Russian and Spanish. It was disseminated to community and civil society stakeholders with direct experience of the NGO Delegation—for example, as a past or current delegate, a constituent of the Delegation or an NGO Observer. A total of 50 responses were received (see Annex 2 for a profile of the respondents).
  - **调查:**以阿拉伯文、中文、英文、法文、俄文和西班牙文进行在线调查。发放到具有非政府组织代表团直接经验的社群和民间社会利益相关方,例如,过去或现在的代表、代表团的社群或NGO观察员。共收到50份答复(受访者简介见附件2)。
4. Draft texts of the NGO Report 2020 were reviewed by members of the NGO Delegation, as well as by an 11-member panel of community and civil society stakeholders from all 5 UNAIDS regions.<sup>15</sup> The members of the latter were selected based on their experience and knowledge of the work of the NGO Delegation and its constituents.
- 非政府组织代表团成员以及来自艾滋病规划署所有5个区域的11名社群和民间社会利益相关方组成的小组审查了NGO《2020年报告》的草案。<sup>16</sup>小组成员是根据他们对非政府组织代表团工作及其社群的经验和了解选出的。

## The UNAIDS PCB 联合国艾滋病规划署项目协调理事会

5. UNAIDS was established under Resolution 1994/24 of the United Nations Economic and Social Council (ECOSOC). Its purpose was stated as being to “undertake a joint and cosponsored United Nations Programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility”. The Programme had 6 (now 11) UN Cosponsors.
- 联合国艾滋病规划署是根据联合国经社理事会( ECOSOC )第1994/24号决议设立的。其宗旨是“在共同拥有、合作规划和执行以及公平分担责任的基础上,联合起来共同赞助联合国艾滋病病毒/艾滋病问题方案”。规划署有6个(现在11个)联合国联合赞助方。

<sup>13</sup> NGO报告, 艾滋病规划署 PCB 非政府组织代表团(<https://unaidspcbngo.org/resources/ngo-reports/>)

<sup>14</sup> 公报, 艾滋病规划署 PCB 非政府组织代表团(<https://unaidspcbngo.org/resources/communiques/>)

<sup>15</sup> The members of the review panel were: Tendayi Westerhoff and Marc Ndayiragije (Africa); Greg Gray and Gaj Gurung (Asia-Pacific); Ferenc Bagyinszki and Pavel Aksenov (Europe); Alessandra Nilo and Ainsley Reid (Latin America and the Caribbean); and Nadia Rafif, George Ayala and Robin Montgomery (North America).

<sup>16</sup> 审查小组成员包括: Tendayi Westerhoff 和 Marc Ndayiragije (非洲); Greg Gray 和 Gaj Gurung (亚太); Ferenc Bagyinszki 和 Pavel Aksenov (欧洲); Alessandra Nilo 和 Ainsley Reid (拉美与加勒比); 和 Nadia Rafif, George Ayala 和 Robin Montgomery (北美)。

6. The composition of the PCB was agreed through subsequent ECOSOC decisions (1995/223 and 1995/2). The Board was to act as the governing body on all issues concerning policy, strategy, finance and monitoring and evaluation. It is currently made up of representatives of 22 Member States and 11 Cosponsors.

PCB的组成是通过经社理事会随后的决定（1995/223和1995/2）商定的。理事会将作为涉及政策、战略、财务以及监测和评估有关的所有问题的治理机构。它目前由22个成员国和11个联合赞助方的代表组成。

7. The UNAIDS PCB also includes NGO representatives (5 members and 5 alternates) from different geographic regions: Africa, Asia-Pacific, Europe, Latin America and the Caribbean, and North America.<sup>17</sup> According to the PCB's Modus Operandi, the NGO Delegates can participate in the Board's discussions, but they do not have the right to vote.<sup>18</sup>

联合国艾滋病规划署PCB还包括NGO代表（5个当前和5个替换），他们来自不同的地理区域：非洲、亚太、欧洲、拉美和加勒比，以及北美。<sup>19</sup>根据PCB的运作方式，NGO代表可以参与理事会的讨论，但他们没有权利投票。<sup>20</sup>

*"The position of NGOs on the UNAIDS Programme Coordinating Board is very important for the effective inclusion of community voices in the key global policy forum for HIV and AIDS. PCB NGOs represent the perspectives of civil society, including people living with HIV, within UNAIDS policies and programming."* "NGO在艾滋病规划署项目协调委员会中的地位对于将社区声音有效纳入艾滋病毒和艾滋病的主要全球政策论坛非常重要。PCB NGO代表民间社会的观点，包括艾滋病毒感染者，在艾滋病规划署的政策和规划中。"

UNAIDS Governance Handbook UNAIDS

## The NGO Delegation 非政府组织代表团

8. The mission of the NGO Delegation is: "To bring forward the perspectives and expertise of people living with, affected by, most at risk of and vulnerable to HIV and AIDS, as well as civil society, to ensure that UNAIDS is guided by rights-based, equitable and gender-based approach to guarantee access to comprehensive HIV prevention, treatment, care and support for all."<sup>21</sup> The NGO Delegation fulfils this mission by:

非政府组织代表团的使命是：“提供艾滋病毒/艾滋病感染者、最受影响、最易感染艾滋病毒和艾滋病者以及民间社会的观点和专门知识，确保艾滋病规划署以基于权利、公平和性别平等的方式为指导，确保所有人都能获得全面的艾滋病毒预防、治疗、关怀和支持。”<sup>22</sup> 非政府组织代表团通过以下途径完成这一使命：

- seeking broad input from civil society; 寻求民间社会的广泛投入；
- increasing the participation of people living with HIV; 增加艾滋病毒感染者的参与；
- helping to set the PCB agenda; 帮助制定PCB议程；
- studying documents; 学习文件；
- lobbying other PCB colleagues; 游说其他PCB同仁；
- recruiting and mentoring new delegates; 招募和指导新代表；
- collaborating with observer NGOs; 与NGO观察员合作；
- participating in working groups; 参加工作组；

<sup>17</sup> UNAIDS Governance Handbook, UNAIDS, 2020.

<sup>18</sup> Modus Operandi of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS (UNAIDS) (Revised), UNAIDS, December 2011.

<sup>19</sup> 联合国艾滋病规划署治理手册，联合国艾滋病规划署，2020年。

<sup>20</sup> 联合国艾滋病规划署的工作模式（订正），联合国艾滋病规划署，2011年12月。

<sup>21</sup> Our Mission, Vision and Code of Conduct, NGO Delegation to the UNAIDS PCB.

<sup>22</sup> 我们的使命、愿景和行为准则，联合国艾滋病规划署 PCB 非政府组织代表团。



- attending meetings; 参加会议;
  - and reporting back to civil society. 反馈信息给民间社会。
9. The Delegation has a set of principles that it endeavours to enact in all aspects of its work. These include supporting the greater involvement of people living with HIV (GIPA), a rights-based approach, nondiscrimination, and the active involvement of key and vulnerable populations.  
代表团努力在其工作的所有方面实施其原则。这套原则包括支持艾滋病毒感染者更多地被纳入工作，采取基于权利的方法，不歧视，以及关键和弱势人群的积极参与。
10. To date, the NGO Delegation has involved a total 108 delegates from 85 organizations from across the world. As people and professionals, the delegates have brought rich diversity, including in terms of their age, gender identity, HIV status, key and vulnerable community and technical expertise. They are selected through an open call for applications and undergo a screening and interview process, based on the requirements outlined in Terms of Reference. The delegates are formally approved by the PCB and serve a term of two years, with a possible extension to three (see Annex 3 for a list of NGO delegates since 1995).  
迄今为止，该非政府组织代表团共有来自世界各地85个机构的108名代表参加。作为人民和专业人员，这些代表带来了丰富的多样性，包括年龄、性别身份、艾滋病毒感染状况、关键和脆弱社群、技术专长。他们通过公开征选进行申请，通过筛选和面谈，满足职权范围中概述的要求。代表由PCB正式批准，任期两年，可能延长至三年（请见附件3，了解1995年以来NGO代表名单）。
11. The NGO Delegation has participated in all 46 PCB meetings to date, bringing unique voices, perspectives and lived experiences to the table. It has also been a stakeholder in all of UNAIDS' significant governance events—from the development of major policies to the selection of new Executive Directors, the design of evaluations and the approval of Unified Budget, Results and Accountability Frameworks (UBRAFs).  
迄今为止，非政府组织代表团参加了所有46次PCB会议，带来独特的声音、视角和生活经验。它还是艾滋病规划署所有重大治理活动的利益相关方从制定重大政策到选择新的执行主任、设计评价和批准统一预算、成果和问责框架。
12. The NGO Delegation works intensively in the lead-up to, during and after PCB meetings. Before PCB meetings, its members consult their regional constituencies to seek input into agenda items and the Delegation's positions. It also participates in a systematic set of premeeting briefings with NGO Observers, Member States, Cosponsors and the UNAIDS Secretariat. During PCB meetings, the NGO Delegation engages in both the formal plenary process and the informal "corridor discussions", and participates in drafting room discussions where Decision Points are refined.  
非政府组织代表团在PCB会议之前、期间和之后进行紧张的工作。PCB会议之前，其成员咨询其社群，征求对议程项目和代表团立场的意见。它还参加与NGO观察员、成员国、联合赞助方和艾滋病规划署秘书处的一系列的系统性会前情况介绍会。在PCB会议上，非政府组织代表团同时参与正式全体会议和非正式的“走廊讨论”，并参与在起草室内的决策点细化讨论。
13. The Delegation also remains actively engaged between PCB meetings. It does so through ongoing communication and consultation with communities and civil society organizations and networks at national, regional and global levels. It is also a member of the PCB Bureau and it participates in PCB Working Group discussions on forthcoming agenda items.  
代表团还在PCB会议之间积极参与工作。它通过不断与社群、民间社会组织和网络在国

家、区域和全球各级进行沟通和协商来这样做。它还是PCB主席团的成员，并参与PCB工作组关于即将进行的议程项目的讨论。

14. An important part of the Delegation's work involves the production of an annual NGO Report, the first of which was presented at the 4th PCB meeting in 1997. These publications highlight priority issues for communities and civil society but which might be unknown or neglected by other sectors. The subjects have ranged from GIPA (in 2000) to stigma and discrimination (in 2010), sustainable funding for community responses (in 2016) and Universal Health Coverage (in 2019). Each report is based on a participatory research and consultation process (see Annex 4 for a list of NGO Reports).

代表团工作的一个重要部分是制作一份NGO年度报告，其中第一份报告是在1997年第四次PCB会议上提出的。这些文件突出了社群和民间社会的优先事项，而其他部门可能不知道或忽视这些问题。主题从GIPA（2000年）到污名与歧视（2010年），社群工作的可持续资金（2016年）和全民健康覆盖（2019年）。每份报告都以参与性研究和咨询为基础（见附件4 NGO报告清单）。

15. The NGO Delegation has undergone two independent evaluations, in 2007 and 2012. Both led to strengthened practices within the Delegation, while the 2012 evaluation also contributed to the establishment of a Communication and Consultation Facility. It is currently hosted by the Asia Pacific Network of People Living with HIV and (APN+) and it provides the Delegation with high-quality and independent support. The Facility's main goal is to facilitate the internal management of the Delegation and its communication and consultation, both with wider civil society and with the UNAIDS Secretariat, Member States and Cosponsors. Its terms of reference include attention to: internal communications; external communications; Delegation recruitment; orientation of new delegates; NGO Report coordination; document storage; website and social media maintenance; travel arrangements; contract management of consultants; coordination of Delegation participation in PCB meetings; support for accountability processes; facilitation of constituency engagement; coordination of Delegation strategic planning and retreats (essential opportunities to meet together, build a team and strategize, beyond the twice-yearly PCB meetings); and support in policy analysis and functions.<sup>23</sup>

2007年和2012年，非政府组织代表团进行了两次独立评估。两者都加强了代表团内部运作，而2012年的评价也有助于建立沟通和协商机制。它由亚太艾滋病病毒感染者网络（APN+）主办，为代表团提供高质量和独立的支持。该机制的主要目标是协助代表团的内部管理及其与更广泛的民间社会以及艾滋病规划署秘书处、成员国和联合赞助方的沟通和协商。其职权范围包括关注：内部沟通、外部沟通、代表团招聘、新代表指导、NGO报告协调、文档存储、网站和社交媒体维护、旅行安排、顾问合同管理、协调代表团参与PCB会议、支持问责、促进社群参与、协调代表团战略规划和务虚会（除每年两次PCB会议外，一起开会、建立团队和制定战略的重要机会）；支持政策分析和职能。<sup>24</sup>

16. For further information about the NGO Delegation, see <https://unaidspcbngo.org/>. 有关非政府组织代表团更多信息，参见 <https://unaidspcbngo.org/>

## Overview of key contributions 重要贡献概览

17. Over the past 25 years, there has been extensive evidence of the NGO Delegation's positive impact on the work, discussions and decisions of the UNAIDS PCB. Examples shown in this report have been identified from three major sources: the documented

<sup>23</sup> UNAIDS PCB NGO Delegates' Manual, NGO Delegation to the UNAIDS PCB.

<sup>24</sup> 艾滋病规划署 PCB NGO 代表手册，艾滋病规划署 PCB 非政府组织代表团。

Decision Points of the 1st to the 46th PCB meetings; the NGO Delegation's communiqués for the 22nd to the 46th PCB meetings; and the key informant interviews and survey conducted for the NGO Report 2020.

在过去25年中，有广泛证据表明，非政府组织代表团对艾滋病规划署PCB的工作、讨论和决策产生了积极影响。本报告中示例有三个主要来源：第1至第46次PCB会议记录的决策点；非政府组织代表团第22至第46次PCB会议公报；以及为《2020年 NGO报告》进行的主要线人访谈和调查。

18. It is important to note that this report shares examples of results to which the NGO Delegation is considered to have made a significant or catalytic contribution, often in collaboration with other PCB members, NGO Observers and wider civil society. It does not claim that all of these examples are solely attributable to the Delegation.

必须指出，非政府组织代表团分享的自身在其中被认为作出了重大或催化贡献的成果实例，经常是与其他PCB成员、NGO观察员和更广泛的民间社会合作实现的，代表团并不认为所有这些例子都完全归功于代表团。

19. The survey conducted for the 2020 NGO Report found that 64% of respondents consider that, overall, the NGO Delegation has made a "major difference" to the UNAIDS PCB, while 28% consider it has made "some difference".<sup>25</sup>

为2020年NGO报告进行的调查发现，64%的受访者认为，总的来说，非政府组织代表团对艾滋病规划署PCB做出了“重大改变”，而28%的受访者认为代表团“有所作为”。

<sup>26</sup>

20. Respondents were also asked to rank the level of contribution which the Delegation has made to specific aspects of the work of the PCB.<sup>27</sup> The highest level of "major contribution" was seen in relation to "bringing evidence, attention and passion to neglected issues for the PCB" (selected by 84% of respondents). This was followed by: "supporting UNAIDS to evolve the response to HIV and connect the response to wider issues and processes" (79%); "bringing the face of HIV to the PCB and advocating for communities/civil society's priority issues" (78%); and "bringing a regional perspective to the PCB—highlighting community/civil society issues from specific geographic areas" (71%). The lowest levels of "major contribution" were seen for "contributing to the effectiveness and accountability of the PCB as a global health governance structure" (63%) and "influence the governance structures of other global health institutions" (47%).

调查还要求答复者对代表团对PCB工作具体方面的贡献程度进行排名。在“为PCB带来证据、关注和热情”方面，“重大贡献”最高（84%的受访者选择）。之后依次是：“支持艾滋病规划署改进艾滋病抗击工作，与更广泛的问题和工作联系”（79%）；“将艾滋病毒的面貌呈现给PCB，并倡导社群/民间社会的优先事项”（78%）和“将区域视角带给PCB——突出来自特定地理区域的社群/民间社会问题”（71%）。“重大贡献”的最低水平是“促进PCB作为全球卫生治理机构的效力和问责”（63%）和“影响其他全球卫生机构的治理机构”（47%）。<sup>28</sup>

<sup>25</sup> E-survey question 5: In your opinion, overall, has the NGO Delegation made a difference to the UNAIDS Programme Coordinating Board? [Please select one option]. Total of 50 respondents.

<sup>26</sup> 在线调查问题 5：在你看来，总体而言，非政府组织代表团对艾滋病规划署方案协调理事会有何影响？[单选]。共有 50 人回复。

<sup>27</sup> E-survey question 6: In your opinion, how much of a contribution has the NGO Delegation made to the UNAIDS Programme Coordinating Board? [Please choose one option for each contribution]. Total of 50 respondents.

<sup>28</sup> 在线调查问题 6：您认为，非政府组织代表团对艾滋病规划署 PCB 作出了多少贡献？[请为每个贡献选择一个选项]。共有 50 人回复。

### NGO Delegation contributions to the UNAIDS PCB, as identified by survey respondents

被访者列出非政府组织代表团对联合国艾滋病规划署 PCB 的贡献

The survey for the NGO Report 2020 asked respondents to identify contributions—e.g. to agenda items, discussions and decisions—made to the PCB by the NGO Delegation.<sup>29</sup> These are examples of the responses.<sup>30</sup>

《2020 年 NGO 报告》的调查要求被调查者列出非政府组织代表团对 PCB 作出的贡献，例如对议程项目、讨论和决定的贡献。<sup>31</sup> 以下是一些被访者的回答。<sup>32</sup>

*“Issues of discrimination in health care”. “医疗中的歧视问题”*

Antoinette Barton-Gooden, respondent from Latin America and the Caribbean

Antoinette Barton-Gooden, 拉丁美洲和加勒比

*“Reducing the impact of AIDS on children and youth”. “减少艾滋病对儿童和青少年的影响。”*

Michelle Madamombe, respondent from Africa

Michelle Madamombe, 非洲

*“Essential for ensuring civic space, for building accountability to civil society, for influencing Member States, and for holding open a key leadership space in the HIV response”.*

对于确保公民空间、建立对民间社会的问责、影响成员国以及在艾滋病毒抗击工作有关键领导力至关重要”。

Tyler Crone, respondent from North America

Tyler Crone, 北美代表

*“The presence of the NGO Delegation serves as a beacon of hope, particularly in this time when civil society voices are being silenced by several state and non-state actors”.*

“NGO代表团的存在是希望的灯塔，特别是在民间社会的声音被几个国家和非国家行为者压制的时候”

Anonymous, respondent from Asia Pacific

匿名被访者，亚太地区

*“The December 2011 PCB was a major milestone in terms of bringing attention to the issue of HIV criminalization during the Legal Environment thematic. Since then, UNAIDS, UNDP and others have supported civil society in advocating strongly against such laws”.*

“2011年12月PCB会议法律环境专题是让人注意到艾滋病毒刑事定罪问题的一个重要里程碑。自那时以来，联合国艾滋病规划署、联合国开发计划署和其他方面一直支持民间社会大力倡导反对这些法律”。

Edwin Bernard, respondent from Europe

Edwin Bernard, 欧洲代表

<sup>29</sup> E-survey question 7: Are there any specific examples of the contributions listed in Question 6 that you would like to share? For example, are there any themes or agenda items where the NGO Delegation made a particular difference to UNAIDS? [Please comment]. Total of 40 respondents.

<sup>30</sup> Permission was sought from the respondents to the survey for their responses to be published in the NGO Report. E-survey question 10: Do you consent to be quoted in the 2020 NGO Report? [Please select one option].

<sup>31</sup> 见文本框

<sup>32</sup> 见文本框

*"It has directly shown the importance of including and listening to young positives in decision-making spaces."*

*"它直接表明了决策过程中纳入和倾听青年阳性感染者的重要性。"*

Miguel Subero, respondent from Latin America and the Caribbean

Miguel Subero, 拉美和加勒比 代表

*"Other institutions like the Global Fund, UNITAID have brought on their governance structures CSOs and community representatives". "其他机构，如全球基金、UNITAID等，已将民间社会组织和社群代表引进治理结构"*

Lillian Mworeko, respondent from Africa

Lillian Mworeko, 非洲代表

*"The NGO Delegation's Report remains a critical tool for ensuring that live issues affecting communities living with and affected by HIV are kept on the agenda of the PCB and mainstreamed into the work of the Joint Programme".*

*"NGO代表团的报告仍然是确保将影响艾滋病病毒携带者和受艾滋病病毒影响社群的生活问题列入PCB议程并在规划署工作主流化的重要工具"*

Anonymous, respondent from North America

匿名被访者，北美代表

*"Highlighting region-specific issues, particularly the need to continue focusing on key populations in the Asia-Pacific region". "突出区域特殊问题，特别是需要继续关注亚太地区的关键人群"*

Anonymous, respondent from Asia Pacific

匿名被访者，亚太代表

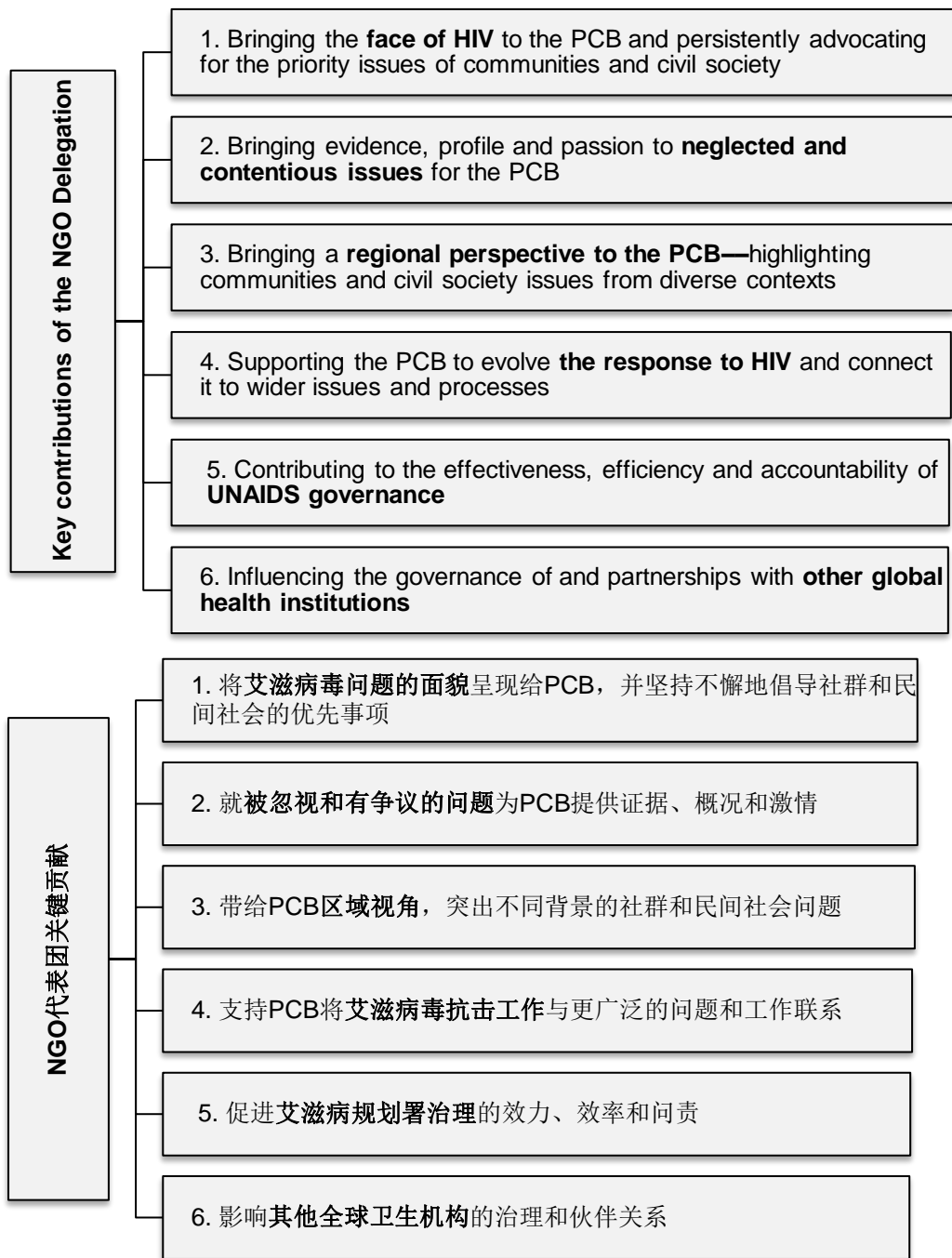
*"Essential to ensure Member States support to UNAIDS when it was at risk (funding, problems in leadership ...) through its commitment, advocacy skill and years of experience in the response". "确保成员国在艾滋病规划署面临风险时向其提供支持（资金、领导力.....）通过投入、倡导技能和多年抗击工作经验"*

Anonymous, respondent from Europe

匿名被访者，欧洲代表

Based on the results of the survey and the other methodologies used for the NGO Report 2020, the following pages focus on six selected examples of the NGO Delegation's contributions to the UNAIDS PCB:

22. 根据调查结果和NGO《2020年报告》采用的其他方法，以下各页重点介绍非政府组织代表团对艾滋病规划署PCB贡献的六个精选示例：



**Key contribution 1: Bringing the face of HIV to the PCB and persistently advocating for the priority issues of communities and civil society**

**主要贡献 1: 将艾滋病问题的面貌呈现给 PCB，并坚持不懈地倡导社群和民间社会的优先事项**

23. A fundamental role of the NGO Delegation is to bring the *lived reality of HIV* to the highly political deliberations of the UNAIDS PCB. Without such a presence, there is a

risk of Board discussions becoming overly administrative or theoretical, without a sound understanding of the practical implications of the policy decisions being made. 非政府组织代表团的一项基本作用是将 *艾滋病毒问题的生活现实* 带到艾滋病规划署 PCB 高级政治审议中。如果没有这种存在，理事会的讨论有可能变得过于行政或理论化，而对正在作出的政策决定的实际影响没有深入的了解。

24. Over 25 years, the NGO Delegation has been represented by, among others, people who are: living with HIV; sex workers; people who inject drugs; gay, bisexual or other men who have sex with men; transgender people; young people; women; and people with experience in specific areas, such as migration, prisoners and sexual and reproductive health and rights (SRHR). At all times, the majority of the members have been people living with HIV and/or key and vulnerable populations. Each representative has brought their personal and professional experiences, as well as the issues and challenges of their respective constituencies. In combination, they have contributed integrity and legitimacy to the Delegation's work.

25年来，非政府组织代表团的代表有：艾滋病毒感染者、性工作者、注射毒品使用者、男同性恋、双性恋或其他男男性行为者、跨性别者、年轻人、妇女，以及在移民、囚犯和性与生殖健康及权利等特定领域有经验的人。在任何时候，大多数成员都是艾滋病毒感染者或关键和脆弱人口。每位代表都带来了各自的个人和专业经验，以及各自社群的问题和挑战。他们共同为代表团的工作贡献了完整性和合法性。

*"Right from the start, our job was to shout out —on behalf of all those not in the room whose voices needed to be heard and whose concerns needed to be addressed."*  
*"从一开始，我们的工作就是代表所有不在会议室里的人大声疾呼，他们的声音需要被听到，他们的关切需要得到解决。"*

Teresita Bagasao, NGO Delegate for Asia-Pacific, 1995–1996  
 Teresita Bagasao, NGO 代表, 亚太, 1995-1996

*"The NGO Delegation influences the whole dynamic of the PCB. When you're sitting opposite people who are bearing witness to the challenges of their communities, you cannot ignore them. They bring to the table issues that, otherwise, wouldn't be there. They remind us of the reality."*

*"NGO 代表团影响 PCB 的整个态势。当你坐在见证其社群困境的人对面时，你不能忽视他们。没有他们，问题不会被摆上桌面。他们提醒我们现实。"*

Andy Seale, World Health Organization  
 Andy Seale, 世界卫生组织

25. A fundamental issue championed by the NGO Delegation is the meaningful engagement of communities and civil society in the response to HIV. The Delegation has repeatedly not only raised the issue, but pushed for Decision Points. For example, during PCB meetings in 2007-2009,<sup>33</sup> it secured a raft of measures to increase the engagement of and attention to communities and civil society in the PCB and across wider UNAIDS processes. Examples included decisions for: UNAIDS to strengthen its focus on human rights and gender; develop a technical support strategy (including communities and civil society providers); and develop a partnership strategy, with measurable objectives and distinct strategies for working with both civil society and people living with HIV.

非政府组织代表团倡导的一个根本问题是社群和民间社会有效参与应对艾滋病毒。代表

<sup>33</sup> For example: Agenda Item 4: Increased Involvement of Civil Society in the PCB, 23rd PCB Meeting, 2008; and Agenda Item 2: Second Independent Evaluation, 25th PCB Meeting, 2009.

团不仅一再提出这一问题，而且推动决策点。例如，在2007-2009年PCB会议上<sup>34</sup>，采取了一系列措施，增加社群和民间社会对PCB和艾滋病规划署更广泛的工作。例如：艾滋病规划署决定加强其对人权和性别的关注；制定技术支持战略（包括社群和民间社会服务机构）；制定伙伴关系战略，制定可衡量的目标和独特的战略，与民间社会和艾滋病毒感染者合作。

26. At the 38th meeting of the PCB in 2016, a thematic meeting on the role of communities enabled the NGO Delegation to organize the participation of community-based and led groups in the PCB, enabling them to showcase their work and share their expert knowledge. In a follow-up session at the 39th PCB meeting, a series of Decision Points were agreed that affirmed the role of communities and sought commitment to action, such as:

在2016年PCB第38次会议上，一次关于社群作用的专题会议使非政府组织代表团能够组织社群主导的团体参与PCB，使他们能够展示其工作并分享其专业知识。在第39次PCB会议的后续会议上，商定了一系列决策点，确认了社群的作用，并寻求对行动的投入，例如：

*“5.3 Encourages Member States to:*

*a. Identify, address and overcome regulatory and cultural barriers to the effective involvement of civil society and ensure the meaningful inclusion of civil society, including people living with HIV and other key populations, young people and women at all levels of planning, as well as national and donor policy and programming frameworks, to ensure full involvement, quality participation and influence in the design, implementation and evaluation of policies and programmes.”<sup>35</sup>*

*5.3 鼓励成员国：*

*a. 辨识、解决和克服阻碍有效纳入民间社会的监管和文化障碍，确保民间社会，包括艾滋病毒感染者和其他关键人口、青年和妇女切实被纳入各级规划，以及国家和捐助者的政策和项目开发框架，以确保充分纳入、高质量地参与和影响政策和项目的设计实施和评估。<sup>36</sup>*

27. The NGO Delegation has consistently championed the role of **community-based and led responses**, specifying that they should not only be respected, but adequately and sustainably resourced. In 2001, the 11th PCB meeting saw the Delegation promote the need for more effective **funding for communities and civil society**, while the 17th PCB meeting saw it advocate for a long-term strategy to resource the communities/civil society sector.

非政府组织代表团一贯倡导以社群为基础和主导性工作的作用，特别支持不仅应尊重这些工作，而且应提供充分和可持续的资源。2001年，第11届PCB会议看到代表团促进为社群和民间社会提供更有效的资金，而第17次PCB会议则主张制定长期战略，为社群/民间社会部门提供资源。

28. At the 30th PCB meeting, the NGO Report 2012 used a review of evidence and case studies (from Brazil, Democratic Republic of Congo and Pacific Islands) to set out the disastrous impact on communities of decreased funding for HIV from bilateral and multilateral sources, alongside the slow progress on domestic investment. 在第30次PCB会议上，NGO《2012年报告》用对证据和案例研究（来自巴西、刚果民主

<sup>34</sup>例如：议程项目 4：增加 PCB 对民间社会纳入，2008 年 23 次 PCB 会议；和议程项目 2：第二次独立评估，25 次 PCB 会议，2009 年。

<sup>35</sup> Agenda Item 4: Follow-up to the Thematic Segment of the 38th PCB Meeting: The Role of Communities in Ending AIDS by 2030, 39th PCB Meeting, 2016.

<sup>36</sup> 议程项目 4：第 38 次 PCB 会议专题部分的后续行动：社群在 2030 年消除艾滋病中的作用，2016 年 39 次 PCB 会议。



共和国和太平洋岛屿)的综述,指出在双边和多边来源减少用于抗击艾滋病毒的资助,同时国内资金投入缓慢,对社群造成灾难性影响。

29. The subject of financing has been revisited in recent years, including at the 39th PCB meeting, in 2016 where the NGO Delegation presented a report titled *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*. Despite complex discussions among Board members, the Delegation succeeded in securing an extensive set of Decision Points which called on Member States to address the barriers to domestic funding of community-led organizations. They also called on UNAIDS to: analyse the barriers to funding from international and private donors; sustain support for community-led key population responses (including in middle-income countries); and adapt existing mechanisms to support Member States to track their investments in community-led responses.<sup>37</sup>

近年来,融资问题被重新审视,包括2016年第39次PCB会议,非政府组织代表团提出了一个名为《不可能终止:没有可持续资助用于社群主导抗击工作就不可能在2030年终止艾滋病》。尽管理事会成员进行了复杂的讨论,但代表团还是成功地实现了一套广泛的决策要点,呼吁成员国解决社群主导组织国内融资的障碍。他们还呼吁艾滋病规划署:分析国际和私人捐助者的资助障碍;继续支持社群主导的关键人口的抗击工作(包括在中等收入国家);并调整现有机制,支持成员国追踪其在社群主导工作的投入。<sup>38</sup>

30. Further attention was drawn to the issue of financing at the 43rd PCB meeting in 2018, where the NGO Delegation used an agenda item on best practices for effective funding of community-led responses to highlight key targets set out in the 2016 Political Declaration on Ending AIDS.<sup>39</sup> The agreed Decision Points included:

在2018年第43次PCB会议上,非政府组织代表团利用一个关于有效资助最佳实践的议程项目,为社群主导的工作吸引资金,以突出2016年《关于结束艾滋病的政治宣言》中确定的关键目标。<sup>40</sup>商定的决策点包括:

*“10.3. Encourages Member States to:*

*10.3. 鼓励成员国:*

*a. Dedicate maximum available resources to fulfilling the right to the enjoyment of the highest attainable standard of health, including the 30% coverage by community-led HIV programmes and 6% of HIV financing towards social enablers, as agreed in the 2016 Political Declaration on Ending AIDS;*

*a. 将可用资源最大化用于实现享有可达到的最高健康标准的权利,包括社群主导的艾滋病毒方案覆盖30%,将6%的艾滋病筹资用于社会促进者,如2016年《关于结束艾滋病的政治宣言》所商定的那样;*

*b. Review and amend relevant laws, policies, institutions and mechanisms to create and maintain a safe and enabling environment in which civil society can efficiently support the AIDS response and the achievement of the targets for, and the goal of, ending AIDS by 2030;*

*b. 审查和修订相关法律、政策、机构和机制,创造和维持一个安全和有利的环境,使民间社会能够有效地支持艾滋病抗击工作,实现到2030年结束艾滋病的目标*

<sup>37</sup> Agenda Item 7: Report by the NGO Representative, 39th PCB Meeting, 2016.

<sup>38</sup> 议程项目7: NGO代表报告,2016年39次PCB会议。

<sup>39</sup> Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, United Nations General Assembly, June 2016.

<sup>40</sup> 关于艾滋病毒/艾滋病问题的政治宣言:快速加紧防治艾滋病毒和到2030年终结艾滋病流行,联合国大会,2016年6月。

c. *Report on coverage and expenditures using the Global AIDS Monitoring and National AIDS Spending Assessment tools on an annual basis.*<sup>41</sup>

c. 每年使用全球艾滋病监测和国家艾滋病支出评估工具报告覆盖面和支出情况。<sup>42</sup>

31. The NGO Delegation has used follow-up discussions on this subject—such as at the 46th PCB meeting in June 2020<sup>43</sup>—to articulate a sense of urgency in the agreement of definitions of and support for community-based and led responses, in particular in the context of the COVID-19 pandemic.  
非政府组织代表团利用这一主题的后续讨论，例如在2020年6月举行的第46次PCB会议<sup>44</sup>上，阐明了在关于社群基础和主导工作的定义和支持方面达成共识的紧迫性，特别是在COVID-19大流行背景下。
32. The NGO Delegation has continuously profiled the social enablers which, for communities and civil society, “make or break” effective responses to HIV.  
非政府组织代表团不断辨识能够对社群和民间社会产生高效的艾滋病毒抗击工作“破”或“立”作用的社会推动者。
33. For example, the Delegation has repeatedly raised and engaged in agenda items on **gender equity**, advocating for targeted attention to women and girls (in their full diversity, including those living with HIV and affected by gender-based violence), while also pushing beyond binary understandings for gender-related policies to include key and vulnerable populations. As an example, the Delegation advocated at the: 16th PCB meeting for attention to the specific sociocultural factors that underlie the vulnerability of women and girls; and 22nd, 23rd and 24th PCBs for understandings of gender to address the needs of men who have sex with men, transgender people, bisexual people, lesbians and sex workers across the gender spectrum.  
例如，代表团一再提出并参与关于**性别平等**的议程项目，倡导有针对性地关注妇女和女童（包括艾滋病毒感染者和受性别暴力影响的人），同时推动超越性别相关政策的二元理解，将关键和弱势群体纳入其中。例如，代表团在第16次PCB会议上主张注意造成妇女和女童脆弱性的具体社会文化因素；第22、第23和第24次PCB，倡导了解性别，以满足性别光谱中男男性行为者、跨性别者、双性恋者、女同性恋者和性工作者等的需要。
34. This momentum contributed to the 25th PCB meeting: approving an operational plan in response to the work of the Global Task Force on Women and Girls, Gender Equality and HIV; and agreeing to build on the UNAIDS *Outcome framework 2009–2011* and *Action framework on men who have sex with men and transgender people* to expand comprehensive programmes to reduce HIV transmission among men who have sex with men and transgender people.<sup>45</sup>  
这一势头促成了第25次PCB会议实现：根据妇女和女童、性别平等和艾滋病毒问题全球工作队的工作成果，批准一项行动计划；并同意在艾滋病毒规划署2009-2011年关于**男男性行为和跨性别者的成果框架和行动框架**的基础上，扩大综合项目，减少与男男性行为者和跨性别者中的艾滋病毒传播。<sup>46</sup>
35. The Delegation has also cast a spotlight on the harsh reality of **stigma, discrimination and human rights violations** against those most affected by and vulnerable to HIV.

<sup>41</sup> Agenda Item 8: Best Practices on Effective Funding Of Community-Led HIV Responses, 43rd PCB Meeting, 2018.

<sup>42</sup> 议程项目 8：有效资助社群主导的艾滋病毒抗击工作的最佳实践，2018 年 43 次 PCB 会议。

<sup>43</sup> Agenda Item 5: Progress Report On The Establishment Of The Task Team On Community-Led AIDS Responses, 46th PCB Meeting, 2020.

<sup>44</sup> 议程项目 5：关于设立社群主导的艾滋病毒抗击工作组的进度报告，2020 年 46 次 PCB 会议。

<sup>45</sup> Agenda Item 1.3. Report of the Executive Director, 25th PCB Meeting, 2009.

<sup>46</sup> 议程项目 1.3. 执行主任报告，2009 年 25 次 PCB 会议。

For example, the NGO Report 2010 highlighted how universal access to HIV prevention, care, support and treatment and other global targets could not be achieved without action on stigma and discrimination.

代表团还昭示了受艾滋病影响最大和最易感染艾滋病毒者受到污名、歧视和人权侵犯行为的严酷现实。例如，NGO《2010年报告》强调，如果不对污名和歧视采取行动，艾滋病预防、关怀、支持和治疗普遍可及以及其他全球目标就不可能实现。

*“The NGO Delegation has played a significant role in keeping human rights on the PCB agenda. Whether addressing laws and policies, intellectual property barriers, universal health coverage, key populations or stigma and discrimination, it keeps us grounded and shapes our thinking.”*

*“非政府组织代表团在将人权列入 PCB 议程方面发挥了重要作用。无论是解决法律和政策、知识产权壁垒、全民健康覆盖、关键人群还是污名与歧视问题，它都使我们脚踏实地，促进我们思考。”*

Ludo Bok, UNDP  
Ludo Bok, 联合国开发计划署

36. More recently, the NGO Delegation was actively involved in a series of agenda items on stigma and discrimination which, following a proposal presented by the Delegation to the 41st PCB meeting, led to the creation of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.<sup>47</sup> The collaboration includes the Global Network of People Living with HIV (GNP+), UN Women, the United Nations Development Programme (UNDP), UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). It aims to accelerate global action on stigma and discrimination and close the HIV prevention, testing and treatment gaps. 非政府组织代表团向第41次PCB提交提案后，最近积极参与了一系列关于污名与歧视的议程项目，促进建立消除一切形式针对艾滋病毒相关污名与歧视行动全球伙伴。<sup>48</sup>协作包括艾滋病毒感染者全球网络(GNP+)、联合国妇女署、联合国开发计划署(UNDP)、联合国艾滋病规划署(UNAIDS)和防治艾滋病、结核病和疟疾全球基金(Global Fund)。它旨在加快打击关于污名与歧视的全球行动，缩小艾滋病预防、检测和治疗差距。

37. To support the Global Partnership, the NGO Delegation has helped to ensure that stigma and discrimination remains a regular item on the PCB agenda. For example, deliberations supported by the Delegation at the 45th PCB meeting in 2019 led to relevant Decisions Points, including:  
为了支持全球伙伴，非政府组织代表团帮助确保污名与歧视仍然是PCB议程上的一个常规项目。例如，代表团在2019年第45次PCB会议上支持的审议促进生成相关决策点，包括：

*“8.2 Requests the UNAIDS Joint Programme to:  
8.2 请联合国艾滋病规划署：*

*a. Support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to set national targets and programmatic indicators to track progress and report impact of stigma and discrimination reduction programmes in routine monitoring and reporting mechanisms”.*<sup>49</sup>

<sup>47</sup> Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, GNP+, <https://www.gnpplus.net/our-solutions/global-partnership-for-action-to-eliminate-all-forms-of-hiv-related-stigma-and-discrimination/>

<sup>48</sup> 消除一切形式针对艾滋病毒相关污名与歧视的行动全球伙伴，GNP+, <https://www.gnpplus.net/our-solutions/global-partnership-for-action-to-eliminate-all-forms-of-hiv-related-stigma-and-discrimination/>

<sup>49</sup> Agenda Item 6: Report on Progress on Actions to Reduce Stigma and Discrimination in All Its Forms, 45th PCB Meeting, 2019.

a. 支持成员国、民间社会、关键人口网络和其他伙伴，包括国家、区域和国际人权机构和部门，制定国家目标和项目指标，以跟踪进展情况，并在例行监测和报告机制中报告减少污名与歧视项目的影​​响。<sup>50</sup>

## Key contribution 2: Bringing evidence, profile and passion to neglected and contentious issues for the PCB

### 主要贡献 2：将被忽视和有争议的问题带入 PCB，并提供证据、概况和激情

38. The NGO Delegation has frequently raised issues which are important for communities and civil society, but which may be overlooked or regarded as sensitive by some stakeholders in the PCB.

非政府组织代表团经常提出对社群和民间社会都很重要的问题，但 PCB 的一些利益相关方可能会忽视或认为这些问题很敏感。

39. HIV prevention, for example, requires nuanced understanding of people's lives, risks and social and sexual behaviours. At times, prevention has been at risk of being deprioritized in favour of discussions about treatment (which may seem more straightforward, with results that are easier to measure). The NGO Delegation has repeatedly advocated not only for renewed and consistent attention to the critical importance of HIV prevention and its structural drivers, but for related strategies to be comprehensive and differentiated. At multiple meetings (e.g. the 16th and 17th meetings of the PCB),<sup>51</sup> the Delegation has emphasized that strategies to intensify HIV prevention should:

例如，预防艾滋病毒需要对人们的生命、风险以及社会和性行为有细致了解。有时，预防有可能被降低优先级以讨论治疗问题（这看起来可能更为直接，结果更容易衡量）。非政府组织代表团一再倡导的，不仅是重申持续关注艾滋病毒预防及其结构化驱力的至关重要性，而且主张采取全面和差异化的相关战略。在多次会议（例如 PCB 第 16 次和 17 次会议）<sup>52</sup>上，代表团强调，加强艾滋病毒预防的战略应：

- be grounded in human rights, 基于人权，
- ensure gender equality, 确保性别平等，
- meet the needs of the most vulnerable people, 满足最脆弱人群的需求，
- recognize the barriers posed by stigma and discrimination; and 认识到污名与歧视构成的障碍；及
- be evidence-based. 以实证为基础。

40. In a thematic session on combination prevention at the 30th PCB meeting in 2012, the NGO Delegation arranged for representatives of communities and civil society to provide first-hand accounts of their experiences in addressing specific aspects of HIV prevention. The NGO Delegation has also resolutely highlighted the needs and concerns of **key and vulnerable populations**, despite such issues sometimes provoking controversy among some other PCB constituencies.

在 2012 年第 30 次 PCB 会议上关于综合预防的专题会议上，非政府组织代表团安排社群和民间社会代表提供他们处理艾滋病毒预防具体方面的经验的第一手资料。非政府组织代表团还坚决强调了**关键和脆弱人群**的需要和担忧，尽管这些问题有时在其他一些 PCB 社

<sup>50</sup> 议程项目 6：关于减少一切形式污名和歧视行动进展情况的报告，2019 年 45 次 PCB 会议。

<sup>51</sup> Agenda Item 3: Intensifying HIV Prevention, 16th PCB Meeting, 2004; and Agenda Item 3: UNAIDS Position Paper: Intensifying HIV Prevention, 17th PCB Meeting, 2005.

<sup>52</sup> 议程项目 3：加强艾滋病毒预防，2004 年 16 次 PCB 会议；和议程项目 3：艾滋病毒规划署立场文件：加强艾滋病毒预防，2005 年 17 次 PCB 会议。

群中引起争议。

41. For example, when UNAIDS was developing its first-ever Guidance Note on HIV and sex work in 2006–2007,<sup>53</sup> the NGO Delegation collaborated with an NGO Observer (the Global Network of Sex Work Projects, NSWP) to challenge the abolitionist stance set out in the first draft of the Note (which had not benefited from consultation with sex worker communities). The Delegation and NSWP presented counter-evidence from the perspective of sex workers, including those living with HIV. This catalyzed discussions and led to revisions of the draft Note. The final Note, published in 2007, set out a rights-based approach to sex work and HIV, with an emphasis on bodily autonomy (rather than “victimhood”) and economic empowerment (rather than “rescue”). It laid the foundations for a set of vital policies and

“Collaborating with the NGO Delegation and using the PCB as a global policy-making platform enabled us to lay the foundations and set the tone for a vibrant, respectful and rights-based UN approach to sex work in the context of HIV.”

“与 NGO 代表团合作，利用 PCB 这个全球决策平台，使我们能够为采取充满活力、尊重和基于权利的联合国工作方式解决艾滋病毒抗击工作中性工作问题奠定基础 and 定下基调。”

Ruth Morgan-Thomas, the Global Network of Sex Work Projects, NGO Observer

Ruth Morgan-Thomas, 全球性工作项目网络，NGO 观察员

technical resources, including *Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions*, which was developed through a collaboration between NSWP and five UNAIDS Cosponsors.<sup>54</sup>

例如，当艾滋病规划署在2006-2007年制定关于艾滋病毒和性工作的第一个指导说明时<sup>55</sup>，非政府组织代表团与一个NGO观察员（全球性工作项目网络，NSWP）合作，对指导说明初稿中所定废娼主义立场提出挑战（初稿没有从与性工作者社群的协商中获取信息）。代表团和NSWP从性工作者，包括感染艾滋病毒的性工作者的角度提出了相反证据。这推动了讨论，并促成对说明草案的修订。2007年发布的指导说明终稿对性工作和艾滋病毒问题采取了基于权利的方法，重点是身体自主（而不是“受害者”）和经济赋权（而不是“拯救”）。它为一系列重要的政策和技术资源打下基础，包括，《与性工作者合作实施全面艾滋病性病项目：协同干预的实践途径》，这是NSWP和艾滋病规划署五个联合赞助方合作开发的。<sup>56</sup>

42. Another important example relates to **people who use drugs** and their need for comprehensive, rights-based and community-led HIV programmes. Supported by PCB Observers, such as the International Network of People who Use Drugs, the Delegation has persistently raised this issue over the years. It has advocated for supportive (non-pathologizing) language; evidence-based harm reduction programmes (including needle and syringe and opioid substitution programmes); peer-led outreach; and differentiated support for women who use drugs (including in relation to gender-based violence).

另一个重要例子涉及**毒品使用者**，以及他们对全面、基于权利和社群主导的艾滋病毒项目需求。在PCB观察员（如毒品使用者国际网络）的敦促下，代表团多年来一直提出这个问题。它倡导支持（非病理学化）语言；循证的减低伤害项目（包括清洁针具及鸦片类药物替代项目）；同伴主导的外展；以及对使用毒品的妇女（包括与性别暴力有关

<sup>53</sup> Guidance Note on HIV and Sex Work, UNAIDS, April 2007 and updated 2012.

<sup>54</sup> *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*, WHO; UNFPA; UNAIDS; NSWP; World Bank; UNDP, October 2013.

<sup>55</sup> 关于艾滋病毒和性工作的指导说明，艾滋病规划署，2007年4月，2012年更新。

<sup>56</sup> 与性工作者合作实施综合艾滋病性病项目：协同干预的实践途径，世卫组织；人口基金；艾滋病规划署；全球性工作项目网络；世界银行；发展署，2013年10月。

的)的差异化支持。

43. That work led to a breakthrough in 2012, when the NGO Delegation brokered a change in the relationship between the community of people who use drugs and the United Nations Office on Drugs and Crime (UNODC). At the time, UNODC was proposing to downgrade its Global HIV Programme (by incorporating it into the Substance Misuse Division). With the support of some Member States, Cosponsors and the UNAIDS Secretariat, the NGO Delegation advocated for an HIV-specific programme in UNODC and affirmed the unique role of affected communities. This contributed to confirmation of the UNODC Global HIV Programme and, in February 2013, the establishment of the UNODC Civil Society Group on Drug Use and HIV. Now in its seventh year, and with funding provided by UNODC, the Group serves as a mechanism to enhance coordination and collaboration between people who use drugs/civil society and the Cosponsor.<sup>57</sup>

这项工作于2012年取得了突破，当时非政府组织代表团促成了毒品使用者社群与联合国毒品和犯罪问题办公室（UNODC）之间关系的改变。当时，UNODC提议将其全球艾滋病病毒项目降级（将其纳入物质滥用司）。在一些成员国、联合赞助方和艾滋病规划署秘书处的支持下，非政府组织代表团倡导在UNODC设立艾滋病病毒专项，并申明受影响社群的独特作用。这促成了UNODC全球艾滋病病毒项目的确认，并在2013年2月设立了UNODC毒品使用和艾滋病病毒问题民间社会小组。该小组现已成立七年，在UNODC的资助下，作为一个机制，加强毒品使用者/民间社会与联合赞助方之间的协调与合作。<sup>58</sup>

44. Subsequently, the 35th PCB meeting included a thematic session which focused on the target of reducing new HIV infections among people who inject drugs by half. In a follow-up at the 36th meeting of the PCB, the NGO Delegation successfully advocated for the agreement of a further set of Decision Points, including:

随后，第35次PCB会议包括一个专题会议，重点讨论将注射毒品使用者的新增艾滋病病毒感染减少一半的目标。在PCB第36次会议的后续行动中，非政府组织代表团成功地倡导就另一系列决策点达成协议，包括：

*“8.2 Recognizes the need to strengthen action to address transmission of HIV among people who use drugs, by adopting and implementing comprehensive drug policies that are based on evidence and respect for human rights, that promote the right of everyone to the enjoyment of the highest attainable standard of health, that respect the dignity of all persons, and that are informed by the harm reduction interventions related to HIV and people who use drugs, as enumerated in the WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care for Injecting Drug Users and the WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations, in line with national contexts, and further, that HIV services for people who use drugs should be planned, implemented, monitored and evaluated with inclusion of people who use drugs.”<sup>59</sup>*

8.2 承认需要加强行动，解决毒品使用者中艾滋病病毒传播问题，通过采取和执行以证据和尊重人权为基础、促进人人有权享有可达到的最高健康标准、尊重所有人的尊严、并了解与艾滋病病毒和毒品使用者有关的减低伤害干预措施的全面毒品政策，如世卫组织、毒品和犯罪问题办公室、联合国艾滋病规划署《为国家制定面向注射毒品使用者的艾滋病病毒预防、治疗和关怀目标的技术指南》和世卫组织《关键人群艾滋病病毒预防、诊断、

<sup>57</sup> UNODC Civil Society Group on Drug Use and HIV: ToRs, UNODC Civil Society Group on Drug Use and HIV.

<sup>58</sup> 毒品和犯罪问题办公室药物使用和艾滋病病毒问题民间社会小组：职责范围，毒品和犯罪问题办公室药物使用和艾滋病病毒问题民间社会小组。

<sup>59</sup> Agenda Item 5: Follow-up to the Thematic Segment from the 35th Programme Coordinating Board Meeting, 36th PCB Meeting, 2015.

治疗和关怀综合指南》中列举的那样，此外，应根据各国情况，规划、实施、监测和评估为毒品使用者提供的艾滋病毒服务，并在各环节纳入毒品使用者。<sup>60</sup>

45. These advocacy efforts have benefitted enormously from the fact that the NGO Delegation includes members who themselves belong to key and vulnerable populations and who represent or are connected to national, regional and global networks of those communities. Those delegates often provide powerful, personal interventions that make a strong impression on other PCB members. In turn, those members and their organizations have gained from their involvement in the PCB, for example by having the opportunity to convey their constituents' needs and demands to global decision-makers and to advocate for actions in UN fora.

非政府组织代表团包括本身属于关键和脆弱人群的成员以及代表或连接这些社群的国家、区域和全球网络的成员，这令倡导工作获益匪浅。这些代表往往提供强有力的个人发言，给其他PCB成员留下深刻的印象。反过来，这些成员及其组织在参与PCB中也有收获，例如有机会向全球决策者传达其社群的需求和要求，并倡导联合国采取行动。

46. Alongside population-specific interventions, the NGO Delegation has successfully highlighted specific aspects of responses to HIV that can cut across various key and vulnerable communities. For example, for the 33rd PCB meeting, it used the NGO Report 2013 to focus on the "equity deficit", reflected in the disproportionately low access to antiretroviral therapy among key and vulnerable populations living with HIV. 除了人口针对性的发言外，非政府组织代表团还成功地强调了艾滋病毒抗击工作中多个关键脆弱社群交叉的具体方面。例如，在第33次PCB会议上，利用NGO2013年报告集中讨论来自于艾滋病毒感染者中关键和脆弱人群获得抗逆转录病毒治疗的机会过低的"公平赤字"问题。

47. Such work supported the NGO Delegation's ongoing and determined attention to **intellectual property rights** issues. At the 35th meeting of the PCB in 2014, the NGO Delegation presented its *When rights cause wrongs: addressing intellectual property barriers to ensure access to treatment for all people living with HIV* report. This frank and ground-breaking report caused passionate debates and intensive negotiations in the PCB's plenary and Drafting Room.

这些工作支持了非政府组织代表团对**知识产权问题**的持续和坚决的关注。在2014年第35次PCB会议上，非政府组织代表团提出了《权利造成错误：解决知识产权障碍确保所有艾滋病毒感染者治疗可及》报告。这份坦率和突破性的报告在PCB全体会议和起草室引起了激烈的辩论和紧张的谈判。

48. The NGO Report 2014 catalyzed strong positions among PCB members, including on access to generic drugs, how to achieve a balance between trade and public health agendas, and the role of UNAIDS in such areas. It also showed clearly how systemic barriers prevent access to medicines for vulnerable populations, and influenced important Decision Points, including:

NGO的2014年报告催化了PCB成员采取强有力的立场，包括获得非专利药物、如何在贸易和公共卫生议程之间实现平衡，以及艾滋病规划署在这些领域的作用。报告还清楚地展示了系统性障碍如何阻碍脆弱人群获得药品，并影响了重要的决策点，包括：

*"4.4. Requests UNAIDS to intensify its cooperation and practical coordination with WTO and WIPO on issues around public health, intellectual property and trade to foster the affordability, accessibility and availability of treatment and diagnostics for HIV and co-infections in low and middle-income countries;*

*4.4. 请艾滋病规划署加强与WTO和WIPO在公共卫生、知识产权和贸易问题上的合作和*

<sup>60</sup> 议程项目 5: 第 35 次 PCB 会议专题部分后续, 2015 年 36 次 PCB 会议。

实践协调，以促进中低收入国家艾滋病毒和合并感染治疗和诊断的可负担性、可及性和可得性；

4.5 Requests UNAIDS in collaboration with relevant partners, utilizing their technical expertise, to further develop collaborative mechanisms for price reductions to increase access while securing quality products.”<sup>61</sup>

4.5 请艾滋病规划署与有关伙伴合作，利用其技术专长，进一步开发降低价格的协作机制，以在确保质量的同时增加可及性。<sup>62</sup>

49. Other examples of sensitive issues profiled and advanced by the NGO include the sexual and reproductive health rights of people who are most vulnerable to and affected by HIV, including women living with HIV, adolescent girls and young women and people who inject drugs (addressed by the NGO Report 2016, presented at the 38th PCB meeting), as well as older people living with HIV (addressed by decision points at the 40th PCB meeting,<sup>63</sup> following a thematic session subject on HIV and ageing). A further example is **coinfection of HIV and viral hepatitis**. That issue was addressed by the NGO Report 2008, presented at the 22nd PCB meeting, which contributed to a decision that WHO and the UNAIDS Secretariat would explore ways in initiate work among Cosponsors in relation to coinfection and to report back to future PCB meetings.

NGO介绍和倡导的其他敏感问题包括最易感染艾滋病毒和受艾滋病毒影响的人的性与生殖健康权利，包括感染艾滋病毒的妇女、青春期少女和年轻妇女以及注射毒品使用者（《NGO报告2016年》第38次PCB会议所讨论），以及感染艾滋病毒的老年人（在关于艾滋病毒和老龄问题的专题会议后，在PCB第40次会议上通过决策点<sup>64</sup>）。另一个例子是**艾滋病毒和病毒性肝炎的合并感染**。NGO在第22次PCB会议上提出的2008年报告讨论了这一问题，促成了一项决定，即世卫组织和联合国艾滋病规划署秘书处将探讨如何启动联合赞助方之间关于合并感染的工作，并报告给今后的PCB会议。

### Key contribution 3: Bringing a regional perspective to the PCB—highlighting communities and civil society issues from diverse contexts

#### 主要贡献 3：带给 PCB 区域视角，突出不同背景的社群和民间社会问题

50. The NGO Delegation has profiled priority issues for specific geographic regions and sociopolitical contexts, reinforcing UNAIDS' emphasis on the importance of “knowing your epidemic” and highlighting issues that might be neglected at the global level.  
非政府组织代表团提供了特定地理区域和社会政治背景优先事项，加强艾滋病规划署对“了解

“The NGO Delegation brings together members from the global South and North, as well as from diverse communities and perspectives. The discussions within the Delegation can be very hard—in terms of finding a balance between regions and priorities. However, the result is an informed, shared view, which is one of the Delegation's major strengths.”

“NGO 代表团汇集了来自全球南方和北方以及不同社群和观点的成员。在平衡区域和优先事项之等方面，代表团内部的讨论可能非常困难。然而，结果是一个知情的，共同的观点，这是代表团的主要优势之一。”

Mabel Bianco, NGO Delegate for Latin America and the Caribbean (1997 and 2011–2013)  
Mabel Bianco, NGO 代表，拉美与加勒比（1997 和 2011–2013）

<sup>61</sup> Agenda Item 1.4: Report by the NGO Representative, 35th PCB Meeting, 2014.

<sup>62</sup> 议程项目 1.4: NGO 代表报告, 2014 年 35 次 PCB 会议。

<sup>63</sup> Agenda Item 5: Follow-up to the Thematic Segment from the 39th Programme Coordinating Board Meeting, 40th PCB Meeting, 2017.

<sup>64</sup> 议程项目 5: 第 39 次 PCB 会议专题部分后续, 2017 年 40 次 PCB 会议。



所在地流行病特点”重要性的强调并突出全球层面可能忽视的问题。

51. The Delegation has highlighted fragile and emergency situations in individual countries. Examples include aggressive policies on drug use (addressed at the 22nd PCB meeting) and human rights abuses against people who use drugs in the Philippines (addressed at the 41st PCB meeting). During and between PCB meetings, the NGO Delegation has also drawn attention to the ongoing public health crisis in Venezuela. Around the 40th meeting of the PCB, a Latin America and Caribbean NGO delegate worked with civil society partners (including Acción Ciudadana Contra el SIDA, a local civil society organization in Venezuela, and ICASO, a global civil society organization and NGO Observer) to urge UNAIDS to address the crisis in access to HIV care and treatment in Venezuela, acknowledge human rights abuses against key populations and support local people living with HIV and civil society organizations.

代表团强调了个别国家/地区脆弱和紧急情况。例如，关于毒品使用的激进政策（在第22次PCB会议上讨论）和对菲律宾毒品使用者的人权侵权行为（在第41次PCB会议上讨论）。在PCB会议期间和会议之间，非政府组织代表团还提请注意委内瑞拉目前的公共卫生危机。在PCB第40次会议上，一个拉美和加勒比NGO代表与民间社会伙伴（包括委内瑞拉地方民间社会机构“反对行动”和全球民间社会组织协会及NGO观察员“援助服务组织国际理事会”）合作，敦促艾滋病规划署处理委内瑞拉艾滋病毒关怀和治疗方面的危机，承认针对关键人群的人权侵权行为，并支持当地艾滋病毒感染者和民间社会组织。

52. In addition, the Delegation has drawn attention to issues that are of ongoing concern in specific regions. Migration, for example, is a priority for many communities and civil society stakeholders in several regions, including Asia-Pacific. The issue has been the focus of sessions at PCB meetings, including the 24th meeting in 2009 which included a thematic session on “People on the move”. The NGO Delegation participated in the session’s working group and ensured that communities and civil society representatives participated in all the session's panels. The Delegation successfully pushed for Decision Points calling on the UNAIDS Secretariat and Cosponsors to facilitate the incorporation of mobile populations into regional and national HIV strategies, and to support governments in harmonizing laws and policies on HIV testing to ensure adherence to international standards.<sup>65</sup>

此外，代表团还提请注意特定区域持续关注的问题。例如，迁徙是包括亚太在内的若干区域许多社群和民间社会利益相关方的优先事项。这个问题一直是PCB会议的焦点，2009年第24次会议包括一次关于“流动者”的专题会议。非政府组织代表团参加了会议的工作组，并确保社群和民间社会代表参加会议的所有小组。代表团成功推动决策点，呼吁艾滋病规划署秘书处和联合赞助方协助将流动人口纳入地区和国家艾滋病毒战略，并支持各国政府制定有关艾滋病毒检测的法律和政策，以确保遵守国际标准。<sup>66</sup>

53. The NGO Report presented at the 43rd PCB meeting was titled *People on the move—key to ending AIDS*. Like all NGO Reports, that report was developed through an extensive consultation process, which in that case involved a literature review, 27 interviews with people on the move, 83 survey responses, a focus group and the collection of 12 good-practice case studies. After intensive negotiations in the PCB Drafting Room, the Report led to landmark Decision Points, which included:

在第43次PCB会议上提出的NGO报告题为《流动者——结束艾滋病的关键》。同所有NGO报告一样，该报告是通过广泛的咨询过程而制定，其中涉及文献审阅、27次与流动者的访谈、83份调查答复、一个焦点小组和12个良好实践案例研究的收集。经过PCB起草室的密集谈判，报告促成了具有里程碑意义的决策点，其中包括：

<sup>65</sup> Agenda Item 1.3: Outcome(s) of the Thematic Segment, 24th PCB Meeting, 2009.

<sup>66</sup> 议程项目 1.3: 专题部分的成果, 2009 年 24 次 PCB 会议。

*“4.6 Calls on the Joint Programme to support Member States, in partnership with communities and civil society organizations and other relevant partners, in accordance with national law, context and priorities, to:*

*4.6 呼吁规划署根据国家法律、背景和优先事项，与社群、民间社会组织和其他有关伙伴合作，支持成员国：*

- a. Support access to HIV prevention, treatment, care and support services, for migrant and mobile populations, as well as refugees and crisis-affected populations, including, as appropriate, through strengthening international cooperation;*  
a. 支持移民和流动人口以及难民和受危机影响人口获得艾滋病毒预防、治疗、关怀和支持服务，包括有条件时加强国际合作；
- b. Contribute to the generation and improved availability of national, regional and local data on HIV and migration to improve the evidence base relative to the needs of mobile populations;*  
b. 协助生成和改善国家、区域和地方艾滋病毒和迁徙数据，以改善与流动人口需求相关的证据基础；
- c. Review and adapt laws, policies and practices that prevent migrant and mobile populations, as well as refugees and crisis-affected populations from accessing lifesaving treatment, with a particular focus on key populations.”<sup>67</sup>*  
c. 审查和调整法律、政策和措施，防止移民和流动人口以及难民和受危机影响的人口难以获得拯救生命的治疗，特别侧重于关键人口。<sup>68</sup>

54. Other examples of regional issues prioritized by NGO delegates for specific regions (though of importance to all communities and civil society) include: harm reduction and opioid substitution therapy for people who use drugs (e.g. a priority for the eastern Europe and central Asia region); HIV prevention for gay, bisexual and other men who have sex with men (e.g. a priority for the Middle East and North Africa region); and SRHR for adolescent girls and young women (e.g. a priority for the eastern and southern Africa region).

NGO为特定区域（尽管对所有社群和民间社会都很重要）优先确定的区域事项的其他例子包括：对毒品使用者的减低伤害和鸦片类药物替代疗法（中欧东亚地区优先事项）；面向男同性恋、双性恋和其他男男性行为的艾滋病毒预防（中东和北非区域的优先事项）；少女和年轻妇女与生殖健康权利（东部和南部非洲地区优先事项）。

55. Importantly, the NGO Delegation’s relationship to regional issues is two-way. Members consult with their constituents to bring regional issues to the global stage of PCB meetings. Members also convey global discussions back to constituents, to inform regional- and country-level advocacy and policy-making. Meanwhile, attention to regional issues at Board meetings is augmented through ongoing collaboration between the NGO Delegation, Member States, UNAIDS Regional Support Teams/Country Offices, and regional and national networks of communities and civil society, including people living with HIV and key and vulnerable populations. In many instances, the Delegation has worked with such stakeholders to jointly identify and highlight emerging or urgent issues at the regional level, which are then brought to the fore in UNAIDS mechanisms.

重要的是，非政府组织代表团与区域问题的关系是双向的。咨询社群，将区域问题带到PCB会议的全球层面。把全球讨论传达给社群，为区域和国家层面的倡导和决策提供信

<sup>67</sup> Agenda Item 1.4: Report of the NGO Representative, 43rd PCB Meeting, 2018.

<sup>68</sup> 议程项目1.4：NGO代表报告，2018年43次PCB会议。

息。同时，通过非政府组织代表团、成员国、艾滋病规划署区域支持小组/国家办公室、以及包括艾滋病毒感染者和关键脆弱人群在内的区域和国家社群和民间社会网络，各方的持续合作，在理事会会议上加强了对区域问题的关注。许多时候，代表团与这些利益相关方合作，共同确定和突出区域层面新出现的或紧迫问题，随后将其带到艾滋病规划署机制。

## Key contribution 4: Supporting the PCB to connect the response to HIV to wider issues and processes

### 主要贡献 4: 支持 PCB 将艾滋病病毒抗击工作与更广泛的问题和工作联系

56. The NGO Delegation has played a key role in moving the narrative and global response to HIV forward, by questioning “business as usual” approaches and strategizing around next steps. In some cases, changes have been necessary to react to challenging and emerging developments, such as reduced financing for HIV, the introduction of donor policies on sustainability and transition, and the COVID-19 pandemic. In other cases, changes have reflected advances in global frameworks, notably the introduction of the Sustainable Development Goals (SDGs).

非政府组织代表团通过质疑“常规”途径和对未来工作战略规划，在推动艾滋病病毒抗击工作与叙述方面发挥重要作用。在某些情况下，必须作出改变，才能对挑战和新生事态发展作出反应，例如减少艾滋病病毒筹资、实行捐助者关于可持续性和过渡的政策，和 COVID-19 大流行。在其他情况下，变化反映了全球框架中的进展，特别是引入可持续发展目标（SDG）。

57. Over the past 25 years, the NGO Delegation has supported the PCB and UNAIDS to conceptualize different **frameworks for the global response** to HIV. For example, at the 15th, 16th and 31st PCB meetings, it emphasized the importance of communities and civil society involvement in the development and implementation of universal access to HIV prevention, care, support and treatment; the “Three Ones”; and the UNAIDS Strategic Investment Framework.

在过去25年中，非政府组织代表团支持PCB和艾滋病规划署形成不同的**艾滋病病毒全球抗击工作框架**理念。例如，在第15、16和31次PCB会议上，强调了社群和民间社会参与制定和实施艾滋病病毒预防、关怀、支持和治疗普遍可及的重要性；“三个一”；和艾滋病规划署战略投资框架。

58. The NGO Delegation has promoted the UN General Assembly High-Level Meetings on AIDS and resulting Political Declarations (in 2001, 2006, 2011 and 2016), which have served to guide and monitor the global response. In doing so, the Delegation has sought to connect its PCB efforts with wider actions on HIV. It has often collaborated with civil society leaders and NGO Delegations to other global institutions (such as the Global Fund and UNITAID) to ensure that the UN’s declarations address the priorities

*“The Delegation’s role is to protect the relevance of HIV—by keeping its strong position within the changing world, whether of the SDGs or COVID. The work is about keeping communities, HIV and UNAIDS relevant.”*

*“代表团的职责是保护艾滋病病毒抗击工作的重要性，在不断变化的世界中保持其强势地位，无论是在可持续发展目标还是 COVID 抗击工作中。这项工作使社群、艾滋病病毒和艾滋病规划署保持相关性。”*

Sasha Volgina, NGO Delegate for Europe 2015-16

Sasha Volgina, NGO 代表  
欧洲，2015-16

*“The NGO Delegation is always ahead of the game. They ensure that—whatever the changes—HIV does not fall off the agenda. They make timely and strategic interventions in order to ensure a consistent focus on the need to empower women and girls, people living with HIV and key populations.”*

*“NGO 代表团始终走在前面。他们确保——无论发生什么变化——艾滋病病毒抗击工作不会从议程中去掉。及时采取战略性干预措施，以确保始终注重对妇女和女童、艾滋病病毒感染者和关键人群赋能。”*

Nazneen Damji, UN Women

Nazneen Damji, 联合国妇女署

of communities and civil society.

非政府组织代表团推动联合国大会关于艾滋病问题的高级别会议和由此产生的政治宣言（2001年、2006年、2011年和2016年），这些有助于指导和监测全球抗击工作。在这样做时，代表团力求将其在PCB的工作与更广泛的艾滋病毒相关行动相联系。它经常与民间社会领导人和非政府组织代表团合作，向其他全球机构（如全球基金和联合援助UNITAID）合作，以确保联合国宣言用于处理社群和民间社会的优先事项。

59. In some cases, the Delegation has experienced disappointment. For example, while the 2011 Political Declaration on HIV and AIDS saw the introduction of language on some key populations, it neglected to specify transgender people. But there also have been successes. For example, the NGO Delegation played an essential role in pushing for a fully inclusive 2016 High-Level Meeting on HIV, despite the reluctance of some stakeholders. The Delegation's intention was to keep HIV on the political agenda during the development of the SDGs. The 33rd PCB meeting passed a Decision Point on a proposal initiated by the NGO Delegation to invite the UN General Assembly to convene a High-Level Meeting.<sup>69</sup> The resulting Political Declaration set out the Fast-Track agenda for the next era of the response to HIV, including the 90–90–90 treatment targets.<sup>70</sup> It also cited transgender people as a key population.

代表团经历过失望。例如，虽然2011年《关于艾滋病毒和艾滋病的政治宣言》引入了些关于关键人群的话语，但没有明确提出跨性别者。但也有成功。例如，尽管一些利益相关方不愿参加，但非政府组织代表团在推动2016年全面包容性艾滋病毒问题高级别会议方面发挥了至关重要的作用。代表团的意图是，在可持续发展目标制定期间，将艾滋病毒问题列入政治议程。第33届PCB会议通过了关于非政府组织代表团提出的邀请联合国大会召开高级别会议的提议的决策点。<sup>71</sup>由此产生的《政治宣言》为下一个艾滋病毒抗击工作阶段设定了快轨议程，包括90~90~90治疗目标。<sup>72</sup>报告还提到跨性别者是关键人群。

60. The NGO Delegation took other steps, in the lead-up to 2015 and afterwards, to support the PCB's positioning of HIV within the 2030 Agenda.<sup>73</sup> For example, at the 32nd PCB meeting in 2013, the Delegation advocated for Decision Points requiring that post-2015 action should be evidence-based and should build on the lessons of the response to HIV.<sup>74</sup> Currently, the NGO Delegation joins fellow civil society leaders and other NGO Delegations in processes related to the High-Level Political Forums that serve to monitor progress and identify necessary actions on the Sustainable Development Agenda.

非政府组织代表团在2015年之前及之后采取了其他步骤，支持PCB在2030年议程中对艾滋病毒问题的定位。<sup>75</sup>例如，在2013年第32次PCB会议上，代表团主张就决策点提出要求，即2015年之后的行动应以证据为基础，并吸取应对艾滋病毒的经验教训。<sup>76</sup>目前，非政府组织代表团与其他民间社会领导人和其他非政府组织代表团一起参与与High级政治论坛有关的工作，这些工作有助于监测可持续发展议程进展情况并确定必要行动。

<sup>69</sup> Agenda Item 3: Update on the AIDS response in the post-2015 development agenda, 33rd PCB Meeting, 2013.

<sup>70</sup> Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, United Nations General Assembly, June 2016.

<sup>71</sup> 议程项目 3: 关于 2015 年后发展议程中艾滋病抗击工作最新情况, 2013 年第 33 次 PCB 会议。

<sup>72</sup> 关于艾滋病毒/艾滋病的政治宣言: 快速加紧防治艾滋病毒和到 2030 年终结艾滋病流行, 联合国大会, 2016 年 6 月。

<sup>73</sup> Agenda item 2: Update on the AIDS Response in the Post-2015 Development Agenda, 35th PCB Meeting, 2014.

<sup>74</sup> Agenda item 3: AIDS Response in the Post-2015 Development Agenda, 32nd PCB Meeting, 2013.

<sup>75</sup> 议程项目 2: 2015 后发展议程中艾滋病抗击工作的最新情况, 2014 年第 35 次 PCB 会议。

<sup>76</sup> 议程项目 3: 2015 后发展议程中的艾滋病抗击工作, 2013 年 32 次 PCB 会议。

61. In recent years, the NGO Delegation has supported the PCB to "take HIV out of isolation", including exploring its positioning in relation to Universal Health Coverage (target 3.8 of SDG 3). For example, the Delegation helped organize a thematic session on the subject at the 44th PCB meeting in 2019 and secured people living with HIV as key speakers. At the 45th PCB meeting, the Delegation presented an NGO report titled *If it is to be truly universal: why Universal Health Coverage will not succeed without people living with HIV and other key populations, women and young people*. That report highlighted the contributions of those communities to HIV responses—for example reaching the most marginalized communities and addressing the wider socioeconomic determinants of health—which can be applied, replicated or scaled-up within Universal Health Coverage. The NGO Report led to important Decision Points, including:

近年来，非政府组织代表团支持PCB“将艾滋病毒问题带出孤岛”，包括探讨其在全民健康覆盖方面的位置（可持续发展目标3的目标3.8）。例如，代表团在2019年第44次PCB会议上就这一主题帮助组织专题会议，并确保艾滋病毒感染者是主要发言人。第45次PCB会议，代表团发布了报告《没有艾滋病毒感染者和其他关键人群、妇女和青年人，全民健康覆盖不可能成功》。报告中强调了这些社群对艾滋病毒抗击工作的贡献例如，接触最边缘化的社群，解决更广泛的健康社会经济决定因素。这些可在全民健康覆盖工作内应用、推广或扩大。NGO报告促成了重要的决策点，包括：

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

4.6. 呼吁艾滋病毒规划署继续支持成员国确保艾滋病毒规划署战略（2016-2021）中规定艾滋病毒综合项目的所有要素在全民健康覆盖框架和政策下可供艾滋病毒感染者和其他关键人口、妇女和年轻人使用；

*4.7. Calls on Member States to contribute to the attainment of the Agenda 2030 for Sustainable Development commitment to leave no one behind and placing people living with HIV and other key populations, women and young people as critical partners and stakeholders in Universal Health Coverage design and implementation, and relevant policies and programmes, in order to promote approaches that are accountable, people-centred and community-led."*<sup>77</sup>

4.7. 呼吁成员国为实现《2030年可持续发展议程》作出贡献，一个人不落下。将艾滋病毒感染者和其他关键人口、妇女和年轻人作为全民健康覆盖设计和实施以及相关政策和项目的关键伙伴和利益相关方，以促进可问责、以人为本和社群主导的途径。<sup>78</sup>

62. In 2020, the NGO Delegation has supported UNAIDS' response to COVID-19. For example, at the 46th PCB meeting, the Delegation conveyed the devastating impact of the pandemic on HIV interventions managed by and for communities and civil society, including service disruptions; reduced access to drugs; increased human rights abuses, marginalization and stigma and discrimination; and the re-allocation of financial and human resources.<sup>79</sup>

2020年，非政府组织代表团支持艾滋病毒规划署抗击COVID-19的工作。例如，在第46次PCB会议上，代表团介绍了该流行病对社群和民间社会自主管理的艾滋病毒干预措施的破坏性影响，包括服务中断；药品可及性减少；人权侵犯、边缘化、污名和歧视；以及

<sup>77</sup> Agenda Item 1.4: Report by the NGO Representative, 45th PCB Meeting, 2019.

<sup>78</sup> 议程项目 1.4: NGO 代表报告, 2019 年 45 次 PCB 会议。

<sup>79</sup> The PCB NGO Delegation's Communiqué Virtual 46th Programme Coordinating Board Meeting: June 23–25 2020, NGO Delegation to the UNAIDS PCB, June 2020.

财政和人力资源的重新分配。<sup>80</sup>

63. The NGO Delegation also urged that the lessons and models from action on HIV—including by and for communities and civil society—should be used in COVID-19 responses. An intervention by an NGO Delegate concluded that:

非政府组织代表团还敦促在 COVID-19 抗击工作中利用艾滋病毒工作中的经验教训和模式，包括面向社群和民间社会并由他们实施的行动。一位 NGO 代表的发言总结：

*“Without continued vigilance, resourcing, effort, and focus, the rates of new HIV infections and AIDS related deaths can escalate. This is a critical juncture that reminds us that we cannot lose ground and momentum. It remains vital to ensure that communities are at the centre, to promote rights-based approaches, and to address the structural and regulatory determinants of health to ensure responses to HIV are strengthened and not lost in responses to COVID-19. We remain vigilant and hopeful that Winnie [Byanyima] will lead the UNAIDS we need to meet ambitious HIV targets in this challenging environment ... We wish to take this opportunity to urge Member States to continue their support for UNAIDS and for Member States and the Joint Programme to work with us to ensure that the response to COVID-19 is not to the detriment of the HIV response, we must not leave HIV behind.”*

如果不继续保持警惕、筹集资源、努力和聚焦，艾滋病毒新增感染率与艾滋病有关的死亡率可能会上升。这是一个警醒我们的关键时刻，我们不能后退失去势头。必须确保社群处于中心位置，促进基于权利的途径，并应对卫生机制中的系统性和监管决定因素，以确保抗击艾滋病毒的工作得到加强，并且不会迷失在 COVID-19 的抗击工作。我们仍然保持警惕，并希望 Winnie [Byanyima] 将领导我们所需的艾滋病规划署，在这个具有挑战性的环境中实现雄心勃勃的艾滋病毒目标……我们希望借此机会敦促成员国继续支持联合国艾滋病规划署，并希望成员国与我们合作，确保对 COVID-19 的抗击工作不损害艾滋病毒抗击工作，我们绝不能把艾滋病抛在脑后。

*“Over the years, the Delegation has used its opportunity to work with Member States, including from the Africa region, to build trust and understanding, such as about the needs of key populations. The response in our region would not have come so far without such work.”*

*“多年来，该代表团利用这个机会与成员国（包括来自非洲区域的成员国）合作，在关键人群的需求等方面，建立信任和理解，没有这种工作，我们区域的抗击工作不会有现今成就。”*

Africa Felicity Hikuam, NGO Delegate for 2010–2012  
Felicita Hikuam, NGO 代表，非洲，2010–2012

*“As Member States and as a governance body, we want to do the right thing. The NGO Delegation is key in providing us with a sense of urgency and reminding us of the human side of the epidemic. They serve as a reality check – in terms of the consequences of the Board’s decisions for the lives of real people.”*

*“作为成员国和一个治理机构，我们希望做正确的事。NGO 代表团给我们带来紧迫感，提醒我们了解这一流行病中的人。就理事会的决策对人们真实生活的影响而言，它们提供现实情况。”*

Anne Hassberger, Switzerland  
Permanent Mission to the United Nations in Geneva  
Anne Hassberger, 瑞士常驻联合国日内瓦代表团

<sup>80</sup> PCB 非政府组织代表团第46次PCB会议公报，6月23–25日，2020年6月。

## Key contribution 5: Contributing to the effectiveness, efficiency and accountability of UNAIDS governance

### 主要贡献 5: 促进联合国艾滋病规划署治理的效力、效率和问责

64. The NGO Delegation has not only made an important contribution to the substance of PCB meetings, it has been integral to the **processes of UNAIDS governance** and strategy development. The Delegation has acted as an engaged and hard-working member of the PCB that is willing to push boundaries in the interest of democracy, good governance and accountability.

非政府组织代表团不仅对PCB的实质内容作出了重要贡献，它也是艾滋病规划署治理工作和战略发展不可或缺的部分。代表团是PCB积极且勤奋的成员，愿意从民主利益、善治和问责出发，突破界限。

65. The NGO Delegation has been actively involved in the structures of the PCB, with representatives actively serving as members of the **PCB Bureau**. That body is responsible for coordinating the Board's work for the year, including by developing meeting agendas, coordinating meeting papers, planning thematic sessions, analysing significant PCB issues (e.g. procedures), monitoring key PCB processes (e.g. evaluations) and tracking the work of Task Teams and Advisory Committees.<sup>81</sup> The NGO Delegation has been a key contributor to this significant body of work, ensuring that relevant decisions are informed by the needs and priorities of communities and civil society.

非政府组织代表团一直积极参与PCB的架构，代表们积极担任PCB主席团成员。主席团负责协调理事会年度工作，包括制定会议议程、协调会议文件、规划专题会议、分析PCB的重要问题（例如程序）、监测关键的PCB工作（如评价）以及跟踪各工作组和咨询委员会的工作。<sup>82</sup>非政府组织代表团是主席团工作的主要贡献者，确保相关决策是在了解社群和民间社会的需要和优先事项后做出的。

66. The Delegation has brought its principles to bear on the logistical decisions of the PCB. For example, at the 23rd PCB meeting, it helped to secure a decision that the selection of future countries to host non-Geneva PCB meetings should include “no HIV-related travel restrictions” in the criteria.

代表团将其原则用于PCB的后勤决策。例如，在第23次PCB会议上，它有助于确定一项决定，即今后选择主办非日内瓦PCB会议的国家时应有“无与艾滋病毒有关的旅行限制”的标准。

67. An area of major involvement by the NGO Delegation has been the UNAIDS UBRAF, the instrument that translates the UNAIDS Strategy into organizational, funded activities and responsibilities. For example, the Delegation has advocated (at the 23rd PCB meeting) that the Framework should address crosscutting issues such as human rights and gender equality.<sup>83</sup> At the 28th meeting of the PCB, the Delegation advocated for UNAIDS to provide more explicit reporting on resourcing and engagement of civil society in the Framework.<sup>84</sup> At the 32nd PCB meeting, it urged that further refinement and rigour be added to the Framework's indicators in order to better measure the meaningful involvement of communities and civil society.<sup>85</sup>

<sup>81</sup> PCB Bureau Documents, UNAIDS, <https://www.unaids.org/en/whoweare/governance>

<sup>82</sup> PCB 主席团文件，UNAIDS, <https://www.unaids.org/en/whoweare/governance>

<sup>83</sup> Agenda item 2: The Unified Budget and Workplan: Monitoring Implementation and Planning for the Future, 23rd PCB Meeting, 2008.

<sup>84</sup> Agenda Item 6: Unified Budget, Results and Accountability Framework 2012–2015, 28th PCB Meeting, 2011.

<sup>85</sup> Agenda item 4: UNAIDS 2012–2015 Unified Budget, Results and Accountability Framework, 32nd PCB Meeting, 2013.



非政府组织代表团参与的一个主要领域是艾滋病规划署UBRAF，它把艾滋病规划署战略转化为组织性、资助活动和责任。例如，代表团在第23次PCB会议上倡导，该框架应处理人权和性别平等交叉问题。<sup>86</sup>在PCB第28次会议上，代表团主张艾滋病规划署更明确地报告民间社会在框架中的资源和参与。<sup>87</sup>在第32次PCB会议上，它敦促进一步改进和严格框架的指标，以便更好地衡量社群和民间社会是否被有效纳入。<sup>88</sup>

68. More recently, at the 44th PCB meeting, the NGO Delegation provided input into UBRAF discussions that called for greater transparency in the Framework in documenting funding for civil society and for closer attention to disparities between the acceptance and implementation of policy indicators. The input also encouraged country-level programmes to focus on human rights approaches and harm reduction.<sup>89</sup> 最近，在第44次PCB会议上，非政府组织代表团为UBRAF的讨论提供了意见，呼吁在框架中增加透明度，记录为民间社会提供的经费，并密切关注接受和执行政策指标之间的差距。意见还包括鼓励国家层面项目侧重于人权途径和减低伤害。<sup>90</sup>
69. Over the years, the NGO Delegation has also contributed to the development, implementation and monitoring of a series of UNAIDS reviews and strategies. For example, for the Second Independent Evaluation (discussed at the 21st PCB meeting), the Delegation was instrumental in ensuring that evaluation's remit included the Joint Programme's relationship with civil society and work on gender equity, human rights and GIPA.<sup>91</sup> Currently, the NGO Delegation is providing strategic inputs into the development of the UNAIDS Strategy for beyond 2021. At the 46th PCB meeting in June 2020, a representative of the Delegation urged UNAIDS not to neglect the "uncounted" (key and vulnerable populations, such as people who use drugs, transgender people and sex workers) in the development of a bold Strategy that will ensure that such communities still count in the response to HIV.<sup>92</sup> 多年来，非政府组织代表团还协助制定、实施和监测艾滋病规划署的一系列审查和战略。例如，第二次独立评估（在第21次PCB会议上讨论），代表团协助确保评估的职权范围包含规划署与民间社会的关系以及两性平等、人权和GIPA方面的工作。<sup>93</sup>目前，非政府组织代表团正在为2021年以后的艾滋病规划署战略制定提供意见。在2020年6月举行的第46次PCB会议上，代表团的一名代表敦促艾滋病规划署在制定大胆的战略不要忽视“未计数”（关键和弱势群体，如毒品使用者、跨性别者和性工作），确保这些社群在艾滋病毒抗击工作中仍被考虑到。<sup>94</sup>
70. The NGO Delegation has supported the process of nomination and selection of UNAIDS Executive Directors. For example, at the 22nd PCB meeting in 2008 and the 44th PCB meeting in 2019, the NGO Delegation successfully advocated for the inclusion of communities and civil society representatives on the Search Committee. 非政府组织代表团为艾滋病规划署执行主任的提名和甄选过程提供支持。例如，在2008年第22次PCB会议和2019年第44次PCB会议上，非政府组织代表团成功地倡导将社群和民间社会代表纳入遴选委员会。

<sup>86</sup> 议程项目2：统一预算和工作计划：监测执行情况和未来规划，2008年23次PCB会议。

<sup>87</sup> 议程项目6：统一预算、成果和问责框架2012–2015，2011年28次PCB会议。

<sup>88</sup> 议程项目4：艾滋病规划署2012–2015统一预算、成果和问责框架，2013年32次PCB会议。

<sup>89</sup> Agenda Item 7.1: Performance Reporting, 44th PCB Meeting, 2019.

<sup>90</sup> 议程项目7.1：绩效报告，2019年44次PCB会议。

<sup>91</sup> Agenda Item 2: Independent Evaluation of UNAIDS, 21st PCB Meeting, 2007.

<sup>92</sup> The PCB NGO Delegation's Communiqué Virtual 46th Programme Coordinating Board Meeting 23–25 June 2020, NGO Delegation to the UNAIDS PCB, June 2020.

<sup>93</sup> 议程项目2：艾滋病规划署独立评估，2007年21次PCB会议。

<sup>94</sup> PCB 非政府组织代表团公报第46次PCB会议，2020年6月23–25日，艾滋病规划署非政府组织代表团，2020年6月。

71. The NGO Delegation has “stepped up” by engaging in the most challenging aspects of UNAIDS governance. For example, two representatives participated in the PCB Working Group established following the report of the Independent Expert Panel in 2018. The Working Group, addressed issues of sexual harassment and abuse within UNAIDS. At the 42nd meeting of the PCB,<sup>95</sup> the Delegation took a robust position on this issue, including by demanding a comprehensive approach across the entire UNAIDS (including programme design, human resources, finance, training and evaluation) and at all levels (country, regional and global). The Delegation demanded a “zero tolerance” approach and called for political and financial commitments, emphasizing the need to tackle exploitation and abuses of power, the same issues that drive HIV epidemics.

非政府组织代表团通过参与联合国艾滋病规划署治理中最具挑战性的方面而逐步增强。例如，两名代表参加了在2018年独立专家小组报告之后设立的PCB工作组。工作组处理了联合国艾滋病规划署内的性骚扰和虐待问题。在PCB第42次会议上，<sup>96</sup>代表团在这个问题上采取了强有力的立场，包括要求在整个艾滋病规划署（包括项目设计、人力资源、财务、培训和评估）以及各级（国家、区域和全球）采取综合办法。代表团要求采取“零容忍”方式，并呼吁作出政治和财政承诺，强调需要解决剥削和滥用权力的问题，因正是这些问题推动艾滋病毒流行。

72. The Delegation has also shown strong determination to use the PCB’s mechanisms and procedures to pursue issues until an acceptable result is achieved. For example, at the 22nd and 23rd PCB meetings, the Delegation persistently asked for updates on the status of a policy on sex work, which UNAIDS had promise but not yet delivered.

代表团显示出在取得可接受的结果之前，利用PCB的机制和程序来解决问题的决心。例如，在第22次和第23次PCB会议上，代表团一直要求更新性工作政策的最新情况，这是艾滋病规划署已经承诺但尚未兑现的。

73. The NGO Delegation has pushed the PCB to identify and maintain key principles. For example, it played a key role in the introduction, at the 19th PCB meeting, of the Board’s “chapeau”: a set of guiding principles that apply to all aspects of its work. Those principles include “based on human rights and gender equality” and “based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection”. At the 24th Board meeting, the Delegation successfully advocated for the addition of “based on the principle of non-discrimination”.

非政府组织代表团已推动PCB确定并维护关键原则。例如，它在引入第19次PCB会议上理事会的“起首语”，即一套适用于其工作所有方面的指导原则，发挥了关键作用。这些原则包括“基于人权和性别平等”和“基于可衡量的有效纳入民间社会，特别是艾滋病毒感染者和最有可能感染艾滋病毒的人群”。在第24次理事会会议上，代表团成功倡导增加“基于不歧视原则”。

74. The Delegation has not succeeded in all areas of advocacy. For example, on a number of occasions, it has unsuccessfully sought full voting rights, alongside other members of the PCB and in line with the good practice operated by the Boards of other

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<sup>95</sup> Agenda Item 2: Update on the Independent Expert Panel (the Panel) on Prevention of and Response to Harassment, Including Sexual Harassment, Bullying and Abuse of Power at UNAIDS Secretariat, 42nd PCB Meeting, 2018.

<sup>96</sup> 议程项目 2：关于艾滋病规划署秘书处防止和应对骚扰，包括性骚扰、欺凌和滥用权力问题独立专家小组的最新情况，2018 年 42 次 PCB 会议。

multilateral global health mechanisms, such as the Global Fund.<sup>97</sup> The Delegation is cognizant of legal guidance that granting voting rights to non-Member States would require a fundamental change to the UN Charter. However, such rights remain an important issue of principle. This is especially the case after a recent PCB meeting (where, for the first time at a Board meeting, voting was used as the decision-making process) and in a context where, potentially, more PCB meetings may be held "virtually" (a format which might lead to the more frequent use of voting).

代表团没有在所有倡导领域取得成功。例如，它曾多次与PCB其他成员一起，根据全球基金等多边全球卫生机制理事会运作的良好实践，寻求充分表决权，但均未成功。<sup>98</sup>代表团认识到涉及的法律准则，即向非成员国授予表决权需要对《联合国宪章》进行根本性的修改。然而，这些权利仍然是一个重要原则问题。在最近的一次PCB会议之后（在理事会会议上，首次将表决用作决策过程），而且，在可能在线举行更多PCB会议（这种形式可能导致更频繁地使用表决）的情况下，情况尤其如此。

75. The Delegation has taken strength from the fact that the majority of PCB members stand in support of communities. Nonetheless, the NGO Delegation has even faced challenges to its participation in UNAIDS' governance, including via the calls from some Member States for a review of the ECOSOC resolutions (1995/223 and 1995/2) which granted the Delegation seats on the Board. Such Time after time, it has frequently underscored the democratic right of people most affected by HIV to have a voice in the decisions which, ultimately, affect their lives.

代表团从大多数PCB成员支持社群这一事实中得到了力量。尽管如此，非政府组织代表团在参与艾滋病规划署的治理这一点上甚至面临挑战，包括一些成员国呼吁审查经社理事会决议（1995/223和1995/2），即授予代表团在理事会的席位的决议。这种情况总出现，更是突出一点，即，受艾滋病毒影响最严重的人的民主权利，在影响他们生活的最终决定中要拥有发言权。

76. The NGO Delegation has also faced some challenges in engaging and mobilizing its own constituencies in relation to the governance of UNAIDS. This reflects the fact that communities and civil society actors may not see the connection between UNAIDS' global deliberations and their own work in communities or national policy-making. It also reflects that many organizations lack the capacity and resources to engage in advocacy, in particular at the global level. The NGO Delegation has sought to respond to such challenges. It has produced user-friendly communication materials (including communiqués which articulate how the results of PCB meetings "translate" to communities and countries); conducted participatory consultation processes; connected constituents to capacity building opportunities; and, where possible, brought country-level stakeholders directly into PCB deliberations, for example during thematic sessions.

非政府组织代表团在参与和动员其社群参与艾滋病规划署治理方面也面临一些挑战。这反映了这样一个事实，即社群和民间社会行动者可能看不到艾滋病规划署的全球审议与它们在社群或国家决策中的工作之间的联系。它还反映出，许多组织缺乏开展倡导的能力和资源，特别是在全球层面。非政府组织代表团已设法应对这些挑战。它制作了用户友好的传播材料（包括说明PCB会议成果对社群和各国意义的公报）；开展参与式咨询；为社群联系能力建设机会建立；并在可能的情况下，将国家层面的利益相关方直接纳入专题会议等PCB的审议工作。

77. The NGO Delegation has shown that it is willing to be transparent and accountable, and to learn from its own strengths and weaknesses as a stakeholder in UNAIDS

<sup>97</sup> Agenda Item 3.2: Results of the Review of NGO/Civil Society participation in the Programme Coordinating Board, 20th PCB Meeting, UNAIDS, June 2007.

<sup>98</sup> 议程项目3.2：NGO/民间社会在PCB中的参与的审查结果，20次PCB会议，艾滋病规划署，2007年6月。

governance. As noted, comprehensive and independent evaluations of the Delegation were conducted in 2007 and 2012, with the results presented to the 20th and 31st PCB meetings, respectively. The recommendations from those evaluations contributed to ongoing processes of self-improvement by the NGO Delegation, in terms of continuously enhancing its procedures, principles and working culture, for example in relation to the recruitment of, and terms of reference for, new members.

非政府组织代表团已表明，它愿意保持透明和问责，并愿意学习自己作为艾滋病规划署治理利益相关方的长处和短处。如前所述，代表团于2007年和2012年进行了全面和独立的评估，结果分别提交给第20次和第31次PCB会议。评估提出的建议有助于非政府组织代表团不断自我完善，不断加强其程序、原则和工作文化，例如在招募新成员和新成员职权范围方面。

## Key contribution 6: Influencing the governance of and partnerships with other global health institutions

### 主要贡献 6：影响其他全球卫生机构的治理和伙伴关系

78. The inclusion and work of an NGO Delegation in the PCB has influenced the Board of UNAIDS, as well as the governance, decision-making and partnership structures of other global health institutions and initiatives. The **Global Fund** is an example. The UNAIDS PCB is widely recognized as providing inspiration for the model of the Global Fund Board, which includes communities and delegations from developed country and developing country NGO delegations. Through discussions (such as agenda items at the 11th and 13th PCB meetings, and a thematic session at the 23rd meeting), the NGO Delegation helped establish the principle that, for both UNAIDS and the Global Fund, communities and civil society involvement must go beyond a “seat at the table”. It should be about a commitment to the full and meaningful engagement of the sector, including of communities that are most affected.

非政府组织代表团在PCB的加入和工作影响了艾滋病规划署理事会，以及其他全球卫生机构和倡议的治理、决策和伙伴关系

结构。**全球基金**就是一个例子。艾滋病规划署PCB被广泛认可为全球基金理事会的模式提供了灵感，该模式包括发达国家和发展中国家非政府组织代表团的社群和代表团。通过讨论

（如第11次和13次PCB会议的议程项目，以及第23次大会的专题会议），非政府组织代表团帮助建立了一项原则，即对于艾滋病规划署和全球基金来说，纳入社群和民间社会不仅仅是“一个席位”，应当是致力于该部门包括受影响最严重的社群在内都充分和有效地参与。

*“The NGO Delegation to the UNAIDS PCB has paved the way for community engagement in other types of global health bodies. It pioneered a good practice that has now become more expected and widespread. It has shown how such meaningful engagement is very possible and how it brings solid benefits to the quality and results of a Board’s work.”*

*“联合国艾滋病规划署 PCB 的 NGO 代表团为社群参与其他类型的全球卫生机构开拓了道路。它开创了一种良好实践，现在这种良好实践可能会出现更多。它显示了有效参与是非常可能的，以及它是如何为理事会工作的质量和成果带来实实在在的好处。*

Laurel Sprague, UNAIDS  
Secretariat  
Laurel Sprague, UNAIDS 秘书处

79. While it is difficult to quantify the exact contribution, many stakeholders cite the NGO Delegation to the PCB as an important precedent for other global health governance structures and initiatives. Examples include the Boards of UNITAID and GAVI. Further examples include the civil society engagement structures related to the UHC 2030 partnership, such as the Civil Society Engagement Mechanism for

Universal Health Care 2030<sup>99</sup> and the Global Action Plan for Healthy Lives and Well Being for All.<sup>100</sup> The latter structure brings together 12 multilateral health, development and humanitarian agencies to better support countries to achieve progress on the health-related SDGs, and it includes an accelerator on community/civil society engagement. In many cases, the NGO Delegation has now built collegial relationships with such bodies, working within the rapidly-changing global health architecture to develop new forms of multilateral responses, while ensuring the involvement of key population and vulnerable populations/civil society and attention to their priority issues. 尽管难以量化的确切贡献，许多利益相关方将NGO对PCB的作用，作为其他全球卫生治理结构和倡议的重要先例。这方面的例子包括UNITAID和GAVI的理事会。进一步的例子包括，与2030年全民健康覆盖伙伴关系有关的民间社会参与结构，例如全民健康覆盖2030民间社会参与机制，<sup>101</sup>以及人人健康生活福祉全球行动计划。<sup>102</sup> 后者的结构汇集12个多边卫生、发展和人道主义机构，以更好地支持各国在卫生相关可持续发展目标方面取得进展，它包括社群/民间社会参与的加速器。在许多情况下，非政府组织代表团现已与这些机构建立了共事关系，在瞬息万变的全球卫生架构中工作，以开发新的多边对策形式，同时确保纳入关键人口和弱势群体/民间社会，并注意其优先事项。

## Conclusions 结论

80. As described in this NGO Report 2020, the NGO Delegation has brought 25 years of engagement, evidence and impact to the UNAIDS PCB. The Board can be proud of that history.  
如《2020年政府组织报告》所述，非政府组织代表团25年来为艾滋病规划署PCB带来了参与、证据和影响。理事会可以为这段历史感到自豪。
81. The NGO Delegation has made unique and significant contributions to UNAIDS and its governance. It has brought the face of HIV to the PCB and persistently advocated for the priority issues of communities and civil society. It has brought before the PCB evidence, prominence and passion on neglected and contentious issues. It has brought a regional perspective to the PCB, highlighting communities and civil society issues from diverse contexts. The Delegation has also supported the PCB to evolve the response to HIV and connect it to wider issues and processes. It has contributed to the effectiveness, efficiency and accountability of UNAIDS governance. And it has influenced the governance of other global health institutions and fostered partnerships with them.  
非政府组织代表团为艾滋病规划署及其治理作出了独特而重大的贡献。它将艾滋病毒的面貌呈现给PCB，并一贯倡导社群和民间社会的优先事项。它给PCB带来被忽视和有争议的问题的证据，重点和激情。它给PCB带来了一个区域视角，突出了不同的背景中社群和民间社会的问题。代表团还支持PCB改进对艾滋病毒抗击工作，并将其与更广泛的问题和工作连接。它也为联合国艾滋病规划署治理的有效性、效率和问责制做出了贡献。它影响了其他全球卫生机构的治理，并培养了与它们的伙伴关系。
82. The NGO Delegation and, in turn, the PCB, has benefitted enormously from its members, who have brought immense experience, insight and energy. In turn, such Delegates and their organizations have secured reciprocal benefits from their involvement, including through opportunities to articulate their constituents' priorities on a global stage, have access to key decision-makers and build their advocacy capacity. 非政府组织代表团以及PCB，从其成员中获益匪浅，他们带来了丰富的经验，洞察力和

<sup>99</sup> <https://csemonline.net/>

<sup>100</sup> <https://www.who.int/initiatives/sdg3-global-action-plan/about>

<sup>101</sup> <https://csemonline.net/>

<sup>102</sup> <https://www.who.int/initiatives/sdg3-global-action-plan/about>

活力。反过来，这些代表及其组织也从参与中获得互惠利益，包括在全球舞台上阐明其社群的优先事项、接触关键决策者和建立其倡导能力的机会。

83. The NGO Delegation's 25 years of engagement has brought multiple, concrete results. Many discussions would not have been held and many Decision Points would not have materialized (in the same way or perhaps even at all) without the Delegation's resolve and work.

非政府组织代表团25年的参与带来了多重具体成果。如果没有代表团的决心和工作，许多讨论是不会举行的，许多决策点也不可能实现（至少不是如今的方式，甚至可能完全无法实现）。

84. The NGO Delegation has brought communities and civil society issues such as human rights, gender equity and meaningful engagement to the heart of the PCB's deliberations. That work has also extended beyond the issues directly affecting constituents and has helped ensure that UNAIDS is a well-governed, principle-based and accountable Joint Programme within the UN.

非政府组织代表团将社群和民间社会问题，如人权、性别平等和有效参与，纳入了PCB审议的核心。这已经超越了直接影响选民的问题，有助于确保艾滋病规划署是联合国内部治理良好、有原则、可问责的机构。

85. It is critical to note that the stability and quality of the NGO Delegation's work has been significantly enhanced by its Communication and Consultation Facility. As described in the introduction to this Report, this entity has multiple important roles and responsibilities, including providing high-quality organizational systems and processes, as well as strong communications and institutional memory. It also facilitates essential opportunities for the Delegation, for example to implement reviews and strategic planning, and to conduct retreats (an essential opportunity for Delegates to meet and strategize in-person beyond the twice-yearly PCB meetings). These invaluable capacities and assets enable the members of the Delegation (who are situated across the world and who work in a voluntary capacity) to function professionally and efficiently, with a united voice.

必须指出，沟通和协商机制大大加强了非政府组织代表团工作的稳定性和质量。如本报告引言所述，该实体具有多重重要角色和责任，包括提供高质量的组织化系统和程序，以及有力沟通和机构记忆。它还为代表团提供了重要机会，例如实施审查和战略规划，并进行务虚会（代表在每年两次的PCB会议之外亲自开会和制定战略是一次重要机会）。这些宝贵的能力和资产使代表团成员（他们遍布世界各地，以自愿身份工作）能够以统一的声音以专业和高效运作。

86. In 2020, the environment for the response to HIV is more complex than ever. There are ongoing challenges, such as reduced funding, punitive legal environments and shrinking space for civil society. They are compounded by evolving global crises (such as COVID-19) and are influenced by vital global movements (such as on Black Lives Matter and climate change). This highlights that the work of the NGO Delegation is far from done. As attention to HIV waivers, the voices of communities and civil society are needed more than ever—to keep HIV on the agenda, hold decision-makers to account and advocate for the needs of real people and real communities.

2020年，艾滋病毒抗击工作的环境比以往任何时候都要复杂。存在一些严峻的挑战，如资金减少、惩罚性法律环境以及民间社会空间缩小等。它们因不断变化的全球危机（如COVID-19）而加剧，并受到重要的全球运动（如黑人生命重要和气候变化）的影响。这表明，非政府组织代表团的工作远未完成。在艾滋病的问题上，社群和民间社会的声音比以往更加重要——将艾滋病毒问题列入议程，让决策者负责，并倡导真正的人和真正的社群的需要。

87. Going forward, as UNAIDS develops its next Strategy and reasserts its position in the rapidly evolving global health architecture, the NGO Delegation to the UNAIDS PCB remains essential. It has more than proven its worth, value and impact. It must be protected, resourced and enabled to flourish in the future.

展望未来，随着艾滋病规划署制定下一个战略，并在快速发展的全球卫生架构中重申其地位，联合国艾滋病规划署PCB的非政府组织代表团仍然至关重要。它的价值、重要性和影响力已得到证实。必须保护它，提供资源与环境使其能够在未来蓬勃发展。

**The future of the NGO Delegation to the UNAIDS PCB, as identified by e-survey respondents**

**被访者对联合国艾滋病规划署项目协调委员会 NGO 代表团未来的看法**

The e-survey for the NGO Report 2020 asked respondents to identify actions to improve and sustain the work of the NGO Delegation to the PCB.<sup>103</sup> The following are examples of responses.<sup>104</sup>

《2020 年 NGO 报告》的线上调查要求被访者确定改善和维持非政府组织代表团向 PCB 工作的行动。<sup>105</sup>以下是一些被访者的回答。<sup>106</sup>

*"It is imperative for the NGO Delegation to stay true to their mission and core business ... that is representing the interests, needs and demands of the communities they are representing on the PCB. The actions taken might vary with the actual goals, but maintaining our unique voice must stay in focus."*

"NGO 代表团必须忠于使命和核心业务.....代表他们在 PCB 上代表的社群的利益、需求和要求。所采取的行动可能因实际目标而异，但必须专注保持我们独特的声音。"

Ferenc Bagyinszky, respondent from Europe  
Ferenc Bagyinszky, 欧洲代表

*"As other global health institutions play a greater role in the HIV and related global pandemic/epidemic responses, and civic space shrinks globally, the PCB NGO Delegation may wish to use the next phase of its work to lead a movement for similar community representation in the governance structure of global health institutions. The next phase of global health response will require stronger and more 'institutionalized' community voice and representation."*

"随着其他全球卫生机构在艾滋病毒和相关全球大流行/传染病抗击工作中发挥更大的作用，以及全球公民空间缩小，PCB的 NGO代表团不妨利用下一阶段工作，领导一场运动，倡导在全球卫生机构的治理结构中有类似的社群代表。下一阶段的全球卫生工作将需要更强大和更多的"体制化"的社群的声音和代表。"

Anonymous, respondent from North America  
匿名被访者，北美地区

*"The NGO Delegation exists as an important part of the ecosystem of UNAIDS. Akin to climate change, the global political climate that poses a threat towards the existence of and the space of the NGO Delegation as part of the PCB will only result towards the failure of UNAIDS itself. Thus, 25 years later, and now more than ever, the NGO Delegation space needs to be preserved and*

<sup>103</sup> E-survey question 8: In the future, what actions would you recommend to improve and sustain the work of the NGO Delegation to the Programme Coordinating Board? [Please comment]. Total of 45 respondents.

<sup>104</sup> Permission was sought from the respondents to the survey for their responses to be published in the NGO Report, as per e-survey question 10: "Do you consent to be quoted in the 2020 NGO Report? [Please select one option]".

<sup>105</sup> 见文本框

<sup>106</sup> 见文本框

protected.”

“NGO代表团是艾滋病规划署生态系统的重要组成部分。与气候变化一样，全球政治气候威胁到NGO代表团作为PCB一部分的存在和活动空间，而这只会导致艾滋病规划署本身的失败。因此，25年后，现在比以往更加需要保护NGO代表团空间。”

Jeff Acaba, respondent from Asia and the Pacific  
Jeff Acaba, 亚太地区

## Recommendations 建议

88. Based on the findings and conclusions of the NGO Report 2020, it is recommended that, to support and sustain the work of the NGO Delegation to the UNAIDS PCB, relevant stakeholders should:

根据《2020年NGO报告》的调查结果和结论，建议支持和维持非政府组织代表团为艾滋病规划署PCB进行的工作，相关利益相关方应：

- Within future strategies and modus operandi, reconfirm their commitment to the formal involvement of communities and civil society in the PCB, as set out in the founding ECOSOC decisions for UNAIDS (1995/223 and 1995/2).
- 在未来的战略和工作方式中，重申它们承诺在 PCB 正式纳入社群和民间社会，正如经社理事会为艾滋病规划署的创始决议（1995/223 和 1995/2）所定那般。
- Ensure the ongoing and full resourcing of the NGO Delegation’s Communication and Consultation Facility, as an essential mechanism to ensure the high quality and efficient work of the Delegation.
- 确保持续为非政府组织代表团的沟通和咨询机制提供充分资源，作为确保代表团高质量和高效工作的基本机制。
- Strengthen and implement measures, including indicators and reporting mechanisms, to measure, monitor and report on the scale and impact of people communities and civil society engagement in the UNAIDS PCB.
- 加强和执行包括指标和报告机制在内的措施，以衡量、监测和报告关键社群和民间社会参与艾滋病规划署 PCB 的规模 and 影响。
- Produce a succinct resource documenting the key processes ("how to"), lessons and results of 25 years of the NGO Delegation to the UNAIDS PCB to serve as a tool to inform and mobilize other UN and global health institutions to engage communities and civil society as a mainstay of their governance structures.
- 编制一份简明扼要的资源，记录非政府组织代表团 25 年来在艾滋病规划署 PCB 服务的主要过程（“如何”）、经验教训和成果，作为工具，倡导和调动其他联合国和全球卫生机构让社群和民间社会成为其治理结构的重要组成部分。

## Proposed Decision Points for the 47th meeting of the PCB

第 47 次 PCB 会议建议决策点

89. Based on the findings and conclusions of the NGO Report 2020, the following Decision Points are recommended to the 47th PCB meeting:

根据《2020年NGO报告》的调查结果和结论，向第47次PCB会议建议以下决策点：



*Preamble:序言:*

4.1 *Recalling* previous decision points (from the 2012 meeting of the PCB when the evaluation report was submitted, plus other recent and relevant decision points relating to civil society engagement)<sup>107</sup>;

4.1 回顾以前的决策点（从 2012 年 PCB 会议提交评估报告起，以及最近与民间社会参与有关的其他决策点）<sup>108</sup>；

4.2 *Recognizing* that meaningful involvement of communities and civil society is critical and an essential element for an effective HIV response on the path to end AIDS<sup>109</sup>;

4.2 认识到有效纳入社群和民间社会至关重要，是有效应对艾滋病毒、消除艾滋病的关键基本要素；<sup>110</sup>

4.3 *Recognizing* the value, contribution, effectiveness and impact of the NGO Delegation at the PCB as best practice, particularly in bringing to light urgent concerns faced by people living with HIV, key populations, women, young people and migrants, for immediate attention and action;

4.3 认识到非政府组织代表团在 PCB 的价值、贡献、效力和影响，作为最佳实践，特别是在阐明艾滋病毒感染者、关键人口、妇女、青年和移民面临的紧迫问题以立即关注和采取行动方面；

4.4 Takes note of the report;

4.4 注意到报告；

4.5 Calls on Member States and the Joint Programme to affirm the NGO Delegation as an integral component of the governance of the PCB and to ensure an enabling environment for its continued meaningful engagement, representation of authentic community voices and perspectives, and outreach to its community and civil society constituencies;

4.5 呼吁成员国和规划署确认非政府组织代表团是 PCB 治理的有机组成，并确保创造有利环境，使其继续有效参与，代表真正的社群声音和观点，并联系社群和民间社会群体；

4.6 Urges the Joint Programme to ensure full and meaningful participation of civil society representation at the PCB through the NGO Delegation, including continuity of financial support for the Communication and Consultation Facility commensurate with its functions;

4.6 敦促规划署确保民间社会代表通过非政府组织代表团充分和有效参与 PCB，包括继续为与其职能相应的交流磋商机制提供财政支持；

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<sup>107</sup> Decision Points 4.2, 4.5, 7.4, 7.5, 8.2 and 8.3 of the 45<sup>th</sup> PCB Meeting; Decision Points 7.5 and 10.3 of the 43<sup>rd</sup> PCB Meeting; Decision Points 4.3, 4.4, 7.2 and 7.3 of the 41<sup>st</sup> PCB Meeting.

<sup>108</sup> 决策点 4.2, 4.5, 7.4, 7.5, 8.2 和 8.3 的 4 次 PCB 会议; 决定点 7.5 和 10.3 的 43 次会议; 决策点 4.3, 4.4, 7.2 和 7.3 的 41 次 PCB 会议。

<sup>109</sup> 2019 ECOSOC Resolution on the Joint United Nations Programme on HIV/AIDS

<sup>110</sup> 2019 年经社理事会关于联合国艾滋病规划署的决议

4.7 Requests the Joint Programme to ensure that strategies for community and civil society engagement are enshrined in the next Global AIDS Strategy;

4.7 请规划署确保将社群和民间社会参与战略列入下一个全球艾滋病战略;

4.8 Builds on lessons learned from community and civil society engagement, particularly key populations and people living with HIV in the global, regional, national, and local HIV responses, including, but not limited to:

4.8 借鉴社群和民间社会参与的经验教训，特别是全球、区域、国家和地方艾滋病毒抗击工作中的关键人群和艾滋病毒感染者，包括但不限于：

the importance of bringing embodied knowledge of HIV and lived experiences to decision-making processes;

将艾滋病毒的所蕴含的知识和生活经验带到决策过程的重要性;

the knowledge about the needs of people living with and affected by HIV, and what works and why other interventions do not work at country level;

了解艾滋病毒感染者和受艾滋病毒影响者的需要，以及在国家层面哪些干预有效，为什么其他干预措施不起作用;

the efficiency in planning and utilization of resources in HIV programming;

设计艾滋病毒项目时规划和利用资源的效率;

the effectiveness of community-led HIV programming and service delivery;

社群主导的艾滋病毒项目和服务提供的有效性;

*[Annexes follow]*

## Annex 1: List of interviewees 附录一：受访者名单

	<b>Name 姓名</b>	<b>Organization 组织</b>
1.	Bai Bagasao	(Former) NGO Delegate Asia-Pacific (前) NGO 代表-亚太
2.	John Rock	(Former) NGO Delegate Asia-Pacific (前) NGO 代表-亚太
3.	Mabel Bianco	(Former) NGO Delegate Latin America and the Caribbean (前) NGO 代表-北美与加勒比
4.	Malu Marin	(Current) Communications and Coordination Facility for the NGO Delegation (现) 非政府组织代表团沟通与协调机制
5.	Sasha Volgina	Global Network of People Living with HIV (GNP+) 艾滋病病毒感染者全球网络 (Former) NGO Delegate Europe (前) NGO 代表-欧洲
6.	Nadia Rafif	MPact Global Action for Gay Men's Health and Rights (MPact) 男同性恋健康与权利全球行动 (Former) NGO Delegate Africa (前) NGO 代表-非洲
7.	Erika Castellanos	GATE Trans, Gender Diverse and Intersex Advocacy in Action 跨性别者、性别多元化与间性行动倡导 (Former) NGO Delegate Latin America and the Caribbean (前) NGO 代表-北美与加勒比
8.	Felicita Hikaum	AIDS and Rights Alliance for Southern Africa (ARASA) 南部非洲艾滋病与权利联盟 (former) NGO Delegate Africa (前) NGO 代表-非洲
9.	Mat Southwell	Coact Partners and International Drug Policy Consortium 国际毒品政策联合会 (former) NGO Delegate Europe (前) NGO 代表-欧洲
10.	Ruth Morgan-Thomas	Global Network of Sex Work Projects (NSWP) 全球性工作项目网络
11.	Anne Hassberger	Switzerland Permanent Mission to the United Nations in Geneva 日内瓦瑞士常驻联合国代表团
12.	Laurel Sprague	UNAIDS Secretariat 艾滋病规划署秘书处 (former) NGO Delegate North America (前) NGO 代表-北美
13.	Morten Ussing Samia Lounnas	UNAIDS Secretariat 艾滋病规划署秘书处
14.	Helen Frary	UNAIDS Secretariat 艾滋病规划署秘书处
15.	Ludo Bok	United Nations Development Programme (UNDP) 联合国发展署
16.	Nazneen Damji	UN Women 联合国妇女署
17.	Andy Seale	World Health Organization (WHO) 世界卫生组织

## Annex 2: Profile of survey respondents 附录二: 受访者概况

The e-survey conducted for the NGO Report 2020 received a total of 50 responses. The following summarizes the profile of the respondents:

为 2020 年 NGO 报告进行的在线调查收到 50 份回复。以下是受访者概况:

### 1. What is your name? 您的姓名?

Total respondents 回复总数 = 42

### 2. What region are you based in? [Please select one option]您所在区域? (单选)

Total respondents 回复总数 = 49

a. Africa 非洲	11
b. Asia-Pacific 亚太	11
c. Europe 欧洲	7
d. Latin America and the Caribbean 拉美与加勒比	10
e. North America 北美	10

### 3. What type of organization do you work with or represent? [Please select one option]您工作或代表的组织类型? (单选)

Total respondents 回复总数 = 49

a. Community organization or network (such as of people living with HIV or key populations) (艾滋病病毒感染者或关键人群等) 社群组织/网络	18
b. National civil society organization or network 全国性民间组织或网络	11
c. Regional civil society organization or network 区域性民间组织或网络	6
d. International civil society organization or network 国际民间组织或网络	10
e. Other (please specify)其他 (请说明)	4

### 4. How have you been involved with the NGO Delegation to the UNAIDS Programme Coordinating Board? [Please select as many options as you like]您如何被纳入 UNAIDS 方案协调理事会? (多选)

Total respondents 回复总数 = 50

a. I have been a member of the NGO Delegation 我曾是 NGO 代表	15
b. I have been an observer NGO at a Programme Coordinating Board meeting 我曾在 PCB 会议做 NGO 观察员	15
c. I have contributed to NGO Delegation research and reports 我曾协助非政府组织代表团的研究和报告	19
d. I have received the NGO Delegation's communiqués and information materials 我曾收到非政府组织代表团公报和信息材料	22
e. I have been involved in an NGO Delegation civil society advisory group, task force or ad hoc working groups 我曾参与一个非政府组织代表团民间组织咨询小组/工作队或临时工作组	21
f. I have not been involved with the NGO Delegation 我不曾参与非政府组织代表团工作	7
g. Other: Please specify 其他: 请注明	4

### Annex 3: List of past and current members of the NGO Delegation 附录三：非政府组织代表团过往与当前成员名单

Since its creation in 1995, the NGO Delegation has involved the following total numbers of organizations and people.

自 1995 年成立以来，非政府组织代表团纳入的组织与人员数为：

Region 区域	Organizations 组织	People 人
Africa 非洲	21	24
Asia Pacific 亚太	16	23
Europe 欧洲	17	22
Latin America and the Caribbean 拉美与加勒比	15	20
North America 北美	16	19
<b>Total 总数</b>	<b>85</b>	<b>108</b>

The following includes all past and current members of the NGO Delegation.

以下为所有非政府组织代表团过往与当前成员：

Africa 非洲	
<ul style="list-style-type: none"> <li>• <b>SRHR Africa Trust (SAT)</b> (2019-present) - Jonathan Gunthorp</li> <li>• 性与生殖健康权利非洲信托(2019-现今) - Jonathan Gunthorp</li> <li>•</li> <li>• <b>Positive Young Women Voices (PYWV)</b> (2019-present) - <b>Lucy Wanjiku</b></li> <li>• 阳性青年妇女之声(2019-现今) - <b>Lucy Wanjiku</b></li> <li>•</li> <li>• <b>Uganda Youth Coalition on Adolescent Sexual Reproductive Health Rights and HIV (CYSRA-Uganda)</b> (2016-2018) - Musah Lumumba El-Nasoor</li> <li>• 乌干达青少年性与生殖健康权利和艾滋病毒青年联盟(2016-2018) - Musah Lumumba El-Nasoor</li> <li>•</li> <li>•</li> <li>• <b>African Men for Sexual Health and Rights (AMSHer)</b> (2017-2018) - Kene Esom (2017), Humphrey Ndong (2018)</li> <li>• 非洲男性性健康权利(2017-2018) - Kene Esom (2017), Humphrey Ndong (2018)</li> <li>•</li> <li>•</li> <li>• <b>Widows Fountain of Life</b> (2015-2016) - Angeline Chiwetani</li> <li>• 寡妇生命之泉(2015-2016) - Angeline Chiwetani</li> <li>•</li> <li>• <b>African Community Advisory Board (AFROCAB)</b> (2014-2015) - Kenly Sikwese (2014), Obatunde Oladapo (2015)</li> <li>• 非洲社群咨询委员会 (2014-2015) - Kenly Sikwese (2014), Obatunde Oladapo (2015)</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>The Southern African Network of AIDS Service Organizations (SANASO)</b> (2008-2009) - Mercy Machiya (2008), Amelia Ranotsi (2009)</li> <li>• 南部非洲艾滋病服务组织网络(2008-2009) - Mercy Machiya (2008), Amelia Ranotsi (2009)</li> <li>•</li> <li>• <b>Cameroon Network of Associations of PLWHA (RECAP)</b> (2007-2008) - James Clovis Kayo</li> <li>• 喀麦隆艾滋病毒感染者协会网络(2007-2008) - James Clovis Kayo</li> <li>•</li> <li>• <b>Rwanda Women's Network</b> (2006-2007) - Mary Vuningoma Balikungeri</li> <li>• 卢旺达妇女网络 (2006-2007) - Mary Vuningoma Balikungeri</li> <li>•</li> <li>• <b>Kenya Network of Women with AIDS</b> (2005-2006) - Asunta Wagura</li> <li>• 肯尼亚艾滋病妇女网络 (2005-2006) - Asunta Wagura</li> <li>•</li> <li>• <b>Journalists Against AIDS</b> (2004-2005) - Omololu Falobi</li> <li>• 记者抗击艾滋病 (2004-2005) - Omololu Falobi</li> <li>•</li> <li>• <b>Mozambique Red Cross Society</b> (2002-2004) - Fernanda Teixeira</li> <li>• 莫桑比克红十字协会 (2002-2004) - Fernanda Teixeira</li> <li>•</li> <li>• <b>The Ghana HIV/AIDS Network</b> (2001-2003) - Alice Lamptey</li> <li>• 加纳艾滋病毒/艾滋病网络(2001-2003) - Alice Lamptey</li> </ul>

<ul style="list-style-type: none"> <li>• <b>African Men for Sexual Health and Rights (AMShEr)</b> (2012-2013) - Joel Nana</li> <li>• 非洲男性性健康权利 (2012-2013) - Joel Nana</li> <li>•</li> <li>• <b>Association de Lutte Contre le Sida</b> (2011-2013) - Nadia Rafif</li> <li>• 艾滋病协会(ALCS) (2011-2013) - Nadia Rafif</li> <li>•</li> <li>• <b>African Sex Workers Alliance</b> (2012) - Nomonde Mhlali Meji</li> <li>• 非洲性工作者联盟(2012) - Nomonde Mhlali Meji</li> <li>•</li> <li>•</li> <li>• <b>AIDS and Rights Alliance for Southern Africa (ARASA)</b> (2010-2011) – Felicita Hikaum</li> <li>• 南部非洲艾滋病与权利联盟 (2010-2011) – Felicita Hikaum</li> <li>•</li> <li>• <b>The AIDS Support Organization (TASO)</b> (2009-2010) - Lydia Mungherera</li> <li>• 艾滋病支持组织(TASO) (2009-2010) - Lydia Mungherera</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nigerian Network against AIDS</b> (1999-2000) - Jiuka Jegede</li> <li>• 尼日利亚抗击艾滋病网络 (1999-2000) - Jiuka Jegede</li> <li>•</li> <li>• <b>Women Fighting AIDS in Kenya</b> (1998-1999) - Dorothy Odhiambo</li> <li>• 肯尼亚女性抗击艾滋病(1998-1999) - Dorothy Odhiambo</li> <li>•</li> <li>• <b>Churches Medical Association of Zambia (CMAZ)</b> (1995-1998) - Mazuwa Banda Zambia</li> <li>• 赞比亚教会医疗协会 (1995-1998) - Mazuwa Banda Zambia</li> </ul>
<b>Asia-Pacific 亚太</b>	
<ul style="list-style-type: none"> <li>• <b>Rumah Cemara</b> (2018-present) - Aditia Taslim Lim</li> <li>• Rumah Cemara (2018-现在) - Aditia Taslim Lim</li> <li>•</li> <li>• <b>Scarlet Alliance</b> (2019-present) - Jules Kim</li> <li>• 猩红联盟(2019-现在) - Jules Kim</li> <li>•</li> <li>• <b>India HIV/AIDS Alliance</b> (2016 -2018) - Simran Shaikh (2016), Sonal Mehta (2017-2018)</li> <li>• 印度艾滋病毒/艾滋病联盟(2016 -2018) - Simran Shaikh (2016), Sonal Mehta (2017-2018)</li> <li>•</li> <li>• <b>Youth Lead</b> (2015 - 2017) - Jeffry Acaba</li> <li>• 青年领袖(2015 - 2017) - Jeffry Acaba</li> <li>•</li> <li>• <b>Asia Pacific Network of Sex Workers (APNSW)</b> (2014 - 2015) - Khartini Slamah (2014), Rani Ravudi (2015), Kay Thi Win (2015)</li> <li>• 亚太性工作者网络(2014 - 2015) - Khartini Slamah (2014), Rani Ravudi (2015), Kay Thi Win (2015)</li> <li>•</li> <li>• <b>International Treatment Preparedness Coalition (ITPC)</b> (2012-2014) - Attapon Ed Ngoksin (2012), John Rock (2013-2014)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>AntiAIDS Association</b> (2008-2009) - Gulnara Kurmanova</li> <li>• 抗击艾滋病协会 (2008-2009) - Gulnara Kurmanova</li> <li>•</li> <li>• <b>Gram Bharati Samiti (GBS)</b> (2006-2007) - Bhavani Shanker Kusum India</li> <li>• <b>Gram Bharati Samiti (GBS)</b> (2006-2007) - Bhavani Shanker Kusum India</li> <li>•</li> <li>• <b>Asia Pacific Network of People Living with HIV/AIDS</b> (2005-2007) - Rachel Ong</li> <li>• 亚太艾滋病毒感染者网络(2005-2007) - Rachel Ong</li> <li>•</li> <li>• <b>AMAL Human Development</b> (2002, 2004-2005) - Syed Imran Rizvi</li> <li>• 人类发展(2002, 2004-2005) - Syed Imran Rizvi</li> <li>•</li> <li>• <b>Hong Kong AIDS Foundation</b> (2000-2003) - O.C. Lin</li> <li>• 香港艾滋病基金会 (2000-2003) - O.C. Lin</li> <li>•</li> <li>• <b>Equal Ground</b> (2001) - Charles Nigel De Silva</li> <li>• 平等之地(2001) - Charles Nigel De Silva</li> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>• 国际治疗准备联盟 (2012-2014) - Attapon Ed Ngoksin (2012), John Rock (2013-2014)</li> <li>•</li> <li>• <b>Asia Pacific Network of People Living with HIV/AIDS</b> (2011-2013) - Abdullah Denovan (2011), Jane Bruning (2011-2013)</li> <li>• 亚太艾滋病病毒感染者网络 (2011-2013) - Abdullah Denovan (2011), Jane Bruning (2011-2013)</li> <li>•</li> <li>• <b>Asia Pacific Network of Sex Workers (APNSW)</b> (2010-2011) - Rathi Ramanathan</li> <li>• 亚太性工作者网络 (2010-2011) - Rathi Ramanathan</li> <li>•</li> <li>• <b>Asia Pacific Coalition of Regional Networks on HIV/AIDS</b> - Vincent Crisostomo</li> <li>• 亚太艾滋病病毒/艾滋病区域网络联盟(2008-2010) - Vincent Crisostomo</li> </ul>	<ul style="list-style-type: none"> <li>• <b>HIV/AIDS Development Network Australia (HIDNA)</b> (1997-1999) - Bill O'Loughlin</li> <li>• 澳大利亚艾滋病病毒/艾滋病发展网络 (1997-1999) - Bill O'Loughlin</li> <li>•</li> <li>• <b>Malaysian AIDS Council</b> (1997) - Marina Mahathir</li> <li>• 马来西亚艾滋病理事会 (1997) - Marina Mahathir</li> <li>•</li> <li>• <b>Kabalikat ng Pamilyang Pilipino Foundation Inc. (HIV/AIDS Network Philippines)</b> (1995-1996) - Teresita Bagasao</li> <li>• 菲律宾艾滋病病毒/艾滋病网络 (1995-1996) - Teresita Bagasao</li> </ul>
<b>Europe 欧洲</b>	
<ul style="list-style-type: none"> <li>• <b>Eurasian Key Populations Health Network</b> (2020-present) – Karen Badalyan</li> <li>• 欧亚关键人群健康网络 (2020-现在) – Karen Badalyan</li> <li>•</li> <li>• <b>HIV Vereniging</b> (2019-present) - <b>Alexander Patoors</b></li> <li>• 艾滋病病毒协会 (2019-现在) - <b>Alexander Patoors</b></li> <li>•</li> <li>• <b>All-Ukrainian Network of People Living with HIV</b> (2017-2019) - Vitali Tkachuk (2017), Valeriia Rachynska (2018-2019)</li> <li>• 全乌克兰艾滋病病毒感染者网络(2017-2019) - Vitali Tkachuk (2017), Valeriia Rachynska (2018-2019)</li> <li>•</li> <li>• <b>AIDS Action Europe (AAE)</b> (2016-2018) - Ferenc Bagyinsky</li> <li>• 艾滋病行动欧洲 (2016-2018) - Ferenc Bagyinsky</li> <li>•</li> <li>• <b>East Europe &amp; Central Asia Union of People Living with HIV (ECUO)</b> (2015-2016) - Sasha Volgina</li> <li>• 东欧中亚艾滋病病毒感染者联盟 (2015-2016) - Sasha Volgina</li> <li>•</li> <li>• <b>European AIDS Treatment Group</b> (2013–2015) - Ninoslav Mladenovic (2013); Bryan Teixeira (2013 - 2015)</li> <li>• 欧洲艾滋病治疗团体(2013–2015) - Ninoslav Mladenovic (2013); Bryan Teixeira (2013 - 2015)</li> <li>•</li> <li>• <b>Eurasian Harm Reduction Network</b> (2013-2014) - Dasha Ocheret</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Evangelischer Entwicklungsdienst (EED)/ Church Development Service</b> (2008-2009) - Sonja Weinreich</li> <li>• 基督教发展服务(2008-2009) - Sonja Weinreich</li> <li>•</li> <li>• <b>Russian Harm Reduction Network (RHRN)</b> (2007-2009) - Vitaly Zhumagaliev (2007-2009), Pavel Aksenov (2009)</li> <li>• 欧洲减低伤害网络 (2007-2009) - Vitaly Zhumagaliev (2007-2009), Pavel Aksenov (2009)</li> <li>•</li> <li>• <b>European Youth Network on Sexual and Reproductive Rights – YouAct</b> (2006-2007) - Paulo Vieira</li> <li>• 欧洲性与生殖健康权利青年网络(2006-2007) - Paulo Vieira</li> <li>•</li> <li>• <b>AIDS Infoshare 艾</b> (2004-2006) - Alena Peryshkina</li> <li>• 艾滋病信息共享 (2004-2006) - Alena Peryshkina</li> <li>•</li> <li>• <b>International Community of Women Living with HIV/AIDS</b> (2004-2005) - Maria Jose Vazquez (2004-2005), Promise Mthembu (2005)</li> <li>• 女性艾滋病病毒感染者国际社群(2004-2005) - Maria Jose Vazquez (2004-2005), Promise Mthembu (2005)</li> <li>•</li> <li>• <b>ABRACO</b> (2000-2003) - Pedro Silverio Marques</li> <li>• <b>ABRACO</b> (2000-2003) - Pedro Silverio Marques</li> <li>•</li> </ul>

<ul style="list-style-type: none"> <li>• 欧亚减低伤害网络(2013-2014) - Dasha Ocheret</li> <li>•</li> <li>• <b>International AIDS Vaccine Initiative</b> (2010-2012) - Rhon Reynolds (2010-2011), Laura Kirkegaard (2012)</li> <li>• 国际艾滋病疫苗倡议(2010-2012) - Rhon Reynolds (2010-2011), Laura Kirkegaard (2012)</li> <li>•</li> <li>• <b>International Network of People Who Use Drugs (INPUD)</b> (2010-2012) - Matthew Southwell</li> <li>• 国际毒品使用者网络 (2010-2012) - Matthew Southwell</li> </ul>	<ul style="list-style-type: none"> <li>• <b>AIDES</b> (1995-1999) - Arnaud Marty-Lavauzelle</li> <li>• <b>AIDES</b> (1995-1999) - Arnaud Marty-Lavauzelle</li> <li>•</li> <li>• <b>CMC-Churches' Action for Health, World Council of Churches</b> (1997) - Erlinda N. Senturias</li> <li>• 教会健康行动, 世界教会理事会(1997) - Erlinda N. Senturias</li> </ul>
<b>Latin America and the Caribbean 拉美与加勒比</b>	
<ul style="list-style-type: none"> <li>• <b>Nacional REDBOL</b> (2007-2009, 2020-present) - Gracia Violeta Ross Quiroga</li> <li>• <b>Nacional REDBOL</b> (2007-2009, 2020-现在) - Gracia Violeta Ross Quiroga</li> <li>•</li> <li>• <b>Jamaican Network of Seropositives</b> (2020-present) – Jumoke Patrick</li> <li>• 牙买加阳性者网络 (2020-现在) – Jumoke Patrick</li> <li>•</li> <li>• <b>GESTOS - HIV+, Communication and Gender</b> (2012-2014, 2017-2019) - Alessandra Nilo</li> <li>• 艾滋病阳性、交流与性别 (2012-2014, 2017-2019) - Alessandra Nilo</li> <li>•</li> <li>• <b>Guyana Trans United</b> (2018-2019) - Millie Milton</li> <li>• 圭亚那跨性别者联合 (2018-2019) - Millie Milton</li> <li>•</li> <li>• <b>Collaborative Network for Persons Living with HIV (CNET +)</b> (2016-2017) - Erika Castellanos (2016), Martha Angelica Carrillo (2017)</li> <li>• 艾滋病病毒感染者协作网络 (2016-2017) - Erika Castellanos (2016), Martha Angelica Carrillo (2017)</li> <li>•</li> <li>• <b>Somosgay</b> (2015-2016) - Simon Casal</li> <li>• <b>Caribbean Regional Network of People Living with HIV (CRN+)</b> (2014-2015) - Yolanda Simon (2014), Ainsley K. Reid (2015)</li> <li>• 加勒比艾滋病病毒感染者区域网络 (CRN+) (2014-2015) - Yolanda Simon (2014), Ainsley K. Reid (2015)</li> <li>•</li> <li>• <b>Fundación para Estudio e Investigación de la Mujer (FEIM)</b> (1997, 2011-2013) - Mabel Bianco</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Corporación Kimirina;</b> (2010-2011) - Amira Herdoiza</li> <li>• <b>Corporación Kimirina;</b> (2010-2011) - Amira Herdoiza</li> <li>•</li> <li>• <b>Caribbean Vulnerable Communities Coalition</b> (2009-2010) - Robert Carr (2009), Ian McKnight (2010)</li> <li>• 加勒比脆弱社群联盟(2009-2010) - Robert Carr (2009), Ian McKnight (2010)</li> <li>•</li> <li>• <b>Red Latinoamericana de Reducao de Danos (RELARD)</b> (2006-2008) - Sandra Batista</li> <li>• <b>Red Latinoamericana de Reducao de Danos (RELARD)</b> (2006-2008) - Sandra Batista</li> <li>•</li> <li>• <b>Network of Sex Work Projects (NSWP)</b> (2005-2006) - Gabriela Silva Leite</li> <li>• 性工作项目网络(2005-2006) - Gabriela Silva Leite</li> <li>•</li> <li>• <b>Red Latinoamericana de Personas Viviendo con el VIH/SIDA (RED LA+)</b> (2002-2005) - Javier Luis Bellocq (2002-2003), Jacqueline Rocha-Cortes (2004), Luis Leiva (2005)</li> <li>• 拉丁美洲艾滋病联盟(2002-2005) - Javier Luis Bellocq (2002-2003), Jacqueline Rocha-Cortes (2004), Luis Leiva (2005)</li> <li>•</li> <li>• <b>Organizacion de Apoyo a una Sexualidad Integral frente al SIDA (OASIS)</b> (2000-2004) - Ruben Mayorga</li> <li>• <b>Organizacion de Apoyo a una Sexualidad Integral frente al SIDA (OASIS)</b> (2000-2004) - Ruben Mayorga</li> <li>•</li> <li>• <b>Centro de Estudios de la Sexualidad</b> (1995-1999) - Luis Gauthier</li> </ul>



<ul style="list-style-type: none"> <li>• 穆赫尔艺术基金会(1997, 2011-2013) - Mabel Bianco</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 性犯罪中心(1995-1999) - Luis Gauthier</li> </ul>
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North America 北美	
<ul style="list-style-type: none"> <li>• <b>Women's Health in Women's Hands CHC (WHIWH)</b> (2019-现在) - Wangari Tharao</li> <li>• 女性健康女性掌握 (2019-现在) - Wangari Tharao</li> <li>•</li> <li>• <b>The United States People Living with HIV Caucus (the HIV Caucus)</b> (2019-present) - Andrew Spieldenner</li> <li>• 美国艾滋病毒感染者委员会(2019-现在) - Andrew Spieldenner</li> <li>•</li> <li>• <b>Canadian Aboriginal AIDS Network (CAAN)</b> (2016-2018) - Trevor Stratton</li> <li>• 加拿大原住民艾滋病网络 (2016-2018) - Trevor Stratton</li> <li>•</li> <li>• <b>Global Network of Black People Working in HIV</b> (2017-2018) - Marsha Martin</li> <li>• 非裔艾滋病毒工作者全球网络 (2017-2018) - Marsha Martin</li> <li>•</li> <li>• <b>The Global Network of People Living with HIV, North America</b> (2014-2016) - Laurel Sprague</li> <li>• 艾滋病毒感染者全球网络-北美 (2014-2016) - Laurel Sprague</li> <li>•</li> <li>• <b>Housing Works Inc.</b> (2013-2015) - Charles King</li> <li>• 住房工作协会 (2013-2015) - Charles King</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• <b>International Planned Parenthood Federation - Western Hemisphere</b> (2009-2010) - Alexandra Garita (2009), Maria Antonieta Alcalde Castro (2009-2010)</li> <li>• 国际计划生育联合会-北半球西部(2009-2010) - Alexandra Garita (2009), Maria Antonieta Alcalde Castro (2009-2010)</li> <li>•</li> <li>• <b>Interagency Coalition on AIDS and Development (ICAD)</b> (2006-2008) - Michael O'Connor</li> <li>• 艾滋病与发展机构间联盟 (2006-2008) - Michael O'Connor</li> <li>•</li> <li>• <b>International Women's Health Coalition</b> (2007-2008) - Zonibel Woods</li> <li>• 国际妇女健康联盟(2007-2008) - Zonibel Woods</li> <li>•</li> <li>• <b>Health Global Access Project (Health GAP)</b> (2004-2006) - T. Richard Corcoran</li> <li>• 健康全球可及项目 (2004-2006) - T. Richard Corcoran</li> <li>•</li> <li>• <b>African Services Committee</b> (2004-2005) - Kim Nichols</li> <li>• 非洲服务委员会 (2004-2005) - Kim Nichols</li> <li>•</li> <li>• <b>Canadian Foundation for Drug Policy/IHRA</b> (1999-2003) - Diane Riley</li> <li>• 加拿大毒品政策基金会 (1999-2003) - Diane Riley</li> <li>•</li> <li>• <b>Global Network of People Living with HIV/AIDS</b> (1997-2001) - Jairo Pedraza</li> </ul>

<ul style="list-style-type: none"> <li>• <b>International Community of Women with HIV/AIDS – North America</b> (2011-2013) - Ebony Johnson</li> <li>• 女性艾滋病毒感染者国际社群-北美 (2011-2013) - Ebony Johnson</li> <li>•</li> <li>• <b>Global Forum on MSM and HIV (MSMGF)</b> (2011-2012) - George Ayala</li> <li>• 男男性行为与艾滋病毒全球论坛 (2011-2012) - George Ayala</li> <li>•</li> <li>• <b>Ontario HIV Treatment Network</b> - Evan Collins</li> <li>• 安大略艾滋病毒治疗网络(2008-2010) - Evan Collins</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• 艾滋病毒感染者全球网络 (1997-2001) - Jairo Pedraza</li> <li>•</li> <li>• <b>International Community of Women Living with HIV/AIDS</b> (1995-1997) - Martina Clark (1995-1996), Cheryl Brown (1997)</li> <li>• 性艾滋病毒感染者全球社群(1995-1997) - Martina Clark (1995-1996), Cheryl Brown (1997)</li> </ul>
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## Annex 4: Topics of NGO reports

### 附录四：NGO 报告主题

1995	1 <sup>st</sup> PCB 13-14 July 第一届 PCB, 7 月 13-14 日	(No report) 无报告
	2 <sup>nd</sup> PCB 13-15 November 第二届 PCB, 11 月 13-15 日	(No report) 无报告
1996	3 <sup>rd</sup> PCB 10-11 June 第三届 PCB, 6 月 10-11 日	(No report) 无报告
1997	4 <sup>th</sup> PCB 7-9 April 第四届 PCB, 4 月 7-9 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	5 <sup>th</sup> PCB 16-18 November 第五届 PCB, 11 月 16-18 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
1998	6 <sup>th</sup> PCB 25-27 May 第六届 PCB, 5 月 25-27 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	7 <sup>th</sup> PCB 9-11 December 第七届 PCB, 12 月 9-11 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
1999	8 <sup>th</sup> PCB 28-29 June 第八届 PCB, 6 月 28-29 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
2000	9 <sup>th</sup> PCB 25-26 May 第九届 PCB, 5 月 25-26 日	The greater involvement of people infected and affected by HIV/AIDS 更好纳入艾滋病病毒艾滋病感染者和受影响者
	10 <sup>th</sup> PCB 14-15 December 第十届 PCB, 12 月 14-15 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
2001	11 <sup>th</sup> PCB 30 May - 1 June 第十一届 PCB, 5 月 30 日 - 6 月 1 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
2002	12 <sup>th</sup> PCB 29-31 May 第 12 届 PCB, 5 月 29-31 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	13 <sup>th</sup> PCB 11-12 December 第 13 届 PCB, 12 月 11-12 日	(No report) 无报告
2003	14 <sup>th</sup> PCB 26-27 June 第 14 届 PCB, 6 月 26-27 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
2004	15 <sup>th</sup> PCB 23-24 June 第 15 届 PCB, 6 月 23-24 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	16 <sup>th</sup> PCB 14-15 December 第 16 届 PCB, 12 月 14-15 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
2005	17 <sup>th</sup> PCB 27-29 June 第 17 届 PCB, 6 月 27-29 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项

<b>2006</b>	18 <sup>th</sup> PCB 27-28 June 第 18 届 PCB, 6 月 27-28 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	19 <sup>th</sup> PCB 6-8 December 第 19 届 PCB, 12 月 6-8 日	(No report) 无报告
<b>2007</b>	20 <sup>th</sup> PCB 25-27 June 第 20 届 PCB, 6 月 25-27 日	Priority issues for the NGO Delegation 非政府组织代表团优先事项
	21 <sup>st</sup> PCB 17-18 December 第 21 届 PCB, 12 月 17-18 日	(No report) 无报告
<b>2008</b>	22 <sup>nd</sup> PBC 23-25 April 第 22 届 PCB, 4 月 23-25 日	(No report) 无报告
	23 <sup>rd</sup> PCB 15-17 December 第 23 届 PCB, 12 月 15-17 日	(No report) 无报告
<b>2009</b>	24 <sup>th</sup> PCB 22-24 June 第 24 届 PCB, 6 月 22-24 日	Barriers to universal access 普遍可及的障碍
	25 <sup>th</sup> PCB 8-10 December 第 25 届 PCB, 12 月 8-10 日	(No report) 无报告
<b>2010</b>	26 <sup>th</sup> PCB 22-24 June 第 26 届 PCB, 6 月 22-24 日	Stigma and discrimination as barriers to universal access 污名与歧视是普遍可及的阻碍
	27 <sup>th</sup> PCB 6-8 December 第 27 届 PCB, 12 月 6-8 日	(No report) 无报告
<b>2011</b>	28 <sup>th</sup> PCB 21-23 June 第 28 届 PCB, 6 月 21-23 日	(No report) 无报告
	29 <sup>th</sup> PCB 13-15 December 第 29 届 PCB, 12 月 13-15 日	Legal issues and HIV responses 法律问题与艾滋病应对
<b>2012</b>	30 <sup>th</sup> PCB 5-7 June 第 30 届 PCB, 6 月 5-7 日	Impact of reduced funding for HIV on civil society 减少民间社会艾滋病毒问题资助的影响
	31 <sup>st</sup> PCB 11-13 December 第 31 届 PCB, 12 月 11-13 日	(No report) 无报告
<b>2013</b>	32 <sup>nd</sup> PCB 25-27 June 第 32 届 PCB, 6 月 25-27 日	(No report) 无报告
	33 <sup>rd</sup> PCB 17-19 December 第 33 届 PCB, 12 月 17-19 日	The equity deficit: unequal and unfair access to HIV treatment, care and support for key affected communities 平等缺陷: 面向关键受影响社群的艾滋病毒治疗、关怀、支持可及性的不平等与不公正
<b>2014</b>	34 <sup>th</sup> PCB 1-3 July 第 34 届 PCB, 7 月 1-3 日	(no report) 无报告
	35 <sup>th</sup> PCB 9-11 December 第 35 届 PCB, 12 月 9-11 日	When 'rights' cause wrongs: addressing intellectual property barriers to ensure access to treatment for all people living with HIV 当权利造成错误: 解决知识产权障碍确保所有艾滋病毒感染者治疗可及

<b>2015</b>	36 <sup>th</sup> PCB 30 June – 2 July 第 36 届 PCB, 6 月 30-7 月 2 日	(No report) 无报告
	37 <sup>th</sup> PCB 26-28 October 第 37 届 PCB, 10 月 26-28 日	(No report) 无报告
<b>2016</b>	38 <sup>th</sup> PCB 28-30 June 第 38 届 PCB, 6 月 28-30	Sexual and reproductive health and rights of people most affected by HIV: the right to development 最受艾滋病影响的人群的性与生殖健康权利: 发展的权利
	39 <sup>th</sup> PCB 6-8 December 第 39 届 PCB, 12 月 6-8 日	An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response 不可能终止: 没有可持续资助用于社群主导抗击工作就不可能在 2030 年终止艾滋病
<b>2017</b>	40 <sup>th</sup> PCB 27-29 June 第 40 届 PCB, 6 月 27-29 日	(No report) 无报告
	41 <sup>st</sup> PCB 12-14 December 第 41 届 PCB, 12 月 12-14 日	The UNAIDS we need must leave no-one behind: getting to zero includes all of us (the 10-10-10) 我们需要的 UNAIDS 是必须不落下一个人的: 实现零目标需要我们所有人
<b>2018</b>	42 <sup>nd</sup> PCB 26-28 June 第 42 届 PCB, 6 月 26-28 日	(no report) 无报告
	43 <sup>rd</sup> PCB 11-13 December 第 43 届 PCB, 12 月 11-3 日	People on the move – key to ending AIDS 流动人口——终止艾滋病的关键
<b>2019</b>	44 <sup>th</sup> PCB 25-27 June 第 44 届 PCB, 6 月 25-27 日	(No report) 无报告
	45 <sup>th</sup> PCB 10-12 December 第 45 届 PCB, 12 月 10-12 日	If it is to be truly universal: why Universal Health Coverage will not succeed without people living with HIV and other key populations, women and young people 如果真要普遍可及: 为什么没有艾滋病毒感染者和其他关键人群、女性和青年人, 全民健康覆盖就不可能成功
<b>2020</b>	46 <sup>th</sup> PCB 23-25 June 第 46 届 PCB, 6 月 23-25 日	(No report) 无报告