

REPORT BY THE NGO REPRESENTATIVE

非政府组织代表团报告

Left Out: The HIV Community and Societal Enablers in the HIV response

排除在外：艾滋病应对工作中的艾滋病毒 社群和社会推动因素

APPROVED DECISION POINTS 2021 NGO REPORT¹

2021 非政府组织报告通过的决策要点¹

4.1 *Recalls* the 45th Programme Coordinating Board decisions 4.1 to 4.4 under agenda item 1.4: Report by the NGO Representative on the essential need to address economic, social, structural, and regulatory barriers that prevent access to comprehensive HIV services and health-related programs;

4.1 回顾项目协调委员会第 45 届会议在议程 1.4 《非政府组织代表关于亟需解决妨碍获得艾滋病毒综合服务和与保健相关项目的经济、社会、制度和管理障碍的报告》下作出的第 4.1 至 4.4 号决定；

4.2 *Recalls* the commitments from the 2021 United Nations General Assembly Political Declaration on HIV/AIDS to ensure that by 2025 community-led organisations deliver: 30% of testing and treatment services; 80% of HIV prevention services; and 60% of programmes to support the achievement of societal enablers and to expand investment in societal enablers –including protection of human rights, reduction of stigma and discrimination and law reform;

4.2 回顾《2021 年联合国大会关于艾滋病毒/艾滋病问题的政治宣言》的承诺，即确保到 2025 年社区主导组织提供：30% 的检测和治疗服务；80% 的艾滋病毒预防服务；以及 60% 的支持实现社会推动因素目标并扩大对社会推动因素的投入的项目，包括保护人权，减少污名和歧视以及法律改革；

4.3 *Takes note* of the Report by the NGO Representative;

4.3 注意到非政府组织代表的报告；

4.4 In order to reach the 10-10-10 societal enabler targets by 2025, *calls on* Member States to:

4.4 为了到 2025 年实现 10-10-10 社会推动因素目标，呼吁成员国：

- a) Increase investments in and scale up programmes related to societal enablers that have been proven to work, including programmes to reduce HIV-related stigma and discrimination and to increase access to justice; to train health care workers and law enforcement officials on HIV and access to services for key populations² with a view to ensuring no one is left behind; and to eliminate gender-based violence and empower women and girls in all their diversity;
- b) 增加对已被证明行之有效的社会推动因素相关项目的投资，并扩大这些项目，包括减少与艾滋病毒有关的污名和歧视以及增加诉诸司法机会的项目；对卫生保健工作者和执法官员进行有关艾滋病毒和关键人群服务可及性方面的培训²，以确保不落下任何人；消除基于性别的暴力，对多元化的妇女和女童赋权；

¹ 俄罗斯联邦不赞同决定要点的某些部分，因为俄罗斯联邦没有加入 2021 年联合国大会关于艾滋病毒/艾滋病的政治宣言。

² 根据《2021-2026 年全球艾滋病战略》的定义。

- c) Partner with civil society and community-led organizations to deliver programmes on societal enablers, and gradually increase the proportion of such programmes delivered by communities to reach the target of 60 percent of programmes to support the achievement of societal enablers are delivered by communities;
- d) 与民间社会和社群主导组织合作，实施关于社会推动因素项目，并逐步增加社群实施的此类项目的比例，以达到支持实现社会推动因素目标的项目中 60%由社群提供的目标；
- e) In accordance with national legislation, ensure unimpeded access to education, employment and healthcare for people living with HIV, key populations and other vulnerable groups such as women and girls, adolescents and young people, and migrants who are disproportionately affected by HIV;
- f) 根据国家立法，确保艾滋病毒感染者、关键人群和其他弱势群体，如妇女和女童、青少年和青年以及受艾滋病毒影响过度严重的移民不受阻碍地获得教育、就业和卫生保健服务；

4.5 In order to reach the 10/10/10 targets by 2025, *calls on* the Joint Programme to:

4.5 为了到 2025 年实现 10/10/10 的目标，*呼吁* 规划署：

- a) Harmonize existing Joint Programme and Cosponsor policies and guidance to support scaling up of programmes on societal enablers;
- b) 协调现有的规划署和共同赞助者的政策和指导，以支持扩大关于社会推动因素的项目；
- c) Advocate for laws and policies that protect the rights and health of all;
- d) 倡导保护所有人的权利和健康的法律和政策；
- e) Support countries to ensure that indicators for societal enablers are integrated into national monitoring and evaluation systems and routinely monitored, including through community-led monitoring;
- f) 支持各国确保将社会推动因素的指标纳入国家监测和评估系统，并进行例行监测，包括社区主导的监测；
- g) Upon request, support countries and communities to reach the target, by 2025, of 60 percent of programmes to support the achievement of societal enablers are delivered by communities;
- h) 根据要求，支持各国和社群实现，到 2025 年，支持实现社会推动者实现的 60%的项目由社群提供；

¹ The Russian Federation disassociates itself from some parts of the decision points as the Russian Federation did not join the 2021 UN General Assembly Political Declaration on HIV/AIDS.

² As defined in the Global AIDS Strategy 2021-2026.

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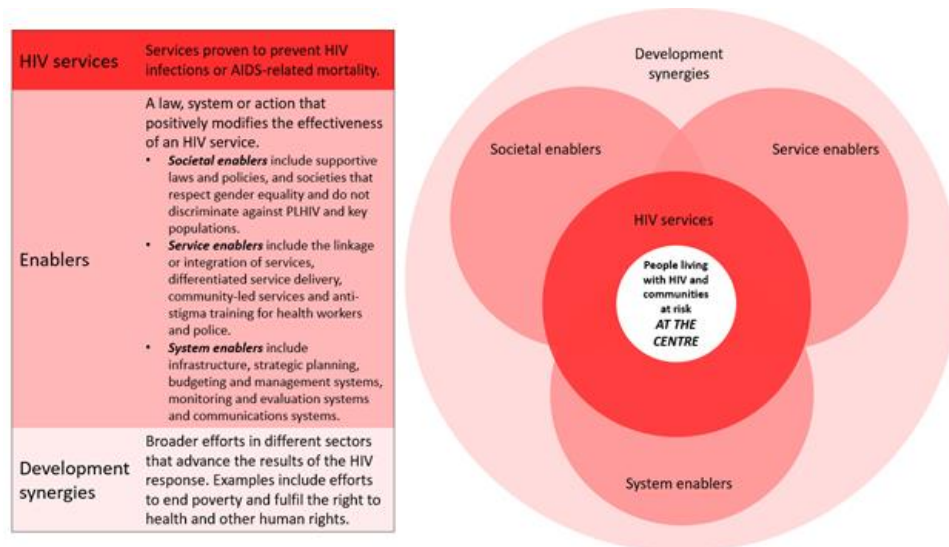
ACRONYMS AND ABBREVIATIONS 缩略语

- AIDS:** Acquired immunodeficiency syndrome 艾滋病
- ART:** Antiretroviral therapy 抗逆转录病毒治疗
- CAYPLHIV:** Children, adolescents, and young people living with HIV 感染艾滋病毒的儿童、青少年和青年
- CSE:** Comprehensive sexuality education 全面性教育
- ECOSOC:** United Nations Economic and Social Council 联合国经济社会理事会
- ESF:** World Bank Environmental and Social Framework 世界银行环境社会框架
- GIPA:** Greater Involvement of People Living with HIV 艾滋病毒感染者更多参与
- GBV:** Gender-based violence 基于性别的暴力
- Global Fund:** Global Fund to Fight AIDS, Tuberculosis and Malaria 抗击艾滋病、结核和疟疾全球基金
- Global Partnership:** Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination 消除一切形式艾滋病毒相关污名与歧视全球行动伙伴关系
- GNP+:** Global Network of People Living with HIV 艾滋病毒感染者全球网络
- HAV:** Hepatitis A virus 甲肝
- HBV:** Hepatitis B virus 乙肝
- HIV:** Human immunodeficiency virus 艾滋病毒
- HPV:** Human papillomavirus 人乳头状瘤病毒
- ILO:** International Labour Organization 国际劳工组织
- INPUD:** International Network of People Who Use Drugs 毒品使用者国际网络
- LAC:** Latin America and the Caribbean 拉美与加勒比
- MSM:** Men who have sex with men 男男性行为者
- MTCT:** Mother-to-child transmission 母婴传播
- NGO:** Nongovernmental organization 非政府组织
- NSWP:** Global Network of Sex Work Projects 全球性工作项目网络
- PEPFAR:** U.S. President's Emergency Plan for AIDS Relief 美国总统紧急援助计划
- PCB:** Programme Coordinating Board 方案协调委员会
- PLHIV:** People Living With HIV 艾滋病毒感染者
- PEP:** Post-exposure prophylaxis 暴露后预防
- PrEP:** Pre-exposure prophylaxis 暴露前预防
- SDGs:** UN Sustainable Development Goals 联合国可持续发展目标
- SRH:** Sexual and reproductive health 性与生殖健康
- SRHR:** Sexual and reproductive health and rights 性与生殖健康权利
- STI:** Sexually transmitted infections 性传播疾病
- UBRAF:** Unified Budget, Results and Accountability Framework 统一预算、成果问责框架
- UN:** United Nations 联合国
- UNAIDS:** Joint United Nations Programme on HIV and AIDS 联合国艾滋病毒规划署
- UNDP:** United Nations Development Programme 联合国开发计划署
- UNESCO:** United Nations Educational, Scientific and Cultural Organization 联合国教科文组织
- UNFPA:** United Nations Population Fund 联合国人口基金
- UNGA:** United Nations General Assembly 联合国大会
- WHO:** World Health Organization 世界卫生组织
- Y+:** Global Network of Young People Living with HIV 全球青年艾滋病毒感染者网络

INTRODUCTION 介绍

1. Every year, the NGO Delegation prepares a report to the UNAIDS Programme Coordinating Board (PCB) on issues that are of urgent concern to communities and civil society. This annual report of the NGO delegation, presented at the 49th PCB meeting, focuses on the imperative to scale up societal enablers to accelerate progress towards ending the AIDS epidemic as a public health threat by 2030, as pledged in the Sustainable Development Goals.
2. 每年，NGO 代表团就社群和民间社会紧迫关切的问题向艾滋病规划署方案协调委员会编写一份报告。NGO 代表团在第 49 届 PCB 会议上提交的这份年度报告重点关注的是扩大社会推动因素的紧迫性，以加快进展，按照可持续发展目标中的承诺，到 2030 年让艾滋病流行不再是公共卫生威胁。
3. The Global AIDS Strategy, endorsed by the PCB at a special meeting in March 2021, as well as the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the United Nations General Assembly in June 2021, include specific, ambitious targets on societal enablers. These targets provide that by 2025:
 - Less than 10% of countries have punitive legal and policy environments that deny or limit access to services;
 - Less than 10% of people living with HIV and key populations experience stigma and discrimination; and
 - Less than 10% of women, girls, people living with HIV and key populations experience gender inequality and violence.
4. PCB 在 2021 年 3 月的一次特别会议上批准的《全球艾滋病战略》，以及联合国大会于 2021 年 6 月通过的《2021 年关于艾滋病毒和艾滋病的政治宣言：结束不平等，走上 2030 年终结艾滋病的轨道》，都含有关于社会推动因素的具体雄心目标。这些目标规定，到 2025 年：
 - 不到 10% 的国家有拒绝或限制服务可及性的惩罚性法律和政策环境；
 - 不到 10% 的艾滋病毒感染者和关键人群遭受污名和歧视；
 - 不到 10% 的妇女、女童、艾滋病毒感染者和关键人群遭受性别不平等和暴力。
5. The 10-10-10 targets recognize that HIV services, while essential, are unable on their own to bring an end to AIDS as a public health threat, so long as social and structural factors diminish the ability of people to access and remain engaged in services. Complementing biomedical interventions with a greater focus on societal enablers is critical to hopes for achieving the 2030 goal.
6. 10-10-10 目标认识到，如果社会和体制因素削弱人们接触和持续参与服务的能力，尽管艾滋病毒服务至关重要，但仅靠服务是无法结束艾滋病这一公共卫生威胁的。在完善生物学干预措施的同时，更加关注社会推动因素对于实现 2030 年目标的希望至关重要。
7. Furthermore, the 2021 Political Declaration on HIV/AIDS call for the expansion of investment in societal enablers – including protection of human rights, reduction of stigma and discrimination and law reform, where appropriate – in low and middle-income countries to 3.1 billion United States dollars by 2025.
8. 此外，《2021 年关于艾滋病毒/艾滋病的政治宣言》呼吁，到 2025 年，在中低收入国家扩大对社会推动因素的投资到 31 亿美元，用于保护人权、减少污名和歧视以及法律改革，等等。

9. The 2020 World AIDS (WAD) report provides useful examples on enablers in the AIDS response illustrated as follows:
10. 《2020 年世界艾滋病（WAD）报告》提供了关于艾滋病应对工作中的推动因素的实用例子，具体如下：



11. Building on the examples on societal enablers presented in the 2020 WAD report and those in the Global AIDS Strategy 2021-2016 and the 2021 Political Declaration as well as during consultations led by civil society organisations on the topic, this report examines the different elements that can be considered as societal enablers based on real life experiences from people living with HIV, key populations and other vulnerable groups in countries across different regions of the world.
12. 本报告以 2020 年 WAD 报告中提出的社会推动因素、《2021-2016 年全球艾滋病战略》和《2021 年政治宣言》，以及民间社会组织就这一主题牵头的咨询中提出的社会推动因素为例，根据艾滋病毒感染者、世界不同地区国家的关键人群和其他弱势群体的真实生活经验，审查了可被视为社会推动因素的不同因素。
13. Societal enablers have a pivotal role to play in ending the HIV-related inequalities that continue to drive the epidemic, especially affected key and vulnerable populations. UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, and prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services.ⁱ People living with HIV and other vulnerable groups - such as women and girls, adolescents and young people, and migrants (including people in conflict zones and in humanitarian settings) - continue to face unique HIV-related barriers and challenges.
14. 与艾滋病毒有关的不平等持续促进疾病流行，对关键人群和弱势人群影响尤重，社会推动因素在结束不平等方面可以发挥关键作用。联合国艾滋病规划署认为，男同性恋者和其他男男性行为者、性工作者、跨性别者、毒品使用者、囚犯和其他被监禁者是特别容易感染艾滋病毒并经常缺乏充分服务可及性的五个主要关键人群。ⁱⁱ 艾滋病毒感染者和其他弱势群体，如妇女和女童、青少年和青年以及移民（包括冲突地区和人道设施中的人）继续面临与艾滋病毒有关的独特障碍和挑战。
15. A core finding of this report is that communities know what they need and what HIV services are best for them. The HIV epidemic cannot be ended unless those who are most affected, namely key populations and other vulnerable groups, are fully included in every step of the epidemic response. Communities have a vital role to play not only in addressing societal enablers but also in delivering essential services

to marginalized, stigmatized communities that are often not well served by mainstream service systems. This report highlights the voices of diverse communities affected by HIV.

16. 本报告的一个核心发现是，社群知道他们需要什么以及哪些艾滋病毒服务最适合他们。除非受影响最严重的人，即关键人群和其他弱势群体，能充分被纳入流行病抗击工作的每一步，否则艾滋病毒的流行就无法结束。在处理社会推动因素方面，在向边缘化、被污名化的无法使用主流服务系统的社群提供基本服务方面，社群都可以发挥至关重要的作用。本报告突出了受艾滋病毒影响的不同社群的声音。
17. After describing how the NGO delegation went about analyzing the critical role of societal enablers, the report focuses on how societal enablers can maximize the benefits of education, employment, healthcare and laws and policies in reducing HIV vulnerability and enhancing service access and outcomes. The report presents illustrative examples to highlight how community-led efforts on societal enablers, including those funded by national governments and by international donors, are critical to an effective HIV response. Steps by community-led responses to create tailored, people-centred services for populations that experience stigma, discrimination, gender inequality and violence are also highlighted. The report examines persistent impediments to community-led efforts to scale up societal enablers, including but not limited to insufficient funding. The examples used in this report to highlight the importance of working on societal enablers in the HIV response are drawn from case studies, information collected during key informant interviews, and from an online survey in three languages.
18. 在描述了 NGO 代表团如何分析社会推动因素的关键作用之后，报告重点介绍了社会推动因素如何最大限度地发挥教育、就业、医疗保健以及能减少艾滋病毒易感性和加强服务可及和结果的法律和政策带来的好处。报告举例说明社群主导工作对社会推动因素的影响，包括对各国政府和国际捐助者资助的社会推动因素的影响，对于有效抗击艾滋病毒至关重要。还强调了由社群主导的抗击工作步骤为遭受污名、歧视、性别不平等和暴力的人们创造量身定制的、以人为本的服务。报告审查了社群主导在规模化社会推动因素时面临的持续障碍，包括但不限于资金不足。本报告中用来强调在艾滋病毒抗击工作中研究社会推动因素的重要性的例子来自案例研究、关键知情者访谈信息以及三种语言的在线调查。

DESCRIPTION OF METHODOLOGY 研究方法

19. The NGO Delegation produced the NGO Report 2021 by using a combination of methodologies:
20. NGO 代表团使用以下方法编制了《2021 年非政府组织报告》：
 - 20.1. *Literature review*: The NGO Delegation reviewed a range of sources including UNAIDS and UN publications, resources produced by community-led groups, academic journal articles, reports, policy briefs, policy documents and other sources.
 - 20.2. *文献综述*: NGO 代表团审查了一系列信息源，包括艾滋病规划署和联合国出版物、社群主导团体制作的资源、学术期刊文章、报告、政策简报、政策文件和其他信息源。
 - 20.3. *Key informant interviews*: Semi-structured interviews were conducted via Zoom with 15 individuals with experience and expertise working on societal enablers in the HIV response. The interviewees included eight community activists representing people living with HIV, key populations, and other vulnerable groups; six staff members from UNAIDS Cosponsors; and one staff member from another UN agency (see Annex I for the full list of

- interviewees, their country/region, and their affiliated organization). Several quotes throughout this report are taken from the key informant interviews.
- 20.4. **关键知情者访谈:** 通过 Zoom 对 15 名具有艾滋病毒抗击工作中的社会推动因素相关经验和专业知识的人员进行了半结构化访谈。受访者包括八名社群活动家，他们代表艾滋病毒感染者、关键人群和其他弱势群体；艾滋病规划署共同赞助方的六名工作人员；以及一名来自另一个联合国机构的工作人员（受访者、其国家/地区及其附属组织的完整名单见附件一）。本报告中的几句引语摘自关键知情者访谈。
- 20.5. **Case studies:** Case studies - from both the Global South and developed countries - demonstrate how societal enablers have made the HIV response more effective and sustainable. The case studies examine how HIV-affected communities worked to bring about necessary changes that improved the quality of their lives.
- 20.6. **案例研究:** 来自全球南方和发达国家的案例研究表明，社会推动因素使艾滋病毒抗击措施更加有效和可持续。案例研究审查了受艾滋病毒影响的社群如何努力实现必要的变革，改善他们的生活质量。
- 20.7. **Survey:** An online survey in English, Russian and Spanish was disseminated to community stakeholders with experience in HIV issues and familiarity with the NGO Delegation. A total of 131 responses were received and several quotes throughout this report are taken from the survey (see Annex 2 for a breakdown of the respondents by region).
- 20.8. **调查:** 用英文、俄文和西班牙文向在艾滋病毒问题方面有经验并熟悉 NGO 代表团的社群利益相关方分发了一份在线调查。共收到 131 份答复，本报告中的若干引语来自调查（按地区分列的答复者细目见附件 2）。
- 20.9. **Internal review process:** Multiple draft texts of the NGO Report 2021 were reviewed by serving members of the NGO Delegation, as well as experts on the topic from the UNAIDS Secretariat.
- 20.10. **内部审查:** NGO 代表团的在职成员以及联合国艾滋病规划署秘书处关于该议题的专家审阅了《2021 年非政府组织报告》的多个草案。

THE IMPORTANCE OF SOCIETAL ENABLERS IN THE GLOBAL HIV RESPONSE

社会推动因素在全球艾滋病应对工作中的重要性

21. The new UNAIDS Global AIDS Strategy 2021–2026 (the Strategy) focuses on inequality as a primary driver of the epidemic, including in regions and countries where new HIV infections are increasing.ⁱⁱⁱ The Strategy calls for an investment of US\$3.1 billion over five years towards societal enablers to combat inequality and to end HIV as a public health threat by 2030. It calls for these investments to be co-financed by the HIV response and non-health sectors and to be focused on creating favourable legislative and policy environments.
22. 新的联合国艾滋病规划署《2021-2026 年全球艾滋病战略》（《战略》）将不平等作为该流行病的主要驱动因素，包括在艾滋病毒新发感染人数增加的地区和国家。^{iv} 该战略呼吁在五年内投资 31 亿美元，用于社会推动因素，以消除不平等现象，并在 2030 年之前让艾滋病毒不再是公共卫生威胁。它呼吁这些投资由艾滋病毒抗击工作部门和非卫生部门共同供资，并侧重于创造有利的立法和政策环境。
23. The 10-10-10 targets explicitly prioritize societal enablers as a central pillar of the HIV response. By endorsing the role of societal enablers in the HIV response, the Strategy acknowledges that HIV treatment and other biomedical interventions are critical but not sufficient on their own to achieve epidemic control. The interrelated epidemics of HIV, drugs and substance abuse, trauma, incarceration and poverty

interact with each other and with social, structural, and behavioural factors to contribute to an excess burden of disease among socially marginalized groups. Stigma, prejudice and discrimination create a hostile and stressful social environment that operates as a profound disincentive to seek essential health services.^v Without societal enablers, the communities most affected by HIV - who are often also the communities that are the most stigmatized and marginalized - will remain invisible and unable to access the services they need. Such an outcome, in which the most affected populations cannot access services to reduce HIV risk and prevalence, would make ending AIDS as a public health threat by 2030 unachievable.

24. 10-10-10 目标明确将社会推动因素列为艾滋病毒应对的核心支柱。通过认可社会推动因素在艾滋病毒抗击工作中的作用，该战略承认艾滋病毒治疗和其他生物医学干预措施至关重要，但仅靠它们本身不足以实现流行病控制。艾滋病毒、毒品和药物滥用、创伤、监禁和贫穷等相互关联相互影响，并与社会、结构和行为因素相互作用，使社会边缘化群体的疾病负担过重。污名、偏见和歧视造成了一种充满敌意和压力的社会环境，这种环境极大地阻碍了人们寻求基本保健服务。^{vi}没有社会推动因素，受艾滋病毒影响最严重的社群，即最受污名化和边缘化的社群，将仍然被忽视，无法获得所需的服务。如果受影响最严重的人群无法获得减少艾滋病毒风险和流行率的服务，这种结果将使到 2030 年终结艾滋病毒作为公共卫生威胁的目标无法实现。
25. In the 2021 Political Declaration, the UN General Assembly welcomed efforts by countries to fully leverage societal enablers, including enabling laws and policies, public education campaigns, and anti-stigma training for healthcare providers and law enforcement officers. It also welcomed efforts to empower women and girls to engage in their sexual and reproductive health and rights to end the marginalization of people living with HIV and at higher risk of HIV infection.
26. 在《2021 年政治宣言》中，联合国大会欢迎各国努力充分利用社会推动因素，包括法律和政策、公共教育活动以及对医疗保健机构和执法人员的反污名培训。它还欢迎为赋权妇女和女孩使她们能够参与其性与生殖健康和权利，使艾滋病毒感染者和艾滋病毒感染风险较高的人不再被边缘化。
27. The Strategy's explicit and unwavering commitment to ending inequalities in the HIV response through a focus on disparities, on societal enablers, and on key populations and other vulnerable groups is welcome news for communities that are disproportionately ravaged by the HIV epidemic. In 2020, key populations and their sexual partners accounted for 65% of all new HIV infections globally, including 93% of all new HIV infections outside of sub-Saharan Africa. In every region except eastern and southern Africa, key populations and their partners account for the majority of new HIV infections. The burden on key populations is stark: compared to the general population, the risk of acquiring HIV is 35 times higher among people who inject drugs, 34 times higher for transgender women, 26 times higher for female sex workers, and 25 times higher among MSM.^{vii}
28. 《战略》明确和坚定不移地致力于通过聚焦差距、社会推动因素以及关键人群和其他弱势群体来结束艾滋病毒抗击工作中的不平等，这对遭受艾滋病毒流行病过度蹂躏的社群来说是个好消息。2020 年，关键人群及其性伴侣占全球所有艾滋病毒新发感染者的 65%，占撒哈拉以南非洲以外所有艾滋病毒新发感染者的 93%。在除东部和南部非洲以外的每个区域，关键人群及其伴侣都占艾滋病毒新发感染的大多数。关键人群的负担是严峻的：与一般人群相比，注射毒品使用者感染艾滋病毒的风险高出 35 倍，跨性别女性高出 34 倍，女性性工作者高出 26 倍，男男性行为者高出 25 倍。^{viii}
29. Societal enablers help address underlying causes of inequities in education, employment, social protection, healthcare and other areas. Many of these inequities -

which lead to higher HIV risk for marginalized communities and undermine robust service access - have been exacerbated by the ongoing COVID-19 pandemic.^{ix}

30. 社会推动因素有助于解决教育、就业、社会保障、医疗保健和其他领域不平等的根本原因。持续的 COVID-19 大流行加剧了这些不平等，导致边缘化社群的艾滋病毒风险增加，并破坏了有力的服务可及性。^x
31. Stigma and discrimination against marginalized and vulnerable communities can be a major barrier to service access. Societal enablers improve service access by empowering individuals and helping them overcome social mores and policies that restrict their livelihoods. This is especially important today as the ongoing COVID-19 pandemic has worsened socioeconomic disparities and imposed additional obstacles in the 40-year fight against HIV. Societal enablers strengthen the HIV response by tackling key cross-cutting issues, including human rights, the right to health, political will and commitment to social change and investments in communities.
32. 对边缘化和脆弱社群的污名和歧视可能是服务可及的主要障碍。社会推动因素通过赋权个体并帮助他们克服限制其生计的社会习俗和政策来改善服务可及。这在今日尤其重要，因为持续的 COVID-19 大流行加剧了社会经济差距，并对 40 年的抗击艾滋病毒的斗争造成了额外障碍。社会推动因素通过处理关键的跨领域问题，包括人权、健康权、政治意愿和对社会变革的承诺以及对社群的投资，加强艾滋病毒抗击工作。
33. Societal enablers enhance the HIV response in practical ways. For instance, anti-discrimination laws (that cover HIV status, drug use, sex work, gender identity, and sexual orientation) that allow people to enjoy their lives more fully and without fear (laws and policies). At this pivotal moment in the HIV response – when progress towards global targets has slowed and HIV funding has flattened, but also when a new Global AIDS Strategy outlines a roadmap for overcoming these challenges – societal enablers urgently need to be brought to scale in order to achieve optimal impact.
34. 社会推动因素以讲求实效的方式加强艾滋病毒抗击工作。例如，反歧视法（涵盖艾滋病毒感染状况、毒品使用、性工作、性别身份和性取向），使人们能够更充分、无所畏惧地享受生活（法律和政策）。在艾滋病毒抗击工作的这一关键时刻，实现全球目标的进展和对艾滋病毒问题资助放缓，新的《全球艾滋病战略》概述了克服这些挑战的路线图，迫切需要扩大社会推动因素，以实现最佳影响。
35. If we hope to scale-up societal enablers, communities must lead the way. Community-led services are central, now more than ever, to the global HIV response but communities are increasingly encountering restrictions from governments on their ability to work on human rights, organize and fundraise.^{xi}
36. 如果我们希望扩大社会推动因素的规模，社群必须带头。社群主导的服务现在比以往任何时候都更加重要，是全球艾滋病毒抗击工作的核心，但社群越来越多地受到政府对其人权工作、组织和筹款能力的限制。^{xii}
37. Community members representing people living with HIV, key populations and other vulnerable groups who were interviewed for this report or who responded to the online survey overwhelmingly agreed that societal enablers should be a central part of the global HIV response. When asked to rank the four main societal enablers covered in this report in terms of importance, access to healthcare and supportive laws and policies were considered the most important by a majority of respondents, followed by access to education and employment opportunities.
38. 代表艾滋病毒感染者、关键人群和其他弱势群体的社群成员在接受本报告访谈或对在线调查作出答复时，绝大多数人同意社会推动因素应成为全球艾滋病毒抗击工作的核心部分。当被要求从重要性方面对本报告涵盖的四个主要社会推动因素进行排名时，

大多数受访者认为医疗保健可及和支持性法律政策是最重要的，其次是获得教育和就业的机会。

39. The Joint Programme has recognized the importance of societal enablers in supporting people living with HIV and key populations and other vulnerable communities to survive and thrive. For example, the World Bank takes into account gender equality and ending gender-based violence by using an Environmental and Social Framework (ESF) as part of safeguard procedures during its lending process. The ESF includes a gender marker to ensure that women, girls, and sexual and gender minorities are not excluded from programs funded by the Bank. Additionally, contractors engaging in gender-based violence or in sexual exploitation, abuse and harassment are identified and not hired for future Bank projects.
40. 规划署认识到社会推动因素在支持艾滋病毒感染者、关键人群和其他脆弱社群生存和发展方面的重要性。例如，世界银行在其贷款过程中使用环境和社会框架（ESF）作为其保障程序的一部分，将性别平等和结束基于性别的暴力纳入考虑。ESF 包括一个性别指标，以确保妇女、女童以及性少数群体不被排除在世行资助的项目之外。此外，还查明并排除了有基于性别的暴力或性剥削、虐待和性骚扰的承包商参与世行未来的项目。
41. This report will next examine the impact of societal enablers in facilitating access to and fully leveraging education, employment, healthcare, and supportive laws and policies. By scaling up societal enablers, we can ensure that people living with HIV, key populations and other vulnerable groups access the means and tools of HIV prevention and treatment, as well as other services they need to ensure their survival, health and well-being.
42. 本报告接下来将审查社会推动因素在促进获得和充分利用教育，就业，医疗保健以及支持性法律和政策方面的影响。通过扩大社会推动因素，我们可以确保艾滋病毒感染者、关键人群和其他弱势群体获得艾滋病毒预防和治疗的手段和工具，以及确保其生存、健康和福祉所需的其他服务。

"HIV epidemic control will not be achieved without involving key populations and other vulnerable groups in every facet of the HIV response." - Justin Chidozie Chukwukere, Executive Director, Center for Health Education and Vulnerable Support, Nigeria

“如果不让关键人群和其他弱势群体参与艾滋病毒抗击工作的各个方面，就无法实现艾滋病毒流行控制。” - Justin Chidozie Chukwukere, 执行主任, 健康教育与脆弱人群支持中心, 尼日利亚

"Societal enablers help key populations and other vulnerable groups gain autonomy and make better decisions. It allows these marginalized groups to get more protection from violence and stigma." - Cecilia Chung, Director of Evaluation and Strategic Initiatives, Transgender Law Center, U.S.A.

“社会推动因素帮助关键人群和其他弱势群体获得自主权并做出更好的决策。使这些边缘化群体能够获得更多的保护，免受暴力和污名。” —— Cecilia Chung, 评估和战略倡议主任, 跨性别法律中心, 美国

"Human rights and access to health are intertwined, and the causal relationship between human rights violations and vulnerability to HIV are well evidenced. Social determinants of health such as stigma, poverty, criminalisation, legal oppression and gender inequality, negatively impact on sex workers' health, including increased vulnerability to HIV. Criminalisation of sex work, including the criminalisation of clients and third parties, fuels and fosters human rights violations and discrimination, reducing sex workers' access to HIV prevention, treatment and care."

“人权和卫生可及是相互交织的，侵犯人权行为与易受艾滋病毒感染之间的因果关系得到了充分证明。健康的社会决定因素，如污名、贫困、刑事定罪、法律压迫和性别不平等，对性工作者的健康产生负面影响，包括增加对艾滋病毒的脆弱性。将性工作刑事定罪，包括将客户和第三方刑事定罪，助长了人权侵犯和歧视，减少了性工作者获得艾滋病毒预防、治疗和关怀的机会。”

- Ruth Morgan Thomas, 全球协调员, NSW

“My country lacks non-discrimination legislation, it criminalizes same-sex intimacy, sex work, and abortion, does not have a human rights institution, and does not fully implement comprehensive sexuality education in schools. These gaps have a detrimental effect on the HIV response. For example, due to stigma and discrimination, people living with HIV must travel from one location to another to receive their treatment for fear of being exposed in their communities. This imposes increased transportation costs, creates stress, and leads to high risk of loss to follow-up and adherence.” - Anonymous, Latin America and the Caribbean

“我国缺乏非歧视立法，将同性亲密、性工作和堕胎刑事定罪，没有人权机构，没有在学校全面实施综合性教育。这些缺失对艾滋病毒抗击工作产生了不利影响。例如，由于污名和歧视，艾滋病毒感染者必须到另一个地方接受治疗，因为他们害怕在他们的社群被暴露。这增加了交通成本，造成了压力，并导致丧失依从性的风险极高。” - 匿名，拉丁美洲和加勒比地区

“Around the world, LGBTI people must confront discrimination and violence because of the lack of social protections. Government investment in the lives of LGBTI people benefits everyone and is a demonstration of a commitment to fundamental human rights.” - Alex Garner, Director of Community Engagement, MPact Global Action for Gay Men’s Health and Rights

“在世界各地，由于缺乏社会保障，性少数人群必须面对歧视和暴力。政府对性少数人群生活的投资能使每个人都受益，并表明了对基本人权的承诺。” - Alex Garner, 社群参与主任, MPact 男同性恋健康与权利全球行动

“Societal enablers are essential for key populations and other vulnerable groups to be able to live full and productive lives.” - Tim Sladden, Technical Advisor, United Nations Population Fund

“社会推动因素对于关键人群和其他弱势群体能够过上充实而富有成效的生活至关重要。” - Tim Sladden, 技术顾问, 联合国人口基金

The impact of societal enablers on education to prevent HIV

教育的社会推动因素对预防艾滋病的影响

43. Multiple studies have demonstrated that education is one of the best ways to prevent new HIV infections. Adolescents and young people with higher levels of education have greater knowledge about HIV prevention methods and risk factors. A study in a country in southern Africa showed that just an additional year of education reduced the chances of acquiring HIV by 7%.^{xiii}
44. 多项研究表明，教育是预防艾滋病毒新发感染的最佳途径之一。受教育程度较高的青少年和年轻人对艾滋病毒预防方法和风险因素有更深入的了解。在南部非洲一个国家进行的一项研究表明，只要多一年的教育，感染艾滋病毒的几率就减少 7%。^{xiv}
45. Higher levels of education have also been directly linked to declining HIV rates. A study in a country in East Africa found that a sharp rise in secondary school enrollment of girls led to a significant decline in the number of new HIV diagnoses. The increase in schooling among young women came about because of an affirmative action policy in 1990 that prioritized women for university admissions. The subsequent reduction in HIV cases in the country was rapid as prevalence fell from about 15% of the population in 1990 to just 5% by 2007.^{xv}
46. 教育水平的提高也与艾滋病毒感染率的下降直接相关。在东非一个国家进行的一项研究发现，女童中学入学率的急剧上升导致新增艾滋病毒诊断数量大幅下降。年轻妇女上学的增加是由于 1990 年的一项平权行动政策，该政策将妇女列为大学录取的优先事项。随后该国艾滋病毒病例的迅速减少，流行率从 1990 年的约 15% 下降到 2007 年的 5%。^{xvi}
47. HIV-related stigma has been shown to restrict access to education and subsequent employment, fueling disparities caused by poverty.^{xvii} Homophobia^{xviii} and

transphobia^{xxix} have long undermined the educational potential and attainment of sexual and gender minority adolescents and young people. Bullying and violence targeting sexual and gender minority adolescents and young people are associated with increased suicidality^{xxx} and increased vulnerability to HIV.^{xxxi} Stigma associated with HIV places young people living with HIV at a disadvantage in terms of educational outcomes, enrollment, attendance, performance, and completing their education.^{xxii} Ensuring equitable and violence- and bullying-free educational environments is critical to ensuring that learners with HIV or at risk of HIV are not denied education which is crucial to future economic and social opportunities.

48. 与艾滋病毒有关的污名已被证明限制了接受教育的机会和随后的就业，加剧了贫困造成的差距。^{xxiii}恐同^{xxiv}和恐跨性别^{xxv}长期以来一直破坏性少数群体青少年和年轻人的教育潜力和成就。针对性少数群体青少年和年轻人的霸凌和暴力与自杀倾向增加^{xxvi}和更容易感染艾滋病毒有关。^{xxvii}与艾滋病毒相关的污名使感染艾滋病毒的年轻人在教育成果、入学率、出勤率、成绩和完成学业方面处于不利地位。^{xxviii}确保公平、无暴力和无霸凌的教育环境对于确保感染艾滋病毒或有感染艾滋病毒风险的学生不被剥夺教育至关重要，而教育对未来的经济和社会机会至关重要。
49. Unequal gender norms also block many girls and young women from obtaining education. Worldwide, 129 million girls are not in school.^{xxix} Only 42% of countries have attained gender parity in lower secondary education, and only 24% report gender parity in upper secondary education. Overlapping factors explain these gender disparities in educational attainment, including early marriage and/or pregnancy, gender-based violence and the fact that women and girls account for a disproportionate share of caregiving.
50. 不平等的性别规范也阻碍了许多女孩和年轻妇女接受教育。全世界有 1.29 亿女童失学。^{xxx} 只有 42% 的国家在初中教育中实现了性别平等，只有 24% 的国家报告在高中教育中实现了性别平等。多重因素解释了这些教育程度方面的性别差异，包括早婚或怀孕、基于性别的暴力以及妇女和女孩过多承担照料工作的事实。
51. Broader efforts to eliminate stigma, discrimination and gender inequalities are needed to establish an environment that promotes school attendance for adolescent and young people. In addition, focused initiatives play a role in addressing the needs of adolescent and young school students who are living with or affected by HIV. For example, the Global Network of Young People Living with HIV (Y+) and the Global Network of People Living with HIV (GNP+) have teamed up with the United Nations Educational, Scientific and Cultural Organization (UNESCO) to support people living with HIV in schools.
52. 需要作出更广泛的努力，消除污名、歧视和性别不平等，以创造促进青少年和青年人上学的环境。此外，有重点的项目在满足感染艾滋病毒或受其影响的青少年和年轻学生的需要方面也发挥了作用。例如，全球青年艾滋病毒感染者网络（Y+）和全球艾滋病毒感染者网络（GNP+）与联合国教科文组织（UNESCO）合作，在学校支持艾滋病毒感染者。
53. UNESCO has also helped member states establish anti-gender-based-violence and anti-bullying programmes in schools. UNESCO and the United Nations Population Fund (UNFPA) launched a programme for comprehensive sexuality education in dozens of countries in sub-Saharan Africa to reduce stigma and discrimination and address the needs of adolescents and young people from key populations and other vulnerable groups.
54. 教科文组织还帮助会员国在学校建立了反性别暴力和反霸凌项目。教科文组织和联合国人口基金（UNFPA）在撒哈拉以南非洲的数十个国家发起了一项全面性教育项目，以减少污名和歧视，满足关键人群和其他弱势群体的青少年和年轻人的需求。

55. Creative methods to increase participation of adolescents and young people in formal and informal education should be explored. In a country in southern Africa, cash transfers linked to girls' school attendance resulted in an approximately 61% reduction in HIV risk and a 62% increase in school attendance.^{xxxii} These programmes provide cash to meet basic needs, reducing the need to turn to transactional sex and decreasing financial dependence on male sex partners. Young women involved in the personal financial education and business development aspects of cash transfer programmes may also feel empowered and financially secure enough to turn down sex partners, thus reducing their potential HIV risk.^{xxxiii} Economic empowerment programs for adolescent girls and young women in sub-Saharan Africa are gaining traction as an effective strategy to reduce HIV risk and vulnerabilities.^{xxxiii}
56. 应探索创造性的方法，增加青少年和青年人对正规和非正规教育的参与。在南部非洲的一个国家，与女童出勤率挂钩的现金转移支付使艾滋病毒风险降低了约 61%，入学率提高了 62%。^{xxxiv} 这些项目提供现金以满足基本需求，减少了性交易的需要，并减少了对男性性伴侣的经济依赖。参与现金转移项目的个人金融教育和商务发展方面的年轻妇女也可能感到自己被赋权，在经济上有足够的安全感，可以拒绝性伴侣，从而降低她们潜在的艾滋病毒风险。^{xxxv} 撒哈拉以南非洲地区少女和年轻妇女的经济赋权计划作为减少艾滋病毒风险和脆弱性的有效战略，正在获得关注。^{xxxvi}

全面的性教育和艾滋病毒预防

最大限度地提高入学率的一个重要和独立理由是增加青少年和青年接受全面性教育的机会，以课程途径解决更广泛的社会文化和性别对性与健康及权利的影响，并特别注重培养生活技能。学校不是全面性教育的唯一来源，青年俱乐部、同伴计划和其他社区中心也需要优化，但学校在为青少年和青年提供知识、态度和技能以支持他们的健康和福祉方面发挥着关键作用，无论性别、社会经济地位、性取向或性别认同如何。

全面的性教育（包括校内外）是艾滋病毒联合预防的一个基本组成部分。事实上，越来越多的国家，包括撒哈拉以南非洲的许多国家，已经批准了区域和国际框架，以包括通过提供全面的性教育等途径满足青少年和青年人的性与生殖健康需要。

然而，许多国家尚未采用全面性教育的所有要素。一项研究审查了教科文组织和人口基金资助的在东部和南部非洲 10 个国家提供的全面性教育课程，发现有六个国家的课程有轻微至中度的问题，而四个国家的课程有中度至严重的差距。在亚太地区，每年有 8 万多名青少年新感染艾滋病毒，全面性教育的实施一直不平衡和不一致，一些国家允许各州或各省对教育作出各自的决定，破坏了全面性教育的一致性和质量。社会文化规范可能导致抵制全面性教育的实施，例如在东非的一个国家，该国于 2016 年禁止全面性教育计划，理由是它们鼓励不道德性行为并削弱国家和道德价值观。一些表面上旨在提供全面性教育的方案质量差或不均衡，遗漏了避孕套教育或优先考虑禁欲。后者已被医疗和公共卫生专业人员拒绝，认为这种方法无效。

在承诺实施强有力的、以证据为基础的全面性教育的国家，青少年和青年的健康和福祉极大获益。针对青少年和青年人中新增艾滋病毒感染、少女怀孕率高以及对艾滋病毒感染者的严重污名和歧视，纳米比亚将全面性教育纳入其生活技能教育课程，该课程作为一门必修的独立科目进行授课。在纳米比亚，全面的性教育也包括在课外活动中，如“女孩与进球”项目。该项目让女孩参与体育活动，并利用足球，通过生活技能、艾滋病毒和健康方面的教育，为 10-14 岁女孩赋权。

针对许多青年人倾向于从互联网或传统和家庭获取有关性与生殖健康的错误信息，赞比亚于 2013 年承诺为青少年和青年人提供高质量的全面性教育和友好的性与健康服务。赞比亚采取了多部门途径，让教育部、卫生部、性别部、青年部、文化部、体育部以及非政府组织以及地方和国际伙伴参与，以制定其全面性教育方案。决策者、父母、青少年和青年以及其他关键群体参与了课程的制定，为更广泛的认同做出了贡献。政府的政治意愿和投入对于将全面性教育成功纳入国家教育系统并使之制度化至关重要。

“Comprehensive sexuality education using a rights-based approach should be included in school curriculums so that people adopt a healthier attitude towards people living with HIV. Comprehensive sexuality education can also reduce infections and help curb the epidemic.” - Efraín Soria, Director, Fundación Ecuatoriana Equidad (Ecuadorian Equity Foundation),

“应将采用基于权利的途径将全面性教育纳入学校课程，以使人们对艾滋病毒感染者采取更健康的态度。全面性教育还可以减少感染并帮助遏制这一流行病。” Efraín Soria, 主任, 厄瓜多尔公平基金会

“Political advocacy should be undertaken to include comprehensive sexuality education for all schools to reduce stigma and discrimination related to HIV and key populations.” - Fernando Cisneros Dávila, Development and Program Quality Coordinator, Save the Children, Peru

“应开展政治倡导，包括对所有学校进行全面性教育，以减少与艾滋病毒和关键人群有关的污名和歧视。” - Fernando Cisneros Dávila, 发展与项目质量协调员, 救助儿童会, 秘鲁

“Investing in the education of adolescents and youth, including young girls, yielded stunning results in reducing HIV cases.”

“投资于包括年轻女孩在内的青少年和青年的教育，在减少艾滋病毒病例方面取得了惊人的成果。” - Kathy Ward, UNAIDS 协调人, 世界银行

Societal enablers to eliminate employment-related stigma and discrimination

通过社会推动因素来消除与就业有关的污名和歧视

57. Unemployment is associated with increased risk behavior.^{xxxvii} Stable and rewarding employment reduces HIV vulnerability and contributes to HIV prevention by increasing access to material resources, reducing chronic stress, and increasing political power, thus helping improve health outcomes, social standing and health equity.^{xxxviii}
58. 失业与风险行为增加有关。^{xxxix} 稳定和有益的就业减少了艾滋病毒的脆弱性，并通过增加获得物品资源的机会，减少慢性压力和增加政治权力，从而有助于预防艾滋病毒，改善健康结果，社会地位和健康公平。^{xi}
59. Employment also has clear benefits for people living with HIV. Unemployment is associated with delayed testing or diagnosis,^{xli} as well as reduced access to and engagement in care.^{xlii} By contrast, employment is associated with better HIV medication adherence, while employment loss, on the other hand, is associated with persistent elevated viral load.^{xliii} Having stable employment also helps mitigate the epidemic's impact, improving quality of life for people living with HIV and yielding physical and mental health benefits.^{xliii}
60. 就业对艾滋病毒感染者也有明显的好处。失业与延迟检测或诊断^{xli}以及获得和参与护理的机会减少有关。^{xlii} 相比之下，就业与更好的艾滋病毒药物依从性相关，而失业与持续升高的病毒载量有关。^{xliii} 稳定的就业还有助于减轻这一流行病的影响，改善艾滋病毒感染者的生活质量，有益于身心健康。^{xliii}
61. While broader economic and labour market conditions affect access to meaningful and sustained employment, punitive laws, stigma, discrimination and gender inequality also diminish employment opportunities for people living with HIV and key and vulnerable populations.^{xlix} In the Dominican Republic, for example, 13% of people living with HIV report having been denied employment due to their HIV status.ⁱ Compared to people who are not living with HIV, people living with HIV are less likely to have full-time jobs.ⁱⁱ HIV-related employment discrimination can come in multiple forms. As an example, asking for an employee's HIV status or mandating HIV testing can dissuade a person living with HIV from applying for a job or from being able to secure a job, which in turn can contribute to impoverishment and health problems.

62. 虽然更广泛的经济和劳动力市场条件影响到获得有意义和持续的就业，但惩罚性法律、污名、歧视和性别不平等也减少了艾滋病毒感染者以及关键和弱势群体的就业机会。ⁱⁱⁱ 例如，在多米尼加共和国，13%的艾滋病毒感染者报告说，他们由于感染艾滋病毒被拒绝就业。ⁱⁱⁱⁱ 与没有感染艾滋病毒的人相比，艾滋病毒感染者拥有全职工作的可能性较小。^{iv} 与艾滋病毒有关的就业歧视可以有多种形式。例如，询问员工的艾滋病毒状况或强制进行艾滋病毒检测可能会让艾滋病毒感染者不想申请工作或保住工作，这反过来又可能导致贫困和健康问题。
63. Key populations and other vulnerable groups who are at high risk from HIV may also face challenges in getting their work recognized as legitimate. For instance, sex workers in many countries are not recognized as legitimate employees who are entitled to government services (see case study from Kolkata, India later on in this report). During the COVID-19 pandemic, many sex workers were denied access to government financial aid available to other workers as they were not considered to be employed. Sex workers in many countries are also criminalized under the law and forced to work in the shadows, making them vulnerable to abuse and violence and placing them at greater risk for HIV transmission.
64. 关键人群和其他艾滋病毒高危人群在使其工作被公认为合法方面也可能面临挑战。例如，许多国家的性工作者不被承认为有权获得政府服务的合法雇员（见本报告稍后在印度加尔各答的案例研究）。在 COVID-19 大流行期间，很多性工作者被政府经营的社会服务拒绝，因为他们不被视为受雇。许多国家的性工作者也被刑事定罪，被迫在阴影下工作，容易受到虐待和暴力，并使他们面临更大的艾滋病毒传播风险。
65. Due to stigma and discrimination, transgender people are often unable to find jobs that are stable and pay well. In the absence of other employment options, many transgender people are forced into survival sex work, putting them at higher risk of HIV transmission and violence. The absence of employment nondiscrimination laws and policies in most countries continues to harm transgender people and restrict their livelihood options.
66. 由于污名和歧视，跨性别者往往无法找到稳定且薪水高的工作。在没有其他就业选择的情况下，许多跨性别者被迫为生存从事性工作，使他们面临更高的艾滋病毒传播和暴力风险。大多数国家缺乏就业非歧视法律和政策，这持续伤害跨性别者，限制他们的生计选择。
67. A study in a country in the Latin America and Caribbean region showed that intersecting stigma related to HIV status, sexual orientation and gender identity can reduce the ability to find and maintain stable and adequately compensated work. The study noted that well-paying job opportunities are particularly scarce for transgender women due to discrimination related to gender identity. Among gay men and other men who have sex with men, discrimination related to HIV status is the most significant barrier to employment.^{iv} These patterns illustrate how power structures operate when a person has multiple marginalized identities, such as being transgender *and* a sex worker *and* a person living with HIV.^{vi}
68. 在拉美和加勒比区域一个国家进行的一项研究表明，与艾滋病毒感染状况、性取向和性别认同有关的交叉污名会降低寻找和维持稳定和有适当报酬工作的能力。该研究指出，由于与性别认同有关的歧视，跨性别女性的高薪工作机会尤其稀缺。在男同性恋者和其他男男性行为者中，与艾滋病毒感染状况有关的歧视是就业的最大障碍。^{vi} 这些模式说明了当一个人具有多种边缘化身份时，例如跨性别者，性工作者和艾滋病毒感染者，权力结构是如何运作的。^{viii}
69. International normative guidance prioritizes actions to eliminate the many forms of employment discrimination that can affect people living with or at risk of HIV.

Consistent with the human rights underpinnings of the 1958 ILO Discrimination Convention on Employment and Occupation, ILO Recommendation 200 calls for protections for workers who have HIV, confidentiality regarding employees' HIV status and recognition of the severe impact of HIV on vulnerable groups. Additionally, the ILO's Violence and Harassment Convention of 2019 is the first international treaty to recognize the right of everyone - including members of key populations and other vulnerable groups - to work in environments free from gender-based violence and harassment.^{lix} The ILO engages with networks of people living with HIV on programme planning and runs an economic empowerment program in a country in Southeast Asia and in a country in Latin America and the Caribbean to teach business skills to key populations.

70. 国际规范性指南将消除可能影响艾滋病毒感染者或高危者的多种形式的就业歧视的行动列为优先事项。根据 1958 年国际劳工组织《就业和职业歧视公约》奠定的人权基础，劳工组织第 200 号建议要求保护感染艾滋病毒的工人，对雇员的艾滋病毒状况保密，并承认艾滋病毒对弱势群体的严重影响。此外，国际劳工组织 2019 年的《暴力与骚扰公约》是第一个承认每个人（包括关键人群成员和其他弱势群体）有权在没有基于性别的暴力和骚扰的环境中工作的国际条约。^{lx} 国际劳工组织与艾滋病毒感染者网络合作，并在东南亚一个国家以及拉美和加勒比地区的一个国家开展经济赋权计划，向关键人群传授商业技能。

“The majority of the key population live below the poverty line. This is because most of them cannot get quality work or meaningful employment as a result of poor academic opportunities, their sexual/social behaviour, or sexual orientation.” - Anonymous, Community activist, Africa

“大多数重点人群生活在贫困线以下。这是因为他们中的大多数人由于缺乏受教育机会，他们的性/社会行为或性取向，而无法获得高质量或有意义的工作。”——匿名，社群活动家，非洲

“Governments should mandate policies that protect people living with HIV in workplaces and impose stiffer penalties for persons who break them. These policies should cover the private and public sectors.” - Lorraine Graham, Western Region Redress Field Officer, Jamaican Network of Seropositives

“各国政府应制定政策，保护工作场所的艾滋病毒感染者，并对违反政策的人施加更严厉的惩罚。这些政策应涵盖私营和公共部门。” - Lorraine Graham, 西部地区补救外勤人员，牙买加血清阳性者网络

“Discriminatory employment practices such as asking for an employee's HIV status can dissuade people living with HIV from applying for jobs or from getting them, leading to a spiral of poverty.”

“歧视性的雇佣操作，如要求雇员提供艾滋病毒状况，可能会阻止艾滋病毒感染者申请或获得工作，导致进入贫困螺旋。” Diddie Schaaf, 技术官员，国际劳工组织

Societal enablers to improve healthcare access and outcomes

通过社会推动因素来改善医疗服务的获得及其成果

71. The Global AIDS Strategy underscores the centrality of high-quality, accessible healthcare services to efforts to end the AIDS epidemic as a public health threat. The 95-95-95 targets call for intensified efforts to scale up and ensure equitable access and outcomes among all populations and in all settings for HIV testing, treatment, combination prevention and sexual and reproductive health and rights.
72. 《全球艾滋病战略》强调，高质量、可及的卫生保健服务对于消除艾滋病这一公共卫生威胁的努力至关重要。95-95-95 目标要求加紧努力，扩大规模并确保所有环境下的所有人口在艾滋病毒检测、治疗、综合预防以及性与生殖健康及权利方面公平可及和取得成果。

73. Intersectional, overlapping forms of marginalization and stigma impede people living with HIV, key populations and other vulnerable populations from accessing and remaining engaged in healthcare services. Many people living with HIV and key populations experience real or perceived stigma and discrimination in healthcare facilities, especially in socially conservative settings.^{lxi} Such stigma can undermine diagnosis, treatment quality and health outcomes. Removing stigma is critical to delivering high-quality healthcare and achieving optimal health outcomes.^{lxii}
74. 交叉重叠的边缘化和污名形式阻碍了艾滋病毒感染者、关键人群和其他弱势群体获得和持续参与医疗服务。许多艾滋病毒感染者和关键人群在医疗机构中，特别是在社会保守的环境中，经历或感受到污名和歧视。^{lxiii}这种污名会损害诊断、治疗质量和健康结果。消除污名对于提供高质量的医疗保健和实现最佳健康结果至关重要。^{lxiv}
75. Community members who have experienced stigma and discrimination are often deterred from seeking health services. Moreover, individuals with stigmatizing experiences also share their unfavourable impressions with others, who may also avoid health services.
76. 遭受污名和歧视的社群成员往往不愿意寻求卫生服务。此外，有被污名化经历的人也与其他人分享他们的负面印象，其他人也可能避免寻求卫生服务。
77. In many countries, efforts to make healthcare settings as welcoming, equitable and people-centred as possible are being spearheaded by community organizations. For example, in one country in Latin America and the Caribbean, community members launched an initiative to sensitize and train healthcare workers on issues affecting people living with HIV, key populations and other vulnerable groups. Community members reported improved access to healthcare services and better engagement with providers where training was consistent.
78. 在许多国家，社群组织正在带头努力使医疗保健环境尽可能友好、公平和以人为本。例如，在拉美和加勒比的一个国家，社群成员发起了一项倡议，就影响艾滋病毒感染者、关键人群和其他弱势群体的问题对卫生保健工作者进行倡导和培训。社群成员报告说，在培训过的地方，医疗服务可及性有所改善，服务机构更好打交道。
79. In two West African countries, a sex workers organization launched an initiative to integrate sexual and reproductive health services into existing HIV services, offering safe spaces and opportunities for community members to connect through social media or WhatsApp groups. The programme built community solidarity and enhanced mutual support, as community members posed questions regarding their health, body, and even work.
80. 在两个西非国家，一个性工作组织发起了一项倡议，将性与生殖健康服务纳入现有的艾滋病毒服务，为社群成员提供安全的空间和机会，通过社交媒体或 WhatsApp 群组建立联系。该项目建立了社群团结并加强了相互支持，社群成员在交流中提出了有关其健康，身体甚至工作的问题。
81. At a time when there are more mobile people than ever before, migrants frequently experience hostility, social exclusion and diminished access to healthcare services. The International Organization for Migration, a UN agency, has advocated for people-centered healthcare that is readily accessible for migrants and mobile populations. This necessitates concerted efforts to remove stigma and discrimination as barriers to healthcare access for migrant communities, as well as focused initiatives to ensure universal health coverage that is migrant-inclusive.
82. 在流动人口比以往任何时候都多的时候，移民经常遭受敌意、社会排斥和更少的医疗服务。联合国的国际移民组织（International Organization for Migration）倡导以人为

本的医疗保健，易于移民和流动人口获得。这需要齐心协力消除阻碍移民社群获得医疗保健的污名和歧视，并聚焦于确保包容移民的全民健康覆盖。

“Due to the COVID-19 pandemic, many people living with HIV who belong to key population groups were unable to get refills for antiretroviral therapy. Focusing on societal enablers such as better access to healthcare could have prevented this situation. Now we run the risk of viral load increases for people living with HIV in the absence of adherence to treatment.” - Tonny Muzira, Foundation for Male Engagement, Uganda

“由于 COVID-19 大流行，许多属于关键人群的艾滋病毒感染者无法持续获得抗逆转录病毒治疗。专注于社会推动因素，例如医疗保健更加可及，本可以防止这种情况。现在，无法依从治疗，艾滋病毒感染者有病毒载量增加的风险。” - Tonny Muzira, 男性参与基金会，乌干达

“Sensitization and awareness raising of healthcare providers by sex workers has yielded great results as we have been treated better at healthcare facilities.” - Elena Eva Reynaga, Network of Women Sex Workers of Latin America and the Caribbean, Argentina

“性工作者对医疗保健机构的意识提升工作已经产生了巨大的成果，因为我们在医疗机构得到了更好的待遇。” —— Elena Eva Reynaga, 拉美与加勒比女性性工作者网络，阿根廷

“Provision of free antiretroviral therapy and proper counseling has helped people living with HIV a lot in maintaining adherence and also reduced stigma to a great extent. Still, people living with HIV from various communities like LGBTQ people, drug users, and sex workers face double stigma. This needs to be reduced.” - Pritha, Community activist, India

“提供免费的抗逆转录病毒治疗和适当的咨询，大大有助于艾滋病毒感染者保持依从性，并在很大程度上减少了污名。尽管如此，来自不同社群的艾滋病毒感染者，如性少数人群，毒品使用者和性工作者仍面临双重污名。需要减少这些。” - Pritha, 社群活动家，印度

Changing laws and policies to accelerate progress towards ending AIDS

改革法律政策以加速终结艾滋病

83. Punitive laws and policies reflect and reinforce stigma, discrimination, gender and other inequalities and social exclusion. Laws such as these represent human rights abuses, as key populations, other vulnerable groups and people living with HIV should be able to live their lives free of criminalization, stigma, discrimination and violence.
84. 惩罚性法律和政策反映并强化了污名、歧视、性别和其他不平等以及社会排斥。这种法律是对人权的侵犯，因为关键人群、其他弱势群体和艾滋病毒感染者应该能够过上免于刑事定罪、污名、歧视和暴力的生活。
85. Punitive laws also undermine the fight against HIV. Criminalization of drug use, same-sex sexual acts and sex work have been shown to lead to worse health outcomes and lower viral suppression rates among people living with HIV.^{lxv} For instance, in countries where same-sex sexual relations between consenting adults are criminalized, the proportion of people living with HIV who knew their HIV status was 11% lower and viral suppression levels 8% lower. Sex work criminalization was associated with 10% lower knowledge of HIV status and 6% lower viral suppression. Drug use criminalization was associated with 14% lower levels of both. Criminalizing all three was associated with approximately 18%–24% worse outcomes.
86. 惩罚性法律也破坏了防治艾滋病毒的斗争。对毒品使用、同性性行为 and 性工作的刑事定罪已被证明会导致艾滋病毒感染者的健康结果恶化和病毒抑制率降低。^{lxvi} 例如，在自愿成年人之间的同性性关系被刑事定罪的国家，艾滋病毒感染者知道自己的艾滋病毒状况的比例降低了 11%，病毒抑制水平降低了 8%。性工作刑事定罪与艾滋病

毒感染状况知晓率降低 10%和病毒抑制降低 6%有关。毒品使用刑事定罪与两者降低 14%有关。将这三者定为刑事犯罪与大约 18%-24%的更糟结果有关。

87. Criminalization is the biggest structural barrier to the ability of people living with HIV, key populations and other vulnerable groups to access key benefits, such as employment, education, healthcare and other services. Conversely, laws and policies that protect the human rights of people living with HIV, key populations and other vulnerable groups are societal enablers that can transform the HIV response in positive and powerful ways.
88. 刑事定罪是阻碍艾滋病毒感染者、关键人群和其他弱势群体获得就业、教育、医疗保健和其他服务等关键福利能力的最大结构性障碍。相反，保护艾滋病毒感染者、关键人群和其他弱势群体人权的法律和政策是社会推动因素，能够以积极和有力的方式改变艾滋病毒抗击工作措施。
89. The Global Commission on HIV and the Law - an independent commission convened by the United Nations Development Programme (UNDP) on behalf of UNAIDS - found that punitive laws and discrimination against vulnerable and marginalized communities have hampered the global fight against HIV.^{lxvii} The Commission called for urgent action from governments to ensure rights-based responses to HIV and its co-infections such as TB and hepatitis. These actions include repealing laws that harm communities and stymie progress in fighting HIV.
90. 艾滋病毒与法律问题全球委员会是联合国 开发计划署（UNDP）代表艾滋病规划署召集的一个独立委员会，它发现惩罚性法律和对脆弱和边缘化社群的歧视阻碍了全球防治艾滋病毒的斗争。^{lxviii} 该委员会呼吁各国政府采取紧急行动，确保对艾滋病毒及其合并感染（如结核病和肝炎）采取基于权利的应对措施。这些行动包括废除伤害社群和阻碍抗击艾滋病毒进展的法律。
91. Repealing criminalization laws, while critically important to an effective response, may not be sufficient on its own to capture the full benefits of societal enablers. Even in countries that do not criminalize people living with HIV, key populations or other vulnerable groups, stigma and discrimination often persist due to the country's failure to enact laws and policies that actively promote the health and human rights of these communities.^{lxix} In countries with laws expressly prohibiting discrimination and gender-based violence, rates of knowledge of HIV status and viral suppression are higher among people living with HIV.^{lxx}
92. 废除刑事定罪法律虽然对有效应对措施至关重要，但仅靠本身可能不足以充分获得社会推动因素的利益。即使在不将艾滋病毒感染者、关键人群或其他弱势群体刑事定罪的国家，若未能实施积极促进这些社群的健康和人权的法律和政策，污名和歧视也往往持续存在。^{lxxi} 在法律明确禁止歧视和基于性别的暴力的国家，艾滋病毒感染者对艾滋病毒状况知晓率和病毒抑制率较高。^{lxxii}
93. Discriminatory and misguided criminalization laws do not prevent new HIV infections among women or reduce their vulnerability to HIV. On the contrary, criminalization laws have been found to be harmful to women and have been found to have a negative impact on public health and human rights.^{lxxiii}
94. 歧视性和误导性的刑事定罪法律并不能防止妇女感染艾滋病毒或减少她们感染艾滋病毒的可能性。相反，已发现刑事定罪法律对妇女有害，并对公共卫生和人权产生负面影响。^{lxxiv}
95. Eighteen countries in the Asia-Pacific region criminalize consensual same-sex relations between adults, posing a massive obstacle to the ability of gay men and other men who have sex with men to access healthcare and other services. In a

region where the HIV epidemic is already concentrated among key populations - who along with their partners account for an estimated 98% of new HIV infections each year^{lxxv} - criminalization laws make it harder to stop the worrying trajectory of the epidemic in many countries.

96. 亚太地区的 18 个国家将成年人之间双方同意的同性关系刑事定罪，这对男同性恋者和其他男男性行为者获得医疗保健和其他服务的能力构成了巨大障碍。在一个艾滋病毒流行已经集中在关键人群中的地区，关键人群及其伴侣估计占每年艾滋病毒新增感染者的 98%^{lxxvi}。刑事定罪法使许多国家更难阻止令人担忧的流行病轨迹。
97. Decriminalization is associated with improved outcomes. When a South Asian country decriminalized consensual same-sex sexual relations between adults in 2018, community activists felt more empowered to advocate openly for their rights and for equitable access to societal enablers such as education and healthcare as they were deemed legitimate and felt their voices would be counted. Criminalization, on the other hand, can have a chilling effect not just on advocacy and community organizing, but also on the provision of essential healthcare services. In a country in West Africa, it has been difficult to get clinics to provide HIV services to key populations because of fear of prosecution following an incident in 2008 when health workers were arrested and imprisoned merely for carrying condoms.
98. 非刑罪化有助于改善成果。当一个南亚国家在 2018 年将成年人之间双方同意的同性关系非刑罪化时，社群活动人士感到更有能力公开倡导他们的权利，并公平地获得教育和医疗保健等社会推动因素，因为他们被认为是合法的，并认为他们的意见会被考虑。另一方面，刑事定罪产生的寒蝉效应，不仅会影响倡导和社群组织，也影响基本医疗服务提供。在西非的一个国家，2008 年卫生工作者仅仅因为携带避孕套而被捕入狱后，由于担心被起诉，很难让诊所向关键人群提供艾滋病毒服务。
99. A study in a country in North America showed that laws criminalizing exposure to or transmission of HIV are ineffective in reducing HIV incidence and may, in fact, undermine prevention efforts (there is more information about this topic later on in this report in the case study on The Netherlands).^{lxxvii} A long-time community activist in the same country noted that local laws criminalizing HIV transmission are particularly pernicious as they can lead to people being placed on a sex offenders registry and consequently being denied housing and employment opportunities.^{lxxviii}
100. 在北美一个国家进行的一项研究表明，将接触或传播艾滋病毒刑事定罪的法律在减少艾滋病毒发病率方面是无效的，实际上可能破坏预防工作（本报告稍后在关于荷兰的案例研究中将提供有关于这一主题的更多信息）。^{lxxix}同一国家的一位长期社群活动家指出，将艾滋病毒传播刑事定罪的地方法律特别有害，因为它们可能导致人们被登记为性犯罪者，从而被剥夺住房和就业机会。^{lxxx}
101. A study in a West African country found that the criminalization of sex workers and gay men and other men who have sex with men amplified the HIV risk and vulnerability not just of these groups, but also of the general population. The government's official response to the HIV epidemic inadequately addressed the rights and needs of key populations and included no advocacy for decriminalization or harm reduction approaches for key populations. As a result, key populations' access to HIV prevention and treatment services was severely limited. This kept their HIV prevalence rates high, which in turn contributed to high national HIV prevalence.^{lxxxi} Criminalization of same-sex sexual relations also distorts the strategic data needed to plan optimally effective responses for key populations. In countries where consensual same-sex conduct is criminalized, it is difficult to conduct surveys to obtain reliable population size estimates. The invisibility of key populations in countries with criminalization laws also encourages official denial about the existence

of these populations and enables a false sense of success in the fight against HIV.^{lxxxii}

102. 在西非一个国家进行的一项研究发现，将性工作、男同性恋者和其他男男性行为者刑事定罪，不仅放大了这些群体的艾滋病毒风险和脆弱性，也扩大了普通人群的艾滋病毒风险和脆弱性。政府对艾滋病毒流行的官方工作没有充分解决关键人群的权利和需求，也没有倡导为关键人群采取非刑事化或减低伤害途径。因此，关键人群获得艾滋病毒预防和治疗服务的机会受到严重限制。这使他们的艾滋病毒流行率居高不下，这反过来又导致全国艾滋病毒流行率居高不下。^{lxxxiii} 将同性性关系刑事定罪也歪曲了为关键人群规划最佳有效应对措施所需的战略数据。在将双方同意的同性性行为刑事定罪的国家，很难进行调查以获得可靠的人口规模估计数。在有刑事定罪的国家，关键人群的隐形也鼓励官方否认这些人群的存在，并使人产生在抗击艾滋病毒的斗争中取得成功的错误感觉。^{lxxxiv}
103. In addition to repealing criminalization laws and enacting protective laws, an effective response to HIV among people living with HIV, key populations, other vulnerable groups should also address the impact of bullying, abuse and violence that so often blight the lives of the most vulnerable around the world, including of many adolescents and young people. A study in a country in East Africa found that people who use drugs and sex workers were frequently subjected to violence. The violence put these key populations at elevated risk of HIV transmission and other health problems and also served as a barrier to access and uptake of HIV services. To be effective, HIV programs for key populations need to prevent and respond to violence against them.^{lxxxv}
104. 除了废除刑事定罪和颁布保护性法律外，在艾滋病毒感染者、关键人群和其他弱势群体中对艾滋病毒的有效应对措施还应解决霸凌、虐待和暴力的影响，这些行为往往损害世界各地最脆弱群体，包括许多青少年和青年的生活。在东非一个国家进行的一项研究发现，毒品使用者和性工作经常遭受暴力。暴力使这些关键人群面临艾滋病毒传播和其他健康问题的风险增加，并阻碍他们获得和接受艾滋病毒服务。有效的面向关键人群的艾滋病毒项目需要预防和应对针对他们的暴力行为。^{lxxxvi}
105. Laws or policies that require parental or guardian consent for adolescents and young people under the age of 18 to access sexual and reproductive health services and HIV testing and treatment can also be a barrier to access. Such laws and policies violate the privacy and confidentiality of young recipients of care, subject them to shame and judgement, and undermine the timely delivery of HIV prevention and treatment to adolescents and young people.
106. 要求 18 岁以下的青少年和青年获得父母或监护人同意才能得到性与生殖健康服务以及艾滋病毒检测和治疗的法律或政策，也可能成为获得服务的障碍。这种法律和政策侵犯了接受护理的青年人的隐私和保密性，使他们蒙羞和受到评判，不利于及时向青少年和青年人提供艾滋病毒预防和治疗。
107. The UNAIDS Secretariat and Cosponsors play a crucial role in promoting the protection of the human rights and health of people living with HIV, key populations, and other vulnerable groups. For example, ILO and UNDP have partnered at the global and regional levels^{lxxxvii} on a human rights initiative to advocate for the scrapping of punitive laws that harm key populations. In 2021, the two agencies organized multilingual discussion events on people living with HIV, key populations and social protection.^{lxxxviii} The events focused on barriers for social protection during the COVID-19 pandemic, best practices and lessons learnt from social protection programs, and issues of funding and finance. Events like these can catalyze evidence-informed, rights-based, equitable, and impactful investments in HIV-sensitive social enablers for communities.

108. 艾滋病规划署秘书处和共同赞助者在促进保护艾滋病毒感染者、关键人群和其他弱势群体的人权和健康方面发挥着关键作用。例如，劳工组织和开发计划署在全球和区域两个层面^{lxxxix}就一项人权倡议进行了合作，倡导废除伤害关键人口的惩罚性法律。2021年，这两个机构组织了关于艾滋病毒感染者、关键人群和社会保障的多语言讨论活动。^{xc}这些活动的重点是 COVID-19 大流行期间社会保障的障碍，社会保障项目中的最佳实践和经验教训，以及资助和财务问题。像这样的活动可以促进对社群艾滋病毒问题敏感的社会推动因素进行循证，基于权利，公平和有影响力的投入。

Case study: Criminalization law reform in the Netherlands^{xcj}

案例研究：荷兰的刑事定罪法律改革^{xcii}

109. Criminalization law reform gradually occurred in the Netherlands between 1989 and 2007, demonstrating how legal reform served as a societal enabler that improved the quality of life for people living with HIV. During this period, 15 people living with HIV were prosecuted by the government using homicide and assault laws, including an assault law from 1881 on attempted/grievous bodily harm. The defendants were accused of exposing their sexual partners to HIV. Only one case involved potential transmission of HIV. Of the 15 trials, 14 led to convictions.
110. 1989年至2007年期间，荷兰逐步进行了刑事定罪法律改革，展示了法律改革如何成为改善艾滋病毒感染者生活质量的社会推动因素。在此期间，政府使用杀人和攻击相关法律（包括1881年关于未遂/严重身体伤害的伤害罪）起诉了15名艾滋病毒感染者。被告被指控使其性伴侣暴露于艾滋病毒。只有一例涉及艾滋病毒的潜在传播。在15个审判中，有14个结果为定罪。
111. An increasing number of HIV, legal, and social activists and healthcare providers came to believe that the prosecutions were unwarranted and counterproductive, undermining the prevention message that everyone had personal responsibility for safer sex. The prosecutions also deterred people with HIV from getting tested and accessing services. To stop prosecutions for non-intentional transmission and for perceived exposure, activists set out to create guidance restricting the use of the 1881 law^{xciii} rather than to seek full repeal.
112. 越来越多的艾滋病毒问题、法律和社会活动家以及医疗机构开始认为，起诉是没有根据的，而且适得其反，破坏了每个人都对安全性行为负有个人责任的预防信息。起诉还阻止了艾滋病毒感染者接受检测和获得服务。为了阻止对非故意传播和暴露的起诉，活动人士开始制定指导以限制1881年法律的使用^{xciv}，而不是寻求完全废除。
113. There was some reluctance from HIV groups and providers to engage with the criminal law and the government was initially unwilling to engage on the issue until confronted with a wide sectoral alliance of respected organisations. The first case challenging the scope of the 1881 assault law was filed in 1989 but real change began in 2000 when a legal clerk at the Crown Prosecution Service, Peter Smit, took up the issue as a volunteer with the HIV Association following his diagnosis with HIV. Smit began to challenge the prosecutions in court. In 2002, an alliance was formed between the HIV Association, Aidsfonds, Schorer Stichting, and the STI Foundation. These organizations jointly challenged the prosecutions for exposure or unintentional transmission until they were stopped by the government.
114. 艾滋病毒团体和服务机构有些不愿意参与刑法，政府最初也不愿意参与这个问题，直到面临来自多领域受人尊敬组织的联盟的质疑。第一个挑战1881年伤害罪范围的案件是在1989年提起的，但真正的变化始于2000年，当时皇家检察院的法律助理 Peter

Smit 在被诊断感染艾滋病毒后，作为艾滋病毒协会的志愿者接受了这个议题任务。Smit 开始在法庭上对起诉提出质疑。2002 年，艾滋病毒协会、Aidsfonds、Schorer 基金会和性传播感染基金会结成联盟。这些组织共同对暴露或无意传播的起诉提出挑战，直到政府停止起诉。

115. Several factors led to the successful efforts to get the government to stop prosecuting exposure or unintentional transmission of HIV. The involvement of a former employee of the state prosecution service, assistance from human rights lawyers who were also criminal law attorneys, the publication of articles in legal magazines, and the involvement of key community HIV organizations all played a role. Smit also enlisted HIV specialists to act as expert defense witnesses in criminal proceedings.
116. 有几个因素导致成功地使政府停止起诉艾滋病毒的暴露或无意传播。国家检察院一名前雇员的参与、同时也是刑法律师的人权律师的协助、在法律杂志上发表文章以及主要社群艾滋病毒组织的参与都发挥了作用。Smit 还请了艾滋病毒专家在刑事诉讼中担任专家辩护证人。
117. The HIV organizations produced a consensus expert report in 2004, "Detention Or Prevention,"^{xv} that was crucial in persuading the government not to introduce a new HIV-specific law when the old one was found to be inappropriate. The report was generated by a heavyweight committee chaired by the legal advisor to the Dutch Medical Association with members including people living with HIV, healthcare providers, public health experts and lawyers. The document marshaled the scientific facts and concluded that the prosecutions did more harm than good. It recommended prosecution only where there was coercion or deceit, combined with genuine risk of HIV transmission.
118. 艾滋病毒组织在 2004 年编写了一份共识专家报告，题为《拘留或预防》^{xvi}，该报告对于说服政府在发现旧的法律不合适时不要引入针对艾滋病毒的新法律至关重要。该报告由一个由荷兰医学协会法律顾问主持的重量级委员会编写，其成员包括艾滋病毒感染者，医疗保健机构，公共卫生专家和律师。该文件整理了科学事实，并得出起诉弊大于利的结论。它建议只在存在胁迫或欺骗和艾滋病毒传播的真正风险的情况下进行起诉。
119. The campaign to restrict the use of the 1881 assault law used both public health arguments and scientific evidence on genuine risk levels and on HIV treatment as prevention. Policy and legal experts worked together to challenge individual prosecutions while also building the case against prosecutions in general. These efforts culminated in two Supreme Court rulings in 2005 and 2007 confirming that the existing law was inappropriate. The government subsequently declined to create a new law to cover the issue. As a result of the Supreme Court decisions and legislative awareness, today there is less discrimination against people living with HIV in the Netherlands. Because of this change in the country's legal framework, people living with HIV are able to live their lives without the specter of criminal prosecution hanging over them.
120. 限制使用 1881 年伤害罪法律的运动使用关于真实风险水平和以艾滋病毒治疗为预防的公共卫生与论据科学证据。政策和法律专家共同努力，对针对个体的起诉提出质疑，同时也为一般的起诉奠定了基础。这些努力最终导致最高法院在 2005 年和 2007 年作出两项裁决，确认现行法律是不适当的。政府随后拒绝制定一项新的法律来覆盖这个问题。由于最高法院的裁决和立法意识，今天荷兰对艾滋病毒感染者的歧视减少了。由于该国法律框架的这一变化，艾滋病毒感染者能够过上自己的生活，而不会时刻受到刑事起诉的威胁。

Case study: Decriminalisation of drug use in Portugal^{xcvii}
案例研究：葡萄牙毒品使用非刑罪化^{xcviii}

121. Portugal became the first country to remove criminal penalties for the use of all drugs and the possession of small quantities of drugs in 2001 through Law 30/2000. Since decriminalisation, Portugal has seen dramatic declines in new cases of HIV, hepatitis C infections, overdose deaths, drug-related crime and incarceration rates. HIV rates plummeted from an all-time high of 104.2 new cases per million in 2000 to 4.2 cases per million in 2015.^{xcix} Drug-related deaths have dropped from around 80 in 2001 to 16 in 2012.^c
122. 2001 年，葡萄牙成为第一个通过第 30/2000 号法律取消对使用所有毒品和拥有少量毒品的刑事处罚的国家。自非刑罪化以来，葡萄牙的艾滋病毒新发病例、丙肝感染、药物过量死亡、毒品犯罪和监禁率急剧下降。艾滋病毒感染率从 2000 年每百万人 104.2 例的历史最高新发病例骤降至 2015 年的每百万人 4.2 例。^{ci} 与毒品有关的死亡人数从 2001 年的 80 人左右下降到 2012 年的 16 人。^{cii}
123. Portugal's decriminalisation of all drugs demonstrates that progressive drug policies and legal reforms can act as a highly effective societal enabler in reducing HIV prevalence. Decriminalization of drugs made it easier to fund and resource a broad range of health, employment, and housing services across Portugal. These services, in turn, more effectively served the unmet needs of key populations and other vulnerable communities. The use of language also shifted in line with social and political changes. Pejorative terminology such as 'junkies' or 'addicts' was replaced with humanising language such as 'people who use drugs' and 'people who inject drugs'.
124. 葡萄牙将所有毒品非刑罪化表明，进步的毒品政策和法律改革可以成为减少艾滋病毒流行率的高效社会推动因素。毒品非刑罪化使得在葡萄牙各地为广泛的健康，就业和住房服务提供资金和资源变得更加容易。反过来，这些服务更有效地满足了关键人群和其他脆弱社群未满足的需求。语言的使用也随着社会和政治的变化而变化。诸如“毒虫”或“瘾君子”之类的贬义词被替换为人性化的语言，例如“毒品使用者”和“注射毒品使用者”。
125. However, recent critiques of the Portuguese model reveal some limitations. People who use drugs remain subject to administrative penalties. Those caught with a personal supply of drugs are not arrested but they are given a warning and fined. They are also summoned before the Commission for the Dissuasion of Drug Addiction - composed of doctors, lawyers, and social workers - which compels people who use drugs to enter drug treatment services and 'social integration' programmes that continue to surveil the community. Thus, it may be argued that Law 30/2000, while prohibiting the worst aspects of the prior criminalization scheme, still embodies a moralistic approach to drug use and has not necessarily led to broader social acceptance of people who use drugs.
126. 然而，最近对葡萄牙模式的批评揭示了一些局限性。毒品使用者仍需受到行政处罚。那些被发现携带个人使用毒品的人没有被逮捕，但他们被警告并被罚款。他们还被传唤到由医生、律师和社会工作者组成的劝阻毒品成瘾委员会，该委员会迫使毒品使用者进入药物治疗服务和“社会融合”方案来继续监视社群。可以说，第 30/2000 号法律虽然禁止先前刑事定罪机制的最坏方面，但仍然体现了对毒品使用的道德批判，并不一定带来社会对毒品使用者的更广泛接受。
127. Overall, the Portugal decriminalisation model only partially decriminalised people who use drugs (even though all drugs were decriminalised). Carrying larger amounts of drugs is still criminalised, which means that people who use drugs continue to be

stopped, searched, and harassed by police, and still subject to criminal penalties. The drugs that people buy and use are still produced in a black market context, which means that people still use drugs that can be excessively strong and/or may contain toxic contaminants. Since drug production and sales are not regulated, this means that when people buy drugs they must travel into risky environments to do so, jeopardizing their health and safety.

128. 总体而言，葡萄牙非刑罪化模式仅部分地将毒品使用者免除定罪（尽管所有毒品都已非刑罪化）。携带大量毒品仍然被刑事定罪，这意味着毒品使用者继续被警察拦截、搜查和骚扰，并仍受到刑事处罚。人们购买和使用的药物仍然是在黑市背景下生产的，这意味着人们仍然使用可能过于强烈或可能含有有毒污染物的毒品。由于毒品生产和销售不受管制，这意味着当人们购买毒品时，他们必须进入危险环境，从而危及他们的健康和​​安全。
129. The Portuguese model of partial decriminalisation is an important and commendable first step, but it is not the end point. The new Global AIDS Strategy's 10-10-10 social enabler targets^{ciii} can provide new impetus for meeting the long-overdue need for progressive drug reforms, nationally and globally. Full decriminalisation, legalisation, and regulation of drugs need to be accompanied by an end to stigmatisation, discrimination, and social exclusion to which people who use drugs globally are subjected to, including in Portugal.
130. 葡萄牙的部分非刑罪化模式是重要且值得称赞的第一步，但它不是终点。新的《全球艾滋病战略》的 10-10-10 社会推动因素目标^{civ}能够提供新的动力，去回应国家和全球渐进式毒品改革早就应该满足的需要。毒品的完全非刑罪化、合法化和管制需要伴随着结束全球（包括葡萄牙）毒品使用者所遭受的污名、歧视和社会排斥。
131. Decriminalisation of drug use and possession have been shown to have a positive impact on HIV incidence and prevalence. A 2017 systematic review on HIV and criminalisation of drug use found that 80% of studies that were reviewed identified a **beneficial impact of drug decriminalisation on HIV prevention and treatment efforts**.^{cv} The International Network of People who Use Drugs (INPUD) has long advocated for full decriminalisation of drug use and possession and has welcomed the Global AIDS Strategy's 10-10-10 societal enabler targets that commit member states to work towards the removal of punitive laws and policies currently impeding the HIV response. Shaping future policy and legal reforms requires learning from past efforts of drug policy reform and its impact on people who use drugs.
132. 毒品使用和拥有的非刑罪化已被证明对艾滋病毒的发病率和流行率有积极影响。2017 年一项关于艾滋病毒和毒品使用刑事定罪的系统综述发现，80%的研究认为毒品的去**刑事化**对艾滋病预防和治疗工作产生了**有益影响**。^{cvi}国际毒品使用者网络（INPUD）长期以来一直主张将毒品使用和持有完全去刑罪化，并欢迎全球艾滋病战略的 10-10-10 社会推动因素目标。这些目标使成员国承诺努力消除目前阻碍艾滋病应对工作的惩罚性法律和政策。制定未来的政策和法律改革需要从过去的毒品政策改革工作及其对毒品使用者的影响中吸取教训。

“Fifteen countries in the Asia-Pacific region criminalize same-sex relations and this is a massive obstacle for men who have sex with men to access healthcare and other services. The HIV epidemic in Asia is already concentrated among MSM and transgender people and these criminalization laws make it harder to stop the epidemic.” - Midnight Poonkasetwattana, Executive Director, APCOM Foundation, Thailand

“亚太地区有十五个国家将同性关系刑事定罪，这对男男性行为者获得医疗保健和其他服务是一个巨大的障碍。亚洲的艾滋病流行已经集中在男男性行为者和跨性别者中，这些刑事定罪法律使得阻止这种流行病变得更加困难。” - Midnight Poonkasetwattana, 执行主任, APCOM 基金会, 泰国

“Sex workers are often criticized in public by the same powerful politicians who are their clients and seek their services. This is hypocrisy enabled by a lack of protective laws.” - **Tobi Elizabeth, Health Train Media, Ghana**

“性工作者经常在公开场合受到强大政客批评，他们同时还是他们的客户，寻求他们的服务。由于缺乏保护性法律，造成这种虚伪的现象。” - **Tobi Elizabeth, 健康列车媒体, 加纳**

“Criminalization of HIV non-disclosure has made testing harder, has increased stigma, has eroded trust with healthcare providers, has made the lives of people living with HIV more difficult, lonely, and exposed them to increased violence.” - **Sandra Wesley, President, TOMS, Canada**

“将不披露艾滋病毒刑事定罪使检测更加困难，增加了污名，侵蚀了对医疗保健机构的信任，使艾滋病感染者的生活更加困难，更加孤独，并使他们面临更多的暴力。” - **Sandra Wesley, 总裁, TOMS, 加拿大**

“Condoms are one of the most effective ways of preventing HIV. Sadly, in Indonesia, condoms are seen as proof of indecency (namely sex before marriage). Despite condoms being recognised in government regulations in responding to HIV, sociocultural beliefs remain the main barrier. Additionally, condoms are often used as evidence to prosecute sexual minority groups. For example, there have been numerous times that a group of gay men have been arrested by law enforcement from private spaces for possessing condoms, although there is no single law that criminalises same-sex activities, the presence of condoms is often used as evidence to further prosecute them and charge them with indecency, pornography, and other laws.” - **Aditia Taslim Lim, Rumah Cemara, Indonesia**

“避孕套是预防艾滋病毒的最有效方法之一。可悲的是，在印度尼西亚，避孕套被视为猥亵（即婚前性行为）的证据。尽管政府承认避孕套是艾滋病毒抗击工作，但社会文化信仰仍然是主要障碍。此外，避孕套经常被用作起诉性少数群体的证据。例如，有无数次，一群男同性恋者因拥有避孕套而被执法部门从私人场所逮捕，尽管没有单一的法律将同性活动刑事定罪，但避孕套的存在经常被用作进一步起诉他们并指控他们猥亵，色情和其他罪名的证据。” - **Aditia Taslim Lim, Rumah Cemara, 印度尼西亚**

“Criminalizing some populations increases HIV risk for all.” - **Dr. Carlos Van Der Laet, Migrants Health Assistance Program Coordinator, International Organization for Migration**

“将某些人群刑事定罪会增加所有人的艾滋病毒风险。” —— **Carlos Van Der Laet 博士, 移民健康援助项目协调员, 国际移民组织**

COMMUNITY-LED ACTION TO SCALE UP SOCIETAL ENABLERS

通过由社群主导的行动扩大社会推动因素的影响

133. The 2021 Political Declaration calls for 60% of programmes to support the achievement of societal enablers to be delivered by community-led organizations. Endorsement of this ambitious target recognizes the centrality of community-led action to strengthen national responses by combatting punitive laws, stigma, discrimination, gender inequality and violence.
134. 《2021年政治宣言》呼吁60%的支持实现社会推动因素项目要由社群主导组织实施。对这一雄心勃勃的目标的认可承认了社群主导行动的核心作用，以通过打击惩罚性法律、污名、歧视、两性不平等和暴力来加强国家工作。
135. Communities are the most effective and compelling advocates for societal enablers. After the LGBT organization LEGABIBO intervened in litigation in Botswana, the country's High Court invalidated the criminalization of same-sex relations. Likewise, in India, community activists initiated the legal petition that led the country's Supreme Court to overturn the criminalization of consensual same-sex conduct. Sex workers, including Aboriginal and migrant sex workers, played a key role in the decision by Australia's Northern Territory to decriminalize sex work. Grassroots campaigning, including leadership by the Asociación de Lucha por Identidad Travesti-transsexual, led to passage of legislation in Argentina removing barriers to the ability of people to change their gender identities. The HIV Justice Network is supporting community

efforts across the world to fight laws criminalizing HIV exposure, transmission or non-disclosure.

136. 社群是社会推动因素最有效和最有说服力的倡导者。在性少数组织 LEGABIBO 介入博茨瓦纳的诉讼后，该国高等法院宣布同性关系的刑事定罪无效。同样，在印度，社群活动家发起了法律请愿，导致该国最高法院推翻了对双方同意的同性行为的刑事定罪。性工作者，包括原住民和移民性工作者，在澳大利亚北领地决定将性工作非刑罪化方面发挥了关键作用。基层运动，包括跨性别者协会（Asociación de Lucha por Identidad Travesti-transvesti）的领导，导致阿根廷通过立法，消除了人们改变性别身份能力的障碍。艾滋病毒司法网络正在支持世界各地的社群工作，打击对艾滋病毒暴露，传播或不披露刑事定罪的法律。
137. Communities are ideal implementers of anti-stigma programmes. In every region, networks of people living with HIV and key populations are strengthening community solidarity and resilience, increasing visibility and social inclusion and forging strategic partnerships to reduce the prevalence and impact of stigma and discrimination. Namati, a legal empowerment NGO in Mozambique, has contributed to concrete improvements in empowering, non-discriminatory services as health clinics and pharmacies by deploying health advocates who collect, investigate and follow up on complaints by service recipients. In Cameroon, the global key population organization MPact: Global Action for Gay Health & Rights led a multi-year effort with local NGOs to work on structural issues affecting healthcare access for gay, bi and transgender people. Working with the health district director, MPact and local organizations conducted affirming gender and sexual identity sensitization training with prison staffs, leading to changes in experiences of gay, bi and transgender people in that setting. Unfortunately, efforts like these must be institutionalized in practice and repeated in order for the environment to continue.^{cvii}
138. 社群是反污名项目的理想实施者。在每个区域，艾滋病毒感染者和关键人群网络正在加强社群团结和韧性，提高能见度和社会包容，并建立战略伙伴关系，以减少污名和歧视的蔓延和影响。Namati 是莫桑比克的一个法律赋权的非政府组织，通过部署卫生倡导者收集、调查和跟踪服务接受者的投诉，为切实改进卫生诊所和药房的赋权、非歧视性服务作出了贡献。在喀麦隆，全球关键人口组织 Mpact（同性恋健康与权利全球行动）与当地非政府组织一起领导了一项为期多年的工作，致力于解决影响同性恋，双性恋和跨性别者获得医疗保健的制度性问题。MPact 与当地组织与卫生地区主任合作，对监狱工作人员进行了确认性别和性身份敏感培训，从而改变了同性恋，双性恋和跨性别者在这种情况下的经历。不幸的是，这些工作必须在实践中制度化，并重复，以便持续这种环境。^{cviii}
139. Community-led monitoring is also documenting and helping address human rights abuses. At least a dozen countries have completed, and at least 35 additional countries have begun implementing, the updated People Living with HIV Stigma Index (Stigma Index 2.0), enabling communities to document the incidence and impact of stigma and discrimination. The community monitoring approach developed by REAct, the first-ever system to monitor, record and assist in responses to human rights issues faced by key populations, has been used by community-based organizations in more than 22 countries in Asia and the Pacific, sub-Saharan Africa and the Middle East and North Africa. AVAC, the ATHENA Network, and Salamander Trust have documented gender-related barriers and facilitators for women's access to treatment and adherence, using guidance from a global reference group of women living with HIV from 11 countries.
140. 社群主导的监测也在记录和帮助解决侵犯人权问题。至少有十几个国家已经完成，另外至少 35 个国家已经开始实施更新的艾滋病毒感染者污名指数（污名指数 2.0），使社群能够记录污名和歧视的发生率和影响。REAct 开发的社群监测方法是有史以来第

一个监测、记录和协助应对关键人群所面临的人权问题的系统，已被亚太、撒哈拉以南非洲、中东和北非超过 22 个国家的社群组织所采用。AVAC、ATHENA 网络和 Salamander 信托利用来自 11 个国家的艾滋病毒感染妇女全球咨询小组的指导，记录了妇女获得治疗和依从性方面与性别有关的障碍和辅助。

141. However, effective community-led action on societal enablers is undermined by myriad factors. Many community leaders have identified the lack of adequate and/or consistent funding as a major barrier to their ability to work on societal enablers.^{ci^x} Donor support is often the only funding available to work and is subject to policies and variables that are out of the control of beneficiary communities. For instance, donor funding can excessively focus on measurable outputs and outcomes, failing to prioritize longer-term work on societal enablers, which may not generate quick results.
142. 然而，社群主导的对社会推动因素采取的有效行动受到各种因素的破坏。许多社群领袖认为，缺乏充足和持续的资金是他们从事社会推动因素工作能力的主要障碍。^{cx} 捐助者的资助往往是可用于工作的唯一资金，并受制于受益社群无法控制的政策和变数。例如，捐助方自主可能过分注重可衡量的产出和成果，而未能放在社会推动因素长期工作上，而这些工作可能不会迅速产生结果。
143. Declines since 2018 in donor support for work on HIV and societal enablers – including but not limited to an 90% cut in international funding by the United Kingdom this year^{cxⁱ} -- has intensified financial pressures confronted by community organizations working on societal enablers. The Joint programme and several of its cosponsor agencies have recently seen funding reductions in HIV programmes, which has led to reductions in programming and elimination of HIV-focused staff positions. The reduction in dedicated HIV resources has led to fewer events of the kind that have traditionally provided a platform for coordination and dialogue between communities and UN agencies, thus making it harder to keep the focus on societal enablers and key populations.
144. 自 2018 年以来，捐助者对艾滋病毒和社会推动因素工作的支持减少，包括但不限于英国今年削减了 90% 的国际资金^{cxⁱⁱ}，加剧了致力于社会推动因素的社群组织面临的财政压力。艾滋病规划署及其若干共同赞助机构最近看到艾滋病毒项目的资金减少，这导致项目开发的减少和以艾滋病毒为重点的工作岗位的取消。艾滋病毒专用资源的减少导致传统上为社群和联合国机构之间的协调和对话提供平台的活动减少，从而使人们更难将重点放在社会推动因素和关键人群上。
145. Even as community-led responses and the UNAIDS Joint Programme provide critical leadership on HIV-related societal enablers, their work may not always bear fruit due to resistance in countries. In many countries, religious, cultural, and political attitudes pose considerable barriers to working on societal enablers that can benefit key populations and other vulnerable groups, including women and girls. Similarly, when a major HIV funder like the PEPFAR bans advocacy for the rights of sex workers, it limits the ability to engage on societal enablers that affect this vulnerable key population. ILO conventions and recommendations call for an end to harassment and violence, but the lack of monitoring and enforcement mechanisms undermines broad-based adherence to these international norms.
146. 即使社群主导的抗击工作和艾滋病规划署联合规划署对与艾滋病毒有关的社会推动因素提供了关键的领导，但由于各国的抵制，他们的工作可能并不总是取得成果。在许多国家，宗教、文化和政治态度对开发能够使关键人群和其他弱势群体（包括妇女和女童）受益的社会推动因素构成了相当大的障碍。同样，当像总统防治艾滋病紧急救援计划（PEPFAR）这样的主要艾滋病毒资助者禁止倡导性工作者的权利时，它限制

了参与影响这一脆弱关键人群的社会推动因素的能力。劳工组织的公约和建议呼吁结束骚扰和暴力，但缺乏监测和执行机制损害了对这些国际规范的广泛遵守。

THE CRITICAL ROLE OF COMMUNITY-LED SERVICES

社群主导服务的关键作用

147. The Global AIDS Strategy envisages that by 2025, 30% of HIV testing and treatment services will be delivered by community-led organizations. The Strategy also provides that 80% of service delivery for HIV prevention programmes for key populations and women will be delivered by community-led organizations.
148. 《全球艾滋病战略》设想，到 2025 年，30% 的艾滋病毒检测和治疗服务将由社群主导组织提供。该战略还规定，为关键人群和妇女提供的艾滋病毒预防项目服务中，80% 将由社群主导组织提供。
149. Communities are key sources of services for HIV prevention, treatment, care and support. Indeed, the COVID-19 pandemic highlighted the essential role of community-led services, as innovation by communities proved essential in preserving and expanding access to services during COVID-19-related lockdowns.^{cxiii cxiv}
150. 社群是艾滋病毒预防、治疗、关怀和支持服务的重要来源。事实上，COVID-19 大流行凸显了社群主导服务的重要作用，因为在与 COVID-19 相关的封锁期间，社群的创新对于保持和扩大服务可及至关重要。^{cxv cxvi}
151. Communities are also providers of key social services. These include economic empowerment initiatives, as highlighted below in the case study from India.
152. 社群也是关键社会服务的提供者。其中包括如下文印度案例研究那样的经济赋权项目。
153. As in the case of community-led work on societal enablers, the reach, impact and sustainability of community-led services are undermined by an acute and worsening lack of resources. Fully resourcing and supporting community-led services is a non-negotiable priority if we hope to end the AIDS epidemic as a public health threat by 2030.
154. 与社群主导的社会推动因素工作一样，社群主导服务的范围、影响和可持续性因严重和日益恶化的资源匮乏而受到损害。如果我们希望到 2030 年结束艾滋病这一公共卫生威胁，那么充分提供资源和支持社群主导服务是一个不容谈判的优先事项。

Spotlight:

In a country in Southeast Asia, an organization led by gay men and other men who have sex with men provided preventive packs with condoms, lubricants, and informational and educational materials to young gay engaging in chemsex. The organization was able to identify and assist gay adolescents and young people who could benefit from HIV prevention interventions because it was linked to the communities it was serving.

在东南亚的一个国家，一个由男同性恋者和其他男男性行为者主导的组织向从事药爱的年轻同性恋者提供了带有避孕套、润滑剂以及信息和教育材料的预防包。该组织能够识别和帮助同性恋青少年和青年，使其可以从艾滋病毒预防干预措施中受益，因为它与所服务的社群相关联。

In a country in West Africa, a youth-led and key populations-focused community group used peer educator (peer counselor) cohorts to find and provide healthcare and HIV services to hitherto unreached and unserved community members. The use of peer counselors allowed other community members to feel comfortable and more likely to access services.

在西非的一个国家，一个由青年主导的专注关键人群的社群团体利用同伴教育者（同伴咨询员），为尚未被触及和得不到服务的社群成员寻找并提供医疗保健和艾滋病毒服务。使用同伴咨询员使其他社群成员感到舒适，更有可能获取服务。

In the mid-1990's, the local government of a major city in North America opened a transgender health clinic, recognizing the barriers to healthcare access posed by stigma and discrimination commonly experienced by transgender service recipients. In addition to clinical services, the facility served as a venue for community members to congregate, helping strengthen community linkages, solidarity, information sharing, and peer networking and contributing to declines in new HIV cases. The transgender centre also provided creative programming and nurtured leaders from HIV-affected communities. Because of the success of the first centre, several transgender-specific health clinics have since been opened in the city, expanding access to gender affirming healthcare and have contributing to HIV prevention as well as the reduction of stigma.

在 1990 年代中期，北美一个主要城市的地方政府，认识到跨性别用户通常经历的耻辱和歧视对获得医疗保健造成的障碍，开设了一家跨性别健康诊所。除了临床服务外，那里还充当社群成员聚集的场所，帮助加强社群联系、团结、信息共享和同伴网络，并有助于减少新的艾滋病毒病例。跨性别中心还提供创造性的项目，并培养来自受艾滋病毒影响社群的领导人。由于第一个中心的成功，该市开设了几家针对跨性别者的诊所，扩大了性别确认医疗保健的可及性，并为预防艾滋病毒和减少污名做出了贡献。

"Trained and mentored peer counsellors known as Community Adolescent Treatment Supporters (CATS) have been adopted by Zimbabwe's Ministry of Health and Child Care and embedded in 568 health facilities and their surrounding communities as a key cadre in the HIV response for children, adolescents, and young people living with HIV (CAYPLHIV). Symptoms of common mental disorders were reduced from 62% to 2% among adolescents counselled by CATS. The CATS intervention has been adopted in eight countries in the region where 1,745 CATS are supporting 55,833 CAYPLHIV. At the end of 2020, 98% of CATS, 97% of young mothers, and >90% of CAYPLHIV were virally suppressed." - Nicola Willis, Founder and Executive Director, Zvandiri, Zimbabwe

“津巴布韦卫生和儿童保健部已经采用了经过培训和指导的同伴咨询员，称为社群青少年治疗支持者（CATS），并将其嵌入 568 个卫生设施及其周边社群，作为应对感染艾滋病毒的儿童，青少年和青年（CAYPLHIV）的关键干部。向 CATS 咨询的青少年中，常见精神障碍的症状从 62% 降低到 2%。CATS 干预措施已在该地区的八个国家采用，其中 1745 名 CATS 支持 55833 名 CAYPLHIV。到 2020 年底，98% 的 CATS，97% 的年轻母亲和超过 90% 的 CAYPLHIV 实现病毒抑制。” - Nicola Willis, 创始人兼执行主任, Zvandiri, 津巴布韦

155. This case study highlights how a sex worker-led financial cooperative in India has strengthened the economic position of sex workers by providing low interest loans, savings programs and self-employment schemes for sex workers. Employment and economic empowerment have helped sex workers improve their health outcomes, including lowering HIV risk.
156. 本案例研究强调了印度性工作者领导的金融合作社如何通过为性工作者提供低息贷款、储蓄计划和自雇机制来加强性工作者的经济地位。就业和经济赋权帮助性工作者改善了他们的健康，降低艾滋病毒风险。
157. Usha Multipurpose Cooperative Society Limited (Usha) is the first and largest ever sex worker-led financial institution in South Asia, exclusively run by and for sex workers. It was formed in 1995 in response to the economic and social challenges faced by sex workers in Sonagachi, the red-light area of Kolkata, a city of 15 million in the state of West Bengal. Prior to the creation of Usha, sex workers in Kolkata could not open bank accounts without legal identification and proof of residence - documents that their “illegal” occupation did not allow them to possess. Laws in India make it illegal to run a brothel and also criminalise the earnings from sex work.^{cxviii} Sex workers also faced stigma and discrimination as banks refused to offer them services upon learning their profession.
158. 多用途合作社有限公司（Usha）是南亚第一家也是最大的性工作者领导的金融机构，由性工作者独家经营并为性工作者服务。它成立于 1995 年，以应对西孟加拉邦拥有 1500 万人口的城市加尔各答的红灯区 Sonagachi 的性工作者面临的经济和社会挑战。在创建 Usha 之前，加尔各答的性工作者在没有合法身份证明和居住证明的情况下无法开设银行账户，他们的“非法”职业使他们无法拥有的文件。印度法律规定经营妓院是非法的，并将性工作收入刑事定罪。^{cxix}性工作者也面临污名和歧视，因为银行在得知他们的职业后拒绝为他们提供服务。
159. Due to their inability to open bank accounts, many sex workers kept their earnings with their brothel owners, pimps or even clients, leaving workers vulnerable to fraud. They were also often robbed of money by criminal gangs or extorted by the police. As a result, most sex workers chose not to save or were unable to save. In the absence of savings, they were forced to borrow money during emergencies from local moneylenders at exorbitant interest rates. Consequently, sex workers found themselves trapped in poverty and debt and were compelled to engage in potentially higher paying unsafe work, which further exposed them to severe exploitation and health risks, including HIV transmission.
160. 由于无法开设银行账户，许多性工作者将他们的收入给妓院老板、皮条客甚至客户保管，容易受到欺诈。他们还经常被犯罪团伙抢劫或被警察勒索。结果，大多数性工作者选择不储蓄或无法储蓄。在没有储蓄的情况下，他们被迫在紧急情况下以过高的利率从当地放债人借钱。因此，性工作者陷入了贫困和债务之中，被迫从事可能报酬较高的不安全工作，这进一步使他们面临严重的剥削和健康风险，包括艾滋病毒传播。
161. To change this state of affairs, sex workers tried to start their own financial institution. However, a ‘morality clause’ in the West Bengal Cooperative Societies Act of 1983 was used to deny their application to form a Cooperative, on the grounds that sex work was not considered a legitimate or legal profession. In response, sex workers began organising and demanding that sex work be recognized as a legitimate form of work. A decade-long struggle finally led to the amendment of the Act in 2006 allowing sex workers to form a Cooperative by recording their profession as sex work.^{cxx}
162. 为了改变这种状况，性工作者试图创办自己的金融机构。然而，1983 年《西孟加拉邦合作社法》中的“道德条款”被用来拒绝他们成立合作社的申请，理由是性工作不被

视为合法的职业。作为回应，性工作者开始组织并要求承认性工作是一种合法的工作形式。长达十年的斗争最终导致 2006 年对该法案的修订，允许性工作者通过将他们的职业记录为性工作来组建合作社。^{cxix}

163. Since then, Usha has enabled sex workers to save for crises, such as the ongoing COVID-19 pandemic. Usha has helped free sex workers from dependence on unscrupulous money lenders and loan sharks and reduced indebtedness and economic insecurity. Financial security has led to a higher bargaining power with clients, putting sex workers at less risk of violence and HIV transmission.
164. 从那时起，Usha 使性工作者能够为持续的 COVID-19 大流行这样的危机进行储蓄。Usha 帮助性工作者摆脱了对肆无忌惮的放债人和高利贷者的依赖，并减少了债务和经济不安全感。财务安全使他们与客户讨价还价能力提高，面临更少的暴力和艾滋病毒传播风险。
165. Usha provides higher savings interest rates than commercial banks, thus incentivizing savings. The paperwork for investing and saving money have been simplified. Loans are offered at low interest rates along with easy and flexible loan repayment schemes that are sensitive to sex workers' social and financial circumstances. Usha also undertakes a range of commercial activities that help supplement income for sex workers and create alternative jobs for out-of-work and elderly sex workers. These economic empowerment initiatives allow sex workers to move to other types of work if they wish. In response to the COVID-19 pandemic, Usha has offered small loans to sex workers who wish to start a new business since sex work has come to a halt.
166. Usha 提供比商业银行更高的储蓄利率，从而激励储蓄。投资和存钱的文件已经简化。贷款以低利率提供，同时提供简单灵活的贷款偿还计划，符合性工作者的社会和经济状况。Usha 还开展一系列商业活动，帮助性工作者补充收入，并为失业和老年性工作者创造替代工作。这些经济赋权举措允许性工作者在愿意的情况下从事其他类型的工作。为了应对 COVID-19 大流行，Usha 向希望在性工作停止后开始新业务的性工作者提供小额贷款。
167. Usha today serves 30 000 sex worker clients each year and has an annual budget of \$4 million. As a result of financial empowerment, sex workers are better able to meet their basic needs, access healthcare, and HIV services. Usha has additionally helped sex workers gain political leverage by pooling resources. Other Indian cities like Mumbai (with a population of 22 million and Asia's second biggest red light district) and Mysore have also followed Kolkata's lead and established their own community-led financial institutions to serve sex workers.
168. 如今，Usha 每年为 3 万名性工作者客户提供服务，年度预算为 400 万美元。由于经济赋权，性工作者能够更好地满足其基本需求，获得医疗保健和艾滋病毒服务。Usha 还通过汇集资源帮助性工作者获得政治影响力。孟买（拥有 2200 万人口，亚洲第二大红灯区）和迈索尔等其他印度城市也效仿加尔各答，建立了自己的社群主导的金融机构，为性工作者提供服务。

Case study: Providing transgender-specific health services in Thailand^{cxix}
案例研究：在泰国提供针对跨性别者的医疗服务^{cxix}

169. Transgender women in Thailand have extremely high prevalence and incidence of HIV and STIs, but are often unable to access healthcare services that are tailored to their unique needs. It is estimated that over half of new HIV infections in the country each year are among transgender women and gay and other men who have sex with

men. A recent study found high rates of rectal gonorrhoea and rectal chlamydia among transgender women.

170. 泰国跨性别女性的艾滋病毒和性传播感染的流行率和发病率极高，但往往无法获得适合其独特需求的医疗服务。据估计，该国每年超过一半的艾滋病毒新感染者是跨性别妇女和男同性恋者以及其他男男性行为者。最近的一项研究发现，跨性别女性中直肠淋病和直肠衣原体的发生率很高。
171. Many healthcare providers in Thailand have limited understanding and clinical skills to provide appropriate and friendly services to transgender people. A recent survey conducted by the Ministry of Public Health indicated that 15% of healthcare workers believe that transgender women living with HIV should be ashamed of their gender identity and/or their serostatus. Almost 50% of transgender women have reported negative experiences with providers. Concerns about hormone-antiretroviral cross-reaction is a key reason many transgender women living with HIV do not access treatment. Very few transgender women report having received counseling or advice from providers on gender-affirming hormone treatment.
172. 泰国的许多医疗保健提供者在为跨性别者提供适当和友好的服务方面的理解和临床技能有限。公共卫生部最近进行的一项调查显示，15%的医护人员认为，感染艾滋病毒的跨性别女性应该为她们的性别身份和血清状况感到羞耻。近50%的跨性别女性报告了在服务机构的负面经历。对激素-抗逆转录病毒交叉反应的担忧是许多感染艾滋病毒的跨性别女性无法获得治疗的关键原因。很少有跨性别女性报告接受过医疗机构关于性别激素治疗的咨询或建议。
173. Thailand's transgender community members clearly need tailored, accessible, friendly, and comprehensive health services, including hormone and sexual health services and appropriate training for providers. Recognizing these unmet needs, in 2015 the Thai Red Cross collaborated with the community to open the Tangerine Community Health Center with funding support from the United States President's Emergency Plan for AIDS Relief (PEPFAR). Located in the heart of Thailand's bustling capital, Bangkok, Tangerine is the first transgender-specific sexual health and wellbeing clinic in the country.
174. 泰国的跨性别社群成员显然需要量身定制的、可及的、友好的和全面的卫生服务，包括激素和性健康服务，以及为服务机构提供适当的培训。认识到这些未满足的需求，泰国红十字会于2015年与社群合作，在美国总统艾滋病紧急救援计划（PEPFAR）的资助下开设了Tangerine社群卫生中心。Tangerine位于泰国繁华的首都曼谷的中心，是该国第一家针对跨性别者的性健康福祉诊所。
175. Tangerine offers comprehensive, fee-based health services including gender-affirmative hormone treatment; HIV testing, counseling, PrEP, post-exposure prophylaxis, and antiretroviral therapy; management of STIs; and vaccinations for viral hepatitis A, viral hepatitis B and human papillomavirus. In addition to gender-sensitive nurses and physicians, Tangerine also employs transgender staff, including staff living with HIV. The clinic maintains close contact with the community it serves in order to ensure that the services are accessible, sensitive, and of high quality.
176. Tangerine 提供全面的收费健康服务，包括性别平等的激素治疗、HIV检测、咨询、暴露前预防、暴露后预防和抗逆转录病毒治疗；性传播感染的管理；以及甲肝、乙肝和HPV疫苗接种。除了对性别问题有敏感意识的护士和医生外，Tangerine还雇用跨性别员工，包括感染艾滋病毒的员工。诊所与其所服务的社群保持密切联系，以确保服务是可及的，敏感的和高质量的。
177. Tangerine has worked with popular transgender social media influencers to reach clients who are vulnerable and at risk of HIV infection, including AYP and those

getting tested for HIV for the first time. The Health Center has exceeded annual targets for clients served, in large part due to engagement with transgender influencers as part of an online-to-offline social media strategy to better reach transgender communities.

178. Tangerine 与流行的跨性别社交媒体影响者合作，以接触脆弱且有感染艾滋病毒风险的客户，包括青少年和首次接受艾滋病毒检测的客户。健康中心已经超过了服务客户的年度目标，这在很大程度上是由于与跨性别影响者的接触，通过在线到离线社交媒体战略，更好地接触跨性别社群。
179. As a result of Tangerine's community-led efforts, ART uptake has significantly improved among transgender women. The integration of hormone and HIV services made it likelier that clients were more likely to return to the clinic for follow-up visits. The Tangerine model that integrates gender-affirmative hormone services and sexual health services has proven to be feasible and effective in increasing access to and retention in HIV testing, PrEP, and ART services.
180. 由于 Tangerine 在社群主导下的努力，跨性别女性对抗病毒治疗的接受程度有了显著提高。激素和艾滋病毒服务的整合使得客户更有可能返回诊所进行随访。事实证明，将性别平等的激素服务和性健康服务整合在一起的 Tangerine 模型在增加艾滋病毒检测，暴露前预防和抗病毒服务的可及性和保留率方面是可行和有效的。

THE ROLE OF THE JOINT PROGRAMME IN SCALING UP SOCIETAL ENABLERS

联合国艾滋病规划署在扩大社会推动因素中的作用

181. The UNAIDS Secretariat and the 11 Cosponsors have a central role to play in the global effort to avert tens of millions of infections and deaths and end the HIV epidemic by 2030, as envisioned by the Sustainable Development Goals.^{cxxiv} A central plank of these efforts is ending inequality, which can only be achieved by working on societal enablers to support people living with HIV, key populations and other vulnerable groups that are disproportionately harmed by HIV.
182. 联合国艾滋病规划署秘书处和 11 个共同赞助者在全球可持续发展目标工作中可发挥核心作用，避免数千万感染和死亡，并到 2030 年结束艾滋病毒流行。^{cxxv} 这些工作的支柱是消除不平等，这只能通过对社会推动因素做工作来实现，以支持艾滋病毒感染者、关键人群和其他受到艾滋病毒过度伤害的弱势群体。
183. The Global Partnership for Action to Eliminate all Forms of HIV-related Stigma and Discrimination provides useful guidance for the Joint Programme on undertaking a multisectoral response - that includes communities, governments, bilateral and multilateral donors, academia, and the UN - to address HIV-related stigma and discrimination.^{cxxvi}
184. 消除一切形式的与艾滋病毒有关的污名和歧视全球行动伙伴关系为规划署采取多部门应对措施提供了有益的指导。社群、政府、双边和多边捐助者、学术界和联合国共同解决与艾滋病毒有关的污名和歧视问题。^{cxxvii}
185. The Global Partnership, which is a direct by-product of the NGO Delegation's advocacy at the PCB, recognizes that HIV-related stigma (irrational or negative attitudes, behaviours and judgments driven by fear) and HIV-related discrimination (unfair treatment, laws and policies) are widespread and are persistent barriers to access to HIV prevention, testing, and treatment services for those most at risk. The settings where stigma and discrimination occur include healthcare institutions, educational institutions, workplaces, the justice system, families and communities, and emergency and humanitarian settings. Despite decades of scientific advances in prevention and treatment, irrational fears of HIV infection and negative attitudes

towards people living with HIV continue to undermine efforts to end the AIDS epidemic as a public health threat.

186. 全球伙伴关系是 NGO 代表团在 PCB 倡导的直接副产品。PCB 认识到与艾滋病毒有关的污名（由恐惧驱动的非理性或消极态度、行为和判断）和歧视（不公平待遇、法律和政策）普遍存在，是高危人群获得艾滋病毒预防、检测和治疗服务的持续障碍。发生污名和歧视的环境包括医疗机构、教育机构、工作场所、司法系统、家庭和社群，以及紧急情况和人道主义场所。尽管在预防和治疗方面取得了几十年的科学进步，但对艾滋病毒感染的非理性恐惧和对艾滋病毒感染者的消极态度继续破坏结束艾滋病这一公共卫生威胁的努力。
187. At the global level, the NGO Delegation recommends that the Secretariat lead efforts to create rights-based norms and standards on societal enablers, in order to avoid having work on societal enablers sidetracked by the lack of agreed UN terminology. There are dozens of existing standards, conventions, recommendations and policies produced by the Joint Programme that are supportive of engagement on societal enablers, including with marginalized groups. These documents should be harmonized and harnessed to establish explicitly rights-based norms and standards that support work on societal enablers and HIV. The NGO Delegation also recommends that efforts be made to simplify UNAIDS resources on societal enablers and to make them as user-friendly as possible.
188. 在全球层面，NGO 代表团建议秘书处牵头努力，制定关于社会推动因素的基于权利的规范和标准，以避免关于社会推动因素的工作因缺乏商定的联合国术语而偏离轨道。规划署制定了数十项现有标准、公约、建议和政策，支持社会推动因素，包括边缘化群体的参与。应协调和利用这些文件，以明确建立基于权利的规范和标准，支持社会推动因素和艾滋病毒方面的工作。NGO 代表团还建议作出努力，简化艾滋病规划署关于社会推动因素的资源，并使其尽可能方便用户使用。
189. Where there are gaps in knowledge and evidence, the Joint Programme should support and facilitate funding for research efforts that generate relevant information on the unique needs of key populations and other vulnerable groups. When conducting research, the safety, privacy and bodily autonomy of research participants should be ensured by obtaining full informed consent. Safety, including data security, is important because many research participants may live in environments where they are criminalized and/or stigmatized. The knowledge generated from research should be provided back to communities to support their advocacy and organizing efforts.
190. 在知识和证据方面存在差距的地方，规划署应支持和促进为研究工作提供资金，以产生关于关键人群和其他弱势群体独特需要的相关信息。在进行研究时，应通过获得完全知情同意来确保研究参与者的安全、隐私和身体自主权。包括数据安全在内的安全很重要，因为许多研究参与者可能生活在他们被刑事定罪或污名化的环境中。研究产生的知识应反馈给社群，以支持他们的倡导和组织工作。
191. UN agencies have global legitimacy and convening power. They are uniquely positioned to successfully lead collaborative processes to systematically, independently and rigorously gather data, for instance on punitive laws targeting key populations and how these undermine the HIV response.^{cxxviii} Identifying harmful laws and pointing out how they are incompatible with global standards and national commitments can provide a powerful impetus to governments to change or scrap the harmful laws.
192. 联合国机构具有全球合法性和召集力量。他们具有独特的优势，可以成功地领导协作进程，系统、独立和严格地收集数据，例如针对关键人群的惩罚性法律以及这些法律

如何破坏艾滋病毒抗击工作。^{cxix} 确定有害的法律并指出它们如何与全球标准和国家承诺不相容，可以为政府改变或废除有害法律提供强大的动力。

193. At the regional and country levels, the Joint Programme should fully leverage its reputation as a source of accurate data, information and best practices on HIV prevention and treatment. Country and regional offices should identify the needs of HIV-affected communities in countries where they work and use this needs assessment to provide tailored, appropriate support for the national response, including direct support for community-led efforts.
194. 在区域和国家层面，规划署应充分利用其作为艾滋病毒预防和治疗准确数据、信息和最佳实践来源的声誉。国家和区域办事处应查明其工作所在国受艾滋病毒影响社群的需要，并利用这一需求评估为国家抗击工作提供有针对性的适当支持，包括直接支持社群主导工作。
195. Engaging directly with activists and community-led organizations representing people living with HIV, key populations and other vulnerable groups must be a top priority for the Joint Programme's country and regional offices. Such engagement can provide invaluable perspectives of the lived realities of groups affected by HIV. Communities should be involved in every stage of UN joint programming, from programme design to rollout and implementation. By regularly listening to the concerns of communities affected by HIV, the Joint Programme and Joint UN Teams will be able to design programmes that meet demonstrated needs and that can have a real impact in halting and reversing HIV prevalence rates.
196. 与代表艾滋病毒感染者、关键人群和其他弱势群体的活动家和社群主导组织直接接触，必须是规划署国家和区域办事处的最高优先事项。这种参与可以提供受艾滋病毒影响的群体生活现实的宝贵视角。社群应被纳入联合国规划署规划的每个阶段，从方案设计到推广和实施。通过定期听取受艾滋病毒影响的社群所关注的问题，规划署和联合国联合小组将能够设计出满足所知需求的方案，对制止和扭转艾滋病毒流行率产生真正影响。
197. The Joint Programme and members of Joint UN Teams should partner with national human rights organizations to document discrimination and violations faced by people living with HIV, key populations and other vulnerable groups. The evidence collected from such efforts can provide the rationale to advocate for change. The NGO Delegation recommends that the Joint programme leverage evidence and data to identify and call out countries that have inadequate HIV responses in order to galvanize needed action. UN country offices should also learn from successful past interventions in creating and adapting programming.
198. 规划署和联合国联合小组成员应与国家人权组织合作，记录艾滋病毒感染者、关键人群和其他弱势群体面临的歧视和侵权行为。从这些工作中收集的证据可以为倡导变革提供理由。NGO 代表团建议，规划署应利用证据和数据来识别和指出艾滋病毒抗击工作不足的国家，以激励采取必要的行动。

“UNAIDS should mobilize funds to support community-led advocacy to get governments to institute, implement, and integrate societal enablers as an integral part of the national HIV response.” - Mara Quesada, Executive Director, Action for Health Initiatives Inc, The Philippines

“联合国艾滋病规划署应调动资金支持社群主导的倡导活动，使各国政府能够制定、实施和整合社会推动因素，作为国家艾滋病毒抗击工作的一个组成部分。” - Mara Quesada, 执行主任, 卫生倡议行动, 菲律宾

“UNAIDS should create ongoing mechanisms for listening to key population communities. It should create funding mechanisms so that social enablers are included in the development of programme strategies.” - **Leonardo Moura, Advocate and community mobilizer, Brazil**

“联合国艾滋病规划署应建立持续的机制，倾听主要人口社群的意见。它应建立资助机制，以便将社会推动因素纳入方案战略的制定工作。” - **Leonardo Moura, 倡导者和社群动员者, 巴西**

UNAIDS should fund community-led HIV prevention activities, youth friendly centers, income generating activities, safe houses for adolescents and youth, key populations and other vulnerable groups. - **Maryam Sani Haske, Program Officer, National Agency for the Control of AIDS, Nigeria**

“艾滋病规划署应资助社群主导的艾滋病毒预防活动、青年友好中心、创收活动、青少年和青年安全屋、关键人群和其他弱势群体的安全住所。” - **Maryam Sani Haske, 项目官员, 国家艾滋病控制局, 尼日利亚**

“UNAIDS should engage with departments beyond HIV control programmes at the country level and invest in communities most affected by HIV and train them in advocacy and negotiation skills.” - **Sonal Mehta, Regional Director for South Asia, International Planned Parenthood Federation**

“联合国艾滋病规划署应与国家艾滋病毒控制以外的部门合作，投入于受艾滋病毒影响最严重的社群，并培训他们掌握倡导和谈判技术。” - **Sonal Mehta, 国际计划生育联合会南亚区域主任**

“Do not continue to cut UNAIDS staff. The current alignment process is extremely concerning and raises questions on whether the organization is being steered in the right direction. Keep supporting and funding the roll out of the Partnership to Eliminate All Forms of HIV-related Stigma and Discrimination.” - **Anonymous, Community activist, Latin America and the Caribbean**

“不要继续裁减联合国艾滋病规划署的工作人员。目前的调整过程非常令人担忧，并提出了有关组织是否正朝着正确方向发展的疑问。继续支持和资助‘消除一切形式的艾滋病毒相关污名和歧视伙伴关系’的推广。” - **匿名, 社群活动家, 拉美和加勒比地区**

“UNAIDS needs to start talking more about the social determinants of HIV and health. Talk more about mental health, talk more about economic disparities, talk more about gender inequalities, talk more about human rights, talk more about education, talk more about employment, talk more about justice. Because these will eventually lead us to achieving the testing and treatment targets.” - **Anonymous, Community activist, unspecified region**

“联合国艾滋病规划署需要开始更多地谈论艾滋病毒和健康的社会决定因素。多谈心理健康，多谈经济差距，多谈性别不平等，多谈人权，多谈教育，多谈就业，多谈司法。因为这些最终将引导我们实现检测和治理目标。” - **匿名, 社群活动家, 未指定地区**

CONCLUSIONS 结论

199. This report, drawing on the best available evidence and from examples from around the world, conclusively demonstrates the critical role of societal enablers making the HIV response more effective and sustainable. It has demonstrated that people living with HIV, key populations and other vulnerable groups stand to benefit greatly from scaled-up societal enablers, especially when services are provided by community-led organizations. Investments in societal enablers are crucial at a time when reduced funding, punitive legal environments and shrinking space for civil societies are compounded by the challenges of the ongoing COVID-19 pandemic.^{cxxx}
200. 本报告借鉴了现有的最佳证据和世界各地的实例，最终表明了社会推动因素在使艾滋病毒抗击工作更加有效和可持续方面发挥的关键作用。它表明，艾滋病毒感染者、关键人群和其他弱势群体将从扩大的社会推动因素中受益匪浅，特别是当服务由社群主导组织提供时。在资金减少、惩罚性法律环境和民间社会空间缩小并因持续的 COVID-19 大流行而变得更加复杂的情况下，对社会推动因素的投入至关重要。^{cxxxi}
201. Engagement on societal enablers as part of the HIV response is explicitly endorsed by the Global AIDS Strategy and by the 2021 Political Declaration.

202. 作为艾滋病毒抗击工作的一部分，社会推动因素的参与得到了《全球艾滋病战略》和《2021 年政治宣言》的明确认可。
203. The Global AIDS Strategy focuses on inequality as a primary driver of new HIV infections round the world and calls for the removal of punitive laws and policies that block an effective HIV response, including those related to HIV transmission, same-sex sexual relations, sex work and drug use. It explicitly endorses the role of societal enablers as a pillar of the HIV response, commits to supporting community-led programmes with the necessary resources, and acknowledges that HIV treatment is central - but not enough by itself - to achieve epidemic control by 2030 as envisioned by the UN Sustainable Development Goals.
204. 《全球艾滋病战略》的重点是，不平等是全世界艾滋病毒新发感染的主要驱动因素，并呼吁取消阻碍有效应对艾滋病毒的惩罚性法律和政策，包括与艾滋病毒传播、同性性关系、性工作和毒品使用有关的法律和政策。它明确认可社会推动因素作为艾滋病毒抗击工作支柱的作用，承诺以必要的资源支持社群主导项目，并承认艾滋病毒治疗是到 2030 年实现联合国可持续发展目标所设想的流行病控制的核心，但光治疗还不够。
205. The Political Declaration welcomed efforts by countries to work on societal enablers and called for an end to the marginalization of people living with HIV and of communities at higher risk of HIV infection. The Declaration endorsed specific targets on societal enablers and for programmes to be delivered by community-led organizations and encouraged investment in efforts to protect human rights, reduce stigma and discrimination and enact legal reforms in low- and middle-income countries.
206. 《政治宣言》欢迎各国努力促进社会推动因素，并呼吁结束艾滋病毒感染者和艾滋病毒感染风险较高的社群的边缘化现象。《宣言》认可了关于社会推动因素的具体目标以及由社群主导组织实施的方案，并鼓励对在低收入国家保护人权、减少污名和歧视以及实施法律改革的工作进行投入。
207. Stigma, prejudice, discrimination and violence create a hostile social environment for people living with HIV, key populations and other vulnerable groups. Communities and the Joint Programme should collaborate to end stigma and discrimination and to augment biomedical interventions with programming on societal enablers. **Societal enablers** play a key role in expanding access to **societal enablers** such as education, employment and healthcare, which in turn reduce underlying inequalities and empower individuals and communities to demand access to the services they need. Rapid scale-up of societal enablers is essential.
208. 污名、偏见、歧视和暴力给艾滋病毒感染者、关键人群和其他弱势群体创造了一个敌对的社会环境。社群和联合国规划署应当一起合作，结束污名和歧视，并通过规划社会推动因素来加强生物学干预措施。社会推动因素在扩大获得教育、就业和医疗保健等方面发挥着关键作用，这反过来又减少了潜在的不平等，并使个人和社群能够要求获得所需的服务。迅速扩大社会推动因素至关重要。
209. Further marshaling the evidence on how investments in societal enablers can lower HIV prevalence and reduce transmission risk will be crucial to getting broader buy-in from member states and other stakeholders to increase financing for societal enablers. The Joint Programme should map out clear pathways on how investments in societal enablers result in gains for HIV-affected communities. Harmonizing existing UN standards and policies on societal enablers and HIV can help establish explicitly rights-based norms and standards that support increased work on societal enablers and HIV.

210. 进一步收集关于对社会推动因素的投入如何能够降低艾滋病毒流行率和传播风险的证据，对于获得成员国和其他利益相关方更广泛的支持以增加对社会推动因素的筹资至关重要。规划署应就对社会推动因素的投资如何为受艾滋病毒影响的社群带来益处阐明清晰的途径。协调联合国关于社会推动因素和艾滋病毒的现有标准和政策，有助于建立明确基于权利的规范和标准，支持加强关于社会推动因素和艾滋病毒的工作。
211. The HIV epidemic is currently *not* on track to end by 2030. Existing HIV tools and strategies have proven to be insufficient. While improving upon existing prevention and treatment strategies will yield significant gains, the HIV pandemic will remain a major global challenge for the foreseeable future. HIV services should therefore engage the most affected communities and include an ironclad commitment to human rights, gender equality, and equitable access to societal enablers.^{cxviii} As this report makes clear, the HIV epidemic cannot be ended unless those who are most affected - namely people living with HIV, key populations and other vulnerable groups - are an integral part of the global response.
212. 艾滋病毒流行目前尚未进入 2030 年之前结束的轨道。现有的艾滋病毒工具和战略已证明是不够的。虽然改进现有的预防和治疗战略将产生重大成果，但在可预见的将来，艾滋病毒大流行仍将是一项重大的全球挑战。因此，艾滋病毒服务应让受影响最严重的社群参与进来，并纳入对人权、性别平等和公平获得社会推动因素的坚定承诺。^{cxviii} 正如本报告所表明的那样，除非受影响最严重的人，即艾滋病毒感染者、关键人群和其他弱势群体，成为全球工作的一个组成部分，否则艾滋病毒的流行就无法结束。

RECOMMENDATIONS 建议

213. Based on the findings and conclusions of the NGO Report 2021, it is recommended that to enhance the existing global HIV response to end the AIDS epidemic as a public health threat by 2030, relevant stakeholders should:
214. 根据《非政府组织 2021 年报告》的调查结果和结论，建议，为加强现有的全球艾滋病毒抗击工作到 2030 年结束艾滋病这一公共卫生威胁，相关利益攸关方应：
- a. Fully leverage societal enablers to ensure unimpeded access to education, employment and healthcare opportunities for people living with HIV, key populations and other vulnerable groups such as women and girls, adolescents and young people, and migrants who are disproportionately harmed by HIV;
 - b. 充分利用社会推动因素，确保艾滋病毒感染者、关键人群和其他弱势群体，如妇女和女童、青少年和青年以及受到艾滋病毒过度伤害的移民不受阻碍地获得教育、就业和医疗保健机会
 - c. Scale up efforts to increase access to justice and to eliminate punitive laws and policies that criminalize people living with HIV, sex workers, people who use drugs, transgender people and gay men and other men who have sex with men;
 - d. 扩大工作，增加诉诸司法的机会，并消除将艾滋病毒感染者、性工作者、毒品使用者、跨性别者和男同性恋者以及其他男男性行为者刑事定罪的惩罚性法律和政策
 - e. Advocate for laws and policies that protect the rights and health of all;
 - f. 倡导保护所有人的权利和健康的法律和政策
 - g. Eliminate stigma, prejudice, discrimination, abuse and violence against people living with HIV, key populations, and other vulnerable groups to ensure that everyone can access HIV prevention, testing and treatment services;

- h. 消除对艾滋病毒感染者、关键人群和其他弱势群体的污名、偏见、歧视、虐待和暴力，确保人人能获得艾滋病毒预防、检测和治疗服务；
- i. **Scale up HIV and societal enabler-related interventions that have been proven to work;**
- j. 扩大已被证明有效的艾滋病毒和社会推动因素相关干预措施
- k. **Scale- up existing biomedical HIV interventions and treatments with a greater focus on societal enablers;**
- l. 扩大现有的生物医学艾滋病毒干预措施和治疗方法，更加注重社会推动因素
- m. **Design and implement evidence- and community-informed and rights-based HIV services;**
- n. 设计和实施循证、社群知情和基于权利的艾滋病毒服务
- o. **Harmonize existing Joint Programme and Cosponsor policies and guidance to support increased work on societal enablers;**
- p. 协调现有的规划署和共同赞助者的政策和指导，以支持增加社会推动因素方面的工作
- q. **Use data, science and evidence to advocate for the importance of working on societal enablers as part of a comprehensive HIV response.**
- r. 利用数据、科学和证据来倡导将社会推动因素作为全面艾滋病毒抗击工作的一部分的重要性
- s. **Support community-led efforts on HIV and societal enablers.**
- t. 支持社群主导的艾滋病毒和社会推动因素的工作
- u. **Promote the importance of investments in societal enablers and document how these result in gains for HIV-affected communities;**
- v. 宣传对社会推动因素进行投入的重要性，并记录这些投入如何为受艾滋病毒影响的社群带来益处

[Annexes follow]

ANNEXES

Annex I: List of key informant interviews
附录 1: 关键知情人访谈清单

	Name 姓名	Country/Region 国家/地区	Organization 组织
<i>Community activists and leaders 社群活动家和领导人</i>			
1	Ivan Cruickshank	Jamaica/LAC 牙买加/拉美与加勒比	Caribbean Vulnerable Communities Coalition
2	Maguette Niang	Senegal/Africa 塞内加尔/非洲	University of Dakar Center for HIV prevention & MPact
3	Ronald Brands	The Netherlands/Europe 荷兰/欧洲	HIV Vereniging
4	Cecilia Chang	United States/North America 美国/北美	Transgender Law Center
5	Tobi Elizabeth	Ghana/Africa 加纳/非洲	Health Train Media
6	Tonny Muzira	Uganda/Africa 乌干达/非洲	Foundation for Male Engagement
7	Justin Chidozie Chukwukere	Nigeria/Africa 尼日利亚/非洲	Center for Health Education and Vulnerable Support
8	Midnight Poonakastwana	Thailand/Asia Pacific 泰国/亚太	APCOM Foundation
<i>Joint Programme Cosponsors 规划署共同赞助方</i>			
9	Tim Sladden	Global & Asia-Pacific 全球及亚太	UNFPA 联合国人口基金
10	Kathy Ward	Global & East and Southern Africa 全球及东部和南部非洲	World Bank 世界银行
11	Diddie Schaaf	Global 全球	ILO 国际劳工组织
12	Kofi Amekudzi	Global 全球	ILO 国际劳工组织
13	Ariana Stahmer	Global 全球	UNESCO 联合国教科文组织
14	Christopher Castle	Global 全球	UNESCO 联合国教科文组织

Other UN agencies 其他联合国机构			
15	Carlos van der Laet	Global 全球	IOM 国际移民组织

Annex II: Number of online survey respondents by region and language
附录 2: 在线受访者分区域和语言的数量

	Africa 非洲	Asia Pacific 亚太	Europe 欧洲	Latin America and Caribbean 拉美与加勒比	North America 北美	Total 总数
English 英语	16	7	4	9	6	44
Spanish 西班牙语	0	0	1	75	3	81
Russian 俄语	0	3	3	0	0	6
Total number of respondents 受访者总数						131

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