Agenda item 1.4

UNAIDS/PCB (41)/17.18

# REPORT BY THE NGO REPRESENTATIVE

非政府组织代表报告

UNAIDS

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UNAIDS Programme Coordinating Board

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**Additional documents for this item:** *none*
本文件补充文件：无

**Action required at this meeting - the Programme Coordinating Board is invited to:**
**此会议要求的行动—方案协调理事会被邀请：**

See decisions in paragraphs below (APPROVED DECISION POINTS):
见下文决策（通过的决策点）

4.1 Recalling decisions from previous Programme Coordinating Board meetings as referenced in the NGO Report (UNAIDS/PCB (41)/17.18) and welcoming the upcoming discussion at the 42nd Programme Coordinating Board meeting on ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration on Ending AIDS, including the proportion of services delivered through expanding the community-led service delivery to cover at least 30% by 2030; and that investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments;
4.1 回顾NGO报告(UNAIDS/PCB (41)/17.18)所提到的之前方案协调理事会会议决策，迎接在第42次方案协调理事会会议上将要进行的讨论，以监测2016《终止艾滋病政治宣言》中的财务相关目标实现情况，包括到2030年通过扩展社群主导服务所提供的服务比例至少达到30%；对社会活动者（包括倡导、政治动员、法律改革、人权、公众传播和减少污名）的投入应当至少为全球艾滋病投入的6%。

4.2 *Takes note* of the report;
4.2 报告重点

4.3 *Requests* UNAIDS' continued support to member states, in collaboration with community-based organizations and civil society, in monitoring and reporting, including through the Global AIDS Monitoring system, on progress made on Fast-Track targets, using disaggregated data, as feasible, so as to leave no one behind;
4.3 要求UNAIDS继续与社群组织和民间组织协作，支持成员国通过全球艾滋病监测系统等方式开展监测，汇报快速通道目标方面的进展，在可行时使用分散数据，以便不落下一个人。

4.4 *Requests* UNAIDS and member states in partnership with civil society organizations and all other relevant stakeholders to:
4.4 要求UNAIDS和成员国与民间组织及其他利益相关方：

a. Develop and apply country-level, community-participatory evidence gathering methodologies to identify barriers and measure the level and quality of access to services for all at risk populations so as to leave no one behind;
a. 开发和应用国家层面的社群参与式证据收集方法来识别障碍，测量面向风险群体的服务可及性的水平和质量，以便不落下一个人；

b. Develop methods of assessment of community engagement in countries in line with the core principles of the Joint Programme and the UNAIDS Strategy 2016-2021;
b. 根据联合方案和UNAIDS战略2016-2021的核心原则，开发各国社群参与测量方法；

4.5 *Requests* the Joint Programme to facilitate partnerships between member states and community-based organizations to help ensure effective action to meet HIV prevention, early diagnosis and treatment needs so as to leave no one behind;
4.5 要求联合方案协助成员国与社群组织合作，以确保采取有效行动，满足艾滋病毒预防、早期诊断和治疗的需求，以便不落下一个人；

4.6 *Requests,* in light of these decisions, UNAIDS for an update of the 2014 Gap report in terms of the HIV and AIDS response, and to report back to the Programme Coordinating Board;

4.6 要求 UNAIDS 在这些决策的启发下，对 2014 年的艾滋病毒与艾滋病工作的报告《鸿沟》进行更新，并向方案协调理事会汇报；

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## J. INTRODUCTION: PURPOSE AND CONTEXT
介绍：目的与背景

1. The NGO Delegation brings unique, first-hand experiences and perspectives of people living with HIV, key populations and vulnerable communities to the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB). Each year, it develops and presents a report that focuses on one or more issues determined to be of particular interest or urgency for affected communities, non-governmental organizations (NGOs) and other civil society groups that work among, for and with the Delegation.
NGO 代表团为联合方案的方案协调委员会带来了艾滋病毒感染者、重点人群和脆弱社群的独特一手经验和视角。每年它都选择一个或多个对受影响社群、非政府组织和其他与 NGO 代表团相关的民间团体而言重点或紧急的议题，提交一份相关报告。

2. The 2017 NGO Report, *The UNAIDS we need must leave no one behind: Getting to zero includes all of us (the 10–10–10)*, seeks to highlight the inequity and neglect faced by individuals and communities that are disproportionately affected by HIV and have long been neglected and in some cases not even recognized in HIV responses at various levels (local, national, regional or global). The reasons for the neglect include a lack of data and other information; social, cultural, economic, legal and political barriers; and stigma and discrimination.
2017 年的 NGO 报告是《我们需要的 UNAIDS 不会落下一个人：实现“零”目标需要我们（10-10-10）所有人》，突出了受艾滋病毒影响严重的个人和社群，以及在各个层面（地方、国家、区域或全球）抗击艾滋病毒工作中被长期忽视甚至没有被识别出得群体面临的不平等与忽视。被忽视的理由包括：缺乏数据等信息；社会、文化、经济、法律和政治障碍；污名与歧视。

3. The characteristics of these individuals and communities differ by context, but in many places they cover distinct populations, sub-populations and communities, such as indigenous peoples, transgender women, and migrant gay and other men who have sex with men. The experiences of and the realities faced by individuals of these and similar groups in vulnerable conditions raise the prospect that they will continue to be ignored in the responses to HIV and that the current 90–90–90 treatment targets and the Fast-Track strategy may never reach them and address their evolving needs. They are being left behind not by chance but by design.
这些个人和社群的特点因所处环境而不同，但在很多地方，都涉及独特人口、亚群体和社群，如原住民、跨性别女性、移民男同性恋和移民男男性行为者。这些脆弱群体的经验与面临的现状意味着在抗击艾滋病毒继续被忽视，当前的 90-90-90 治疗目标和快速通道策略可能永远接触不到他们，解决他们的发展需求。他们被落下，不是因为运气，而是因为机制。

4. Some populations, sub-populations and communities face extreme neglect and vulnerable conditions due to stigma, discriminatory legislation, and socioeconomic disparities. This leaves them disproportionately represented among the “10–10–10”. They include socially excluded irregular migrants, people in poverty, the elderly,

street and other vulnerable children, people in prisons and other forms of incarceration, ethnic members of key populations and indigenous peoples who use drugs. This report aims to highlight their existence and experiences, stressing the urgency to end their isolation and exclusion from HIV responses and, more broadly, from society.

特定群体、亚群体和社群因为污名、歧视性法律、社会经济差距而处于被忽视的脆弱境况中。这使他们在“10-10-10”中比例过高。这些人包括被社会排斥的非法移民、贫困人口、老人、街头儿童和其他脆弱儿童、囚犯和其他被关押者、重点人群中的少数族裔和使用毒品的原住民。本报告旨在强调他们的存在和经历，以及应尽快结束艾滋病毒抗击工作和整个社会对他们的孤立和排斥。

5. Not responding to the needs of those in most critical vulnerable conditions would represent a continued failure from the perspectives of equity, human rights and public health, and in terms of responding to the epidemic. This report urges improved and harmonised approaches for continued support for the participation of civil society organizations and communities in HIV responses, as well as for identifying and reaching and including those who have been left behind with concerted efforts tailor made to the different contexts. The Delegation also believes that an improved and sustained impact requires acknowledging the interlinked nature of these different vulnerabilities. That understanding needs to inform HIV responses and improved engagement with communities and individuals in these marginalized populations and subpopulations within them.

   不回应这些处于最脆弱境地的人群的需求，会在平等、人权和公共卫生方面有持续的失败，而抗击艾滋病毒的工作也不会成功。本报告敦促采取改良的和谐途径为民间组织和社群参与艾滋病毒抗击工作提供持续支持，以及采取因地制宜方式促进对被落下人群的识别、接触和纳入。代表团认为要实现可持续的改善就必须承认不同易损群体之间的内在联系。这个认识对艾滋病毒抗击工作和边缘化人群及其亚群体的社群和个人的参与都很重要。

## METHODOLOGY
## 方法学

6. The 2017 NGO report to the PCB highlights the inequality and neglect experienced by individuals and communities that are disproportionately affected by HIV, yet have been neglected or ignored in different levels of HIV responses for reasons including lack of data about them, social, cultural, economic, legal and political barriers as well as stigma and discrimination. Similar to previous NGO Delegation reports, the current report was informed by interviews, focus group discussions and responses to online surveys which members of the NGO Delegation conducted in July–August 2017 (Annex 1). In addition, a review of relevant literature was conducted, including research papers, reports and other resources from a range of organisations and sectors, including UN agencies. A standardized questionnaire was prepared in English and was translated into Spanish and Russian.

   提交 PCB 的 2017 年 NGO 报告强调了受艾滋病毒影响过重的个人和社群所经受的不平等与忽视。他们在不同层面的艾滋病毒抗击工作中被忽视的原因有多种，包括缺乏相关群体数据、社会文化经济法律政治障碍以及污名和歧视。与之前的 NGO 代表团报告类似，当前的报告内容也来自于访谈、焦点小组讨论和 NGO 代表团在 2017 年 7-8 月开展的在线调查（附录一）结果。另外还进行了相关文献的审阅，包括研究论文、报告和来自于各类组织和部门及联合国机构的资源。标准化问卷用英文撰写，并翻译成了西班牙文和俄文。

7. Almost 300 individuals participated in the consultations. The vast majority of individuals who were interviewed or who participated in focus group discussion were from communities and key populations left behind. Some were from other sectors, however, including a handful from multilateral entities (such as UNAIDS and WHO). Most of the community respondents were from small, local community-based organizations (CBOs), while others were from larger global, regional, or national networks and organizations.
   咨询大约有 300 人参与。大多数接受访谈和参加焦点小组讨论的人来自于被落下的重点人群和社群。一些来自于其他部门，包括 UNAIDS 和 WHO 这样的多边机构。大部分社群受访者来自于小型的地方性社群中心组织（CBOs），其他则来自较大的全球性、区域性和全国性网络及组织。

8. The report is not intended as a comprehensive review. However, it seeks to shed light on the realities of communities left behind, as well as to contribute to debates and strategies by presenting various viewpoints and experiences, needs and demands of key affected communities and populations that are currently left behind.
   报告无意成为一份全面的综述。而是希望突出被落下社群面临的真实情况，并为争论和战略提供当前被落下的受影响社群和人群的多种观点、经验和需求。

**Limitations of the report**
**报告的局限性**

9. Several limitations should be noted with regards to the three online surveys:
关于三个在线调查，需要指出以下局限性：

- Online versions were made available in English and Spanish, and interview questions were translated into Russian only. This may have dissuaded participation by individuals with no or limited facility in either language or may have prompted only basic, brief replies due to language barriers.
- 在线版本为英文和西班牙文，访谈问题只翻译成了俄文。这可能不利于缺乏这些语言支持的个体参与，也可能因为语言障碍而导致回答过于简短。

- Several original survey responses (almost one fifth of the total) were incomplete. They were deemed invalid and were not included in any subsequent review. Compared with interviews, online surveys often offer less detailed and sometimes unclear information due to a lack of time for follow-up and clarification.
- 一些原始的调查回复是不完整的（约五分之一）。他们被视为无效回复，并未纳入任何后续访谈。与访谈相比，由于缺乏跟进澄清，在线调查的信息缺乏细节，有时不够清晰。

**Other limitations**
**其他局限**

10. Some countries and regions were over-represented in the responses. For example, there were four focus group discussions conducted in India, covering more than 20 people overall, and 16 individual interviews with respondents from the Philippines.
一些国家和地区的回复比例过高。比如，有四个焦点小组访谈是在印度进行，总共约 20 人参与，而有 16 次个人访谈的对象来自菲律宾。

11. Multiple respondents from a single organization or network also participated occasionally, either via interviews or online surveys. This yielded several duplicating responses, which may have skewed some of the information.
也有个别的一个组织或网络中有多个受访者，通过访谈或在线调查参与。这造成了重复回答，造成信息偏向。

12. Many responses were self-reported and none were validated. None of the information obtained this way could be independently verified.
很多回复是自我报告，没有对这些回复进行证实。这种方式收集的信息不能独立核实。

13. Due to the limitations, the report does not represent the viewpoints of the entirety of civil society and key population networks. It does not and cannot mention or consider all individuals and communities who are disproportionately vulnerable or left behind in HIV responses. Nevertheless, the inputs and summary do provide an important snapshot of the issues, ideas and concerns of individuals and organizations that are doing direct, critical work in community-led advocacy, service provision and support.
由于这些局限性，本报告无法呈现完整的民间组织和重点人群网络的观点。本报告没有也无法提及或考虑所有极脆弱或在艾滋病毒抗击工作中被落下的个人和社群。但报告仍提供了关于在社群主导倡导、服务和关怀领域进行一线重要工作的个人和组织的问题、想法和忧虑的信息。

## JJ. THE FAST-TRACK LANDSCAPE: REPORTED PROGRESS AND THE REALITY FOR KEY POPULATIONS AND OTHER POPULATIONS FACING VULNERABLE SITUATIONS
## 快速通道全景：报告中的进展与重点人群和其他脆弱人群的实际情况

14. There has been growing momentum in the past several years in confronting the global AIDS epidemic. Some of the more recent successes have been driven by the UNAIDS Fast-Track agenda to end AIDS, which emphasizes, among other things, the 90–90–90 targets for 2020:
过去几年间，抗击全球艾滋病蔓延的力量逐日增加。近期取得的一些成功得益于 UNAIDS 的终结艾滋病快速通道议程。该议程最强调 2020 年实现 90-90-90 目标：

- 90% of people (children, adolescents and adults) living with HIV know their HIV status;
- 90%的艾滋病毒感染者（包括儿童、青少年和成人）了解自身艾滋病毒感染情况
- 90% of people who know their HIV-positive status are accessing treatment; and
- 90%得知自身为艾滋病毒阳性的感染者可获得治疗
- 90% of people on treatment have suppressed viral loads.
- 90%的接受治疗的人控制住病毒量

15. Highlights were noted in UNAIDS' 2017 *Ending AIDS: Progress towards the 90-90-90 targets* report in mid-2017: "*The data show that substantial progress has been made towards the 90–90–90 targets. More than two thirds of all people living with HIV globally knew their HIV status in 2016. Among those who knew their HIV status, 77% [57– >89%] were accessing antiretroviral therapy, and 82% [60– >89%] of people on treatment had suppressed viral loads. Amid this progress, a major milestone was reached in 2016: for the first time, more than half of all people living with HIV (53% [39–65%]) were accessing antiretroviral therapy.*"[5]
在 UNAIDS 的 2017 年中的报告《终止艾滋病：向 90-90-90 目标前进》中提到进展亮点："数据显示在 90-90-90 目标方向取得了大量进展。2016 年全球有超过三分之二

的艾滋病毒感染者得知自身艾滋病毒感染情况。其中有 77%（57-89%）可获得抗病毒治疗，82%（60-89%）获得治疗的人控制住了病毒量。在这些进步中，2016 年达到的重要里程碑是：所有艾滋病毒感染者中，53%（39-65%），即超过半数可获得抗病毒治疗。”

16. The *Ending AIDS: Progress towards the 90–90–90 targets* report also noted that that seven countries had already achieved the third “90” target regarding viral suppression, with 11 others were “near this threshold”.[6] Most of those 18 countries have relatively low HIV burdens. However, two of them—Botswana and Swaziland—have long had among the world’s highest burdens of HIV.[7] Findings from an ongoing set of in-depth population HIV impact assessment (PHIA) surveys in sub-Saharan Africa are equally optimistic, with researchers stating in September 2017 that four more countries—Lesotho, Malawi, Zambia and Zimbabwe—were “on track to achieve epidemic control by 2020, through reaching the 90–90–90 targets and expanding HIV prevention.”[8]
《终止艾滋病：向 90-90-90 目标前进》报告中也提到，有七个国家已经实现了病毒量抑制的第三个 90 目标，而且另有 11 个国家“接近实现”。这 18 个国家中大多数艾滋病毒负担相对较轻。但其中有两个国家，博茨瓦纳和斯威士兰，长期是世界上艾滋病毒负担最严重的国家。当前在撒哈拉以南非洲进行的人口艾滋病毒影响评估（PHIA）深度调查所得的结果也相当乐观，研究者在 2017 年 9 月表示，还有四个国家（莱索托、马拉维、赞比亚、津巴布韦）也顺利地朝 2020 年控制艾滋病流行的目标前进，即实现 90-90-90 目标和扩展艾滋病毒预防。

17. Heartening as they are, such results do not tell the entire story, however. Another study of progress toward 90–90–90 targets has urged caution in interpreting results. It notes that although several countries have achieved the targets and others are on the verge of doing so, “in many countries a significant proportion of people living with HIV still remain undiagnosed and therefore unable to benefit from HIV therapy.” The authors particularly call for “more efforts to reach these undiagnosed individuals.”[9]
这些进展令人激动，但他们不是全貌。另一项关于 90-90-90 目标进展的研究敦促人们对结果进行谨慎阐释。它指出尽管有些国家已经实现了目标，有的接近实现，“但在很多国家有相当比例的艾滋病毒感染者仍然没有被诊断，也就无法得益于艾滋病毒治疗”。研究者特别呼吁“对这些未诊断个人进行更多研究”。

18. Remarks of this sort underscore the fact that, although the 90–90–90 targets may be valuable advocacy and programmatic goalposts, achieving them should not be construed as solving or controlling HIV. The rest of the road to truly curbing AIDS—and reaching the millions of people who do not have access to treatment or prevention services or support—will be very difficult. That is because many of the major gaps will continue to exist among key and other populations in highly vulnerable conditions who have always been most severely affected by HIV, yet tend to be ignored in HIV responses.
这些言论强调了一个事实，即尽管 90-90-90 目标是重要的倡导和项目标志，但实现目标并不等同于解决或控制艾滋病毒。真正制服艾滋病毒，接触上百万无法获得治疗、预防和关怀服务的人，这剩下的路可能更为艰难。因为很多重点人群和处于极脆弱境地的人群仍面临着重大障碍，他们受艾滋病毒影响极大，但在抗击艾滋病毒工作中被忽视。

**Box 1. Observation: factors behind limited services for key populations**
**1. 观察：面向重点人群的有限服务背后的影响因素**

*"Broader economic conditions are behind the fact that public health services including HIV services, are disappearing [...] In the central and southeast European region, services for key populations were built up on Global Fund money, which has left the region, and services mostly collapsed and disappeared."*
*"包括艾滋病毒服务在内的公共卫生服务由于大环境经济情况而消失……在中欧和东南欧地区，面向重点人群的服务建立在全球基金之上。全球基金离开之后，服务大部分垮掉或消失了。"*

— Interviewee from a global NGO resource platform
—来自全球 NGO 资源平台的受访者

*"If we don't disaggregate key populations by age, the adolescent and young members will always be left behind, as they are not able to access services due to cultural, legal and socioeconomic barriers like age of consent or recognition. For example, adolescent sex workers and young girls at institutions of higher learning who are always targets for rich sugar daddies (cross-generational sex), yet these adolescent girls and young women are not recognized as mainstream sex workers."*
*"如果我们不对重点人群进行年龄区分，那么青少年和青年总会被落下。因为文化、法律和社会经济障碍，如未成年的同意权或承认，他们无法获得服务。比如，青少年性工作者和青年女学生经常是富裕男性的目标（跨代性行为），但这些女性不被认为是主流性工作者"*
— Youth focus group discussant, Uganda
—青年焦点小组讨论者，乌干达

19. UNAIDS defines key populations as: "*people who are at heightened risk of contracting HIV due to a mix of epidemiological, economic, legal, cultural and political reasons. In most contexts, key populations include sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men. Members of those populations and their sexual partners accounted for 45% of all new HIV infections worldwide in 2015.*"[10]
UNAIDS 将重点人群定义为："由于流行病学、经济、法律、文化和政治等多方面原因而面临极高感染艾滋病毒的风险的人群。在很多环境中，重点人群包括性工作者、注射毒品使用者、跨性别者、囚犯、男同性恋和男男性行为者。2015 年，这些人群及他们的性伴侣占全球艾滋病毒感染新增病例的 45%。"

20. Although this definition highlights key populations' vulnerability, it goes on to add that key populations are *"distinct from vulnerable populations, which are subject to*

*societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV."* The concept is further elaborated in the UNAIDS Terminology Guidelines from 2015:
尽管这个定义强调了重点人群的脆弱性，但它仍然补充说明重点人群"不同于脆弱人群，因脆弱人群是因为社会压力货社会环境使其更容易因感染艾滋病毒等疾病而受损"。这个概念在 2015 年 UNAIDS 术语指南中得到进一步解释。

"*Vulnerability refers to unequal opportunities, social exclusion, unemployment or precarious employment (and other social, cultural, political, legal and economic factors) that make a person more susceptible to HIV infection and developing AIDS. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV risk, and they may be outside of their control. These factors may include: lack of the knowledge and skills required to protect oneself and others; limited accessibility, quality and coverage of services; and restrictive societal factors, such as human rights violations, punitive laws or harmful social and cultural norms (including practices, beliefs and laws that stigmatize and disempower certain populations). These factors, alone or in combination, may create or exacerbate individual and collective vulnerability to HIV.*"
"脆弱性指不平等机会、社会排斥、无业或不稳定就业（即其他社会、文化、政治、法律和经济因素）使人更容易被艾滋病毒感染，罹患艾滋病。这些脆弱性的深层因素可能削弱个人或社群避免艾滋病毒风险的能力，而他们无法控制这些。这些因素可包括：缺少自我保护和保护他人所需的知识和能力；服务的可及性、质量和覆盖范围有限；严苛的社会问题，如人权侵犯、惩罚性法律、伤害性社会文化规范（对特定人群污名化和剥夺权能的措施、信仰和法律）。这些因素，无论是独立还是混合存在，都可能制造或加剧个人或社群对艾滋病毒的脆弱性。"

21. In many contexts, women and girls as well as sub-populations among them are highly vulnerable. So, too, is a wide range of other groups and communities that are not specifically described as key populations. (Section 3 of this paper discusses them in greater detail.)
在很多地方，妇女和女童以及她们中的亚群体都极脆弱。因此，有很多其他群体和社群没有被明确描述为重点人群。（本报告第三节将对此进行更多讨论）

22. The urgency to reach key and vulnerable populations more effectively is evident in the 2017 *Ending AIDS: Progress towards the 90-90-90 targets* report:[11]
更有效地接触重点人群和脆弱人群的紧迫性在 2017 年报告《终止艾滋病：向 90-90-90 目标前进》中显露无疑。

"*Outside of sub-Saharan Africa, key populations and their sexual partners accounted for 80% of new HIV infections in 2015* […] *Even in sub-Saharan Africa, key populations and their sexual partners are an important part of the HIV epidemic: in 2015, 25% of new infections occurred among this group, underlining the importance of reaching them with services. Globally, gay men and other men who have sex with men accounted for 12% of new infections in 2015, while sex workers and people who inject drugs accounted for 5% and 8% of new infections, respectively. Furthermore, data reported by countries across the world show that HIV prevalence among key populations often is substantially higher than it is among the general population.*"
"在撒哈拉以南非洲以外地区，重点人群和他们的性伴侣在 2015 年占据新增艾滋病毒感染中得 80%……即使在撒哈拉以南非洲，重点人群和他们的性伴侣也在艾滋病毒流行中占据相当比例：2015 年，25%的新增感染病例来自于这个群体，说明为他们提供服务极为重要。在全球，男同性恋和其他男男性行为者在 2015 年占据新增感染的 12%，而性工作者和注射毒品使用者分别占据新增感染的 5%和 8%。世界各国汇报的数据显示，艾滋病毒在重点人群中的传播远高于在一般人群之中。"

23. Vulnerable populations continue to face challenges across the HIV treatment and prevention spectrum, including with regards to HIV case identification (e.g. testing); awareness and education; linkage to and retention in care; and legal, social, political and economic barriers. Many of these populations are routinely stigmatized and discriminated against in health-care settings, and they face additional barriers because they are criminalized. Their rights are frequently violated, and their health and social needs go unmet.
脆弱人群的困境继续遍及于各类艾滋病毒治疗和预防，包括：艾滋病毒病例识别（检测）；意识与教育；联结关怀和挽留在关怀服务；法律社会政治经济障碍。这些人群中有很多人日常面临着来自卫生保健机构的污名与歧视，由于被刑事定罪而遇到更多障碍。他们的权利经常被侵犯，他们的健康和社会需求没有被满足。

24. These challenges are reflected in longstanding data and observations showing that, compared with the general population, members of key and vulnerable populations are far more likely to be living with or affected by HIV. They are also more likely to receive inadequate or poor-quality HIV and other health support and services. Exclusion and isolation can be even more extreme among some sub-populations of key populations. These groups are highly context-specific, and include, for example, young men below the age of 18 who have sex with other men and women who inject drugs.
在长期数据和观察中反映的这些困境显示出，与一般人群相比，重点人群和脆弱人群更容易感染艾滋病毒或更容易受艾滋病毒影响。他们也更可能面临不适当的劣质艾滋病毒服务和其他健康方面的支持。排斥与孤立在一些重点人群的亚群体中更为严重。这些团

体在不同环境中区别很大，如 18 岁以下有男男性行为的青少年男性和女性注射吸毒者。

25. The following examples illustrate the disproportionate vulnerability and impact such groups and communities experience in different contexts:
以下例子描绘了群体和社群在不同环境中遇到的极为严重的脆弱性和影响：

- In a study among 500 people who inject drugs in Bangkok, Thailand, 25% reported that they avoided health services because they were afraid of compulsory treatment. Uptake of HIV services for all survey participants was low.[12]
- 对泰国曼谷的 500 名注射毒品使用者的研究显示，其中 25%表示他们因为害怕强制治疗而不去接受卫生服务。在全部受访者中，艾滋病毒服务的使用率很低。
- Data submitted as part of Kenya's 2017 HIV/TB funding request to the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) showed elevated HIV prevalence among key populations: an estimated 29% among sex workers, 18% among gay and other men who have sex with men and 18% among people who inject drugs, while the national HIV prevalence was estimated at 5.6%.[13]
- 根据全球基金要求，肯尼亚 2017 年受资助的 HIV/TB 项目所提交数据显示，重点人群艾滋病毒感染率上升：估测性工作者中有 29%，男同性恋和男男性行为者中有 18%，注射毒品使用者中有 18%，而全国艾滋病毒感染率估测为 5.6%。
- Globally, HIV incidence is 10 times higher among female sex workers than in the wider female population.[14]
- 全球范围，女性性工作者中艾滋病毒感染率比一般女性高 10 倍。

26. The upshot is clear: as countries scale up their HIV programmes to reach the Fast-Track targets, they are unlikely to achieve strong, sustainable results unless they recognize and address the barriers and challenges faced by individuals and populations that are being left behind. They have to respond in ways that improve these individuals’ and communities’ access to all rights-based HIV prevention, treatment and care. This will require an HIV response that is interlinked with other sectors.
结果很明显：在各国规模化其艾滋病毒项目以实现快速通道目标时，如果不能认识到并解决被落下的个人群体所面临的障碍和困难，就无法实现坚实可持续的成果。必须采取措施改善个人社群获取各权利基础的艾滋病毒预防、治疗和关怀的能力。这需要艾滋病毒抗击工作与其他部门协作。

**Box 2. Example of impact: failure of HIV responses to reach all in need**
**2.** 影响示例：艾滋病毒抗击工作没能接触所有需帮助的人

*“Many countries including my own Kenya, won’t reach those 90–90–90 treatment targets without addressing the issue of HIV drug resistance especially among people in the countryside whose services aren’t like ours in the cities where there are centres of excellence. The poverty and long distances travelled will always serve to keep them behind in the HIV as they can’t even access viral load monitoring.”*
*“包括我们肯尼亚在内的很多国家，无法达成 90-90-90 治疗目标，除非能够解决艾滋病毒药物抗药性的问题，这在农村人口中更严重，他们的服务和我们在城里不一样，城里是好服务的中心。贫困边远地区的人如果无法获得病毒量监测，就总会被艾滋病毒抗击工作落下。”*
-—Online survey respondent, Kenya, community sector
—在线调查受访者，肯尼亚，社群领域

*“Early (teenage) marriages for girls lead to inability to get an education and, as a rule, learn more about HIV prevention and the system of care. Weak prevention of vertical transmission among women who use drugs, reinforced by stigma and violence, leads to the fact that they have three times higher rate of vertical transmission.”*
*“女童早婚会使她们无法接受教育，也就无法学习艾滋病毒预防知识和保健机制。女性毒品使用者中的垂直传播预防很差，污名与暴力又加剧了这点，导致她们的垂直传播比一般要高三倍。”*
—Interviewee from eastern Europe and central Asia, community sector
—东欧中亚受访者，社群领域

*“Women living with and vulnerable to HIV particularly women of transgender experience, occupy spaces where the impacts of racism, patriarchy, poverty, trauma and HIV intersect. UNAIDS must proactively address the compounding effects of these issues in earnest if they are truly committed to leaving no population behind in the HIV response.”*
*“女性艾滋病毒感染者和艾滋病毒脆弱者，尤其是其中的跨性别女性，受到种族、父权、贫困、创伤和艾滋病毒的多重交叉影响。UNAIDS 必须积极尽早处理这些问题的复合影响，这样才能真正的让艾滋病毒抗击工作不落下任何人群。”*
—Naina Khanna, Executive Director, Positive Women’s Network, Oakland, United States of America
—Naina Khanna，执行主任，阳性妇女网络，奥克兰，美国

**Case study 1. Gay and other men who have sex with men in Mexico: Targeted approach to increase HIV testing and linkage to care**

**案例 1. 墨西哥男同性恋和男男性行为者：针对性措施以促进艾滋病毒检测和关怀联动**

Mexico's HIV epidemic is highly concentrated among key populations, with gay and other men who have sex with men among the most affected populations. In studies from 2014, up to 44% of gay and other men who have sex with men were found to be HIV-positive, and the highest concentration of new HIV infection have been occurring among young men between the age of 15–29 years.[15]
墨西哥艾滋病毒传播高度集中在重点人群，男同性恋和男男性行为者属于最受影响人群。在 2014 年的研究中，高达 44%的男同性恋和男男性行为者被发现为艾滋病毒阳性，新增艾滋病毒感染最集中的群体是 15-29 岁的男性。

There are indications that HIV prevention among gay and other men who have sex with men is weakening in some countries. The NGO *Inspira Cambio* decided in 2013 to shift its HIV prevention strategy and place greater emphasis on increased access to HIV testing. *Inspira Cambio*'s HIV programme with gay and other men who have sex with men was launched initially in Mexico City, Saltillo, Hermosillo and Nogales, with funding primarily from federal and local governments. The strategy has several components:
有数据显示在一些国家中，男同性恋和男男性行为者的艾滋病毒预防在削弱。*Inspira Cambio* 决定在 2013 年转变其艾滋病毒预防战略，并将更多重心放在增加艾滋病毒检测可及性方面。该组织的面向男同性恋和男男性行为者的艾滋病毒项目在墨西哥城、Saltillo, Hermosillo 和 Nogales 启动。项目资金主要来自于联邦和地方政府。该战略组成部分包括：

- Increasing the demand for and access to testing, including by promoting rapid HIV testing and self-testing; screening for syphilis, viral hepatitis and herpes in community centres; promoting social networks; and moving services to places where target populations are more likely to congregate;
- 增加对检测的要求和检测可及性，包括推广快速艾滋病毒检测和自检；在社群中心提供梅毒、肝炎病毒和疱疹病毒筛查；推动社交网络；将服务迁移至目标人群最可能聚集的地点

- Providing tailored counselling that supports linkage to health services;
- 提供定制咨询，以增强医疗服务联动

- Instituting standards that can ensure that linkage is a personalized process that includes offering alternatives depending on the results of an HIV test and each person's needs;
- 制定标准，确保联动是个人化的，根据艾滋病毒检测结果和每个人的需求提供选择

- Continuous collaboration with local and national HIV programmes, with the overarching goal that agreements are reached for the benefit of all MSM, whatever their needs.
- 持续与地方和国家性艾滋病毒项目合作，合作的总体目标是有益于所有男男性行为者，无论其需求为何。

The programme has reached some 7,000 gay and other men who have sex with men since its inception. Of those, 330 people were newly diagnosed with HIV and referred to care.
项目帮助了 7000 名男同性恋和男男性行为者，其中有 330 人被诊断感染艾滋病毒，并转介至关怀服务。

**Missing and left behind: People who are excessively vulnerable**
**遗漏与落下：极度脆弱者**

27. The majority of consultation respondents to this report replied either “no” or “somewhat” when asked whether the UNAIDS definition of key populations covered all people and populations their organizations support. This suggests that the current definition is not adequate in their contexts, for their families, communities or clients.
在被问及 UNAIDS 对重点人群的定义是否覆盖了所有其组织所支持的个人和群体时，报告调研的受访者大部分回答为“不”或“有部分”。这意味着当前的定义在他们的环境中不适用于他们的家人、社群和客户。

28. For many respondents, the most important gaps in HIV responses occur among certain subpopulations and other groups that face disproportionate vulnerability and that are socially, economically, politically or geographically isolated. As indicated, such individuals often do not fit the categories specified in the UNAIDS definition. Some experience vulnerabilities that are not captured in the definition, while others, face multiple vulnerabilities that cut across any one specific key population.
对很多受访者来说，艾滋病工作中最大的缺失发生于特定的亚群体、其他面临极脆弱境地以及在社会经济政治地理方面受到孤立的群体。这些人不符合 UNAIDS 定义中的类别。一些有脆弱性的人没被定义纳入，有的则处于多个单一群体交叉的多重脆弱境地中。

**Box 3. Observation: Rethinking what “no one left behind” means**
**3. 观察：再思考“不落下一个人”的意义**

*“The definition would vary in different country contexts. In that regard, the definition of “no one being left behind” needs to be all encompassing. Some extra focus on the groups who are recorded as being at higher risk. However, if we take our eye off a certain demographic, that demographic might grow [...] There is much more to HIV than access to medications.”*
*“这个定义在每个国家都不一样。‘不落下一个人’的定义必须包含所有。对记录显示面对更高风险的群体有额外关注。但如果我们没注意某个人群，那他们就会增加……艾滋病毒抗击工作不只是药物可及性。”*
—Online survey respondent, Asia-Pacific, community sector

—在线调查受访者，亚太，社群领域

*"Young people below the age of 35 represent more than 65% of Africa's population. This offers the continent with a unique opportunity to leverage its economic, social and political development. Which is why adolescent girls, young women and young people who account for the biggest percentage of new HIV infections in Sub Saharan Africa should be a key population regardless of their backgrounds, social lives, sexuality, culture, economic status, religious affiliation and education."*
*"35 岁以下年轻人占据非洲 65%的人口。为这片大陆提供了独有的机会，能够撬动其经济、社会和政治发展。因此，青少年女性、青年妇女和青年人必须是撒哈拉以南非洲的重点人群，无论他们的背景、社会生活、性向、文化、经济地位、宗教信仰和教育。她们现在是新增感染者中最大比例的群体。"*
—Online survey respondent, Rwanda
—在线调查受访者，卢旺达

*"In my reporting, I have found that identifying and learning about the hidden and discounted epidemics, like ours among Black gay, bisexual men and transgender women across America and especially those in the southern US, is imperative and demands attention and resources."*
*"在我的报告中，我发现识别和了解隐藏和被忽视的疾病流行，如美国的黑人男同性恋、双性恋男性和跨性别女性，尤其在美国南部，情况很急迫，需要关注与资源。"*
—Linda Villarosa, journalist and professor, City University of New York, United States of America
—Linda Villarosa，记者与教授，纽约城市大学，美国

29. This underscores the need to apply the perspective of intersectionality to the “left behind” concept. According to one interpretation, “*acknowledging the existence of multiple intersecting identities is an initial step in understanding the complexities of health disparities for populations from multiple historically oppressed groups*.”[16] Effectively identifying and responding to the HIV and broader health and development needs of those who are disproportionately vulnerable therefore requires seeing their lives as being “cut across these different realms of experiences”.[17]
需要用交叉视角来看待“落下”这个概念。一种解释是，“承认多重交叉身份的存在是了解历史性受多重压迫群体健康差距复杂性的第一步”。有效识别和回应极脆弱群体的艾滋病毒和其他健康及发展需求，需要看待他们的生活“贯穿各类不同境遇”。

30. In practice, for example, this would mean finding ways to support and bring into care and services young, African-American gay and other men who have sex with men in rural parts of the south in the United States, or indigenous female sex workers who use drugs in India. It would mean recognizing the devastating health and social realities which such populations experience: “Substance use, particularly injection drug use, is strongly associated with HIV infection among Indigenous youth in Canada, where they are often overrepresented among youth who inject drugs in large urban centres.”[18] It would also mean acknowledging that many people with multiple vulnerabilities and risk factors, some associated with their gender identity or sexual orientation and expression, can find that their needs are not recognized and addressed. For example, a transgender sex worker might find that services geared for sex workers do not match their realities and needs. Intersecting identities therefore can deepen marginalization.
在实践中，这意味着寻找方法来支持美国南部乡村地区的青年非裔美国男同性恋和其他男男性行为者，或印度使用毒品的原住民女性性工作者，为他们提供关怀和服务。中意味着认识到这些群体极恶劣健康状态和社会环境：“毒品使用，尤其是注射毒品使用，在加拿大原住民青少年中与艾滋病毒感染有极强的联系，他们在大型城市中心的青年注射毒品使用者中比例很高。”这也意味着认识到很多人受多重脆弱性和风险因素影响，有的与性别身份相关，有的与性向和性别表达相关。这些人的需求没有得到认识和解决。例如，一个跨性别性工作者可能发现面向性工作者的服务不符合他们的实际情况与需求。交叉身份可能会加深边缘化。

31. These populations and subpopulations differ, as do their needs and the reasons why they tend be “missing” in HIV responses. Yet they are also linked in many respects and tend to bear major health and social burdens. Yet they often are ignored or neglected in HIV and health programmes.
这些人群和亚群体，他们的需求，他们在艾滋病毒抗击工作中“失踪”的原因，都是各不相同的。而他们也在某个方面相互联结，承受健康和社会负担。他们经常被艾滋病毒项目和其他健康项目忽视。

32. Reducing the vulnerability of such individuals and communities—and increasing equity– –can only be achieved through universal access to health and enhanced

service coverage that reaches the people who are hidden within the current, broader definition of key populations. This can take us beyond the limited 90–90–90 vision toward the goal of 100% coverage.
只有医疗服务普遍可及，覆盖到这些隐藏于当前宽泛的重点人群定义中的人，才能实现提高平等，减少这些个体和社群的脆弱性。这让我们超越 90-90-90 愿景的局限，朝向 100%覆盖的目标。

**The 10–10–10: Who are those left behind?**
**10-10-10：谁是被落下的？**

33. Along with the growing prominence of the 90–90–90 targets and the progress towards reaching them, there is an increasing recognition of the need for an adequate emphasis on prevention and on *universal coverage* for every population, community, and individual. Is it conceivable that countries could reach the 90–90–90 targets while leave entire (sub)-populations or communities behind:
随着 90-90-90 目标及其进展的突出呈现，越来越多人认识到需要强调预防和面向所有人口、社群和个人的普遍覆盖。能想象各个国家能在落下整个亚群体或社群的同时实现 90-90-90 目标么？

“*Sex workers' vulnerability to being left behind depends on the context (legal frameworks, existing anti-prostitution and anti-trafficking policies, implementation strategies, etc.) and varies across the European region. Male and trans sex workers are particularly invisible in the East and Central Asia. In Central and Western Europe, [it is] undocumented migrant sex workers. Generally, sex workers who use drugs are more vulnerable in all settings.*” — Key population network in Europe
“性工作者被落下的情况取决于所处环境（法律制度、当前反卖淫和反人口贩运政策、战略实施等），在欧洲地区存在差异。在东欧和中亚，男性和跨性别性工作者几乎没有存在感。在中欧和西欧，看不到的变成无证件的移民性工作者。一般来说，各个地区的使用毒品的性工作者都更脆弱。”—欧洲重点人群网络

34. Two important points should be kept in mind. The first relates to the inadequate coverage of services among the “classical” key populations—gay and other men who have sex with men, female sex workers, people who inject drugs, transgender persons etc. Due to punitive laws, stigma and other factors, programmes fail to reach these populations even though the programmes may be serving the wider society. The second issue is the reluctance or incapacity of governments to take the necessary steps to reach these populations with the services they need:
有两点必须要记住。一是关于“经典”的重点人群（男同性恋和男男性行为者、女性性工作者、注射吸毒者、跨性别者等）的服务覆盖不适当。由于惩罚性法律、污名和其他因素，项目没能接触这些人群，即使这些项目可服务更广大社会。二是政府不愿或不能采取必要步骤为这些人群提供其所需服务：

*"Drug use and sex work are still criminalized, so the legal context and budgets are completely missing. Attitudes of health-care providers are very discriminating and stigmatizing against key populations. There is a general lack of information on treatment and there is a lot of misinformation about treatment including side-effects etc., which causes resistance to accessing treatment.*" — International network working in the eastern Europe and central Asia region
"毒品使用和性工作仍被刑事定罪，就没有适当的法律环境和预算。医疗保健机构的对重点人群的态度是污名化和歧视。关于治疗的信息极为缺乏，而且有很多关于治疗以及副作用的错误信息，导致不愿意获取治疗。"—国际网络的东欧中亚区

35. Annex 1 contains information about individuals, populations, sub-populations and communities who were identified by consultation respondents as being ignored, highly vulnerable and left behind in their own context. The Annex highlights the importance of intersectionality and context in relation to HIV vulnerability and being "left behind". Responses from every region and grouping point to two important patterns: the evidence of intersectionality across various populations and sub-populations (e.g. sex workers who use drugs), and the frequent omission in definitions of key populations of migrants, indigenous people, people living in rural areas and people living in poverty, covering hundreds of million individuals globally.
附录 1 包含了关于被受访者认为是被忽视的和极脆弱的被落下的个人、群体和亚群体及社群的信息。附录强调交叉和环境在艾滋病毒脆弱性和被"落下"方面的重要性。每个区域和小组的反馈都指向两个重要模式：不同人群和亚群体存在交叉性的证据（如使用毒品的性工作者）；重点人群的定义经常遗漏移徙者、原住民、边远地区居民、贫困人口，这在全球涉及上亿人口。

36. Nearly half of respondents mentioned migrants, and used the term to refer to people migrating within countries or beyond country borders, and to people engaged in both regular and irregular migration. Migration creates or increases people's vulnerability due to the structural obstacles they face in accessing HIV services, and the stigma and discrimination they experience in health-care settings. This vulnerability is aggravated in the case of undocumented migrants who have to survive outside the "system" and who having limited or no access to formal services. The lack of data on sub-populations within migrant populations has been noted in academic publications.[19]
近半数受访者提到了移徙者，并用这个词指代在国内和国家之间迁徙的人，以及合法及非法移民。移徙增加了人们的脆弱性，因为他们在获取艾滋病毒服务时面临制度性障碍，而且在医疗机构中遇到污名和歧视。如果是没有身份的移徙者，脆弱性则更严重，因为他们生存在"系统"之外，他们可获得的正规服务很有限甚至没有。很多学术著作中都提到移徙者相关亚群体的数据缺失。

37. Subsets of migrants mentioned as being in vulnerable situations to HIV in a range of other different contexts included migrant sex workers (men, women and transgender) and single male migrants (as per several India respondents).

处于不同环境的极易受艾滋病毒影响的移徙者亚群体包括移徙的性工作者（男性、女性和跨性别）和单身男性移徙者（一些印度受访者反馈）。

38. Several respondents mentioned indigenous peoples. The term has different definitions, but generally refers to tribal minorities (e.g. in India) and groups who were native to a region or country before the arrival of a different group or groups who then became politically, socially, economically and culturally dominant. Indigenous peoples often are culturally and socially marginalized, and their specific worldviews and social systems are seldom recognized in health strategies and engagements. Their specific circumstances can make it difficult to develop and implement programmes that meet their needs. The default response in some countries is neglect or "lip-service".
一些受访者提到原住民。这个词有不同定义，但一般（比如在印度）指少数族裔部落和在当前处于政治、社会、经济和文化主导地位的群体到来前就居住于该区域或国家的群体。原住民通常在文化上和社会上被边缘化，他们特殊的世界观和社会系统也极少在卫生战略和承诺中得到承认。他们的特殊环境也导致很难开发和实施满足他们需求的项目。这种情况在一些国家被忽视，或只是口头说要解决。

39. A 2015 study noted the disproportionate HIV vulnerability experienced by indigenous peoples in Canada, for example: "Indigenous peoples make up 4.3% of the Canadian population yet accounted for 12.2 % of new HIV infections and 18.8 % of reported AIDS cases in 2011 […] And in Canada, indigenous peoples' HIV diagnosis rate per 100 000 is 179.2, compared with 29.2 among non-indigenous people."[20]
2015 年一项研究指出，加拿大原住民有极严重的艾滋病毒脆弱性，例如，"原住民在加拿大人口中占比 4.3%，却在其新增艾滋病毒感染中占比 12.2%，在 2011 年报告的艾滋病案例中占比 18.8%……而且在加拿大，原住民的艾滋病毒诊断率为每 10 万人 179.2，而非原住民仅 29.2。"

40. Also frequently mentioned in responses were young people—usually in generalized terms, though sometimes more specifically, such as "young people among affected populations":
而且回应中经常被提到的是青年，多是一般宽泛的青年，有时也比较具体，如"受影响人群中的青年"。

*"Sex workers are also excluded mainly due to legal reasons from the planning of the programmes addressing sex workers* […] *migrant and young sex worker: complete absence of adequate services, or recognition in policy documents/strategies* […] *it is difficult to work on legal change when you yourself is criminalized and stigmatized."* — Key populations network in Europe
"由于法律原因，性工作者也被排除在项目设计之外……移徙者和青年性工作者，完全没有适宜的服务，或政策文件/战略上的承认……如果你自己本身就被刑事定罪或污名化，就很难开展改变法律的工作。"—欧洲重点人群网络

41. The findings described in Annex 1 also show respondents' priorities regarding other forms intersectionality. Many mentioned homelessness or a variation (e.g. street children), and people living with disabilities, people who are incarcerated and people co-infected with TB. Several respondents also identified as vulnerable groups and communities that are not commonly considered in relation to HIV, such as religious leaders, cattle nomads, people with mental disabilities, and "Spanish-monolingual Hispanics" (from a North American respondent). Such unique contributions provide further proof of the diversity of HIV vulnerability and respondents' realities around the world.
附录 1 中叙述的研究发现也显示了受访者在其他形式上的交叉。很多人提到无家可归者或类似的（如街头儿童），或残障者，被监禁者和有肺结核协同感染的人。一些自认是脆弱群体和社群的受访者并不经常被认为与艾滋病毒相关，如宗教领袖、游牧民、精神障碍者和"只会讲西语的西班牙裔"（一名北美受访者提到的）。这些独特的信息进一步证明艾滋病毒脆弱性的多元化和世界各地受访者的现实情况。

**Case study 2: Lesbian, gay, bisexual and transgender persons in Namibia––Reaching people outside the main cities and town**

**案例研究 2：纳米比亚女同性恋、男同性恋、双性恋和跨性别者——覆盖主要城镇以外的人**

By expanding its services outside the Namibian capital and coastal towns, Out-Right Namibia has been able to find, document and offer services to victims of homophobic bias and ill treatment. This has been difficult due to Namibia's large but sparsely populated territory, which makes working outside the capital a costly endeavour (especially with resources for civil society groups having dwindled after Namibia was classified as an "upper-middle- income" country). Out-Right Namibia's efforts are important because some of the people who need the organization's help the most are living in smaller rural or peri-urban towns.
Out-Right Namibia 通过将服务扩展到纳米比亚首都和海岸城镇以外的地区，能够找到和记录遭受恐同偏见和虐待的受害者，并提供服务。这在过去很难，因为纳米比亚有大量人口稀少地区，使得在首都以外的地区工作的成本很高（尤其是纳米比亚在被划分为"中高收入"国家后民间组织资源萎缩）。Out-Right Namibia 的工作很重要，因为最需要组织帮助的人住在边远或近郊小镇。

Out- Right Namibia's expansion of its human rights documentation project to smaller towns and villages has confirmed the lack of service provision for lesbian, gay, bisexual and transgender people based outside the main urban centres. The personal story of Andreas, related below, underscores the vulnerability and invisibility of gay and other men who have sex with men in rural Namibia.
Out-Right Namibia 将其人权记录项目扩展到小镇乡村，证实了远离大都市中心的性少数群体缺少服务。下文中 Andreas 的故事强调了纳米比亚边远地区男同性恋和男男性行为者的脆弱性和不可见性。

Andreas [a pseudonym] is an 18 -year-old man preparing for his final school exams. He identifies as a gay man and has “come out” at home, with his mother and siblings now aware of his sexual orientation. Andreas initially lived at a hostel because he had to attend high school in another town. He wants to go on to obtain a university degree. However, it was not easy being gay and living in a school hostel.
Andreas（化名）是一名 18 岁的男性，正准备他最后的学校考试。他自认男同性恋，并在家中“出柜”，他母亲和兄弟姐妹现在知道了他的性取向。开始住在宿舍，因为他要去另一个镇上高中。他想获得大学文凭。但是，做男同性恋不易，更别提住在学校宿舍。

When Out-Right Namibia made contact with Andreas through its regional community coordinator, he had been evicted from the hostel and was denied further residence after returning late from a visit to his mother one weekend. His mother arranged for him to live with his aunt, who was not as open-minded about his sexual orientation as his mother. Soon it was clear that it would be unworkable for him to remain at his aunt’s house.
当 Out-Right Namibia 通过其区域社群协调员联系他时，他已经被赶出宿舍，并且不允许他周末回家看望母亲返回后继续住。他母亲安排他和小姨住在一起，小姨不像他母亲一样对同性恋有开放头脑。很快就发现，住在小姨那里也不行。

Faced with a choice of giving up on his secondary school leaving examinations, Andreas and his mother contacted Out-Right Namibia. The organization had recently started a service that tracks, documents and responds to violations of Lesbian, gay, bisexual and transgender rights in southern Africa, via a regional Global Fund project known as ReACT. Out-Right Namibia was able to assist Andreas by arranging suitable accommodation for him so he could complete his exams and hopefully achieve university entrance grades.
面临要放弃高中退出考试，Andreas 和他妈妈联系了 Out-Right Namibia。组织近期开展了一项服务，专门跟踪记录和回应对非洲南部性少数群体的侵犯。这是区域性全球基金项目的一部分，名为。Out-Right Namibia 能够帮 Andreas 安排合适的住宿，让他可以完成考试，有希望获得大学入学分数。

## JJJ. WE KNOW WHY EXTREME AND DISPROPORTIONATE VULNERABILITY EXISTS– –YET IT CONTINUES TO OCCUR
## 我们知道极度严重脆弱性的存在—但它持续出现

42. Why are groups or populations “left behind”? The answers vary, but there are many common themes, including social, cultural, economic, political and legal stigma and discrimination; human rights violations; and poverty. Many respondents also referred to "conservative ideology", either across society as a whole or dominant within some governments, and fundamentalist religious movements etc.
为什么团体或人群被“落下”？答案有很多，但有很多共同主题，包括社会、文化、经济、政治、法律污名与歧视；人权侵犯；贫穷。很多受访者都提到“保守主义意识形态”，无论是社会整体还是某些政府的多数党，以及原教旨宗教运动等。

43. Other reasons were also cited, including:
其他被提及的原因包括：

- Lack of specific or targeted strategies or support to engage the population(s)
- 缺乏面向人群的针对性的特殊战略或支持
- Lack of support for population-driven responses that take a “nothing about us without us” approach, including the Greater Involvement of People living with AIDS (GIPA) principle;
- 在基于人群的工作方面，很少支持采取“关于我们，我们参与”途径，如艾滋病患者更多参与（GIPA）原则；
- Wilful ignorance about the population(s) by governments and/or other providers of services and assistance—for example, by not including them in national strategies or programmes—due to stigma, cultural and economic barriers, and legal obstacles such as the criminalization of key populations, HIV-criminalization or other legislation that discriminate against people living with HIV and other key populations.;
- 因为污名、文化经济阻碍或法律障碍，政府或服务机构及其辅助者对人群的故意忽视，如不将他们纳入国家战略或项目。法律障碍包括对重点人群的刑事定罪，对艾滋病的刑事定罪或其他针对艾滋病毒感染者及其他重点人群的法律歧视。
- Deliberate or inadvertent lack of prioritization by programme implementers and other service providers in regard to HIV and broader health and development issues;
- 项目人员或其他服务者有意无意在艾滋病或其他卫生和发展问题上降低优先级。
- Lack of political will to support such population(s);
- 缺乏支持这些人群的政治意愿。
- Lack of funding for CBOs that work with the most vulnerable populations; and
- 缺乏对面向最脆弱人群的社群中心组织的资助。
- Negative influence of some religious groups (a factor mentioned frequently by Spanish-language interviewees and respondents to the online survey).

- 一些宗教团体的负面影响（经常被线上线下西语受访者提到）

44. In addition, some respondents mentioned:
    另外，一些受访者提到：

    - Political and economic crises which have resulted in reduced support for health and socioeconomic services (such as the situation in Brazil in recent years);
    - 政治经济危机导致对卫生和社会经济服务的支持减少（如近年来的巴西）
    - Lack of targeted HIV information, education and communications materials; and
    - 缺乏针对性的艾滋病毒信息、教育和传播材料
    - Social and gender norms.
    - 社会和性别规范

45. Groups are also left behind due to a lack of data for many groups of people who are disproportionately vulnerable to HIV. Too little is known about how many people are at risk, why they are at risk, and how those barriers can be overcome most effectively. Data that do exist are often not disaggregated (e.g. by age, sex or the type of specific vulnerability) and therefore are of limited use for designing targeted interventions and programmes. As one respondent from the Asia–Pacific region framed it: *"If we don't disaggregate key populations by age, the adolescent and young key populations will always be left behind, as they are not always able to access the available services for key populations due to legal and cultural impediments."* Another respondent from the same region noted the lack of recognition for certain groups: *"For instance,* [with the] IHBSS[21] *here in the Philippines, the demographic questionnaires are limited to identify if the respondents are sex workers, MSM, or/and IDU."*
    群体也可能因为缺乏数据而被落下，因为有很多群体有严重的艾滋病毒脆弱性。关于有多少人处于风险之中，为什么面临风险，如何能最有效地克服这些困难，这些我们所知极少。已有的数据没有分层（如按年龄、性别或具体脆弱性），就较难应用于设计针对性的干预项目。一名亚太区域受访者概括为，“如果我们不按年龄将重点人群分层，青少年和青年重点人群就总会被落下，他们因为法律和文化原因无法获得面向重点人群的服务。”另一名该区域受访者表示，缺乏对特定群体的认识，“如在菲律宾，人口学问卷很难区分受访者是性工作者、男男性行为者或注射毒品使用者”。

46. The data challenges are often linked to other gaps that help explain why the most vulnerable people are missed by HIV responses. An online survey respondent from Latin America and the Caribbean summarized some of those difficulties: *"There are limited national policies and strategic plans with objectives, targets and indicators for these populations. Consequently, there is no budget for the implementation of activities* […] *Nor are there coordinated actions between HIV programmes and institutions that have*

*access to other vulnerable populations such as migrants or indigenous people."* Another community sector respondent, from North America, highlighted the lack of engagement: *"'Left behind' sounds like it's by mistake. They are not even at the starting line. We don't even go to meet them to talk to them."*
数据缺乏经常与其他缺失相关，从而导致最脆弱群体被艾滋病毒抗击工作遗漏。一名拉美与加勒比地区的在线问卷受访者将困难归结为，“没什么国家政策和战略规划有关于这些人群的对象、目标和指标。因此也就没有预算用于开展活动……更别提协调能接触移徙者或原住民这样的脆弱群体的艾滋病毒项目和机构”。另一名来自北美地区的社群领域受访者强调参与的缺乏，“‘落下’听起来像个失误。他们根本什么也没做。我们都没跟他们会面谈话”。

47. Respondents agreed that whatever the context, reaching out to and supporting populations with targeted, acceptable HIV services is essential for a successful, sustainable, rights-based response. Many also highlighted a need for reforms or new developments more broadly across a range of critical enablers. Particular focus was placed, in nearly every context, on human rights and legal reform—including legalizing sex work, decriminalizing same-sex relationships, eliminating restrictions on access to opioid substitution therapy, eliminating female genital mutilation and gender-based violence, and providing comprehensive sexuality education, especially for adolescents and young people.
受访者认同，无论在什么环境中，用针对性的可接受的艾滋病毒服务去接触和支持群体，是成功的可持续的权利基础的工作方式的重要部分。很多人也强调，需要有涉及一系列重要助推手段的改革或发展。几乎在所有地区都特别提出了人权与法律改革，包括性工作合法化、同性关系去罪化、消除对鸦片替代治疗可及性的限制，消除女性割礼和性别暴力，提供全面性教育，尤其是面向青少年和青年的性教育。

**Box 4. Reaching those "left behind": Different barriers in different contexts**
**4. 接触“被落下”的人：不同地区，不同困境**

*"Unmet gaps in services include: rights to health are denied so [they] may not have access to doctors, treatment, culturally safe health care services, services [...] provided in appropriate languages, [or] info presented to them in a way that they can understand it. When rights are violated or when punitive laws are enforced upon a person with no legal status, they have little access to legal counsel, but their safety could be compromised and they could be apprehended."*
*“服务缺失包括：无法享有健康权，（他们）无法寻医求治，缺乏获取文化安全的，或语言相通的医疗服务的渠道。提供给他们的信息，他们无法理解。如果权利被侵犯，或被施加惩罚性法律，他们没有法律咨询渠道。他们安全得不到保障，还可能被逮捕”。*

—Online survey respondent from North America, community sector
在线调查受访者，北美，社群领域

*"In Russia, only a handful of the key groups [...] as well as sub-groups [...] are covered by HIV responses. (There are no internationally recognized methods of prevention supported to reach all key population groups in Russian—harm reduction, outreach work, needle and syringe exchange programmes, opioid substitution therapy, etc.)."*
*"在俄罗斯，仅有几个关键群体……和亚群体……被艾滋病毒抗击工作覆盖。（没有对获得国际认可的能接触所有俄罗斯重点人群的预防方法的支持，如减低伤害、外展、清洁针具项目、鸦片替代疗法等）"。*
—Interviewee from eastern Europe and central Asia, community sector
——东欧中亚受访者，社群领域

*"Children aged 6–14 years are missed and left behind. There are projects for (E)PMTCT, under-5 vaccinations and then from 6–14 years, no one is caring and we give emphasis to sexual modes […] we should invest in school-based programmes to reach them and community programmes that target HPV vaccinations and cancer screening integrated with HIV. In addition, we should emphasise not only girls and young women, but boys and young men too."* —Online survey respondent from Zimbabwe
"6-14 岁的儿童被遗漏和落下。*(E)PMTCT 项目为 5 岁以下提供疫苗，而 6-14 岁，没人管。我们强调性模式……我们应当投入于学校项目去接触他们，以及社群项目，将 HPV 疫苗和癌症筛查与艾滋病毒整合在一起。另外，我们应当强调，不只是女童和青年女性，还有男童和青年男性"*。——在线调查受访者，津巴布韦

*"The political clout and sway of abolitionist thinking on sex work has meant policies and programmes are being developed and funding that are not rights-based and thus perpetuate stigma towards sex workers. This deters sex workers from accessing services and therefore sex workers, generally, are left behind."*
*"废娼主义者对性工作的观念的政治影响力意味着设计和资助的政策及项目不会是权利基础的，会加剧针对性工作者的污名。这些阻碍了性工作者获取服务，导致性工作者被落下。"*
—Interviewee from eastern Europe and central Asia, community sector
—东欧中亚受访者，社群领域

*"The current Philippine AIDS law allows young people under 18 from accessing HIV testing and other related services only when parental or guardian consent is presented, making it difficult for members of YKPs [young key populations] to access HIV-related services."*
—Focus group participant from Asia-Pacific, community sector

*“当前菲律宾艾滋病法律只有在获得父母或监护人同意书的情况下，才允许 18 岁以下青少年获取艾滋病毒检测和其他相关服务，这让青少年重点人群很难获得艾滋病毒相关服务。”*
*—亚太焦点小组讨论者，社群领域*

*"The real problems are not being addressed such as poverty; barriers to access to services; violence; weak systems; inadequate services."* —Interviewee from Latin America and the Caribbean, community sector
"真正的问题没有得到解决，如贫穷、服务可及性、暴力、制度简陋、服务不适当"—拉美加勒比受访者，社群领域

*"Uganda can't reach those 90–90–90 treatment targets without addressing the issue of HIV drug resistance. My treatment centre alone has 380 people who are failing on second line yet there are no third-line alternatives.*
*"不解决艾滋病毒抗药性问题，乌干达就无法达成 90-90-90 治疗目标。仅我的治疗中心就有 380 个人无法用二线药物，但又没有可替代的三线药物。"*
—Focus group participant, Uganda
—焦点小组参与者，乌干达

*"In Jamaica and the Caribbean […] issues of poverty and gender-based violence and violence against children, including child abuse; stigma and discrimination affect intervention in HIV and contribute in people being left behind in the response."*
*"在牙买加和加勒比……贫穷、性别暴力和针对儿童的暴力和虐待；污名与歧视影响艾滋病毒干预工作，也导致群体被落下"。*
—Interviewee from Latin America and the Caribbean, civil society sector
—拉美加勒比受访者，民间组织领域

*"Address the populations likely to be ignored by governments in the 90–90–90 treatment targets, invest in inclusive community- led initiatives, channel resources where they are most needed, simplify technical documents for comprehension by communities and governments to improve legal environments, refocus the engagement of PLHIV communities, interrogate new infections in young people generally."*
*"为纳入在 90-90-90 治疗目标中容易被政府落下的人群，需要投入于包容性社群主导项目，疏通最必需的资源渠道，简化技术文件让社群更容易理解，政府要改善法律环境，重视艾滋病毒感染者的参与，检查一般青年人中的新增感染"。*
—Focus group participant, AmSHER, South Africa
—焦点小组参与者，AmSHER，南非

*"It is difficult to make interventions with minors although they have an active sex life. There are challenges for access to ART or other issues*

*[…] Many sex workers are foreigners and sex work is the only option. But many of them live in the street and there is little connection to support services.”*
*“很难对少数人群进行干预，尽管他们有活跃的性生活。在获取抗病毒方面存在困难……很多性工作者是外国人，性工作是他们唯一选择。但他们很多在街头生活，和支持服务没有联系。”*
—Online survey respondent from Latin America and the Caribbean, community sector [translated from Spanish]–
–在线调查受访者，拉美加勒比，社群领域

**Case study 3. Key populations in India—Strengthening community voices and increasing visibility**
**案例研究 3. 印度重点人群—放大社群声音，增加可见度**

India’s National AIDS Control Organization has not been very successful in reaching certain key and vulnerable populations, such as gay and other men who have sex with men, transgender persons and *hijras*. Among the reasons is a lack of understanding and community responsive programmes, and a lack of trust in community organizations.
印度国家艾滋病毒控制组织在接触特定关键脆弱人群方面不太成功，如男同性恋和男男性行为者、跨性别者和间性人。原因包括项目缺乏理解与社群响应，也不信任社群组织。

In response, communities and key populations decided to act. One example was Pehchan, a five-year (2010–2015) project funded by the Global Fund to build capacity, advocate for policy changes to reduce barriers to service access, mitigate violence, provide community-specific services, and strengthen interventions for vulnerable groups in 18 Indian states. The India HIV/AIDS Alliance implemented the programme in partnership with four civil society partners with roots in the targeted communities. Pehchan also carried out community systems strengthening by using the following approaches;
对此，社群和重点人群决定采取行动。一个例子就是 Pehchan，这是个五年期（2010-2015）项目，由全球基金资助，进行能力建设，开展政策倡导，以减少不利于服务可及性的障碍，减轻暴力，提供专门的社群服务，以及在印度 18 个州加强面向脆弱群体的干预。印度艾滋病毒/艾滋病联盟与四个民间组织一起和目标社群的草根组织合作。Pehchan 也通过以下途径开展社群系统增强：

- *Community consultations* to inform programme design, planning, implementation, monitoring, dissemination and impact assessment.
- 社群咨询—为项目设计、规划、实施、监控、传播和影响力评估收集信息

- *Community strengthening*, which included multiple trainings for gay and other men who have sex with men, transgender and *hijra* community members at grassroots level on issues such as sexuality, gender and identity; safe sex; human rights and law related to homosexuality; community preparedness and more.
- 社群增强—包括多种面向男同性恋和男男性行为者、跨性别和间性人社群成员的草根培训，涉及议题包括性向，社会性别，安全性行为，人权，同性恋相关法律，社群筹备等。

- *Mobilization through advocacy* events aimed at increasing visibility and creating platforms for empowerment. For example, national and state-level gatherings of *hijra* were held annually to discuss and promote desirable policy changes.
- 倡导动员—开展旨在提升可见度的活动，创造赋权平台。例如，每年组织国家和州层面的间性人聚会，讨论和促进所需的政策改变。

- *Community governance*, which emphasized arrangements that shared ownership with elected community members who were not part of programme staff. This helped promote leadership within the communities and ensured that quality services were designed and implemented.
- 社群治理—强调与项目员工之外的选拔出的社群成员共同领导。这有助于推动社群领导力，确保设计实施合格服务。

- *Employment* for *gay and other men who have sex with men, transgender people and hijras in key positions*. This was achieved by drawing 90% of Pehchan staff from communities that traditionally were underemployed due to stigma, discrimination and a lack of opportunities. Almost 1,900 community staff members trained under Pehchan now have skills to contribute to future National AIDS Control Programme work.
- 关键岗位雇佣男同性恋和男男性行为者、跨性别和间性人。有 90%的 Pehchan 员工都来自于社群。这些社群由于污名、歧视和缺乏机会，长期处于失业。Pehchan 培训了约 1900 名社群员工，他们现在有能力为未来的国家艾滋病防控项目工作。

Pehchan helped strengthen 200 CBOs and reached more than 450 000 members of the three priority populations during its five-year existence. Of those, more than 230 000 people took an HIV test and received their results, and almost 2,000 people were linked to treatment centres and initiated antiretroviral therapy. For the first time, female partners of community members were confidentially referred to sexual and reproductive health and rights services.
在 5 年项目期间，Pehchan 帮助提升了 200 个社群中心组织的能力，接触了超过 45 万个三大目标群体 的成员。其中，有超过 23 万人接受了艾滋病毒检测并接收检测结果。有近 2000 人联系了治疗中心，开始抗病毒治疗。第一次有女性社群伙伴在保密情况下被转介到性与生殖健康和权利服务。

In addition, strengthened community mobilization strategies, events and advocacy initiatives led to more accurate size estimates of the communities. After Pehchan, the National AIDS Control Programme's estimations for at- risk gay and other men who have sex with men, transgender individuals and *hijra* nearly doubled (to 450 000) which resulted in an increased number of interventions and the expansion of health services in remote districts.
另外，加强社群动员策略和倡导活动，国家艾滋病防控项目估计有风险的男同性恋和男男性行为者、跨性别和间性人近乎加倍（至 45 万），导致干预次数增加，医疗服务扩展到偏远地区。

## IV. TURNING THE TIDE: WHAT UNAIDS CAN DO—SUGGESTED ROLES AND RESPONSIBILITIES
## 改变趋势：UNAIDS 可以做—角色与责任建议

48. The standardized consultation questionnaire included a sub-section on UNAIDS, with some questions focusing on the roles and responsibilities of UNAIDS and how those may be improved. Focus group discussions and individual interviews also elicited appraisals and suggestions.
标准化咨询问卷包括关于 UNAIDS 的部分，问题聚焦在 UNAIDS 的角色与责任，以及如何进行改善。焦点小组讨论和个人访谈，收集了评价与建议。

49. Most of the responses acknowledged the importance and additional value of UNAIDS' work. The added value included technical support, especially for strategic information and capacity building. UNAIDS has been effective, for example, in supporting transgender communities and the HIV Bill in India, as well as vital HIV research in Uganda. UNAIDS has consistently produced and shared high-quality materials to assist partners to respond effectively to the epidemic. It was also seen to support partnerships, for example the development of the Religious Group's proposal in Jamaica, an important partnership with faith-based and other organisations for raising awareness about the epidemic. UNAIDS' work is also recognized in Africa for providing support for community systems strengthening and bringing faith-based organizations together.
大多数回复认可 UNAIDS 工作的重要性与附加价值。附加价值包括技术支持，尤其是战略信息和能力建设。UNAIDS 在支持跨性别社群和印度的艾滋病毒/艾滋病防控法案，以及乌干达重要艾滋病毒研究的工作上都很高效。UNAIDS 一直制作和分享高质量的材料，支持伙伴有效抗击疾病。UNAIDS 也在支持伙伴关系，如开发牙买加宗教团体的提案，这是基于信仰的团体与其他团体为提升关于疾病传播的意识而建立的重要合作。UNAIDS 的工作也在非洲得到认可，为社群系统增强提供支持，将基于信仰的团体带到一起。

50. UNAIDS has used its convening power to act as a bridge between civil society organizations and governments, drawing them into dialogue and collaboration. However

respondents in some high-income countries, such as the United Kingdom and the United States of America, commented that UNAIDS' actions were not visible. Respondents also noted that country offices were not highly functional in some eastern European and central Asian countries (with Ukraine an exception) and were not responding adequately to communities' needs. According to a respondent noted from an international network in Europe, UNAIDS should "*draw attention to the regional issues of* eastern Europe and central Asia*, especially the issues around harm reduction. UNAIDS should do the political and diplomacy fight in the region, for the region.*"

UNAIDS 利用其凝聚力在民间组织与政府之间架设了桥梁，促进对话与写作。但是，在一些高收入国家，如英国和美国，受访者表示看不到 UNAIDS 的行动。受访者也提出，在一些东欧中亚国家（除乌克兰外），国家办公室功效不明显，不能适当回应社群需求。根据一名欧洲国际网络的受访者所言，UNAIDS 应当"引导对东欧中亚区域问题的关注，尤其是减低伤害议题。UNAIDS 应当为该区域进行区域政策外交斗争"。

**Challenges for the UN**
**联合国的挑战**

51. There were many responses that highlighted overarching problems with the current UNAIDS. Overall, respondents from Asia-Pacific, as well as eastern Europe and central Asia, were the most vocal and specific in this regard. For example, some respondents from the region suggested that UNAIDS is often overly cautious when pushing back against harmful government policies and not advocating more strongly for evidence-based approaches such as decriminalization or harm reduction. Respondents also mentioned that there has been good work done, but there is a large gap in communication between UN offices, communities and their representatives. Sometimes there is also a mismatch between priorities and strategic ways of working. In some countries, UN agencies are the primary recipients of Global Fund resources, which was viewed as unacceptable by some respondents and has created some tensions between the Joint Programme and the communities. A community leader from Asia-Pacific noted that "*UNAIDS competes with networks and NGOs when they start implementing service delivery programmes on ground, rather than supporting civil society and communities for their own advocacy*."

有多个回复强调了当前 UNAIDS 的整体问题。总体而言，来自亚太和东欧中亚的受访者在这方面的呼声最高，也讲的最具体。例如，一些该区域受访者表示 UNAIDS 经常在抗争政府的伤害性政策时过于谨慎，在倡导实证基础途径，如去罪化或减低伤害时，也不够有力。受访者也提到，虽然确实完成了很好的工作，但在联合国办公室、社群和社群代表之间缺乏沟通。有时在优先事项和工作策略之间也不匹配。在一些国家，联合国机构是全球基金的首要受助方，这在一些受访者看来是不可接受的，而且在联合方案与社群之间造成了关系紧张。一名亚太社群领袖指出，"UNIADS 在开始提供服务时，是与网络和民间组织竞争，而不是支持民间组织和社群为他们自己进行倡导。"

52. Another respondent expressed that UNAIDS is primarily responding to the “epidemiological picture and not the social determinants nor sustainability” of the response. There are many groups who seem not know much about about UNAIDS. For example, a group of transgender men interviewed in India had not heard about UNAIDS; a group of civil society people interviewed in the United Kingdom reported knowing about UNAIDS at a distance, and an individual interviewed in Germany reported being aware of UNAIDS only as regional entity. These individuals and community groups were also not reached by HIV programmes.
另一名受访者表示，UNAIDS 主要开展的是“流行病学方面，而不是社会因素或可持续性”的工作。有很多团体似乎不知道 UNAIDS。例如，一个接受访谈的印度跨性别男性焦点小组没听说过 UNAIDS；一个英国民间组织焦点小组的访谈者表示对 UNAIDS 略知一二，一个德国受访者以为 UNAIDS 是一个区域组织。这些人和小组都没接触过艾滋病毒项目。

53. One other set of comments referred to what might be called UNAIDS’ rigidity and lack of flexibility in how it measures and evaluates HIV responses and progress, especially at the country level. This approach is sometimes seen as problematic in that it does not allow for flexibility or breadth in terms of what UNAIDS considers “successes”. The comment from an online survey respondent in Asia-Pacific was telling: “*UNAIDS focuses on absolute numbers, rather than dissecting the strategic information to see the political—i.e. how key populations are being left behind, when we say that we are doing such a great job and looking at figures which show overall national declines in new infections, for example.*”
另一组评价认为 UNAIDS 在测量评估艾滋病抗击工作及进展时僵化缺乏灵活性，尤其在国家层面。工作方式有时被认为没有灵活腾挪空间，尤其是在 UNAIDS 评价“成功”时。一名亚太区域在线调查受访者评论表示“UNAIDS 关注的就是数字，而不是解构策略信息探析政策因素。比如，当我们说已经完成极大进步，看到各国新增感染数字下降时，重点人群为什么被落下。”

**Call for expanded understanding of vulnerability**
**呼吁拓展对脆弱性的理解**

54. *"For our part, we work and identify with the concept of vulnerability that goes beyond the notion of risk for key populations. Strategies should be directed towards the reduction of vulnerabilities. Under this concept we see with importance the work with migrants and other populations, rural residents, indigenous people, [people] co-infected with HIV and tuberculosis."* –– Online survey respondent from Latin America and the Caribbean, community sector [translated from Spanish]
"在我们这里的工作中，脆弱性的概念超越了重点人群风险的内容。战略应当指向减少脆弱性。在这个理念下，我们看到对移徙者等群体、边远地区居民、原住民、艾滋病和结核协同感染者等开展工作的重要性"—在线调查受访者，拉美与加勒比，社群领域

55. From the surveys and interviews, it was also apparent that there seems to be tension in many countries (as mentioned by Africa and Asia-Pacific interview participants) among and between UNAIDS and the Cosponsors. It was felt that the tension is an outgrowth of competing agenda between government, community and co-sponsors that leads to reduction of credibility and questioning of technical authority.
根据在线调查与访谈，很明显看出在很多国家（非洲和亚太受访者所提）的 UNAIDS 和联合发起方之间，以及联合发起方内，存在着紧张关系。这种紧张是政府、社群和发起方之间的议题冲突的产物，导致可信度降低和对技术权威的质疑。

**Inclusion and intersectionality: The way towards ending the AIDS epidemic**
**包容和交叉：终结艾滋病流行之路**

56. Several suggestions came from community, civil society and stakeholders about how and where UNAIDS should focus its attention to ensure that no one is left behind, including those who are currently being left out by the global AIDS response. As a vital organization that leads and oversees the global HIV response and ecosystem, UNAIDS plays a very important role in political advocacy. Through its diplomacy and convening power, UNAIDS can take responsibility for working with governments to assist them and encourage the development of appropriate national and local HIV responses, including and especially, legal and policy reform. UNAIDS can also work with national governments and various bureaus, departments and ministries (for education, social welfare, finance, economic development etc.), and other relevant agencies to integrate HIV into their respective programmes and services.
就 UNAIDS 如何聚焦及聚焦何处以确保没有人落下，确保当前在全球艾滋病工作中被落下的人能追上，一些社群、民间组织和利益相关方提出了建议。作为领导和监督全球艾滋病抗击工作的重要组织，UNAIDS 在政策倡导中扮演重要角色。通过其外交和凝聚力，UNAIDS 能够负责与政府合作，鼓励开发适合各国家地方的艾滋病抗击工

作，尤其是法律政策改革。UNAIDS 也可以与政府及各个部门（包括教育、福利、财政、经济发展等）合作，将抗击艾滋病毒的工作整合到各自的项目服务中去。

57. There are a few critical areas where UNAIDS needs to immediately refocus its approach to ensure an improved, more inclusive and more efficient global response. One major role UNAIDS has always played, yet can improve on, is that of a mediator or convener between key populations or communities and governments. This is particularly crucial in situations that require urgent attention: for instance, the "war on drugs" in the Philippines and the ongoing health emergency in Venezuela. Without a full understanding of the importance of putting communities and civil society at the centre of the local and national HIV response, UNAIDS and governments will not be able to address the needs of the missing populations and those left behind.
有几个关键领域需要 UNAIDS 立刻将工作重点聚焦，以确保改善全球艾滋病毒抗击工作，使其更为包容和高效。UNAIDS 一直发挥的一个重要作用就是作为重点人群和社群及政府的协调者和召集者。这方面工作还有提升空间。这对急需关注的事态非常重要：比如，菲律宾的"禁毒战争"，以及委内瑞拉的持续卫生紧急情况。如果不能全面理解将社群和民间组织置于地方和国家抗击艾滋病毒工作的中心的重要意义，UNAIDS 和政府就无法回应被遗漏被落下群体的需求。

58. Respondents also felt that UNAIDS needs to listen more closely and involve key populations, in all their diversity, more meaningfully. UNAIDS should review and consider merging UN priorities with the priorities of communities. It was seen as an important next step for UNAIDS to be more inclusive of the different segments of communities and not only those communities that we traditionally know. It also has to work toward amplifying the voices of communities by providing technical and financial support. As a community organization working on HIV in Europe put it: "*The definition of key populations should include migrants and key populations among migrants, for example migrant gay men and men who have sex with men, migrant young people, etc. and undocumented migrants.*"
受访者也认为 UNAIDS 需要更紧密地倾听重点人群需求，更有效地纳入重点人群的多元性。UNAIDS 应当评估和考虑将 UN 的优先事项与社群的相结合。这被视为 UNAIDS 接下来应有的重要行动，包容社群的不同部分，而不仅是以前了解的那些。也要为社群提供技术和经济支持，以放大社群的声音。一个欧洲艾滋病领域的社群组织表示"重点人群的定义应当包括移徙者和移徙者之中的重点人群。例如移徙男同性恋和男男性行为者，移徙青少年，无身份移徙者等等"。

59. UNAIDS needs to clarify its role as an "honest broker" in bilateral and other donor relations in the country to ensure that no one is left behind, and it needs to "show they can add value". By being active participants in Country Coordinating Mechanisms, PEPFAR COP processes and other donor mechanisms, UNAIDS can ensure more equitable distribution of resources particularly for key population organisations and networks and NGOs.
UNAIDS 需要澄清其在多边和其他捐赠者关系中"诚实交易员"的角色，以确保没有人被落下。还要展示他们能增加的价值。通过在国家协调机制，PEPFAR COP 程序和其他捐赠者机制中积极参与， UNAIDS 可以确保资源分配对重点人群组织、网络和民间组织来说更公平。

60. Some of the feedback from interviews point to a clear way forward:
一些受访者的反馈指出了明确方向：

- "*Help communities to advocate for smooth transition from donor to state funding, as well as the necessary legislative changes*." (Interviewee from eastern Europe and central Asia, community sector)
- “帮助社群倡导，使从捐赠者到国际资助的过渡更顺利，促进必要的法律改革”。（东欧中亚受访者，社群领域）

- “*[Provide] more support for key population organizations and not just those under their definition, but at the national level as well, such as young women and girls and women in difficult circumstances*.” (Interviewee from Latin America and the Caribbean, community sector)
- “为重点人群组织提供更多支持，不仅限于定义中得重点人群，要考虑国情，如青年女性、女童和困境中妇女”。（拉美加勒比受访者，社群领域）

- "*UNAIDS is in a unique position to intervene on legal and regulatory barriers to access. They should take a lead on these. Helping governments better allocate their budgets according to their epidemics*.” (Interviewee from Europe, migrant community sector)
- “UNAIDS 在对妨碍可及性的法律法规进行干预时地位特殊，应当发挥领导作用。帮助政府更好的根据疾病流行情况分配预算”。（欧洲受访者，移徙社群领域）

- “*Provide technical assistance to capacitate the communities on how to understand and appreciate the data*.” (Interviewee from Asia-Pacific, community sector)
- “提供技术协助，使社群有能力理解和使用数据”。（亚太受访者，社群领域）

- “*Draw attention to the regional issues of from eastern Europe and central Asia, especially the issues around harm reduction. UNAIDS should do the political and diplomacy fight in the region for the region*.” (Interviewee from international civil society organization working in the from eastern Europe and central Asia region)
- “引导对东欧中亚区域问题的关注，尤其是关于减低伤害方面。UNAIDS 应当在该区域开展政治外交斗争”。（东欧中亚区域国际民间组织受访者）

61. There is a need to improve the governance of the Joint United Nations Team on AIDS at country level to provide flexibilities that can enable it to increase attention on populations that are left behind. The NGO Delegation is concerned that any reduced importance of UNAIDS can lead to reduced focus on HIV. To avoid such an outcome, civil society, communities and UNAIDS must work together in a

constructive way. Supporting civil society to participate in Joint Annual Reviews, AIDS Development Partners' Meetings, as well as Joint UN Support for National AIDS Programmes Coordination Committees, could be one way of involving important community and key population actors more closely to ensure that no one is left behind.
有必要改善各国关于艾滋病的联合方案小组的治理，以提升灵活性，使其能更关注被落下的人群。民间组织代表团担心如果 UNAIDS 的重要性降低，则可能导致减少对艾滋病毒的关注。为避免这种情况，支持民间组织参与联合方案年度检讨、艾滋病发展伙伴会议及国家艾滋病项目协调委员会的联合方案支持，可能是让重要社群和重点人群行动者有效参与的方式，以保障无人被落下。

**Renewed attention to previous decision points**
**重申对之前决策点的关注**

62. Several PCB decision points presented by the NGO Delegation in recent PCB reports are highly relevant and closely associated with the 2017 report's topic and emphasis. In the Delegation's view, a key factor missing in target evaluation and responses is the lack of follow-through by UNAIDS on some of the critical decision points of the PCB. More extensive and consistent efforts to take actions specified in decision points are needed to successfully address the challenges identified and to ensure that progress toward the 90–90–90 targets takes into account all disproportionately affected populations.
一些由 NGO 代表团在近期 PCB 报告中提出的 PCB 决策点与 2017 年报告主题和重点高度相关联系紧密。在代表团看来，在目标评估和疾病抗击工作中缺乏的重要因素就是缺乏 UNAIDS 在一些 PCB 重要决策点上的持续跟进。需要在决策点所提出的行动上开展大量的一致工作，以克服相关障碍，确保朝向 90-90-90 目标前进时考虑所有受影响严重的人群。

63. Among the previous relevant decision points are the following, with emphasis added in italics:

在以下所提到的之前的相关决策点中，需要着重强调：

a. UNAIDS/PCB (39)/16.23
Issue date: 11 November 2016
b. 发布时间：2016 年 11 月 11 日

*Recognizes* that to Fast-Track the AIDS response and realize their potential towards *ending* AIDS, *community organizations and networks require sufficient financial resources* and that UNAIDS estimates that funding for community mobilization should increase threefold from 2016 to 2020; *the proportion of services delivered through community channels should rise to 30% by 2030; and investment in social enablers– –including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction—should account for 6% of global AIDS investments*.
承认为加速艾滋病抗击工作，实现终止艾滋病的潜能，社群组织和网络需要足够的资金，UNAIDS 估计用于社群动员的资助在 2016 到 2020 年间应增加三倍；通过社群渠道提供的服务应当到 2030 年时上升 30%，对社群促进因素的投资，包括倡导、政治动员、法律与改革、人权、公众传播和减低污名等，应当占据艾滋病全球投入的 6%。

c. UNAIDS/PCB (33)/13.16
Issue date: 6 December 2013
d. 发布日期：2013 年 12 月 6 日

*Call* on UNAIDS, co-sponsors and partners, as a matter of urgent priority
Recalling the 26th PCB, *Agenda item 2: Ensuring non-discrimination in responses to*
*HIV; Decision points: 7.3; 7.4; 7.5; 7.6 and 7.7*a; Recalling the 30th PCB: *Thematic*
*Session on Non-Discrimination: Decision point: 6.1*a*; requests* UNAIDS and Member States *to report* at the 35th PCB on concrete actions (including support to strengthen national capacity, funds disbursed, the development of data, research and evidence, strengthening of enabling environments including reform to punitive laws and policy) taken to *implement expanded programmes to reduce stigma and discrimination against key populations* (including transgender people), *at sufficient scale* to improve the lives of those at risk of infection and people living with HIV.

呼吁 UNAIDS、联合发起方和伙伴，作为紧急优先事项回顾第 26 次 PCB，议程第 2 项：确保抗击艾滋病毒工作的无歧视；决策点 *7.3; 7.4; 7.5; 7.6 和 7.7*a；回顾第 30 次 PCB 关于无歧视的主题环节：决策点 *6.1*a；要求 UNAIDS 和成员国在第 35 次 PCB 报告为实施扩展项目以减低针对重点人群（包括跨性别）污名歧视的具体行动（包括支持提升国家能力，提供资金，数据、研究和实证的开发，创造适当环境改革惩罚性法律政策），规模应能改善有感染风险的人群以及艾滋病毒感染者人群的生活。

64. These decision points are intended to lead to greater attention and resources towards key and vulnerable populations and their unequal access to HIV treatment, prevention and support. It has been four years since the 2013 NGO Delegation report[22] warned that *"without concerted action and significant change, the latest initiatives and emerging opportunities risk exacerbating, rather than resolving, the 'equity deficit"* negatively affecting these populations. Stronger and more consistent action is needed to address deficits related to data, financing, rights, capacity and technical support.
这些决策点旨在引发更多关注和资源投向关键脆弱人群和他们获取艾滋病毒治疗、预防和支持时面临的不平等。自 2013 年 NGO 代表团报告警告"没有相关行动和显著变化，最新的倡议和出现的机会很可能加剧而非解决'平等缺陷'对这些人群的负面影响"，至今已经四年。需要更有力的一致行动来解决数据、资金、权利、能力和技术支持方面的缺陷。

65. The Delegation regularly has articulated its sense of urgency on data gaps and UNAIDS' responsibilities such as provision of strategic information and evidence to all actors, including civil society and communities living with and most impacted by the epidemic. The following passage is drawn from a document released in April 2017, *The UNAIDS we need: Ten key messages from civil society & communities to the Global Review Panel*:[23]
代表团定期发送对数据缺失和 UNAIDS 职责方面的紧急事态。UNAIDS 有责任为所有行动者提供战略信息和证据。行动者包括民间组织和受疾病流行影响最严重的社群。以下章节来自 2017 年 4 月，《我们需要的 UNAIDS：民间组织和社群向全球审查小组提出的十条关键信息》
*"UNAIDS needs to fully embrace the global data revolution for the HIV response and better utilize non-traditional data sources; getting data back into programming in a more timely fashion; and sharing data more openly and distributing the data widely including to and with civil society. In particular, UNAIDS should also ensure data disaggregation based on economic, age, race, education, gender identity, sexual orientation, geographic location and other status, to guide programming and investments of programs, and for better targeting of those most in need. Interventions with a laser-focus on the locations and populations will deliver greatest impact and catalyze innovation for people who need it most, ensuring no one is left behind.*"
"UNAIDS 需要全心拥抱面向艾滋病毒抗击工作的全球数据革命，更好地利用非传统数据资源；更及时将数据应用于项目开发；更公开分享数据，更广泛传播数据，包括提供给民间组织。尤其是，UNAIDS 应当确保数据没有基于经济、年龄、种族、教育、性别身份、性取向、地理位置和其他因素的区隔，以指导项目开发和资助，更好

地面向最需要的人群。精准聚焦干预于能产生最大影响的位置与人群，催化面向最需要人群的创新，确保没有人落下。”

## V. RECOMMENDATIONS
## 建议

66. The NGO Report indicates that greater monitoring of compliance with HIV, non-discrimination and human rights agreements signed by Member States is needed, especially in the context of Agenda 2030, which pledges that no one will be left behind. Recognizing the role of communities in reaching populations left behind and recognizing the need to strengthen the participation of civil society organizations, communities and all populations in the design and implementation of AIDS responses, at all levels; recognizing that more information is needed about the people and communities who are being left behind as countries scale up to meet the 90–90–90 targets—as well about the vulnerability, stigmatization, and legal, social, political, health and other barriers they face; recognizing that closely focused interventions will deliver the greatest impact and catalyse innovation for people who need it most, ensuring that no one is left behind.
NGO 报告指出要更好地监控成员国对所签署的艾滋病、无歧视和人权协议的遵从情况，尤其考虑到 2030 议程，保证没有人被落下。认识到社群在接触被落下人群中得作用，认识到需要增加民间组织、社群和所有人群在各层面艾滋病抗击工作的计划与实施中的参与；认识到在各国扩展工作实现 90-90-90 目标时，需要关于被落下社群和人群的更多信息，包括易损性，污名化，以及他们面临的社会、政治、健康等方面的障碍；认识到精准干预能够产生更大影响，为最需要人群催化创新，确保没有人落下。

The NGO Report introduces the following suggestions for decision points:
NGO 报告对决策点提供以下建议：

67. *Recalling* decisions from previous PCB meetings[24] and welcoming the upcoming discussion at the 42nd PCB meeting on ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration on Ending AIDS, including the *proportion of services delivered through community channels should rise to 30% by 2030; and investment in social enablers—including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction—should account for 6% of global AIDS investments*.
回顾 PCB 之前的会议，迎接即将到来的第 42 次 PCB 会议讨论，关于监测 2016 年《终止艾滋政治宣言》的财务相关目标的实现情况，如 2030 年通过社群渠道提供的服务应上升 30%；对社群促进因素的投资，包括倡导、政治动员、法律与改革、人权、公众传播和减低污名等，应当占据艾滋病全球投入的 6%。

68. *Take note* of the report.
记录报告重点。

69. *Request* UNAIDS to support Member States, in collaboration with community based organizations and civil society, to monitor and report on progress made on

Fast Track targets disaggregated[25] by key population age and gender, including through the Global AIDS Monitoring.
要求 UNAIDS 支持成员国与社群组织和民间组织合作，通过“全球艾滋病监控”等途径监测并报告快速通道目标方面的进展，根据重点人群年龄和性别分类。

70. *Request* UNAIDS and Member States in partnership with civil society organisations to develop and implement country level community-participatory evidence-gathering methodologies to identify barriers and measure the level and quality of access to services for the “left behind populations” who may or may not be sub-sets of the traditional key populations[26] such as, but not limited to, indigenous communities, people living with HIV, migrants, both regular and irregular, and other mobile populations.
要求 UNAIDS 和成员国与民间组织合作，开发并实施国家层面的社群参与实证搜集方法，以识别阻碍，并测量“被落下人群”获取服务渠道的程度和质量。被落下人群可能是也可能不是传统重点人群的亚群体，包括但不限于，原住民、艾滋病毒感染者、移徙者、合法和非法移民、其他流动群体。

71. Request UNAIDS to produce an update on the 2014 *Gap report* addressing the needs and priorities of populations identified to be left behind in the current response and report back to the 43rd PCB.
要求 UNAIDS 产出当前工作中关于 2014 年鸿沟报告中涉及被落下人群需求和优先事项的最新信息，并在第 43 次 PCB 汇报。

72. Request the Joint Programme to facilitate partnerships between Member States and community based organizations to help ensure effective action to meet both HIV prevention and treatment needs of communities, in particular for ‘left behind populations’.
要求联合方案协助成员国与社群中心组织的合作，以帮助确保采取有效行动，满足社群尤其是被落下人群的艾滋病毒预防和治疗需求。

73. Request the Joint Programme to develop, implement and monitor, in partnership with communities, a standardized community engagement strategy with indicators aligned with the UBRAF and disaggregated data[27] to help ensure effective action to meet their HIV prevention and treatment needs.
要求联合方案与社群一起开发、实施和监测一个社群参与战略的标准化指标体系，在符合 UBRAF 的同时，进行数据分类，以确保采取有效行动满足艾滋病毒预防和治疗需求。

[End of document]

## ANNEX 1: WHO IS DISPROPORTIONATELY VULNERABLE: DIVERSITY ACROSS REGIONS AND GROUPS
## 附录 1：谁是严重脆弱的人群：不同区域与群体的多样性

The table below reflects a wide range of verbatim replies to two questionnaire items which requested input on who should be considered to be disproportionately vulnerable—and thus “left behind” or “missing”—in HIV responses. The responses are grouped into nine categories, primarily by global regions. (India is a separate category because of the particularly large number of responses from the country.) The input illustrates the context-specific nature of the issue and the variety of viewpoints.
下表反映了两份问卷的回复原文，询问谁应当被认为严重脆弱和被艾滋病毒抗击工作“落下”或“遗漏”的。回复主要被根据区域分为九类。（印度被单独提出，因为该国家回复数量极大）回复显示出该问题的文化特殊性和观点多元性。

The inputs are not necessarily backed up with data, and they do not list every population, sub-population and community that is disproportionately vulnerable to HIV in every context. However, the observations have value since they come people working and living in communities where they have close knowledge of HIV-related vulnerabilities and experiences.
回复并不一定有数据支持，也并没有列出所有区域艾滋病毒脆弱人群、亚人群和社群。但是，这些是来自对艾滋病毒相关脆弱性和经验有丰富知识的经历者和工作者的观察。

| **Latin America and the Caribbean 拉美与加勒比** | |
| --- | --- |
| | |

Indigenous populations
原住民

Indigenous women and girls
原住民妇女和女童

Women and girls of African descent
非裔妇女和女童

Indigenous transgender people
原住民跨性别者

Rural residents
偏远地区居民

Women in rural areas
偏远地区妇女

Agricultural workers
农业工人

Mobile populations
流动人口

Migrants
移徙者

Migrant sex workers
移徙性工作者

Female partners of men who migrate
移徙男性的女性伴侣

Ethnic minorities
少数族裔

Young women and girls
青年女性和女童

Young people
青年人

Women in difficult situations
困境妇女

Women in violent situations, women who are victims of violence
暴力情况中的妇女，暴力受害妇女

Housewives
家庭主妇

Middle- and upper-class/income gay and other men who have sex with men
中高阶层/收入的男同性恋和男男性行为者

Poor or working class gay and other men who have sex with men and sex workers
贫困或工人阶级的男同性恋或男男性行为者和性工作者

Young gay and other men who have sex with men and sex workers
青年男同性恋和男男性行为者和性工作者

Adolescent gay men and other gay and other men who have sex with men
成年男同性恋和男男性行为者

Older gay and other men who have sex with men
老年男同性恋和男男性行为者

Female partners of gay and other men who have sex with men
男同性恋和男男性行为者的女性伴侣
Men who get sexual services from

Lesbian, gay, bisexual, transgender and intersex youth who are bullied
被霸凌的青年女同性恋、男同性恋、双性恋、跨性别者和间性人
Lesbian, gay, bisexual, transgender and intersex people who live in rural areas
生活在偏远地区的女同性恋、男同性恋、双性恋、跨性别者和间性人
Lesbian, gay, bisexual, transgender and intersex people “deprived of liberty”
“被剥夺自由”的女同性恋、男同性恋、双性恋、跨性别者和间性人
Lesbian and bisexual women
女同性恋和双性恋女性
Bisexual men and adolescents
双性恋男人和青少年
Young lesbians
青年女同性恋
Male sex workers
男性性工作者
Heterosexual male sex workers
异性恋男性性工作者
Adolescent sex workers
青少年性工作者
Sex workers from ethnic minorities
少数族裔的性工作者
Female transgender sex workers
女性跨性别性工作者
Transgender people
双性恋者
Transgender women
跨性别女性
Transgender men
跨性别男性
Women and girls who use drugs
使用毒品的妇女和女童
Drug users who do not inject drugs
不注射吸毒的毒品使用者
Homeless people
无家可归者
People co-infected with TB, hepatitis
协同感染结核与肝炎者
Young people who were vertically infected with HIV
艾滋病毒垂直感染的青年人
People trying to reintegrate into society in post-conflict situations
冲突后地区重新融入社会的人
Reclusive people
孤僻者
People older than 50
50 岁以上者
Persons with disabilities

残障人

Youth with disabilities
残障青年

Incarcerated populations
被关押者

| | |
|---|---|
| transgender people<br>跨性别者<br>Gay and other men who have sex with men in discordant relationships<br>不和谐关系中的男性同性恋和男男性行为者<br>Gay and other men who have sex with men with disabilities<br>有残障的男同性恋和男男性行为者 | |
| **India**<br>**印度** | |
| Tribal populations<br>部落居民<br>Farmers<br>农民<br>Residents of rural and hilly areas<br>偏远和山区居民<br>TB patients<br>肺结核患者<br>Partners of people living with HIV<br>艾滋病毒感染者<br>People coinfected with HIV and TB<br>艾滋病毒和肺结核协同感染者<br>Adolescents<br>青少年<br>Key populations in online settings<br>网络环境中的重点人群<br>People with risky behaviour and lifestyles<br>有危险行为和生活方式的人<br>People who are invisible but are high risk<br>高风险的“隐形”人<br>Spouses of PLHIV<br>艾滋病毒感染者的配偶<br>Young people living with and affected by HIV<br>感染艾滋病毒或受艾滋病毒影响的青年人<br>Children living with HIV<br>艾滋病毒感染儿童 | Housewives of migrant labourers<br>移徙工人的家庭妇女妻子<br>Truck drivers<br>卡车司机<br>Young female sex workers<br>青年女性性工作者<br>Female sex workers and gay and other men who have sex with men who are not in “traditional sites”<br>非传统地点的女性性工作者和男同性恋和男男性行为者<br>Female sex workers who use drugs (but do not inject drugs)<br>使用毒品（非注射）女性性工作者<br>Regular partners of sex workers<br>性工作者的固定伴侣<br>Sex workers from ethnic minorities<br>少数族裔的性工作者<br>Young people who use drugs<br>使用毒品的青年<br>Women and girls who use drugs<br>使用毒品的妇女和女童<br>Wives of people who use drugs<br>毒品使用者的妻子<br>Spouses of married gay and other men who have sex with men<br>已婚的男同性恋和男男性行为者的配偶 |

Orphans and vulnerable children
孤儿和脆弱儿童
Transgender populations
跨性别人群

Transgender women
跨性别女性
Transgender men
跨性别男性
Transgender women in rural areas
偏远地区跨性别女性

*hijra*
*间性人*
Migrants
移徙者
Migrant labourers
移徙劳工
Single male migrants
单身男性移徙者

Gay and other men who have sex with men from lower socioeconomic strata
社会经济地位较低的男同性恋和男男性行为者
Very poor people
非常穷的人
Partners of gay and other men who have sex with men and transgender people
男同性恋和男男性行为者和跨性别者的伴侣
Females who inject drugs
注射吸毒女性

Prisoners, in particular people who use drugs, women, youth and transgender people
囚犯，尤其是其中的毒品使用者、女性、青年人和跨性别者
Adolescent gay men
青少年男同性恋
Homeless people
无家可归者

**Asia–Pacific and Oceania (excluding India)** 亚太和大洋洲

Young key populations younger than 18
18 岁以下青年重点人群
Out-of-school youth
辍学青少年

Sexually active under-age children and young people
性活跃的未成年和青年人
Gang members and clans
帮派部族成员
Migrant workers
移徙工人
Families of migrant workers
移徙工人家庭成员

Migrant workers in the fisheries industry

Pregnant women
怀孕妇女
Gay men and other men who have sex with men who use recreational drugs
使用消遣性毒品的男同性恋和男男性行为者
Partners of people living with HIV
艾滋病毒感染者的伴侣

People coinfected with TB and/or hepatitis C
协同感染肺结核和/或丙肝的人
Children and adolescents
儿童和未成年
Prisoners
囚犯
Family members who carry the

渔业移徙工人

Sex workers who are migrants

移徙性工作者

Seafarers

海员

Children of parents who are living with

burden for those affected by HIV

照料受艾滋病毒影响者的家庭成员

People living in rural areas

居住偏远地区的人

Women and girls

妇女和女童

| | |
|---|---|
| HIV<br>父母是艾滋病毒感染者的儿童<br>Homeless people<br>流浪者<br>Freelance sex workers<br>单干的性工作者<br>People with disabilities<br>残障者<br>Indigenous peoples<br>原住民<br><br>Indigenous peoples living in colonised contexts<br>殖民社会的原住民<br>People with disabilities<br>残障者<br><br>Muslim gay and other men who have<br><br>sex with men and who liv in Muslim-majority countries<br>穆斯林男同性恋和男男性行为者以及生活在穆斯林为主国家中的人 | Housewives<br>家庭主妇<br>Non-venue sex workers<br>街头性工作者<br>Male sex workers<br>男性性工作者<br>Women who use injecting drugs<br>注射吸毒的女性<br><br>Urban gay and other men who have sex with men populations<br>都市男同性恋和男男性行为者<br><br>Gay and other men who have sex<br><br>with men who identify as "straight"<br>男同性恋和自诩直男的男男性行为者<br>Adolescents<br>未成年<br><br>Transgender community<br>跨性别社群 |
| **Eastern and southern Africa 东部和南部非洲** | |
| Migrants 移徙者<br>Migrants in immigration detention centres<br>移民拘留中心的移徙者<br>Internally displaced populations<br>国内流离失所人群<br>Young women and adolescent girls<br>青年妇女和未成年女童<br>Uniformed services (e.g. the military)<br>制服人员（例如军队）<br>Widows 寡妇<br>Widows in rural areas<br>生活在偏远地区的寡妇<br>Key populations in rural areas<br>生活在边远地区的重点人群<br>Young key populations 青年重点人群 | Truck drivers 卡车司机<br>Long-distance drivers 长途司机<br>Students in higher levels of learning<br>高等教育学生<br><br>Health workers 医疗工作者<br><br>Children of sex workers 性工作者子女<br><br>Cattle nomads 游牧民<br>Minors 少数族裔<br>People with mental illnesses 精神疾病患者<br><br>People who abuse alcohol 酗酒者<br>Elderly people living with HIV 老年艾 |

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| Homeless people<br>无家可归者<br>Orphans and caretakers<br>孤儿和照料者<br>Street children 街头儿童<br>Young sex workers under 18 years who are regarded as children by law<br>18 岁以下被法律视为儿童的青少年性工作者<br>People living in poverty, slums 贫民<br>People living with disabilities<br>残障者<br>People coinfected with TB and/or hepatitis<br>肺结核或/和丙肝协同感染者<br>People with mental illnesses<br>精神疾病患者<br>People with comorbidities<br>并发症患者<br>*Boda boda* men[28]<br>摩托车的哥<br>Fisher folks 渔民 | 滋病毒感染者<br>Intersex people and other gender nonconforming persons<br>间性人和性别不明者<br>Serodiscordant couples<br>一方感染的夫妇<br>Adolescent sex workers<br>未成年性工作者<br>Young people who inject drugs<br>注射吸毒青年<br>Elderly people who look after the orphans<br>照料孤儿的老年人<br>Schoolchildren<br>学校儿童<br>Children in sexual exploitation<br>被性剥削的儿童<br>Adolescent lesbian, gay, bisexual, transgender and intersex<br>未成年女同性恋、男同性恋、双性恋、跨性别和间性人<br>Adolescent girls in slums<br>贫民窟中的未成年女童 |
| **West and central Africa 西部与中部非洲** | |
| Migrants<br>移徙者<br>Migrant fisher folk, traders, transporters<br>Hidden migrant or refugees<br>移徙渔民、商贩、运输者、隐藏移徙者或难民<br>Rural populations<br>偏远人群<br>Slum dwellers 贫民窟居民<br>Urban slum dwellers<br>城市贫民窟居民<br>Beggars with disabilities<br>残障乞丐<br>Orphans and vulnerable children<br>孤儿和脆弱儿童 | Street/homeless children<br>街头/无家可归儿童<br>Young gay and other men who have sex with men<br>青年男同性恋和男男性行为者<br>Male sex workers<br>男性性工作者<br>Adolescent sex workers<br>未成年性工作者<br>Teenage mothers<br>少女妈妈<br>Females who inject drugs<br>女性注射毒品使用者<br>High-profile sex workers<br>高级性工作者<br>Children aged 6–14 years |

|  | 6-14 岁儿童 |
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| **Eastern Europe and central Asia 东欧中亚** | |
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| Migrants 移徙者<br>Wives of migrants<br>移徙者的妻子<br>Internally displaced people<br>国内流离失所者<br><br>Sexual partners of people who use drugs<br>毒品使用者的性伴侣<br>Young girls kidnapped as brides<br>被拐卖嫁人的女童<br>Women and girls in rural areas<br>偏远地区妇女和女童<br>Women and young girls<br>妇女和闹翻天<br>Youth<br>青年<br><br>Girls 女童<br>People with mental disabilities<br>精神疾病患者<br>Transgender people<br>跨性别者<br>Transgender women<br>跨性别妇女<br>Transgender people of colour<br>跨性别有色人种<br>Young transgender people<br>青年跨性别者<br><br>Transgender people who use drugs and alcohol<br>使用毒品和酒精的跨性别者<br>Street children 街头儿童 | People with coinfections 协同感染者<br><br>Women who use drugs 使用毒品的妇女<br><br>Gay and other men who have sex with men and who use drugs 男同性恋和男男性行为者和毒品使用者<br><br>Older gay and other men who have sex with men 老年男同性恋和男男性行为者<br>Young gay and other men who have sex with men 青年男同性恋和男男性行为者<br><br>Older gay and other men who have sex with men 老年男同性恋和男男性行为者<br>Gay and other men who have sex<br><br>with men and who have mental health issues 男同性恋和男男性行为者和精神疾病患者<br><br>Gay and other men who have sex with men and who have substance abuse problems 男同性恋和男男性行为者和有毒品问题的人<br><br>Unemployed gay and other men who have sex with men 无业男同性恋和男男性行为者<br>Gay and other men who have sex with men who are from small towns and rural areas 来自小城镇和偏远地区的男同性恋和男男性行为者<br>Migrant gay and other men who have sex with men 移徙男同性恋和男男性行为者<br>Gay and other men who have sex with men who are foreign |

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| | residents 来自外国的男同性恋和男男性行为者<br>Roma members of key populations 重点人群中的罗姆人<br>Adolescents and women affected by military conflict 受军事冲突影响的未成年和女性<br>Military staff and their partners 军队成员和他们的伴侣 |
| **Western Europe 西欧** | |
| Migrants and other mobile populations 移徙者和其他流动人口<br>Undocumented migrants 无身份移徙者<br>Gay and other men who have sex with men who are migrants 移徙男同性恋和男男性行为者<br>Migrant trans persons 移徙跨性别者<br>Residents of rural areas 偏远地区居民<br>Homeless people 无家可归者<br>Young people 青年人<br>People living in poverty 贫困人口 | Trans populations 跨性别人群<br>Trans sex workers 跨性别性工作者<br>People living with hepatitis C 丙肝感染者<br>Deaf people 聋人<br>Male drug users who have sex for money 贩性的男性毒品使用者<br>Chemsexers (i.e. people who have sex while under the influence of drugs such as methamphetamine)化学性行为者（在冰毒等毒品影响下发生性行为的人） |
| **North America 北美** | |

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| people who live in rural areas 偏远地区居民<br>people living in the rural south of the USA 美国南部偏远地区居民<br>indigenous communities in rural areas 偏远地区原住民社群<br>indigenous peoples 原住民<br><br>Migrants 移徙者<br>Migrant workers from the Caribbean and Latin America 来自加勒比拉美的移徙工人<br><br>Immigrants 移民<br>Undocumented immigrants 无身份的移民<br><br>Newcomers including immigrants, refugees and people lacking legal status 新人（包括移民、难民和无合法地位的人）<br>Foreign students who do not have adequate health insurance coverage 没有适当医疗保险的外国学生<br>Women 妇女<br><br>Key populations with mental health issues 有精神疾病的重点人群<br><br>“Racialized” populations such as African, Caribbean and Black, west Asians“种族化”人口，如非洲人、加勒比人、黑人和西亚人<br><br>Youth/adolescents 青年/未成年<br>Sex workers 性工作者<br>People who inject drugs 注射毒品使用者<br>Transgender populations 跨性别人群<br><br>Exchange students 交换学生 | Prisoners 囚犯<br>Black & Latino gay men (ages 18-29)黑人和拉美男同性恋（18-29 岁）<br><br>Latino immigrant gay and other men who have sex with men (aged 18–30 years)<br>拉美移民男同性恋和男男性行为者<br>Black gay and other men who have sex with men, especially those living in the south of the USA<br>黑人男同性恋和男男性行为者，尤其是生活在美国南部的<br>Adolescent African-American gay and other men who have sex with men 未成年非裔美国男同性恋和男男性行为者<br>Spanish-monolingual Hispanics 仅使用西语的拉美裔<br><br>Hispanic/Latino population 拉美裔<br>African American population 非裔美国人群<br>African-American women and Latinas in general 非裔美国妇女和拉美人<br>People living with HIV who are aging<br>People over 50<br>50 岁以上艾滋病毒感染者<br>Heterosexual men and women 异性恋男性和女性<br><br>People with disabilities 残障者<br>People with substance use issues 毒品使用问题的人<br>People of colour across the key populations 重点人群中得有色人种<br>People living in poverty 贫困人口<br>People with inadequate education 教育水平低的人 |

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| | People living in stigmatized communities 被污名化群体中的人<br>Family members of people living with HIV 艾滋病毒感染者家庭成员<br>Non-English speakers 不说英语的人<br>People who do not have medical insurance 没有医保的人 |
| **Respondents from global networks/organizations 来自全球网络/组织的受访者** | |
| Migrants/mobile populations 移徙者/流动人口<br>Migrant gay and other men who have sex with men 移徙男同性恋和男男 xing'xing'wei'z 性行为者<br>Migrant women engaging in sex work 参与性工作的移徙妇女<br>Migrant young people 移徙青年<br>Undocumented migrants 无证件移徙者<br>Undocumented migrant sex workers in central and western Europe 中欧与西欧无证件移徙性工作者<br>Youth, especially in key populations 青年人，尤其是重点人群中的青年人<br>Sex workers who are members of other key populations or have higher vulnerabilities (e.g. due to being a single mother, migrant status, trans etc.)重点人群或有更高易损性人群（单身母亲，移徙者，跨性别等）中的性工作者<br>Trans women 跨性别女性<br>Male and trans sex workers 男性和跨性别性工作者<br>Sex workers who use drugs 使用毒品的性工作者 | Homeless people 无家可归者<br>Indigenous peoples 原住民<br>People living in complex settings (humanitarian settings), including migrants, refugees, people living in war areas 人道主义背景下生活在复杂环境中的人，包括移徙者、难民、战争环境中的人<br>Women and girls living in certain regions 特定地区的妇女和女童<br>Residents of areas with weak health systems 公共卫生系统低下区域的居民<br>People older than 50 50 岁以上的人<br>Populations in crisis 危机中的人群<br>People who use drugs in prisons 监狱中的毒品使用者<br>Adolescents from key populations 重点人群中的未成年<br>Gender non-conforming youth 性别不明的青年<br>Latinas and Latinos who are gay or bisexual 拉美或拉美裔的男同性恋或双性恋 |

## ANNEX 2: ACKNOWLEDGEMENTS AND PARTICIPANTS
## 附录 2：致谢与参与者

The NGO Delegation to the PCB extends its appreciation and gratitude to all the individuals and organizations who contributed their time, experience and insights to this report. They include the 171 respondents in the online survey, as well as the participants of the interviews and focus group discussions listed below:
方案协调理事会 NGO 代表团向所有为本报告贡献时间、经验和思考的个人与组织致谢。他们包括 171 名在线调查受访者，以及参加访谈和焦点小组讨论的以下人员：

**Interviews and focus group discussions**
**访谈与焦点小组**

- *Action for Health Initiatives 卫生行动倡议 (ACHIEVE)*, Inc., Junelyn R Tabelin, project coordinator, the Philippines 项目协调员，菲律宾
- *Action for Health Initiatives 卫生行动倡议 (ACHIEVE)*, Inc., Jay Arian C Caparida, project coordinator, the Philippines 项目协调员，菲律宾
- *Action for Health Initiatives 卫生行动倡议 (ACHIEVE)*, Inc., Leslie Arididon-Tolentino, project coordinator, the Philippines 项目协调员，菲律宾
- *Action for Health Initiatives 卫生行动倡议(ACHIEVE)*, Inc., Florence J. Mira, social mobilization officer, the Philippines 社会动员官员，菲律宾
- *Action for Health Initiatives 卫生行动倡议 (ACHIEVE)*, Inc., Jetro Calaycay, project staff, the Philippines 项目员工，菲律宾
- *Action for Health Initiatives 卫生行动倡议(ACHIEVE)*, Inc., Easter Sunshine Catedral, advocacy officer, the Philippines 倡导官员，菲律宾
- *Action for Health Initiative 卫生行动倡议 (ACHIEVE),* Inc., anonymous 匿名, Media and Communications Officer 媒体传播官员
- *AFEW International*, Anke van Dam, executive director, Netherlands 执行主任，荷兰
- *Africa Advocacy Foundation 非洲倡导基金会*, Denis Onyango, programmes director, United Kingdom 项目官员，英国
- *African Men for Sexual Health and Rights 非洲男性性健康与权力 [AMSHeR]*, **five anonymous respondents**,五名匿名受访者， South Africa 南非
- *All-Ukrainian Charitable organization "Legalife-Ukraine"全乌克兰慈善组织 "法律生活乌克兰"* , Ukraine 乌克兰
- *Alliance Against AIDS 反艾滋病联盟* (no longer active 不再活动), Rodel Perera, executive director, Belize 执行主任，伯利兹
- *Alliance Global 全球联盟*, Ukraine 乌克兰
- *Andrey Rylkov Foundation for Health and Social Justice 健康与社会正义基金会*, Russian Federation 俄联邦

- *Canadian Association of People Who Use Drugs and Stella By And For Sex Workers 加拿大毒品使用者协会和面向性工作者的自组织 Stella*, Alexandra de Kiewit, Canada 加拿大
- *Canadian Positive People's Network 加拿大阳性者网络*, Christian Hui, co-founder, 联合创始人，Canada 加拿大
- *Collaborative Network of Persons Living with HIV 艾滋病毒感染者协作网络 (CNET+)*, Lizet Aldana, programme coordinator 项目协调员, Belize 伯利兹
- *Committee for Accessible AIDS Treatment 艾滋病治疗可及性委员会,* **Anonymous 匿名,** Canada 加拿大
- *Person living with HIV 艾滋病感染者,* **anonymous 匿名**, India 印度
- *Epidemiologist 流行病学家, civil society organization 民间组织,* Tajikistan 塔吉克斯坦
- *Eurasian Women's Network on AIDS*, Ukraine 欧洲女性艾滋病网络，乌克兰
- *Fidokor (ICSO)*, two anonymous respondents, Tajikistan 两名匿名受访者，塔吉克斯坦
- *Forum of people using drugs*, Russian Federation 毒品使用者论坛，俄联邦
- *Gestos—HIV, Communication & Gender*, **anonymous**, Brazil 艾滋病毒、传播与性别一体：匿名，巴西
- *Gujarat State Network of People Living with HIV,* **anonymous**, India *Gujarat 艾滋病毒感染者州网络，匿名，印度*
- *Guyana Trans United* 圭亚那跨性别联盟, Devanand Milton, president 总统, Guyana 圭亚那
- *International Committee on the Rights of Sex Workers in Europe (ICRSE)*, 欧洲性工作者权利国际委员会， Luka Stevenson, United Kingdom 英国
- *HPLGBT*, Ukraine 乌克兰
- *International HIV Partnerships 国际艾滋病毒伙伴, ReShape, Network of Low HIV-Prevalence Countries in Central and Southeast Europe 中欧东南欧低艾滋病毒流行国家网络*, Ben Collins, director (IHP)执行, United Kingdom 英国
- *Jamaica Council of Churches / Religious Groups Steering Committee 牙买加教堂/宗教团体指导委员会*, Canon Garth Minott, programme coordinator, Jamaica 项目协调员，牙买加
- *KIYANKA+*, Ukraine 乌克兰
- *MadhyaPradesh Network of People Living with HIV 艾滋病毒感染者网络,* **anonymous 匿名**, India 印度
- *Mizoram Network of Positive Women 阳性妇女网络,* **anonymous 匿名**, India 印度

- *Molodezhnyi vzglyad*, Tajikistan 塔吉克斯坦
- *National Coalition of People Living HIV in India,* **anonymous**, India 印度艾滋病毒感染者国家联盟，匿名，印度
- *Network of Maharashtra 艾滋病毒感染者网络 People Living with HIV,* **anonymous 匿名**, India 印度
- *Peer to Peer Uganda 乌干达同伴*, Nakamate Irene, monitoring and evaluation officer 监测评估网络, Uganda 乌干达
- *Positive Women's Network,* **anonymous**, India 阳性妇女网络，匿名，印度
- *Rokhi Zindagi*, civil society organization 民间组织, Tajikistan 塔吉克斯坦
- *Sex Workers Rights Advocacy Network in Central and Eastern Europe and Central Asia (SWAN)中东欧和中亚性工作者权利倡导网络,* Stasa Plecas, executive director, Hungary 执行主任，匈牙利
- *Snid-Dopomoga (social agency)社会能动性*, Ukraine 乌克兰
- *Tajik Network of Women Living with HIV*, Tajikistan 塔吉克感染艾滋病毒妇女网络，塔吉克斯坦
- *TWEET TG*, **ten anonymous** respondents10 个匿名受访者, India 印度
- *Uganda Network of young people living with HIV 乌干达艾滋病毒感染青年网络,* Niwagaba Nicholas, programme director, Uganda 项目主任，乌干达
- *Uganda Youth Coalition on Adolescent Sexual Reproductive Health Rights and HIV 乌干达未成年性与生殖健康权利和艾滋病毒青年联盟*, Allen Kyendikuwa, lead-programmes 项目领导, Uganda 乌干达
- *UttarPradesh Network of People Living with HIV 艾滋病毒感染者网络,* **anonymous 匿名**, India 印度
- *Vincy CHAP: St. Vincent and the Grenadines Caribbean HIV AIDS Partnership 圣文森特和格林纳丁斯加勒比艾滋病艾滋病毒伙伴*, La Fayette Johnson, member 成员, St Vincent and the Grenadines *圣文森特和格林纳丁斯*
- *Women's Organisation Network for Human Rights Advocacy 女性组织人群倡导网络*, Diana Natukunda, advocacy and communication officer 倡导传播官员, Uganda 乌干达

**Others 其他**

- Six respondents from North America from the following types of organizations: community pharmacies, academic research centres, community health centres, AIDS service organizations and pharmaceutical companies;
- 六名来自北美以下类型组织：药店社群、学术研究中心、医疗中心社区、艾滋病服务组织和制药公司
- Three respondents from international organizations in Asia-Pacific;
- 三名受访者来自亚太国际组织
- Six respondents from India who are representatives of NGOs that work with sex workers; lesbian, gay, bisexual, transgender and intersex groups; people who

inject drugs; young people affected and living with HIV; and people living with HIV. Some of them also work in legal literacy and human rights (Raman Chawla, civil society activist, New Delhi; Dr. Sundar Sundararaman, civil society activist, Chennai; Mona Mishra, civil society activist, New Delhi; Sanghamitra Iyengar, Samraksha, Bangalore; Shyamla Natraj, SIAAP, Chennai; Dr. Ashok Rau, Freedom Foundation, Bangalore).

- 六名来自印度的和性工作者合作的民间组织代表；女同性恋、男同性恋、双性恋、跨性别和间性团体；注射毒品使用者；青年艾滋病毒感染者和受艾滋病毒影响者；和艾滋病毒感染者。其中一些工作在法律扫盲和人权领域（Raman Chawla,民间组织活动家，新德里, New Delhi; Dr. Sundar Sundararaman,民间组织活动家，钦奈; Mona Mishra, 民间组织活动家，新德里; Sanghamitra Iyengar, Samraksha, 班加罗尔; Shyamla Natraj, SIAAP, 钦奈; Dr. Ashok Rau, 自由基金会，班加罗尔）

## ANNEX 3: ABBREVIATIONS
## 附录 3：缩略语

AIDS
ART
CBO
Global Fund
HIV
NGO
PCB
PHIA
UBRAF
UNAIDS
WHO

acquired immune deficiency syndrome 获得性免疫缺陷综合征
antiretroviral therapy 抗病毒治疗
community-based organization 社群中心组织
Global Fund to fight AIDS, Tuberculosis and Malaria 全球抗击艾滋病、结核与疟疾基金
human immunodeficiency virus 人类免疫缺陷病毒
non-governmental organization 非政府组织
Programme Coordinating Board 方案协调委员会
population HIV impact assessment 人类艾滋病毒影响评估
Unified Budget, Results and Accountability Framework 统一预算成果问责框架
Joint United Nations Programme on HIV/AIDS 联合国艾滋病毒/艾滋病联合规划署
World Health Organization
世界卫生组织

## REFERENCES
## 参考文献

[1] The 38th PCB DP 5.2, 6.2(b), 6.4 and the 39th PCB DP 8.1; and the 2016 Political Declaration on HIV and AIDS paragraph 63 (a)–(e), which recognizes the mandate of UNAIDS to being accountable to civil society and communities; and recalling the UNAIDS/PCB (39)/16.23 which r*ecognizes* that funding for community mobilization should increase threefold from 2016 to 2020 and that the proportion of services delivered through community channels should rise to 30% by 2030; and investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments.

[1] 第 38 次 PCB 决策点 5.2, 6.2(b), 6.4 和第 39 次 PCB 决策点 8.1；和 2016 年《关于艾滋病毒艾滋病政治宣言》63 (a)–(e)部分，承认委派 UNAIDS 接受民间组织和社群问责；回顾 UNAIDS/PCB(39)/16.23，承认 2016-2020 年间面向社群动员的资助应当增加 3 倍，通过社群渠道提供的服务比例应当增加到 30%；向社会推动者的投入，包括倡导、政治动员、法律改革、人权、公众传播与减低污名等，应当占据全球艾滋病投入的 6%。

[2] UNAIDS should ensure data disaggregation based on economic, age, race, education, gender identity, sexual orientation, geographic location and other status, to guide programming and investments of programs, and for better targeting of those most in need. (Ten Key Messages from CSO to the GRP, 2017)

[2] UNAIDS 应当确保基于经济、年龄、种族、教育、性别身份、性取向、地理位置和其他状况的数据区隔，以指导项目的设计和投入，更好地回应最需要人群（民间组织的十条重要信息，2017）

[3] Such as for example sex workers who use drugs, women living with AIDS in rural areas, migrants, trans, gays and bisexual indigenous people, people living in rural areas, people living in poverty.

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[5] Ending AIDS: Progress towards the 90-90-90 targets. Geneva: Joint UN Programme on HIV/AIDS; 2017 (www.unaids.org/en/resources/campaigns/globalAIDSupdate2017).

[5] 《终结艾滋病：向 90-90-90 目标前进》，日内瓦：艾滋病规划署，2017，(www.unaids.org/en/resources/campaigns/globalAIDSupdate2017).

[6] Ending AIDS: Progress towards the 90-90-90 targets. Geneva: Joint UN Programme on HIV/AIDS; 2017 (www.unaids.org/en/resources/campaigns/globalAIDSupdate2017).

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[7] In addition to Botswana, the following six countries reportedly "had already achieved or exceeded this level of viral suppression by 2016": Cambodia, Denmark, Iceland, Singapore, Sweden and the United Kingdom of Great Britain and Northern Ireland. In addition to Swaziland, the following 10 countries were listed as being "near this threshold": Australia, Belgium, France, Germany, Italy, Kuwait, Luxembourg, Netherlands, Spain and Switzerland.

[7] 除博茨瓦纳以外，陆续有六个国家报告"已经实现或超越了 2016 年病毒压制水平"：柬埔寨、丹麦、冰岛、新加坡、瑞典和英国。除斯威士兰，陆续有 10 个国家已经"接近这个门槛"：澳大利亚、比利时、法国、德国、意大利、科威特、卢森堡、荷兰、西班牙和瑞士。

[8] http://phia.icap.columbia.edu/press-release-five-african-countries-approach-control-of-their-hiv-epidemics-as-u-s-government-launches-bold-strategy-to-accelerate-progress/

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[9] Carter M.《很多西欧国家接近实现 UNAIDS 的 90-90-90 目标》，Aidsmap，2017 年 6 月 25 日，(www.aidsmap.com/Many-Western-European-countries-close-to-achieving-UNAIDS-90-90-90-targets/page/3150969/).

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[23] The full text of the document is available at www.eatg.org/news/10-key-messages-from-civil-society-and-communities-to-the-unaids-global-review-panel/.

[24] 文件全文参见：www.eatg.org/news/10-key-messages-from-civil-society-and-communities-to-the-unaids-global-review-panel/.

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[31]A Ugandan term for motorcycle riders who transport people.
[32]乌干达语，指运输人得摩托车骑手