

PCB NGO DELEGATION' S COMMUNIQUE
方案协调理事会 NGO 代表团简报

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CHAPEAU

起首语

Marsha Martin, North American delegate

北美代表 Marsha Martin

The UNAIDS 41st Programme Coordinating Board (PCB) took place in Geneva, Switzerland December 12–14, 2017, under the leadership of Honorable Kwaku Agyemang-Manu, Health Minister of Ghana. This PCB provided for updates on governance and administrative matters, including decisions taken to continue the implementation of recommendations from the Spring 2017 Global Review Panel (GRP) Joint Programme action plan and development of the strategic resource mobilization plan. Many of us in the NGO Delegation openly challenged and encouraged the Joint Programme, Cosponsors and Members States, that doing *‘business as usual’ was not enough*. We maintained our position that the UNAIDS we need needs to do things differently, at headquarters and in the field.

UNAIDS 第 41 次方案协调理事会 (PCB) 于 2017 年 12 月 12–14 日在加纳卫生部长 Kwaku Agyemang-Manu 阁下领导下在瑞士日内瓦举行。PCB 了解了治理与行政事务的最新信息，包括为实施联合方案全球审查小组 2017 年春行动计划中的建议和开发战略资源动员计划所制定的决策。NGO 代表团中的很多人公开质疑联合方案、联合发起方和成员国，认为“完成通常工作”已经不足够。我们坚持我们的立场，即我们需要的 UNAIDS 应当改变工作方式，无论是在总部还是地方层面。

The NGO Delegation presented a report on who was being left behind in the 90–90–90 targets. The report encompassed the agenda for the meeting and provided continuity on the issues presented by the NGO Delegation in previous reports. On the issue of stigma and discrimination raised during this and previous PCBs, we proposed to the PCB the establishment of a global compact on elimination of stigma and discrimination.

NGO 代表团提交了报告，内容是关于被 90–90–90 目标抛弃的人群。该报告包括此次会议的议题，并与 NGO 代表团以往提交的报告议题保持连贯性。关于此次和之前的 PCB 所提出的污名与歧视的议题，我们提议 PCB 建立一个关于消除污名与歧视的全球契约。

The 41st PCB meeting also convened two-end of the day drafting rooms following the daily adjournment of the meeting, and a third meeting during the midday lunch break. The first drafting room achieved an all-time record for remaining active and engaged for nearly eight hours, from 7 pm until 3:30 am. Two issues from the NGO Report emerged as concerns to several Member States: disaggregation of data and role of civil society in identifying those left behind. Several Member States stated that the process of disaggregation would be difficult, and too costly for small countries. Throughout the course of the evening, a few Member States insisted on consulting with their respective capitals to determine the best language for the Decision Point (DP) on disaggregation. Another contentious issue was the acceptance of a report from the Global Prevention Coalition, with several Member States raising questions about the role of the GPC vis-à-vis the PCB, as the Coalition is not an official program of UNAIDS and not all members of the PCB were engaged nor invited to participate in the organization of the Coalition.

第 41 次 PCB 会议在每日休会后召集了两次总结讨论会，并在午餐休息期间召集了第三次。第一次总结讨论会创纪录的持续开了将近 8 个小时，从晚 7 点到夜里 3 点半。两个 NGO 报告中提到的问题引起了一些成员国的关注：数据分类和民间组织在辨识被抛弃群体时的作用。一些成员国表示分类工作将非常困难，而且对小国家而言成本极高。在整晚的讨论中，一些成员国坚持要回去与各自领导讨论，以选择关于分类的决策点（DP）的最佳表述方式。另一个争议性议题是对全球预防联盟所提交报告的接纳，因为一些成员国质疑 GPC 在 PCB 的角色，因为联盟并非一个 UNAIDS 的正式项目，而且并非所有 PCB 的成员都参加或被邀请参与联盟组织。

The NGO Delegation maintained presence and active engagement throughout the drafting room negotiations and had to propose language in some areas. It also enabled us to reflect on how to strategize better in future PCB meetings, especially when it comes to negotiating with Member States. After lengthy discussions, the [Decision Points](#) were finally agreed on.

NGO 代表团积极出席和参与整个总结协商活动，并对一些领域的语言表述提出建议。这页让我们反思，在未来的 PCB 会议上如何更有策略性，尤其是如何与成员国进行谈判。在漫长的讨论后，最终在决策点上达成共识。

Finally, we extend our thanks and appreciation to our outgoing Delegates, Jeffry Acaba, representing YouthLEAD (2015–2017) and Martha Carillo representing CNet+ (2017). We would also like to welcome on board, Aditia Taslim Lim from Rumah Cemara–Indonesia and Millie Milton from Guyana Trans United. Both Delegates will join the Delegation for the period, 2018–2019.

最后，我们要感谢卸任代表，即 2015–2017 年代表 YouthLEAD (2015–2017) 的 Jeffry Acaba，和 2017 年代表 CNet+ 的 Martha Carillo。同时欢迎加入理事会的来自 Rumah Cemara–Indonesia 的 Aditia Taslim Lim，和来自圭亚那跨性别联盟的 Millie Milton。这两位代表将是 2018–2019 年的代表团成员。

AGENDA 1.3: REPORT OF THE EXECUTIVE DIRECTOR

议题 1.3: 执行主任报告

Alessandra Nilo, Latin America and the Caribbean delegate

Alessandra Nilo, 拉美与加勒比代表

At the 41st PCB meeting, UNAIDS Executive Director Michel Sidibé gave an update ([Executive Director's Report](#)) the state of the global epidemic, including successes in treatment, government engagement and several countries reporting achievement of 90–90–90 targets for some populations. He also reminded us that, “even with all these progress, AIDS is not yet over. Sixteen million need treatment — 67% of infections in 15–24 year olds are among adolescent girls and young women — 1 in 5 people living with HIV report having faced discrimination in health care settings.”

在第 41 次 PCB 会议上，UNAIDS 执行主任 Michel Sidibé 报告了全球流行情况的最新信息 ([执行主任报告](#))，包括治疗方面的成功、政府参与和若干国家关于某些群体上实现的 90–90–90 目标的报告。他同时提醒我们，“即使已经取得了这些进展，艾滋病仍未结束。1600 万人需要治疗，在 15–24 岁感染者中有 67% 是少女和青年女性，五分之一的艾滋病毒感染者在医疗机构中遇到歧视。”

Michel emphasized “having people, rights and communities at the centre of our response” as a key step towards promoting the right to health for all and to address the disproportionate impact of the current Humanitarian emergencies on vulnerable people. He also included stigma, discrimination and violence in the five key areas he highlighted as key challenges in his report. The NGO Delegation raised concerns with the current opposition to human, social and economic rights, a reality in many countries where power relations stop the global resolutions from being implemented at national level, while discrimination and rights violations continue to fuel the epidemic.

强调，为促进所有人健康权和应对当前人道危机对易受损群体的严重伤害，“将人、权利和社群作为我们工作的中心”是关键一步。他同时将污名、歧视和暴力纳入他报告中所强调的五个关键挑战领域。NGO 代表团表示担忧当前对人权和社会经济权利的反派，表现为在很多国家权力关系阻碍了全球解决方案在国家层面的实施，从而使歧视与权利侵犯仍在加剧疾病流行。

We noted Michel’s concerns with the regions still lagging behind in the AIDS response. At the same time, we encouraged UNAIDS to keep focusing on all countries where we still have people left behind, acknowledging that geographical context sometimes hides the big inequalities within the countries. We emphasized that the “business-as-usual” approach will not address the structural or root causes of the AIDS epidemic.

我们注意到 Michel 对区域仍然滞后于艾滋病抗击工作的担忧。同时，我们鼓励 UNAIDS 继续关注所有仍有群体被遗忘的国家，认识到地理背景有时会掩盖国家内部的巨大不平等。我们认为“照常工作”的方式不能解决艾滋病蔓延的结构性或根本性原因。

Considering the strategic role of civil society and communities in responding to AIDS, we raised the need to reverse the alarming trend of shrinking spaces for civil society. We called for a strategy to strengthen our capacity to sustain and increase our engagement in the AIDS response as an urgent matter to be addressed by the PCB, with accountability mechanisms and indicators about effective CS engagement. As stated in our intervention, “in order to advance, you need to fully engage and fully fund civil society. Otherwise, stop saying you will leave no one behind and will end AIDS.”

考虑到民间组织和社群在抗击艾滋病中的战略作用，我们强调需要改变当前民间组织空间萎缩的危急趋势。我们呼吁制定战略来增强民间组织能力，以持续增加我们在艾滋病抗击工作中的参与。这应当是 PCB 要解决的紧急问题。战略需要有问责机制和民间组织有效参与的指标。正如我们发言时所说的，“为了前进，需要全面资助民间组织，使其能够全面参与。否则就不要说什么不抛弃任何人或终止艾滋病。”

Lastly, our interventions also reflected on UNAIDS’ role in the context of the UN Reform, a reform that is not politically neutral or merely a technocratic exercise. We are concerned that some powerful Member-States are opposed to a robust institution, using their clout to block change and moving against

multilateralism and accountable democracy and we recalled the side event jointly organized by UNAIDS and the PCB NGO Delegation at the High Level Political Forum in New York last July, to put forward a clear proposal to have the UNAIDS unique governance model considered by all other UN Agencies governance bodies. We asked the PCB to continue to discuss ways to take this message forward to the other UN Boards.

最后，我们的发言也反映了 UNAIDS 在联合国改革中的作用。联合国改革并非政治中立的，不仅是一个技术性操作。我们担心一些强势成员国不看好一个健全的机构，运用他们的影响去阻碍改变，反对多边主义和民主问责。我们记得在 7 月纽约的高级政治论坛上，UNAIDS 和 PCB 非政府组织代表团共同举办了一个会外活动，明确建议其他联合国机构治理学习 UNAIDS 的独特治理模式。我们要求 PCB 继续讨论如何向其他联合国理事会传递这个信息。

AGENDA 1.4: NGO REPORT: THE UNAIDS WE NEED MUST LEAVE NO ONE BEHIND, GETTING TO ZERO INCLUDES ALL OF US, THE 10/10/19

议程 1.4: 非政府组织报告：我们所需的 UNAIDS 必须不抛弃任何人，所有人的参与才能实现“零”目标，10/10/10。

Musah Lumumbah, African delegate

Musah Lumumbah, 非洲代表

The NGO Delegation, in consultation with communities and civil society organisations, developed and presented a report: [The UNAIDS we need must leave no one behind, Getting to zero includes all of us, the 10/10/10](#). This report highlighted the inequity and neglect faced by groups and people left behind in the current HIV response, including people living with HIV in their diversities, indigenous people, ethnic members of Key populations such as transgender women, migrant gay and other men who have sex with men, adolescent girls and young women, boys and men, sex workers from rural areas, people who use drugs who may also be living with HIV, undocumented migrants and refugees, and people in prisons and other areas of incarceration.

NGO 代表团，通过与社群和民间组织咨询，撰写并提交了报告：《我们所需的 UNAIDS 必须不抛弃任何人，所有人的参与才能实现“零”目标，10/10/10》。该报告强调了在当前艾滋病病毒抗击工作中被抛弃的人群面对的不平等和忽视。这些人群包括各类艾滋病病毒感染者，原住民，跨性别女性、移民男同性恋和男男性行为者、女童和青年女性、男童和男性、来自边远地区的性工作者、可能感染艾滋病病毒的毒品使用者、无身份的移民和难民、以及监狱或其他机构关押的人员等关键群体中的少数族裔。

The report emphasized that as the UNAIDS operating model is undergoing refinement, communities that are disproportionately impacted by the epidemic such as those mentioned above, should not left behind, especially as UNAIDS is ushering results with documentation of around seven countries meeting and/ or close to meeting the 90/90/90 treatment targets.

报告强调 UNAIDS 的运作模式正在进行完善。上述被艾滋病毒严重影响的社群不能被遗漏。尤其是在 UNAIDS 展示 7 个国家实现或接近实现 90/90/90 治疗目标的记录时，更要重视这点。

As a cornerstone, the NGO Delegation negotiated to request the Joint Programme, in partnership with Member States, to standardize community engagement with indicators, to ensure data disaggregation for effective action to meet both HIV prevention and treatment needs for these ‘easy to ignore’ communities, to develop and implement community-participatory evidence-gathering methodologies to identify barriers and measure the level and quality of access to services for the ‘left behind populations’.

NGO 代表团协商要求联合方案与成员国合作，将民间组织参与进行标准化，制定指标，以确保有效参与的数据符合这些“容易被忽视”社群艾滋病毒预防治疗的需求，制定和实施社群参与的证据收集方法，以找到工作阻碍，并确保面向“被遗漏群体”的服务的可及性。

AGENDA 2: LEADERSHIP IN THE AIDS RESPONSE

议程 2: 艾滋病抗击工作中的领导

Aditia Taslim, Asia and the Pacific delegate (incoming)

Aditia Taslim, (新当选) 亚太代表

The speaker for the session on Leadership in the AIDS Response was former President of Switzerland and current Chair of the Global Commission on Drug Policy, Ruth. President Dreifuss recognised the role that UNAIDS has played in advocating for evidence and rights-based responses to HIV, including decriminalization of drug use and Harm Reduction services. She cited the Swiss experience and highlighted the need for radical solutions to stop infections among people who use drugs. However, despite her progressive statements, Member States did not seem to have a particular interest on the issue, with only Germany responding with a statement of support. The NGO Delegation pointed out the lack of response from other Member States in the session and queried if such reactions manifest these Member States’ ‘business as usual’ approach.

在“艾滋病抗击工作中的领导”这一环节的发言人是前瑞士总统和现任全球毒品政策委员会主席 Dreifuss。主席认可了 UNAIDS 在倡导实证和权利基础途径方面的作用，包括毒品使用去罪化和减低伤害服务。她提到了瑞士经验，并强调需要激进方案来阻止毒品使用者中的感染。但是，尽管她做了进步性的发言，成员国仍没有对该问题有兴趣，仅有德国以支持来回应。

NGO 代表团指出该环节缺乏其他成员国的回应，并质疑这种反映是否代表了成员国“照常工作”。

Interventions coming from the NGO Delegation and other NGO Observers included condemning the drug-related killings in the Philippines; criminalization of people who use drugs in Russia and Kyrgyzstan; and, the absence of harm reduction programmes in prisons in Canada. A strong message was sent from the CS observers’ gallery: *Harm Reduction saves lives*. Decriminalization of drug use will require

bold leadership from all sectors. UNAIDS and the Cosponsors have the task to influence Member States, especially in creating a more enabling environment.

NGO 代表团和其他 NGO 观察员的发言谴责了菲律宾的毒品相关杀戮、俄罗斯和吉尔吉斯斯坦对毒品使用者的刑事定罪、以及加拿大监狱中减低伤害项目的缺失。民间组织观察员发出了强烈信息：**减低伤害拯救生命**。对毒品使用的去罪化将需要各部门有魄力的领导。UNAIDS 和联合发起方的任务是影响成员国，建立一个更适于推动去罪化的环境。

AGENDA 4: PROGRESS IN THE IMPLEMENTATION OF THE UNAIDS JOINT ACTION PLAN

议程 4：UNAIDS 联合行动计划的实施进展

Sonal Mehta, Asia and the Pacific delegate

Sonal Mehta, 亚太代表

The session on the [Joint Action Plan](#) had two parts. The first was a quick update on the action plan designed by the UNAIDS team to distribute resources and ensure well-balanced action plans for the entire Joint Programme. The second was focused on the presentation of the resource mobilisation plan.

联合行动计划的环节分为两部分。第一部分是 UNAIDS 团队关于行动计划开发如何分配资源和确保行动计划对整个联合方案的平衡。第二部分是资源动员计划的说明。

The NGO Delegation and Member states appreciated the extensive work done by the UNAIDS team on the Joint Action Plan, from budget cuts to decisions on distribution of resources, to negotiations with stakeholders and Cosponsors, to development of country envelopes, and to finalisation of plans. We Cosponsors' flexibility, patience and creativity in working together. Grants in terms of country envelopes have been allotted to 97 countries, including the fast track countries. Because the country envelopes have to be allocated based on country needs and with involvement of all the co-sponsors, the process provided opportunity for the Joint Programme to coordinate better at country levels. At the time of the meeting, the NGO Delegation did not have concrete and collated information on how civil society was engaged in the process, thus, we advocated strongly for Member States and the Joint Programme ensure involvement of communities and civil society in planning and implementation of activities designed within country plans.

NGO 代表团和成员国感谢 UNAIDS 团队在联合行动计划方面完成的大量工作，包括预算削减、资源分配决策、与利益相关方及联合发起方的协商、国家能力开发以及对计划的整合。我们凝聚了联合发起方的灵活性、耐心和创造性。对国家能力的资助分配到了 97 个国家，包括快速通道国家。国家能力资助的分配是基于国家需求，考虑到所有联合发起方的参与。这个工作为联合方案提供了更好地在国家层面进行协调的机会。在会议期间，NGO 代表团没有得到关于民间组织如何参与这项工作的具体详实信息。因此，我们强烈希望成员国和联合方案能确保社群和民间组织参与到国家计划中各项活动的制定与实施。

The UNAIDS Secretariat has suggested three streams for exploring additional resources for the innovative resource mobilisation process: 1) increased resources from Member States - from current donors and new ones; 2) foundations and private sector; and, 3) creative partnerships with organisations such as UNITAID and GAVI. The Member States appreciated the plan and requested UNAIDS to explore investment that would be needed to raise funds and decide on a time bound plan. The NGO Delegation asked for sharper targets, ‘resourcing’ of the resource mobilisation team, and to ensure the “advocacy fund” is raised for civil society and communities. The NGO Delegation also offered to support the resource mobilisation team in crafting other innovative ideas, such as exploring the use of financial transaction tax. The team is expected to show some results after 18 months.

UNAIDS 秘书处建议三条开拓更多资源的途径以进行创新的资源动员工作：1) 成员国，即当前捐赠者和新捐赠者的资源；2) 基金会与私人部门；3) 与国际药品采购机制和免疫联盟等组织建立伙伴关系。成员国认可该计划，并要求 UNAIDS 探索筹资所需投入并制定有时间要求的计划。NGO 代表团要求更明确的目标，为资源动员团队筹资，确保为民间组织和社群筹集“倡导资金”。NGO 代表团也为资源动员小组提供支持，提供其他创新想法，如使用财务交易税。该团队应在 18 个月后展示成果。

AGENDA 5: UPDATE ON ACTIONS TO REDUCE STIGMA AND DISCRIMINATION IN ALL ITS FORMS

议程 5：减少一切形式的污名与歧视行动的最新情况

Jeffry P. Acaba, Asia and the Pacific delegate (outgoing)

Jeffry P. Acaba, (离任) 亚太代表

This [report](#) on actions to reduce stigma and discrimination in all its forms is a follow-up from the 35th PCB Meeting. It contains stigma and discrimination reduction initiatives among Cosponsors, the UNAIDS Secretariat, Member States, and communities. The report also includes an update on measuring stigma and discrimination as presented in the work around the PLHIV Stigma Index by the Global Network of People Living with HIV (GNP+), International Community of Women Living with HIV (ICW), and UNAIDS. The NGO Delegation noted the report to be comprehensive, which included areas of justice, employment, education, and health services. However, the proposed Decision Point (DP) lacked the mention of these areas; hence the NGO Delegation put forward the insertion in the DP.

关于减少一切形式的污名与歧视行动的报告是第 35 次 PCB 会议的情况跟进。内容包括联合发起方、UNAIDS 秘书处、成员国和社群的减少污名与歧视项目。报告也包含了关于评估污名与歧视情况的最新信息。内容来自艾滋病毒感染者污名指数相关工作。该指数工作由艾滋病感染者全球网络、艾滋病感染女性国际社区和 UNAIDS 共同开展。NGO 代表团指出，该报告应当是全面的反映包括司法、就业、教育和医疗服务等各个领域。但所提议的决策点缺乏这些领域内容。因此 NGO 代表团要在决策点中插入内容。

More importantly, the NGO Delegation proposed the idea of a Global Compact to Ending Stigma and Discrimination in All Forms, and called on the UNAIDS Secretariat to facilitate its creation. The NGO Delegation believes that while

there is an increasing attention towards prevention through the Global Prevention Coalition and closing the gap on treatment through the 90-90-90 treatment targets, there has not been a strong push on achieving the 'Third Zero'. This Global Compact aims to galvanize stronger political commitment and community engagement in creating a roadmap for increased and more focused multisectoral support and funding to address stigma and discrimination, through development of measurements and data and UN Cosponsor engagement and leadership. At the PCB, UNAIDS Executive Director Michel Sidibe committed towards the creation of the Global Compact on Stigma and Discrimination and shared that Executive Director Phumzile Mlambo-Ngcuka of UN Women confirmed to co-chair the convening of a working group that move the Global Compact forward.

更重要的是，NGO 代表团提出了终止一切形式污名与歧视全球契约的设想，并号召 UNAIDS 秘书处协助创立。NGO 代表团认为，目前越来越多的关注是针对通过全球预防联盟开展预防，并依据 90-90-90 治疗目标弥合治疗鸿沟，但对实现“零”目标并无有力推动。全球契约旨在激发有力的政治承诺和社群参与，以建立更好的更专注的多领域支持路线图，对抗击污名与歧视进行资助。这需要开发测量工具收集数据，以及联合发起方的参与和领导。在 PCB，UNAIDS 执行主任 Michel Sidibe 承诺创建针对污名与歧视的全球契约，并表示联合国妇女署执行主任 Phumzile Mlambo-Ngcuka 确认将联合领导全球契约工作组的召集。

The NGO Delegation, in partnership with key population networks, will be initiating a series of consultations to ensure that there will be stronger engagement and leadership of key population and people living with HIV communities.

NGO 代表团与关键群体网络合作，开展一系列咨询，以确保关键群体和艾滋病毒感染者社群能够更好地参与工作，并发挥领导力。

AGENDA 6: UPDATE ON HIV IN PRISONS AND OTHER CLOSED SETTINGS

议程 6: 关于监狱及其他封闭设施中的艾滋病毒问题的最新情况

Ferenc Bagyinzsky, European delegate

Ferenc Bagyinzsky, 欧洲代表

The NGO Delegation welcomed the [comprehensive update report](#) on the situation of HIV in prisons and other closed settings, highlighting the inequalities of access to prevention, treatment and care services for those who are in prisons and other closed settings. Besides HIV, viral hepatitis and TB are also major health threats for prisoners due to lack of prevention services such as harm reduction and availability of condoms and due to overcrowding in prisons.

NGO 代表团接受了关于监狱及其他封闭设施中的艾滋病毒问题的全面最新报告。报告突出了在监狱和其他封闭设施中的被关押者在预防、治疗和关怀服务方面的可及性不平等。除艾滋病毒之外，肝炎和结核病毒也是被关押者面临的主要健康威胁。因为缺乏减低伤害和安全套等预防服务，以及监狱中的过度拥挤。

The NGO Delegation proposed changes and an additional Decision Point (DP) for the originally drafted DPs to include viral hepatitis and tuberculosis in the comprehensive prevention, treatment and care services for prisoners and people in other closed settings. We also proposed that the Joint Programme should support Member States in their revision of laws, practices and policies that lead to the disproportionate incarceration of people living with HIV and other key populations, one of the key findings of the report from our point of view.

NGO 代表团对决策点最初草稿提出改进意见和一个补充决策点，旨在将肝炎和结核病毒纳入面向囚犯和其他封闭设施在押者的预防、治疗和关怀全面服务。我们也建议联合方案应当支持成员国修订法律政策和措施，以避免过多关押艾滋病毒感染者和其他关键人群。在我们看来，关键人群被关押比例过高是该报告的重要发现之一。

After lengthy and difficult negotiations between Member States, our additions and changes were accepted by the PCB, which, if implemented by Member States and the Joint Programme, will help to improve the health of prisoners in respect of the three disease areas and can also reduce the disproportionate incarceration of people living with HIV and other key populations through legal and policy review and reform.

在成员国漫长协商交锋之后，我们提出的修改和补充内容被 PCB 接受。如果成员国和联合方案能够实施这些内容，将在上述三种疾病方面改善囚犯健康，并通过法律政策改革减少艾滋病毒感染者等关键群体被监禁比例过高的情况。

AGENDA 10 THEMATIC SEGMENT: ZERO DISCRIMINATION IN HEALTH CARE SETTINGS

议程 10 主题部分：医疗保健机构零歧视

Trevor Stratton, North American delegate

Trevor Stratton, 北美代表

A whole day was spent on the theme of Zero Discrimination in Health Care Settings during the 41st PCB Thematic Segment on December 14, 2017. The session was an informal dialogue about the impacts of discrimination in health care settings, effective programmes to reduce discrimination in health care settings, strategies for creating an enabling legal and policy environment, how to galvanize leadership and spur multi-sectorial action to end discrimination in health care settings. There was also a discussion on the way forward to inspire the Joint Programme, civil society, UNAIDS Co-sponsors and Member States to commit to taking action to end discrimination in health care settings.

在 2017 年第 41 次 PCB 主题部分，12 月 14 日一整天用于医疗保健机构零歧视的主题。该环节是关于医疗保健机构歧视影响的非正式对话，涉及减少医疗保健机构歧视的有效项目，建立更好的法律政策环境的战略，如何激发领导力和多领域行动以终止医疗保健机构中的歧视。讨论也指向需要联合方案、民间组织、UNAIDS 联合发起方和成员国承诺采取行动终止医疗保健机构中的歧视。

In this era of shrinking spaces for civil society engagement, NGO Observers and the NGO Delegation drove home messages about the right to information and the decreasing role and participation of civil society in building people's capacities in rights-claiming, especially in the area of right to health.

在这个民间组织参与萎缩的时代，NGO 观察员和 NGO 代表团直指信息权的问题，同时提出民间组织在权利尤其是健康权主张方面，越来越少在社群能力建设方面发挥作用。

By the end of the day, it became obvious that the right to confidentiality and people's rights in healthcare settings are paramount in combatting discrimination. Addressing structural barriers, especially among key populations, was a recurrent theme during the panel presentations and interventions. The session also reviewed strategies for creating an enabling legal and policy environment for discrimination-free health care settings. Examples of health care workers acting as human rights champions rounded out the perspectives presented and emphasized equity in opportunities among marginalized populations, including people living with HIV in the healthcare sector. The Decision Points arising from the Thematic segment will be tabled for discussion and approval at the 42nd PCB meeting in June 2018.

在当天结束时，很明显医疗保健机构中的人权和保密是与打击歧视同等重要的。解决关键人群面临的体制性障碍是主旨演讲和发言中反复出现的主题。该环节也审视了建立更好的法律政策环境以实现无歧视的医疗保健机构的战略。基于该视角，一些医疗工作者的人权拥护行为作为典范得到展示，同时强调了医疗领域包括艾滋病病毒感染者在内边缘人群的平等机会。在主题部分提出的决策点将提交到 2018 年 6 月的第 42 次 PCB 会议进行讨论。