

PCB NGO DELEGATION'S COMMUNIQUE



DECEMBER 2017

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CHAPEAU

Marsha Martin, North American delegate



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.

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.

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.

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.

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.

AGENDA 1.3: REPORT OF THE EXECUTIVE DIRECTOR

Alessandra Nilo, Latin America and the Caribbean delegate



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."

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.

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.

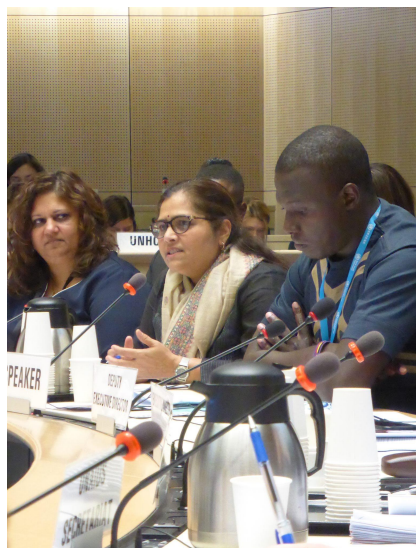
Considering the strategic role of civil society and communities in responding to AIDS, we raised the need to reverse the alarming trend of shrinking spaces for civil society. We called for a strategy to strengthen our capacity to sustain and increase our engagement in the AIDS response as an urgent matter 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."

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.

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

Musah Lumumbah, African delegate



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.

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 be 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.

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'.

AGENDA 2: LEADERSHIP IN THE AIDS RESPONSE

Aditia Taslim, Asia and the Pacific delegate (incoming)



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 Dreifuss. 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.

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.



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

Sonal Mehta, Asia and the Pacific delegate



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.

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.

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.

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

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



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.



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.

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.

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

Ferenc Bagyinzsky, European delegate



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.

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.

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.

AGENDA 10 THEMATIC SEGMENT: ZERO DISCRIMINATION IN HEALTH CARE SETTINGS

Trevor Stratton, North American delegate



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.

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.

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.

