

Communiqué

The 34th meeting of the UNAIDS Programme Coordinating Board

The NGO Delegation made several lively interventions during this PCB. Among others, we noted the need to simultaneously pursue the global commitment to ending AIDS, while at the same time ensuring HIV is not lost in the new Sustainable Development Goals (SDGs), many of which also have a target date of 2030. And we re-emphasised the need to describe this process as movement towards universal access to prevention, treatment, care and support.



We referred to the crises precipitated by new laws in many countries that result in the increased stigmatisation of key vulnerable populations, undermining their access to prevention, treatment, care and support. We acknowledged that under existing definitions these crises did not reach the level of country-wide humanitarian emergencies. However, we requested UNAIDS to include in its risk management a plan to deal with political and social crises that impact on the delivery or receipt of HIV prevention services and care to people at risk of HIV, or living with HIV or particular subsets of these populations.

On HIV leadership, and in response to the presentation from Sir Andrew Witty, GSK CEO, we concluded: “The fruits of science, which is a human endeavour, should, especially in health, be available to all humanity, not just a select few. If innovation and leadership require the development of a new paradigm to reach that goal, then let’s do it.”

We critiqued the dwindling civil society space in many countries. In specific, we addressed the current dominant partnership model as having “reduced civil society to subcontractors and implementing partners, removing the space for policy discussions on alternative approaches. As a result, critical advocacy, human rights and civic engagement-related programs are receiving less and less attention and resources.”

In the context of Performance Reporting, we requested the Secretariat to prepare a conference room paper for the 35th Programme Coordinating Board meeting on concrete actions taken to address and implement the previous decision points approved by the Programme Coordinating Board that relate to civil society.



And we celebrated the UN General Assembly decision to hold a High Level Meeting (HLM) on AIDS in 2016. This idea initially came from civil society and was initiated at the last PCB by the NGO Delegation. Between the PCB decision and the final UN decision, there was a lot of promotion of the HLM by the NGO Delegation and civil society globally. We see this UN decision as a significant civil society achievement.

The NGO Delegation also said farewell to one of its members, Joel Nana. Joel was the representative of African Men for Sexual Health and Rights (AMSHer). We wish Joel the very best in his future career! AMSHeR may provide a representative to complete their term through December 2014. But, in any case, this African seat on the Delegation will be one of those that the Delegation will be recruiting to fill for the coming two years as of January 2015.



The vast majority of the Delegation's work occurs between PCBs, rather than at the PCB itself. In the coming six month leading to the next PCB, the Delegation will continue to track implementation of Decision Points and other ongoing concerns, including the UNAIDS/Global Fund partnership, preparing Decision Points for December from this PCB's Social Protection session, improving communications with our constituencies, and Member State and Co-Sponsor representatives. And one major activity will be the preparation of the next NGO Report on intellectual property.

We look forward to another active six months.

Civil society observers present at the 34th PCB meeting made crucial and substantive interventions and statements on various agenda items of the meeting, as well as in the Thematic Segment, mostly complementing and affirming the statements of the Delegation. Messages conveyed included calls to strengthen engagement of young people, promote gender equality in the HIV response, and institutionalize social protection measures for the most marginalized groups and key populations. Interventions made by the NGO Delegation can be found [here](#); those by civil society observers, [here](#).



Report of the Executive Director – Bryan Teixeira, Europe



The NGO Delegation welcomed the Report of the Executive Director, especially his insistence that we need to be bolder and not be afraid to demand and expect a global commitment to end AIDS.

The NGO delegation agreed with the Executive Director that the aim of ending AIDS must not be mere rhetoric, sloganeering or a feel-good ambition. We need to address difficult issues. In specific, the Delegation called on member states and co-sponsors to explicitly support spaces throughout the UN system to freely discuss sexual and reproductive health *and rights*, and comprehensive sexuality education for young people and adolescents. This is

key to advancing a long-term approach to reducing stigma and empowering women and girls. And yet is it becoming more and more difficult to do so as conservative voices grow stronger, and countries heavily affected by HIV implement punitive laws, and extend stigma and discrimination based on sexual orientation, gender identity or HIV status.

Inadequate resources will be an overarching issue and a major challenge to ending AIDS. The Delegation noted the need to address social determinants of HIV and health. We proposed that the UNAIDS Joint Programme, in keeping with the agenda developed at the UNAIDS/World Bank Summit last January, lead an innovative drive to mobilize resources for HIV to deal with social determinants. This drive should include promotion of progressive taxation and the involvement of financial markets, including through Financial Transaction Taxes.



Report of the Chair of the Committee of Cosponsoring Organizations

– Dasha Ocheret, Europe

In response to the report by the Chair of the Committee of Cosponsoring Organizations, executive director of UNODC Yuri Fedotov, the Delegation decided to draw attention of the Board to the issue of low involvement of the Joint Program and Co-sponsors in addressing crisis situations which occur often in different regions of the world and which deter access to prevention and treatment among key populations. Such crises can be driven by various factors like armed conflicts, economic crises, introduction of punitive legislation, etc.; as a result, people from key populations including sex workers, men who have sex with men, transgender people, and people who use drugs are

unproportionally affected by such crises and can hardly get social protection, as well as basic prevention and treatment services.

The ongoing crisis in Crimea and Eastern parts of Ukraine, which has been mentioned in the Executive Director's report and which the Deputy Prime Minister of Ukraine has addressed in his intervention, has seen hundreds of people living with HIV and those who use drugs being left without access to vitally important treatment including opioid substitution treatment with methadone and buprenorphine. Stock-outs of both ARVs and drug treatment are emerging, making access and adherence to HIV treatment problematic. Dozens of deaths have been already registered, and more are expected if co-sponsors do not intervene.



The situation that was born out of the enactment of the anti-homosexuality law in Uganda, with the closing of clinics providing services to men who have sex with men, and the arrests and harassment of people perceived to be part of this community is another one of such crises.

The NGO Delegation finds low level of engagement by co-sponsors in solving such crisis situation unacceptable, and has called for a need to develop and adopt of a Joint Programs' contingency plans to prevent and pre-empt such crises.

Leadership in the AIDS Response – John Rock, Asia and the Pacific



Sir Andrew Witty the CEO of GlaxoSmithKline (GSK), the pharmaceutical manufacturer, was scheduled to speak at the 33rd PCB in December 2013 on leadership and innovation in the AIDS response. The NGO Delegation wrote to Michel Sidibe, Executive Director of UNAIDS, suggesting that choice was not appropriate. In the end because of unfavourable weather

conditions, Sir Andrew was unable to land. He was rescheduled for the first day of the 34th PCB, but this time along with Subhanu Saxena the CEO of Cipla, the largest still independent generic manufacturer of India.

Sir Andrew spoke about innovation overall and many of the examples he cited were not for HIV. He talked at a general level and there were no exciting revelations about any specific new drugs. He spoke about delivery systems and vaccines. He believes that



solutions to getting affordable medicines to market will be different for different parts of the world, and GSK is ready to engage in that discussion. He believes that the richer should pay more for their drugs. Pricing was not the key issue for GSK, but Return on Investment is.

Saxena was more engaging and talked more from the perspective of commitment to patients than his Return on Investment. He talked about better combinations, including paediatrics, with fewer side effects. He talked about the issue of antiretroviral adherence with up to 50% drop out in some parts of Africa after three years.

The main aim must be to get the best out of what we already have. Cipla will continue to oppose patents, and develop long-term partnerships – such as those already established in Africa.

After the presentations the Delegation met with both Witty and Saxena, although Saxena only was able to answer a few very quick questions as he had other commitments. Sir Andrew joined the Delegation for the afternoon break. He repeated the price volume argument (it is not just price but the ability to get a return, especially given the high cost of getting products to market - an old argument that the industry has never been prepared to provide figures for). He said he did not favour Compulsory Licenses but was not opposed to them and that GSK had not lobbied for TRIPS+ clauses in FTAs. The Delegation pointed out that such clauses were a reality whoever did or did not lobby for them, and had to be dealt with.



In answer to the question from the Delegation about whether the opposing views on how to get affordable medicines can be brought together and still meet the needs of all parties, Sir Andrew felt it was, and expressed a willingness for GSK to sit down with a range of other stakeholders to see if this could be achieved, using a small group of similar countries as a trial. The Delegation, together with the Community Mobilisation Division of UNAIDS, will follow up with him on this.

Update on the AIDS response in the post-2015 development agenda

- Alessandra Nilo, Latin America and the Caribbean

The NGO Delegation welcomed the improvements in UNAIDS work related to the Post 2015 Development Agenda. We saw a more strategic approach in linking HIV to development, and UNAIDS provided a more realistic analysis on the current challenges. We expressed concerns, though, that in the ongoing Sustainable Development Goal

(SDG) debate, HIV has not received the necessary attention and our key AIDS-related issues –sexual rights, sexuality education, gender identity– were not included in the outcome documents due to the increasing presence of conservative forces at the UN.

We remain concerned that funds for HIV are not increasing and asked PCB members to, through the SDGs, commit resources to establish long lasting solutions. Data shows that domestic resources, especially in countries facing extreme and high poverty rates, are not sufficient to finance AIDS-related social determinants. We called for progressive tax systems worldwide and global financial transaction taxes as both a regulatory measure, as well as a systemic revenue generator, to be applied for sustainable development, including HIV.



Finally, besides focusing on health, education, SRHR and in gender areas, we asked UNAIDS to engage in the debate about the Partnership target. A high number of partnerships for the development of essential drugs, for instance, are not transparent, have no social participation, and are really undermining the sustainability of health systems. We recommended that the SDGs include a target that promotes partnerships between the UN, governments and civil society (CS) at all levels, with indicators to measure the existence of enabling legal environments for CS work and accounts for the implementation of resources especially for advocacy work.

The HIGH LEVEL MEETING ON HIV in 2016 Was Approved!!!

- Alessandra Nilo, Latin America and the Caribbean



The AIDS response is truly unique because of the meaningful engagement of people living with HIV and AIDS advocates. The approval of a High Level Meeting (HLM) on HIV in 2016 is definitely an indicator of this importance. It was an idea born in the PCB NGO Delegation that finally, was included in the decision points of the 33rd PCB, and supported by more than 400 NGOs and networks worldwide.

After that, civil society groups tirelessly worked to publicize the idea in the UN headquarters in New York, working with key governments at national level, as well as taking the theme to strategic multilateral discussions. We were thankful for the support

from UNAIDS and member states and we conveyed our joy for now having a specific platform to follow up on the 2011 HIV Declaration and targets. This means that we will have another formal space at the UN to continue demanding a human-rights based approach in the post 2015 era, since we know there will be no sustainability in any post 2015 development model without respecting all human rights. The PCB NGO Delegation is looking forward to getting involved as soon as possible in the 2016 HLM planning and will keep you informed.

Follow-up to the Thematic Segment from the 33rd PCB Meeting: HIV, Adolescents and Youth – Dasha Ocheret, Europe



Thematic Segment of the previous (33rd PCB) Meeting was dedicated to youth, including specific issues they face, such as stigma and discrimination related to access to HIV prevention and treatment services, and their active inclusion as key stakeholders in decision-making processes at all levels. The involvement of youth from key populations as speakers of the Thematic Segment, their openness and frankness about the issues they faced, and their creativity about relevant solutions enriched the discussions and provided lots of food for thought for the Board. For details, please see the report [click here](#).

However, decision points adopted by the PCB at the 34th Meeting do not specify all priority areas in which the Joint Program and co-sponsoring organizations should invest their efforts to improve the situation of adolescents and young people. For instance, key populations are not even mentioned in the decision points.

In its intervention on the follow-up to the Youth Thematic Segment, the NGO Delegation shared its concerns about the missing language on key populations, and highlighted the need to for the leadership of the Joint Program in involving youth from key populations in decision-making at all levels, as well as UNAIDS technical and political support for

countries in tailoring prevention and treatment programs for the needs of youth of key populations.

Members of the NGO Delegation expressed that the fact the Board has not included the language on key populations in the current decision point should not undermine the support for these populations, and that UNAIDS commitments to support participation of youth from key populations in decision making as well as support for sexual and reproduction health and rights programs for young people will remain bold behind the UN walls.

UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework

Mid-term Review – Laurel Sprague, North America



Responding to the UBRAF (Unified Budget, Reporting, and Accountability Framework) midterm review, the Delegation expressed appreciation for the frank discussion of the shortcomings to date in the global response – especially the failure to adequately reach and support key populations and pregnant women. The Delegation called for UNAIDS and the Co-Sponsors to think more broadly about systemic barriers to access, including human rights violations, discriminatory and degrading treatment in society, and the lack of economic justice.

The Delegation also initiated a new proposal: calling for the UNAIDS Secretariat to conduct a cost assessment of the funding required to fully resource civil society in our HIV advocacy and programme work. This proposal was discussed with Member States and the Secretariat in pre-meetings and side conferences throughout the PCB meeting and both groups were found to be largely supportive. The result was an agreement by the Secretariat to work with the Delegation to ensure that UNAIDS' cost models include the range of civil society work needed to address the epidemic.

Performance Reporting – Laurel Sprague, North America

The report on engagement with civil society was the best that we have seen to date and included some financial data on the Secretariat's and Co-Sponsors' support for civil society – which was noted with appreciation as they have expressed strong reservations to sharing this information, with particular concerns about their accuracy coming from financial systems that were not designed to track these kinds of costs.



Delegates continue to work with the Civil Society Engagement Working Group (CEWG), as part of a dedicated subgroup, to create indicators for civil society engagement. Once approved, these indicators will form the basis of annual reporting to the PCB. During the PCB, the Delegation announced the commitment of technical support that we sought and received from the MERG's Indicator Working Group. In a side meeting with the CEWG, the Delegation outlined a proposed process for the development of indicators that will be reliable, useful, and field-tested, which we expect will be adopted with some modifications by the group.

The Delegation put forward a Decision Point that is critical for monitoring and accountability of the Joint Programme's civil society engagement: to have a report at the next PCB meeting on all previous Decision Points related to civil society and the concrete actions that have been taken to ensure their implementation. This Decision Point was negotiated with Member States and successfully adopted with the agreement that the information will be presented as a Conference Paper and agenda item for the 35th PCB.

Financial Reporting – Charles King, North America



During this session, the NGO delegation had a surprising breakthrough. We came to the meeting prepared to put forward a decision point calling for concrete presentation of UNAIDS expenses in relation to strategic goals and activities. We were unable to find a member state that would actively take up this decision point among our usual allies and thought we would have to lay the decision point on the table by ourselves, which in previous PCBs had caused strife among member states not supportive of civil society's involvement. However, we then learned that the Africa Group, led by Zimbabwe, had prepared a related decision point. We approached Zimbabwe and successfully negotiated a joint decision point together, and persuaded other states to endorse the decision point. Not only was the decision point approved, the chair introduced the decision point as officially laid on the table by Zimbabwe and the NGO delegation. This was an amazing precedent, and it opens the door for building a better relationship going forward between the NGO delegation and the Africa Group; a region so integral to ending AIDS. This will be immediately significant as Zimbabwe will be taking over as chair of the PCB in 2015.

Since the financial report included items on risk management, the NGO Delegation took the opportunity to propose that the UNAIDS Secretariat incorporate contingency planning for social and political crises that do not meet the existing definition of a humanitarian emergency. Various situations over the last several months drove these

recommendations. Homophobic laws in Nigeria, Uganda and Russia have created tremendous obstacles for HIV prevention, as well as hampered efforts, provision of, and access to treatment and services for certain key populations. In Crimea, the Russian take-over has cut off opiate substitution therapy for hundreds of people who use drugs, and in both the Crimea and Eastern Ukraine, many people have lost access to ARVs due to the upheaval. There has also been tremendous backlash against LGBT rights advocacy in the Caribbean. To date, the Secretariat and co-sponsors have responded to these situations on an *ad hoc* basis. This often leaves civil society confused and not knowing where to turn. We suspect the same is true for other stakeholders. By treating this as a risk management issue, we believe that the joint program should develop contingency plans, conduct trainings, and carry out regular evaluation of its plan and its implementation. We initially developed a decision point on this matter, but in discussions with the Secretariat, our suggestion was welcomed and we were assured they would implement it. We will be following up with the Secretariat to ensure this happens.

Update on Strategic Human Resources Management Issues

- John Rock, Asia and the Pacific

The report detailed the figures around the success in deploying more staff to the field from Geneva. There had been several concerns raised by civil society about the success of this strategy. Not so much about whether the strategy was sound, but about how effective the arrangements on the ground have been. The Delegation constructed a diplomatic intervention and chose not to suggest a decision point, believing it would end up being counter productive. The intervention mentioned the concerns about the balance between regional and country offices. It also suggested that staff at the field operating level will need new competences and looked for assurances that these will be developed. (This was in the hope of more effective work and competence at the country and regional levels.) The Intervention called for a future report on the effectiveness of the redeployment, and to understand how it is being evaluated.



Thematic Segment: Addressing Social and Economic Drivers of HIV through Social Protection – Charles King, North America



The thematic segment of the 34th PCB meeting was “addressing social and economic drivers of HIV through social protection.” The NGO Delegation proposed this thematic in partnership with the inter-agency task team on social protection, care and support. In preparation for the PCB, the Delegation was heavily involved in drafting the background paper ([click here](#)), solicitation of case studies, and recommending presenters. While we were

unhappy with how the process unfolded at the end of the day, it was clear that civil society and particularly people living with HIV and AIDS, brought the most engaging stories to the table. This included: Maureen Owino of Canada, director of Committee for Accessible AIDS Treatment, who presented the perspective of immigrants organizing to support other immigrants; Penninah Wanjiku Mwangi who spoke on setting up a bar hostess empowerment and support program in Kenya; Derrick Kafuka Malumo, a former prisoner who set up the prisoner reintegration project in Zambia; Svitlana Moroz who presented on Club Svitanok and the situation of people who inject drugs in the Ukraine; North America NGO delegate Charles King, who presented on housing for people who use drugs in New York City; and Khartini Slamah, Asia and the Pacific NGO delegate, who made a powerful intervention on the importance of inclusion of transgender people and sex workers in the conceptualization, development and implementation of programs serving those communities.



The NGO Delegation set out with clear objectives for this thematic, the first being to get action on social drivers placed at the centre of the global AIDS response. We thought it was critical to move the dialogue beyond just legal right to social and economic context, that have the potential to live our lives whole and with purpose. We also called for the development of a rigorous research agenda, and above all, underscored the importance of the central role of people living with HIV and AIDS in the development and implementation of programs to address social drivers. We are already drafting strong decision points on this thematic for the 35th PCB in December 2014.

Thematic intervention on cash transfer and social drivers – Alessandra Nilo, Latin America and the Caribbean

The NGO Delegation strongly supports the effort to get action on social drivers placed at the center of the global AIDS response. We hope to continue to expand the dialogue



regarding legal reform at the PCB, recognizing that legal provisions are essential for securing the human rights of people living with or affected by HIV -- but that legal environments are, by themselves, insufficient: at this point in AIDS history, it is critical to focus on social and economic systems which, in the current model, block the necessary legal reforms aligned with the aspirational principle of equality, freedom and social justice for all.

We stated that poverty is not limited by frontiers or “country classifications” and is now everywhere: in both developing and developed countries. We also reminded member states and co-sponsors that poverty is not equitable and those people who are stigmatized, such as HIV key populations, are the ones who are disproportionately economically vulnerable. Therefore without specific attention to these groups, we fear they will be left behind once again, even in these efforts that seek to transform economic vulnerability to empowerment. We expressed that “inequality at this point in history is insulting. Cash transfer, legal reforms, financial transaction taxes, progressive taxation, and other similar initiatives must be part of a truly transformative approach that lead us, in the Post 2015 years, to an era of real Economic Democracy”.

Thematic Intervention, Ending AIDS: No one left behind – Laurel Sprague, North America

The Delegation stressed that social protection is not a new concept. It is as a part of the existing framework for the economic, social, and cultural rights that are absolutely necessary for an adequate response to the epidemic. In order to be true to our human rights agenda, we have to give equal attention to civil and political rights and to economic, social and cultural rights.

We highlighted the importance of the work of networks of sex workers, transgender people, immigrants, and people who have been imprisoned – each a focus of the third thematic panel - to address the social disparities that they face. We then called for attention to Indigenous Peoples - a group not included, despite on-going efforts by the Delegation and by the International Indigenous Working Group on HIV and AIDS (IIWGHA). Indigenous Peoples are disproportionately affected by HIV and face lower life expectancy, education, and quality of life in both high and low income countries, yet Indigenous Peoples are



persistently ignored in national and global HIV responses. We called for Indigenous Peoples to be meaningfully included from this time forward in all efforts to respond to the HIV epidemic.

Thematic intervention on community inclusion – Khartini Slamah, Asia and the Pacific



In this intervention, Khartini Slamah of the Asia-Pacific Network of Sex Workers, began by congratulating Uruguay which had just presented on reaching out to the transgender community in their country. By loudly and proudly stating that she herself is a transgender person and from a sex work background, now sitting at the table with distinguished delegates from Member States, Khartini underscored the added value of meaningfully engaging communities most affected

in every step of the HIV response. She demanded that transgender people be accepted as full citizens of every country entitled to equal and equitable rights. She asked for provision of health and social services friendly to the transgender community in the face of undeniable evidence of the unique risks that they face. She also requested that programs that often group transgender people and men who have sex with men together, be separated for better results and due to varying needs and community dynamics that inefficiently place both communities under one umbrella. On the topic of sex work, echoing other civil society representatives and some member states, she reiterated the importance of decriminalizing sex work as part of a comprehensive, effective and successful response to HIV. This intervention was concluded with a call for increased funding for transgender and sex worker organizations worldwide.

Announcement

The NGO Delegation is currently recruiting one member each from: Africa, Asia and the Pacific, Europe, and Latin America and the Caribbean.

Brief Description: Delegation members serve a 2-year term with an optional additional year based on performance and willingness. The UNAIDS PCB meets twice a year (June and December) in Geneva, Switzerland to evaluate work, assess progress, discuss issues pertinent to the HIV response, and shape the way forward. In between PCB meetings, the Delegation is engaged in various working groups to advance policy and programme advocacy at regional and global levels. A minimum commitment of 10 hours/week is required.


More information will be available in August. For any inquires, please don't hesitate to contact us at pcb.ngo@gmail.com.


Recruitment starts in August 2014!



The NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) is a 10-member delegation (1 main and 1 alternate) with diverse civil society representation from the 5 UNAIDS global regions: Africa, Asia and the Pacific, Europe, Latin America and the Caribbean, and North America. The Delegation brings the concerns of civil society engaged in the HIV response, particularly those of people living with HIV, to member states and co-sponsors of the Joint Programme, and ensures that these are addressed by the UNAIDS Secretariat.



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