

Communiqué

公报

35th meeting of the UNAIDS Programme Coordinating Board

联合国艾滋病规划署项目协调委员会第 35 次会议

The NGO Delegation to the UNAIDS PCB

联合国艾滋病规划署项目协调委员会 NGO 代表团

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The 35th meeting of the UNAIDS Programme Coordinating Board ([PCB](#)) took place 9-11 December 2014 ([meeting agenda](#)). The NGO Delegation and our civil society colleagues had anticipated that this PCB meeting would be eventful but we underestimated the extent to which this would be true. Intense negotiations with Member States started the weekend before the meeting and continued until early in the evening on December 11th. A highlight of the meeting for civil society was the

Executive Director's (ED) pledge to lead by example to meet the three-fold increase in funding that is needed for civil society to effectively conduct HIV advocacy and service work (read and download the fast-tracking report [here](#)).

联合国艾滋病规划署项目协调委员会（PCB）第 35 次会议在 2014 年 12 月 9 日至 11 日召开。NGO 代表团和我们民间组织的同仁预见到这次 PCB 会议将有诸多变数，但实际情况仍是出乎意料。从会议之前的周末就已经开始和成员国进行激烈的谈判，一直持续到 12 月 11 日的傍晚。对民间组织而言，会议的亮点在于执行主任带头保证要满足民间组织在三个层面上增加资助的需求，以有效开展艾滋病倡导和服务工作。（阅读和下载报告[在这里](#)）

The 2014 NGO Report on Intellectual Property Barriers to Treatment Access (read [here](#)) was expectedly, the most controversial topic at the 35th meeting. This topic brought profound disagreements into open discussion about the role that UNAIDS ought to play in helping countries overcome these barriers and the proper balance between trade and public health, and between profit and the right to development.

关于知识产权阻碍治疗可及的 2014 年 NGO 报告正如预期那样，是第 35 次会议上最具争议性的议题。在关于 UNAIDS 在协助各国克服障碍中扮演的角色、贸易与公共卫生以及利润与发展权之间的适当平衡的开放讨论中，该议题造成了的巨大分歧。

Other topics that motivated extensive debate and negotiation focused on the ED's request to update the UNAIDS strategy in 2015, the thematic session on social protection (from the 34th PCB meeting), the Post-2015 agenda, gaps in paediatric prevention, treatment, care and support, and addressing HIV-related stigma and discrimination. The thematic segment on *halving HIV transmission among people who inject drugs* (read the background document [here](#)) brought powerful testimonies to the floor about governmental failures to protect the lives and other human rights of people who use drugs. Further information about each of these issues is provided in the body of this communiqué.

其他引发大量争论和谈判的议题聚焦于在执行主任要求下更新的信息，包括 UNAIDS 在 2015 年的战略、第 34 次会议的社会保护专题、2015 年后议程、儿科工作（预防、治疗、支持和关怀）缺口、艾滋病相关的污名与歧视。关于注射吸毒人群间艾滋病毒传播减半（背景文献[在这里](#)）的专题部分提供了有力证词，揭露政府在保护注射吸毒人群生命与其他人权的工作失败。本公报正文部分提供了关于这些问题的更多信息。

The important role of the UN in a world characterized by new and emerging power structures was the focus of the “Leadership in the AIDS response” address by Danish Ambassador Carsten Stauer. The NGO Delegation was in agreement with the premise of the address as it applies to UNAIDS: that the Joint Programme continues to have a critical convening, communicating, coordinating and expert advisory role

in the response to the HIV epidemic. We see UNAIDS as a leader for the meaningful involvement of civil society, especially affected communities, in decision-making.

当前世界有着新的权力结构，联合国在此时的重要角色应专注于丹麦大使 Carsten Stauer 所说的“领导艾滋病工作”。NGO 代表团同意这话的前提，对 UNAIDS 来说就是：在抗击艾滋病的工作中继续发挥其重要的召集、交流、协调和专家顾问的作用。我们将 UNAIDS 视为带领民间组织尤其是受影响社群有效参与政策制定的领袖。

Throughout the 35th PCB meeting, the NGO Delegation found itself performing a new role: that of floor-managing Decision Points (DPs), including convening dialogues between Member States and Co-Sponsors to create consensus. Without dropping our other intervention and negotiation responsibilities, we managed the background consensus process for the social protection thematic, the paediatric gap report, and the stigma and discrimination DPs.

纵贯第 35 次 PCB 会议整场，NGO 代表团发现自己在扮演新的角色：决策点的舞台监督。代表团召集成员国和共同提案国开展对话以达成共识。我们不仅承担了其他干预和协商的责任，还完成了社会保护专题、小儿缺口报告、污名与歧视的决策点过程的后台处理工作。

As a Delegation, we express our gratitude to our civil society colleagues who attended the meeting and who provided feedback on the NGO report and pre-meeting consultations. In the meeting, many civil society observers spoke out about the problems created by strict intellectual property regimes, paediatric treatment gaps, stigma and discrimination, and poor harm reduction and punitive drug policies. This demonstration of solidarity on fundamental issues strengthened the NGO Delegation and civil society work at the PCB, especially given the challenges to the legitimacy of an NGO voice expressed by some PCB Member States in 2013.

作为代表团，我们向民间组织的同仁表示感谢，他们参与了会议，并为 NGO 报告和会前咨询提供了反馈意见。在会上，很多民间组织观察者提出了那些因苛刻的知识产权体制、小儿治疗缺口、污名与歧视、糟糕的减低伤害政策及惩罚性毒品政策所带来了问题。考虑到某些 PCB 成员国在 2013 年对 NGO 发言合法性的质疑，上述情况表现了 NGO 代表团和民间组织在基本问题上的一致，增强了两者在 PCB 的工作。

For a complete listing of all decisions approved at the 35th PCB, [click here](#).

第 35 次 PCB 会议通过的全部决策列表，参见[这里](#)。

- ❖ Report of the Executive Director
- ❖ 执行主任报告

The NGO Delegation welcomed the Report of the Executive Director, and agreed with his request to update and extend the UNAIDS 2011-2015 Strategy, but noted that a major challenge to ending AIDS is inadequate resources. Read and download the full report [here](#). We encouraged a realistic assessment of the size of the available resources and the correlation of these resources with the highly ambitious goals. Read our two intervention here ([1](#), [2](#)).

NGO 代表团接受了执行主任的报告，并同意其对更新并扩展 UNAIDS 的 2011-2015 战略的请求，但提出终结艾滋病的主要障碍是不恰当的资源。阅读并下载报告全文 ([这里](#))。我们希望对可获得的资源以及其相关的雄心壮志进行实事求是的评估。阅读我们的两项发言 ([1](#), [2](#))。

In response to Michel Sidibe’s mention of the importance of keeping civil society and key communities in the front of the HIV/AIDS response, the Delegation took the opportunity to affirm the need for increased funding for civil society and community mobilization. According to the new UNAIDS global report, achieving bold new global HIV/AIDS targets will require that community services become a significantly larger part of the response. The report estimates the share of HIV/AIDS resources dedicated to community services and mobilization needs to more than triple in the next six years, from 1% today to 3.6% by 2020. We applaud the Executive Director for responding to community appeals and leading by example within UNAIDS to provide the needed level of resources to communities.

为呼应 Michel Sidibe 所说的将民间组织和关键社群留在抗击艾滋病第一线的重要性，代表团用这个机会证实了为民间团体和社群动员的提供更多资助的需求。根据新的 UNAIDS 全球报告，实现的大胆的全球艾滋病目标，需要社群服务成为抗击艾滋病工作的重要组成部分。报告预计，在未来六年中，向社群服务和动员投入的抗击艾滋病工作的资源会超过三倍，从现在的 1%到 2020 年的 3.6%。我们赞许执行主任对社群呼吁的回应，以及与 UNAIDS 一起以身作则为社群提供所需的资源。

- ❖ *When ‘Rights’ Cause Wrongs: Addressing Intellectual Property Barriers to Ensure Access to Treatment for all People Living with HIV*
- ❖ 当“权利”做坏事：应对知识产权障碍，以保障所有艾滋病毒感染者可获得治疗

The 2014 NGO report on Intellectual Property barriers to treatment access, entitled “*When Rights Cause Wrongs*” was anticipated by the NGO Delegation to be contentious. It changed the dynamics of the relationships with some Member States; with our usual allies being put under some pressure by this subject, and some Member States that had been less enthusiastic about the NGO Delegation previously, strongly supporting us. The relationship with our traditional friends survived and we built some good new bridges with others.

2014 年 NGO 关于知识产权阻碍治疗可及的报告《当“权利”做坏事》正如 NGO 代表团所预期的那样引发争议。它改变了与一些成员国之间的关系动力；一些长期盟友因这个问题受到了压力，而一些之前不怎么对 NGO 代表团感兴趣的成员国则强烈支持我们。我们和老朋友们的关系得以幸存，并与他人新建了良好联系。

The NGO report was presented by John Rock (Asia-Pacific NGO Delegate) in an impassioned speech that was well received by everyone. Initially, the NGO Delegation was concerned that the amended DPs brought by the Africa Group, and those put forward by the USA, and another set by Switzerland on behalf of its constituency, were so far apart that we would never reach agreement. The US position, generally supported by the Europeans and Australia, was that there are many barriers to access and so it should be broadened out and TRIPS references removed. Find the NGO report and presentation [here](#).

由亚太 NGO 代表 John Rock 充满激情发表的 NGO 报告演讲获得了大家的欢迎。起初 NGO 代表团担心，由非洲团体带来的经修正的决策点、美国提出的决策点和瑞士辖区的决策点差异很大，恐怕无法达成共识。美国的立场，通常获得欧洲和澳大利亚的支持。他们提出，有很多对可及性的阻碍，因此需要扩大可及并取消与贸易有关知识产权（TRIPS）授权。NGO 报告与演说可见[这里](#)。

The drafting room sat four hours on Tuesday and spent eight hours on Wednesday agreeing on the DPs. It was tense but constructive. Each side gave ground and the NGO Delegation felt that the DPs we ended up with were the best we could have reasonably hoped for with TRIPS language prominently included ([read DPs here](#)). 起草室周二用了 4 个小时，周三用了 8 个小时，以对决策点达成共识。过程紧张激烈但有建设性。各方都有妥协，NGO 代表团认为，关于 TRIPS 达成的决策点是我们可期待的最好结果（[决策点参见这里](#)）。

- ❖ Update on the AIDS response in the post-2015 development agenda
- ❖ 2015 年后发展议程中关于艾滋病抗击工作的最新信息

The NGO delegation expressed its concern over the lack of strong references on AIDS-related themes in the post-2015 development agenda, particularly the non-inclusion of key populations, and the disconnect between HIV development and human rights. Alessandra Nilo, NGO Delegate for Latin America and the Caribbean, pointed out in her intervention that governance, accountability, financing and partnership are key areas in ensuring that the successes of the AIDS response are continued. Read this intervention [here](#).

在 2015 年后发展议程中缺乏对艾滋病相关主题的有力参考，尤其是缺乏重点人群的纳入以及艾滋病工作与人权的脱节，NGO 代表团对此表达了担忧。拉美与加勒比地区的 NGO 代表 Alessandra Nilo 在其发言中指出，治理、问责、资助与合作，是确保艾滋病抗击工作继续成功开展的重要方面。发言[见此](#)。

In this regard, the government of Brazil proposed that UNAIDS engages towards influencing the Outcome Document of the 3rd Conference for Financing for Development in the context of the post-2015 development agenda. Brazil also introduced a DP that would encourage Member States to advocate for inclusion of indicators to measure the existence of an enabling environment for civil society in the post-2015 agenda. However, it did not get the full support of Member States. The NGO delegation and UNAIDS also organized a side event to discuss further strategies on how to strengthen advocacy in the second phase of the UN negotiations.

关于这点，巴西政府建议，UNAIDS 应参与到为 2015 年后发展议程中的发展进行资助的第三次会议，并对成果文件产生影响。巴西也提出了一个决策点，鼓励成员国开展倡导工作，以将衡量 2015 年后议程中民间组织的发展环境的指标纳入。NGO 代表团和 UNAIDS 也组织了一次会外活动以进一步探讨关于在 UN 谈判第二期中如何增进倡导的战略。

- ❖ Follow-up to the thematic segment of the 34th PCB meeting
- ❖ 跟进 PCB 第 34 次会议的专题部分

The 34th PCB meeting thematic segment, “Addressing social and economic drivers of HIV through social protection,” led to the adoption of a number of potentially game-changing DPs in the AIDS response (DPs [here](#), intervention [here](#)). The principal thrust of these DPs is to put social drivers at the heart of the response and to directly tie ending AIDS with the World Bank goal of ending extreme poverty and inequality. While two sub-points of the third DP, which implements this new agenda, had to be sent to the drafting room, that process actually strengthened the language and led to an enthusiastic adoption. The NGO Delegation had drafted the initial proposal for this DP and played a major role in the development of the background paper ([here](#)), the structure of the day, and the drafting of the initial proposed DPs. The implementing language puts leadership responsibility in the hands of the Interagency Task Team on Social Protection, Care and Support, and calls for the scale-up of an array of social protection interventions through development synergies, as well as calling for a robust research agenda. These DPs were built on a summit hosted by UNAIDS and the World Bank last January, in which Jim Kim and Michel Sidibé jointly committed to this common agenda report ([here](#)). A follow-up summit to develop a research agenda is scheduled at the World Bank offices in Washington DC, this January.

PCB 第 34 次会议的专题部分“通过社会保护应对艾滋病的社会经济驱动力”，采纳了一系列有改革艾滋病工作潜力的决策点（决策点[参见这里](#)，发言[参见这里](#)）。这些决策点首要一击便是将社会驱动力置于工作的中心，将终结艾滋病的工作与世界银行终结极度贫困和不平等的目标直接相连。第三个决策点的两个分项是新议程的实施，需要被提交到起草室，这个过程实际增强了态度，并获得积极采纳。NGO 代表团起草了这个决策点的初始建议，并在背景文件（[参见这里](#)）的开发和拟定中发挥了重要作用。实施方面将领导责任放到了关于社会保护、关怀和支持的跨机构工

作组织身上，并呼吁通过发展协同作用，增加一批社会保护干预，并要求制定一个健全的研究议程。这些决策点是建立在 UNAIDS 和世界银行在 2014 年 1 月举行的峰会基础上的，Jim Kim 和 Michel Sidibé 在峰会上共同提交了共同议程报告（[参见这里](#)）。为制定研究议程，计划在 2015 年 1 月于世界银行的华盛顿办公室举办跟进峰会。

- ❖ **The retargeting process for universal access**
- ❖ 为普遍可及重新确定目标的过程

The NGO Delegation proposed three DPs in this agenda item (intervention [here](#)): 1. calling for equal opportunity and uninterrupted access to services, including the centrality of eliminating discriminatory laws; 2. specifying 2020 ‘fast track’ targets for prevention, treatment, stigma and discrimination, along with a funding strategy and metrics to track progress; and 3. requesting annual reporting. The Chair worked with the plenary to ensure no further work was sent to the drafting room. Some Member States did not support including eliminating discriminatory laws, policies, and practices in our first DP; they proposed ‘equity’ rather than equal opportunity and included ‘non-discriminatory.’ The NGO Delegation noted that including language about stigma and discrimination was vital to them, and that while they could accept the proposed changes in the first of our DPs, they would be very unwilling to change the wording of the second DP. The first DP was passed as amended and the second was passed with no amendments.

NGO 代表团就此议程提出了三个决策点（发言[见此](#)）：1.要求在获取服务上有平等机会并不受干扰，以消除歧视的法律为中心；2.确定 2020 年关于预防、治疗、污名与歧视的“直达”目标，以及资助战略和进展跟进方法；3.要求年度报告。一些成员国不支持我们将消歧法律政策和实践纳入我们的第一个决策点；他们建议用“衡平”来代替平等机会和“无歧视”。NGO 代表团指出，将关于污名与歧视的内容纳入是非常关键的。虽然他们可以接受对第一个决策点所建议的修改，但他们不愿更改第二个决策点的文字。第一个决策点的修改版得到了通过，第二个决策点未经修改得到通过。

Alessandra Nilo, outgoing Latin America and the Caribbean NGO Delegate made a special intervention on this agenda item on behalf of civil society constituencies in her region. She also hand-delivered a document signed by more than 900 networks, organizations and activists representing their position and proposals (read [here](#))

Alessandra Nilo 是即将离任的拉美和加勒比地区 NGO 代表，关于这个议程，她代表辖区内的民间组织做了一次特别发言。她还亲手交付了一份由 900 多个工作网、组织和活动家签名的文件，以表明他们的立场与建议（更多[参见](#)）。

- ❖ **Gap analysis on paediatric HIV treatment, care and support**
- ❖ 小儿艾滋病毒治疗、关怀和支持的缺口分析

While noting our appreciation for the paediatric treatment gap analysis, and the recommendations contained within it, the NGO Delegation also highlighted remaining issues that require further attention (intervention [here](#)). We drafted DPs for these issues and coordinated with the Africa Group, the constituency of Belgium/Netherlands/Luxemburg, and Ukraine to bring them forward. After negotiations in the drafting room, we were successful in gaining approval of nine DPs, six of which originated from the NGO Delegation and our partners in civil society. Of the remaining three DPs, two were proposed within the report itself and the third was proposed by Morocco ([here](#)). In these DPs, the PCB called on Member States to ensure women's access to timely and quality antenatal, natal, and post-natal care, including voluntary counseling and testing. Further, the PCB requested UNAIDS to gather evidence on HIV-related stigma, discrimination, and structural barriers that affect children's access to HIV care, on children's needs for psychosocial support, and to ensure the involvement of children living with HIV and their caregivers. The PCB also called on UNAIDS to work with relevant partners to create a platform for coordination of pediatric HIV work. Finally, the NGO Delegation strongly supported the decision to create a more equitable response for children by including them in the 90-90-90 goals. However, we were unsuccessful in gaining support for a DP calling for a renewed Global Plan for ending vertical transmission.

关于小儿治疗的缺口分析与建议得到纳入，NGO 代表团对此表示感谢，但同时强调，余留问题需要得到更多关注（发言[见此](#)）。我们起草了关于这些问题的决策点，并协调非洲团、比利时/荷兰/卢森堡辖区和乌克兰共同提交。经过起草室的谈判，我们成功地通过了 9 个决策点，其中有 6 个来源于 NGO 代表团和民间组织。其余 3 个决策点，两个是报告本身所提出的，另一个是摩洛哥建议的（[见此](#)）。在这些决策点中，PCB 呼吁成员国确保女性能够及时获得合格的产前、产中和产后的关怀，以及自愿咨询检测。而且，PCB 要求 UNAIDS 收集艾滋病相关的阻碍儿童获得艾滋病关怀的污名、歧视与制度性障碍的证据，以及儿童对心理社会支持需求的证据，以确保感染艾滋病毒的儿童和他们的照顾者的参与。PCB 也呼吁 UNAIDS 与相关伙伴合作，为小儿艾滋病工作建立协调平台。最后，NGO 代表团强烈支持将儿童纳入 90-90-90 目标中的决定，为儿童开展更公平的工作。然而，我们关于要求更新全球计划以终结垂直传染的决策点没能获得支持。

- ❖ Update on actions to reduce stigma and discrimination in all its forms
- ❖ 关于减低一切形式污名与歧视的行动的最新信息

UNAIDS Secretariat presented an update on actions to reduce stigma and discrimination (report found [here](#)). While the report showcased the important work being undertaken by the Joint Programme to address these issues, it underscored that stigma and discrimination remain among the greatest barriers to ending the AIDS epidemic. The report concluded with a commitment to both expand resources and increase focus on addressing these issues. This includes the implementation of

country-level standards and programs, including actions aimed at achieving agreed-upon targets on Zero Discrimination; proposed increased impact through coordinated actions by governments, funders and donors; and more consistent partnerships with people living with HIV, women, young people and key populations.

UNAIDS 秘书长介绍了关于减少污名与歧视行动的最新信息（报告[见此](#)）。报告陈述了 UNAIDS 应对这些问题所开展的重要工作，也显示出，污名与歧视仍是终结艾滋病的最大障碍之一。报告最后承诺，要拓展资源，并增加对这些问题的关注。这包括在国家层面上的履行和项目，如旨在实现零歧视目标的行动；建议通过政府、基金和捐赠者协调行动以增强影响；与艾滋病毒感染者、女性、青年人和重点人群保持坚实的合作。

The NGO Delegation’s intervention (read intervention [here](#)) supported the report generally but also pointed to the need for political will within countries. Using Jamaica as an example, the intervention noted that ironically, polls in various Caribbean countries show that public attitudes have progressed further than politicians realize. The NGO Delegation’s intervention also emphasized the role of the PLHIV Stigma Index ([website](#)), and racism and other intersecting forms of stigma that still need to be addressed. Two decision points were presented for consideration and were accepted by the PCB. The decision points put forward called for accelerating efforts “to ensure enabling legal and social environments where everyone, including key populations and other marginalized populations, can access HIV services” and called for an update at a future meeting.

NGO 代表发言（[见此](#)）总体上对报告表示支持，但也指出需要各国有政治意愿。以牙买加为例，发言指出，不同加勒比国家的选举显示，公众态度的改变比政客们想象的更大。NGO 代表发言也强调，艾滋病毒感染者污名指数（[网站链接](#)）的作用，同时需要应对种族歧视和其他重叠的污名形式。提出了两个供考量的决策点，并都获得了 PCB 的接纳。决策点呼吁加快工作部分“确保法律社会环境的能动性，使包括关键人群和边缘人群在内的所有人都能获得艾滋病服务”，并呼吁在以后的会议中提供最新消息。

❖ Concrete actions to address PCB decision points related to civil society 2010-2014

❖ 响应 PCB 关于民间组织决策点（2010-2014）的具体行动

This item was a conference room paper ([here](#)) prepared at the request of the NGO Delegation at the 34th PCB to report back on actions and progress on DPs relating to civil society agreed between 2010 and 2014. The NGO Delegation felt that the paper provided some general overview but did not report exactly on what actions were taken on previous DPs and what the outcomes were.

本文件是会议文件（[见此](#)），是根据 NGO 代表团在第 34 次 PCB 会议上提出的要求而准备的。报告是关于 2010 年到 2014 年间通过的关于民间组织的决策点的后

续行动与进展。NGO 代表团认为该报告提供了一些整体概述，但没有具体报告根据以前的决策点采取了哪些行动，也没有汇报行动成果。

In a conversation with the Secretariat, it was made clear that there currently is no mechanism for measuring progress against DPs. The point of our intervention was to ensure that this was on the official record. The NGO Delegation saw no point in bringing further DPs given the Secretariat's commitment to developing a tracking mechanism, and suggested that the consideration should be extended to all DPs and not just those concerning civil society, as a means of accountability and follow-up.

与秘书长的对话表明，当前没有测量决策点进展的机制。我们发言的要旨是，确保这些都有正式记录。NGO 代表团认为，既然秘书长承诺要制定跟进机制，就没必要再提出决策点了。同时建议，应当考虑对所有决策点都进行跟进和问责，而不仅是涉及民间组织的。

The NGO Delegation recommended that the mechanism to be developed should include an assessment or evaluation on the extent to which DPs have been implemented and where there needs to be more focused action. Lessons learned should be transformed into concrete recommendations. The NGO Delegation sees this as a matter of good governance and good practice, and offered to assist the Secretariat where appropriate (intervention [here](#))

NGO 代表团建议开发跟进机制应当包括对决策点实施程度的测量，并评估哪里需要采取更多行动。从行动中总结的经验可以迁移为具体的建议。NGO 代表团认为这是良好治理和最佳实践方式，为秘书长提供协助（发言[见此](#)）。

❖ The thematic segment of the 35th PCB meeting

❖ 第 35 次 PCB 会议专题部分

The Thematic Segment of the 35th meeting of the UNAIDS PCB was on *halving HIV transmission among people who inject drugs* (PWID). Civil society interest in this topic was huge. However, limited time allocated to civil society speakers made it difficult to cover all aspects of innovations in service delivery that contribute to an effective response, and reversely, harmful policies which fuel HIV and other infections among PWID ([agenda](#), [background document](#) and [conference room paper](#)).

第 35 次 PCB 会议专题部分是关于“艾滋病在注射吸毒人群中传播”。民间组织对该议题非常有兴趣。但是，分配给民间组织发言人的时间有限，难以覆盖议题各个方面，包括关于创新和有效服务，以及恶化注射吸毒人群感染艾滋病等传染病的有害政策（[议程](#), [背景文件](#) and [会议室文件](#)）。

Nevertheless, the participation of the PWID community as keynote speakers and civil society observers shaped the overall message to UNAIDS, Co-sponsors and Member States that there is a serious mismatch between official reports on

successes of HIV prevention, anti-discrimination legislation, and governmental funding for harm reduction, and the reality on the ground. Drug users remain left behind, and face enormous stigma, discrimination, lack of services, and violence. One of the important results of the meeting was a strong recommendation from both Member States and civil society speakers to ensure that UNAIDS and co-sponsors provide meaningful input on the 2016 United Nations General Assembly Special Session (UNGASS - [website](#)) on drugs and related processes, and advocate for the necessity of engagement of PWID groups and other civil society networks as equal partners to state actors in shaping international drug policies.

无论如何，注射吸毒者社群作为发言人和民间组织观察者的参与，向 UNAIDS、共同提案国和成员国传递了信息，即在关于艾滋病预防、反歧视立法和政府资助减低伤害方面，官方报告和实际情况还有相当差距。注射吸毒者被遗忘，面临巨大污名与歧视，得不到服务，处于暴力威胁中。该会议的一个重要成果是，成员国和民间组织发言人都强烈建议，要确保 UNAIDS 和共同提案国在 2016 年的联合国大会特别会议（UNGASS-）上就毒品与相关程序提供有意义的参与，并倡导注射吸毒社群与其他民间团体工作网作为国家成员的平等伙伴参与制定国际毒品政策的重要性。

Drug use and harm reduction activists from Eastern Europe and Central Asia, a region experiencing the fastest growing HIV epidemic among PWID due to harsh drug policies, and low quality and coverage of harm reduction programs, participated actively in this Thematic. Strong statements were made on behalf of Tajik drug user groups and on behalf of the Eurasian Network of People Who Use Drugs, covering such issues as the exacerbation of stigma and violence against PWID through state drug policies, death of methadone patients in Crimea, and barriers to participation of key populations in developing concept notes to the Global Fund.

在东欧和中亚地区，由于严苛的毒品政策，减低伤害项目质量不高又覆盖面小，注射吸毒社群中艾滋病传播速度极快。这一地区的毒品与减低伤害活动家积极地参与到这个专题中。塔吉克吸毒者团体和欧洲吸毒者工作网都作出了有力发言，涉及的问题包括国家毒品政策造成的针对注射吸毒者严重污名与歧视、克里米亚美沙酮患者的死亡，关键人群参与全球基金构想制定面临的障碍等。

- ❖ Dates and themes of future PCBs, and election of new officers
- ❖ 未来 PCB 会议专题与日期，及新负责人选择

PCB	Dates	Officers	Thematic
36 th	30 June – 2 July 2015	Chair: Zimbabwe	HIV in Emergency Contexts

		Vice-chair: Switzerland Rapporteur: Ukraine	Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda
37 th	26-28 October 2015		
38 th	28-30 June 2016	TBD	TBD
39 th	6-8 December 2016	TBD	TBD
40 th	27-29 June 2017	TBD	TBD

PCB	日期	负责人	专题
第 36 次	2015 年 6 月 30 日-7 月 2 日		紧急情况中的艾滋病毒
第 37 次	2015 年 10 月 26-28 日	主席：津巴布韦： 副主席：瑞士 报告员：乌克兰	分担责任，全球团结，根据 2015 年后议程开展有效平等和可持续的艾滋病抗击
第 38 次	2016 年 6 月 28-30 日	待定	待定
第 39 次	2016 年 12 月 6-8 日	待定	待定
第 40 次	2017 年 6 月 27-29 日	待定	待定

At the 35th PCB, we had to sadly bid farewell to 3 incredible delegates representing civil society from Asia and the Pacific, Europe, and Latin America and the Caribbean: John Rock (Australia, ITPC), Dasha Ocheret (Lithuania, EHRN), and Alessandra Nilo (Brazil, Gestos). Their dedication and contribution will continue to inspire our work.

在第 35 次 PCB 会议上，我们不得不与来自亚太、欧洲、拉美与加勒比地区的 3 名杰出民间组织代表告别，他们是：John Rock (澳大利亚, ITPC), Dasha Ocheret (立陶宛, EHRN), and Alessandra Nilo (巴西, Gestos)。他们的工作与贡献将继续鼓舞我们的工作。

With the departure of Joel Nana of AMSHeR following the 34th PCB, the NGO Delegation had 4 vacancies for 2015-2016. After a highly-competitive nomination process and a consultative global search, the following 4 organizations and their representatives started work as NGO Delegates on January 1, 2015: 1) Angeline Chiwetani – *Widows Fountain of Life*, Zimbabwe; 2) Jeffrey Acaba – *Youth LEAD, the Asia-Pacific Network of Young Key Populations*, Thailand; 3) Alexandra (Sasha) Volgina – *ECUO, East Europe and Central Asia Union of People Living with HIV*, the Ukraine; and 4) Simón Casal – *SOMOSGAY*, Paraguay. Get to know and get in touch

with your delegates [here](#). The composition of the 2015 PCB was made official at the 35th PCB (read [here](#)).

在第 34 次 PCB 会议后，我们告别了 AMSHeR 组织的 Joel Nana。现在 NGO 代表团在 2015-2016 年有了 4 个空缺席位。经过激烈的提名过程和全球范围的寻找，以下 4 个组织和他们的代表将从 2015 年 1 月 1 日起作为 NGO 代表，他们是：1) Angeline Chiwetani – 遗孀生命泉，津巴布韦；2) Jeffry Acaba – 青年领袖，亚太青年重点人群工作网，泰国；3) Alexandra (Sasha) Volgina – ECUO，东欧和中亚艾滋病病毒感染者联盟，乌克兰；4) Simón Casal – SOMOSGAY，巴拉圭。这些代表的信息参见[这里](#)。第 35 次 PCB 会议正式确定了 2015 年 PCB 的组成（[参见](#)）。

At the 35th PCB, *HIV in emergency contexts* was selected as the theme for the 36th PCB, to be held June 30-July 2, 2015 (read [here](#)). This was a special segment added in the light of the Ebola outbreak since the 36th meeting was originally going to focus on the Unified Budget Results and Accountability Framework (UBRAF) without a thematic component. Find the conference room paper on *Ebola and AIDS* [here](#).

在第 35 次 PCB 会议，“紧急情况中的艾滋病毒”被选为第 36 次 PCB 会议的主题，会议将于 2015 年 6 月 30 日-7 月 2 日举行（[参见这里](#)）。这是由于埃博拉爆发所引发的特殊内容，原本第 36 次会议是要关注统一预算和问责框架（UBRAF），没有专题内容。关于埃博拉和艾滋病的会议室文件参见[这里](#)。

The theme for the 37th PCB was selected as a compromise between a few proposals as *shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda: Increasing domestic funding to ensure a comprehensive and sustained HIV response, including ensuring domestic funding that respects the GIPA principle and addresses the needs of key populations, including women and girls, and other vulnerable groups, in line with national epidemiological contexts*. The 37th PCB (26-28 October 2015) will also have a regular agenda item devoted to *HIV in prisons and other closed settings*.

第 37 次 PCB 会议的主题是在几个提议之间进行的妥协，为“分担责任，全球团结，根据 2015 年后议程开展有效平等和可持续的艾滋病抗击：根据各国感染情况，增加国内在 GIPA 原则与响应妇女和女童等弱势群体在内的关键人群需求方面的资助”。第 37 次 PCB 会议（2015 年 10 月 26-28 日）将会有有一个专注于“监狱与其他封闭环境中的艾滋病毒”的常规议题。

For a complete listing of all decisions approved at the 35th PCB, [click here](#).

第 35 次 PCB 会议通过的全部决议完整列表，[点击这里](#)。

