

Communiqué
35th meeting of the UNAIDS Programme Coordinating Board
The NGO Delegation to the UNAIDS PCB

Table of contents

- *Chapeau*
 - *Report of the Executive Director Michel Sidibé*
 - *Report by the NGO Representative*
 - *Update on the AIDS response in the post-2015 development agenda*
 - *Follow-up to the 34th PCB thematic segment*
 - *The retargeting process for universal access*
 - *Gap analysis on paediatric HIV treatment, care and support*
 - *Update on actions to reduce stigma and discrimination in all its forms*
 - *Previous PCB decision points pertaining to civil society*
 - *The thematic segment of the 35th PCB*
 - *Dates and themes of future PCBs, election of new officers*
-

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](#)).

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.

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.

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.

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.

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.

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

❖ Report of the Executive Director

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](#)).

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.

❖ *When 'Rights' Cause Wrongs: Addressing Intellectual Property Barriers to Ensure Access to Treatment for all People Living with HIV*

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.

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](#).

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](#)).

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

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](#).

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.

❖ Follow-up to the thematic segment of the 34th PCB meeting

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.

❖ The retargeting process for universal access

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.

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](#))

❖ Gap analysis on paediatric HIV treatment, care and support

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.

❖ Update on actions to reduce stigma and discrimination in all its forms

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.

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.

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

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.

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.

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](#))

❖ The thematic segment of the 35th PCB meeting

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](#)).

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.

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.

❖ Dates and themes of future PCBs, and election of new officers

PCB	Dates	Officers	Thematic
36 th	30 June – 2 July 2015	Chair: Zimbabwe Vice-chair: Switzerland Rapporteur: Ukraine	HIV in Emergency Contexts
37 th	26-28 October 2015		Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda
38 th	28-30 June 2016	TBD	TBD
39 th	6-8 December 2016	TBD	TBD
40 th	27-29 June 2017	TBD	TBD

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.

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) Jeffry 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](#)).

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](#).

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*.

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

