

NGO REPORT 2024

2024 年非政府组织报告

Breaking the chains: supporting community leadership and human rights for a sustainable HIV

response 打破枷锁：支持社群领导力与
人权，实现可持续的艾滋病应对工作

Additional documents for this item: N/A

本项的补充文件：不适用

Action required at this meeting—the Programme Coordinating Board is invited to:

本会议要求的行动——请项目协调委员会：

- **Take note** of the report of the NGO Delegation representative;
- **注意到** 非政府组织代表团代表的报告；
- **Affirm the unique role of communities** as essential service providers, researchers, advocates, and leaders **and the fundamental contribution of community leadership to the HIV response** over more than four decades and to the delivery of the current Global AIDS Strategy and UBRAF indicators
- **肯定社群**作为基本服务提供者、研究人员、倡导者和领导者的**独特作用，以及社群领导力四十多年来对艾滋病毒应对工作**以及实施当前全球艾滋病战略和统一预算结果及问责框架（UBRAF）指标的重大贡献
- Noting with concern barriers posed to community leadership and the goal of ending AIDS as a public health threat by the impact of declining HIV funding, civic space restrictions and the mobilization of anti-rights/anti-gender movements, call on Member States to:
- 关切到由于艾滋病毒问题资金减少、民间组织受限和反权人权/反性别运动动员的影响，给社群领导力和消除艾滋病作为公共卫生威胁的目标构成了障碍，呼吁会员国：
 - a. Recall decision point 5.3c from the 53rd meeting of the Programme Coordinating Board, requesting member states, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets to: Increase the proportion of community-led services for HIV prevention, testing and treatment and for societal enablers to reach the 30-80-60 targets, including through mechanisms to increase and facilitate sustainable financing for community-led HIV organizations;
 - b. 回顾项目协调委员会第 53 次会议的决策点 5.3c，要求会员国与社群主导的艾滋病毒组织和其他相关民间社会组织和合作伙伴密切合作，在规划署的支持下，快速采取有针对性和可衡量的行动，以实现 2025 年目标，以：增加社群主导的艾滋病毒预防、检测和治疗服务的比例，以及促进社会推动者实现 30-80-60 目标，包括通过机制来增加和促进对社群主导的艾滋病毒组织的可持续资助；
 - c. In particular, fully fund UNAIDS, the Global Fund and the Robert Carr Fund, and increase flexible long-term and core funding to community-led organizations, especially those led by key populations and facing safety, security and human rights threats;

- d. 特别是，为联合国艾滋病规划署、全球基金和罗伯特卡尔基金提供全额资金，并增加对社群主导组织的灵活长期和核心资助，特别是那些由关键人群主导并面临安全、安保和人权威胁的组织；
- e. Work collaboratively across government sectors, with UNAIDS and its Cosponsors and with communities themselves to support the removal of civic space and human rights restrictions and prevent the introduction of further measures;
- f. 通过政府各方与联合国艾滋病规划署及其共同发起人以及社群本身合作，支持取消对民间组织和人权限制，并阻止进一步限制措施的实施；

Requests the Joint Programme to:

要求联合方案:

- g. Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to increase financing for community-led organizations, including for human rights, and strengthen community-led accountability, particularly through disaggregated reporting on donor and government investments in community-led and human rights initiatives;
- h. 继续与会员国和捐助方密切合作，包括总统防治艾滋病紧急救援计划（PEPFAR）和全球基金（Global Fund），增加对包括人权组织在内的社群主导组织的资助，并加强社群主导的问责，特别是通过关于捐助方和政府社群主导和人权项目投资的分别报告；
- i. Recalling decision 4.4 of the 49th PCB meeting, reiterate commitment to prioritizing the meaningful involvement of communities, including key and marginalized populations, people living with HIV, adolescent girls and young women, and people most at risk of and most affected by HIV, including in the Global AIDS Strategy 2026-2031, the 2026 High Level Meeting on HIV and AIDS, and the drafting of the Political Declaration;
- j. 回顾 PCB 第 49 次会议的决策 4.4，重申承诺优先让社群有效参与，包括关键和边缘化人群、艾滋病毒感染者、少女和年轻女性以及最易感染艾滋病毒和受艾滋病毒影响最大的人群，包括《全球艾滋病战略 2026-2031》和 2026 年艾滋病毒和艾滋病问题高级别会议，以及起草政治宣言；
- k. Retain and reinforce the 30-80-60 targets by developing an operational monitoring and accountability framework, linked to a prioritized, *accelerated* action agenda, and supported by a clear narrative linking the 30-80-60 targets to the 95-95-95, 10-10-10 and other relevant targets, in order to highlight the centrality of community leadership in achieving *all* global targets;
- l. 通过制定运作监测和问责框架来维持和加强 30-80-60 目标，该框架与优先、*加速*的行动议程相关联，并辅以将 30-80-60 目标与 95-95-95、10-10-10 和其

他相关目标联系起来的明确叙述，以强调社群领导力在实现*所有*全球目标中的核心地位；

- m. Strengthen collaboration and capacity across the Joint Programme to support countries in preparing for and resisting anti-rights mobilization, including by allocating increased budget to human rights work, recommitting to the Global Partnership to Eliminate all Forms of HIV-related stigma and Discrimination as a platform for international partnership, collaboration, exchange and mentorship to advance human rights and gender equality, and maximizing linkages with key UN institutions, in particular the Office of the High Commissioner on Human Rights;
- n. 加强整个联合方案的合作和能力，以支持各国准备和抵制反人权动员，包括增加对人权工作的预算，再次承诺将“消除一切形式的艾滋病毒相关污名和歧视全球伙伴关系”作为国际伙伴关系协作、交流和指导的平台，以促进人权和性别平等，以及最大限度地与联合国主要机构，特别是人权事务高级专员办公室的联系；

Table of contents

Executive summary 行动摘要	7
Part 1: Introduction and background 第一部分：介绍和背景	12
Purpose and context of this report 该报告的目的和背景	12
Methodology and limitations 方法论与局限	15
What is community leadership?什么是社群领导力?	16
How has community leadership shaped the global AIDS response?	18
社群领导力如何影响全球艾滋病应对工作?	18
How do current global frameworks support community leadership?	23
当前的全球框架如何支持社群领导力?	23
What is standing in our way? Obstacles and challenges to community leadership	28
是什么阻碍了我们？社群领导力的障碍和挑战	28
A nexus of threats	29
威胁的扭结	29
Shrinking civic space	29
不断缩小的公民空间	29
Anti-gender and anti-rights mobilization	35
反性别和反人权动员	35
Lack of sustainable financing, impact on capacity and organization of community-led organizations.....	50
缺乏可持续资金对社群主导组织的能力和组织的影 响	50
What needs to be done	60
需要做什么	60
A paradigm shift for the next phase of the HIV response	60
下一阶段艾滋病应对工作的范式转变.....	60
<i>Sustainable and equitable financing for communities</i>	60
为社群提供可持续和公平的资金.....	60
<i>Community leadership in global and national AIDS strategies</i>	65
全球和国家艾滋病战略的社群领导力.....	65
<i>Human rights, civic space and countering the anti-gender movement</i>	74
人权、公民空间和对抗反性别运动.....	74
Proposed decision points 提议的决策点	84
Annex 1. Key informants and focus groups 附录一 关键信息人和焦点小组	87

Executive summary 行动摘要

1. The Global AIDS Strategy 2021 - 2026 recognizes the central role that communities most affected by HIV, including people living with HIV; key populations;¹ and other priority populations (including adolescent girls and young women, displaced people and migrants, indigenous people, people living with disabilities, and LGBTQI people), have played and continue to play in the HIV response at all levels.

《全球艾滋病战略 2021-2026》认识到受艾滋病毒影响最严重的社群（包括艾滋病毒感染者）、关键人群² 和其他重点人群（包括少女和年轻女性、流离失所者和移民、原住民、残障和性少数 人群）已经并将继续在各级的艾滋病毒应对工作中发挥核心作用。

2. While advances to HIV prevention and treatment medicines have transformed the response, and made ‘the end of AIDS as a public health threat’ an achievable goal, community leadership remains a vital ingredient in HIV prevention education, linkage to testing and care, access to treatment and retention in care, psycho-social support, health service and human rights monitoring and advocacy, preventing and responding to violence against women and gender based violence, addressing HIV-related stigma and discrimination, and driving a decriminalization agenda, among many other things.

虽然艾滋病毒预防和治疗药物的进步改变了应对工作，并使“终结艾滋病作为公共卫生威胁”成为可实现的目标，但社群领导力仍然是艾滋病毒预防教育、检测关怀联结、治疗可及性和患者留存、社会心理支持、保健服务和人权监测和倡导、预防和应对暴力侵害妇女行为和基于性别的暴力、解决与艾滋病毒相关的污名和歧视问题，以及推动非刑罪化议程等等工作的重要组成部分。

3. As such, community leadership is central to achieving the targets of the Political Declaration on HIV and AIDS, and the 2021-2026 Global AIDS Strategy. In addition, the 30-80-60 targets commit to ensuring that
 - 30% of testing and treatment services to be delivered by community-led organizations³ by 2025
 - 80% of delivery for HIV prevention for key populations and women to be delivered by community-, key population- and women-led organizations by 2025; and
 - 60% of programmes to support the achievement of societal enablers to be delivered by community-led organizations by 2025

因此，社群领导力是实现《艾滋病毒和艾滋病政治宣言》和《全球艾滋病战略 2021-2026》目标的核心。此外，30-80-60 目标承诺确保

- 到 2025 年，30% 的检测和治疗服务将由社群主导组织⁴提供

¹ Defined by UNAIDS as gay men and other men who have sex with men; sex workers; people who inject drugs; transgender people; and prisoners and other incarcerated people.

² 联合国艾滋病规划署定义为男同性恋者和其他男男性行为者、性工作、注射毒品使用者、跨性别者以及囚犯和其他被监禁者。

³ Defined as groups and networks engaged in the HIV response, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. (See: [https:// www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf](https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf))

⁴ 定义为参与艾滋病毒应对工作的团体和网络，无论是正式的还是非正式的，都是治理层多数、领导、工作人员、发言人、成员和志愿者反映和代表其社群的经验、观点和声音的实体，并且对其选民有透明的问责机制。（请参阅：[https:// www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf](https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf)）

- 到 2025 年，80% 的关键人群和妇女艾滋病毒预防服务将由社群、关键人群和妇女主导组织提供；和
- 到 2025 年，60% 的支持实现社会推动因素的项目将由社群主导的组织提供。

4. The latest data from UNAIDS shows that, while there has been progress in these areas, these targets remain out of reach. Moreover, data relating to the 30-80-60 targets are currently limited; a monitoring framework is being developed with the participation of representatives from global networks of people living with HIV and key populations on an expert advisory group.

联合国艾滋病规划署的最新数据显示，尽管在这些领域取得了进展，但这些目标仍然遥不可及。此外，与 30-80-60 目标相关的数据目前有限；有来自艾滋病毒感染者和关键人群全球网络的代表参与的专家咨询小组正在制定一个监测框架。

5. The 2024 report of the NGO Delegation to the 55th UNAIDS Programme Coordinating Board (PCB) presents evidence and analysis from an extensive literature review and qualitative community consultation on the topic of community leadership. Through this research, three major obstacles which stand in the way of community leadership and thereby threaten to undermine progress made towards achieving the goal of ending AIDS as a public health threat emerge.

非政府组织代表团向联合国艾滋病规划署项目协调委员会（PCB）第 55 次会议提交的 2024 年报告提供了关于社群领导力主题的广泛文献综述和定性社群咨询的证据和分析。通过这项研究，辨识了三个主要障碍，它们阻碍社群领导力，从而有可能破坏为实现终结艾滋病作为公共卫生威胁的目标所取得的进展。

6. First, shrinking civic space in all regions of the world is creating an increasingly challenging environment for community-led organizations to work safely. Second, the rise of a well-coordinated, well-funded movement of state and non-state actors opposed to “gender ideology” is driving a backlash on gender equality, sexual and reproductive health and rights, and the rights of LGBTQI+ people, and pushing a regressive drug policy. And third, the level and model of funding going to community-led organizations is inadequate to support their core work (including staffing, overheads, administration, and safety and security), especially in the current climate of hostility towards the communities they represent.

首先，世界各地公民空间不断缩小正在使社群主导组织安全工作面临越来越具有挑战性的环境。其次，国家和非国家行为者协调一致、资金充足地反对“性别意识形态”，该运动的兴起，正在反击性别平等、性与生殖健康及权利以及性少数人群权利，并迫使毒品政策倒退。第三，流向社群主导组织的资金和模式不足以支持其核心工作（包括人员配备、办公费用、管理费用以及安全和安保），尤其是在当前对他们所代表的社群充满敌意的氛围中。

7. In the face of these threats, the report highlights the need to build the resilience of communities and offers good practice examples and opportunities for the joint programme to provide solidarity and allyship. In particular, the report makes several overarching recommendations to PCB members and the Joint Programme Co-Sponsors.

面对这些威胁，报告强调了建立社群复原力的必要性，并为联合方案提供了良好实践实例和机会，以增进团结和盟友关系。特别是，该报告向 PCB 成员和联合方案共同发起人提出了几项总体建议。

8. Ensure sustainable and equitable financing for communities, specifically:

确保为社群提供可持续和公平的资助，特别是：

- Shift the way funding for communities is delivered (via governments and international organizations), towards strategic funding models that are flexible and long term, and cover core costs. Actively support communities to identify new sources of funding that adopt these approaches.
- 转变为社群提供资金的方式（通过政府和国际组织），转向灵活、长期并涵盖核心成本的战略资助模式。积极支持社群寻找采用这些方法的新资金来源。
- Recognize the exceptional circumstances that shape the HIV response and retain ring-fenced funding for key and vulnerable populations while transitioning to more integrated approaches to universal health coverage.
- 认识到影响艾滋病毒应对工作的特殊情况，并为关键和弱势群体保留限定资金，同时过渡到更加综合的全民健康覆盖途径。
- Increase the availability of flexible and emergency funding to support community-led organizations that face safety, security and other threats, and strengthen support for, or enable the creation and operation of, regional-level community-led mechanisms to provide a safety net for community-led responses in countries where community leadership and engagement is under threat.
- 增加灵活和紧急资金的可用性，以支持面临安全、安保和其他威胁的社群主导组织，并加强对区域社群主导机制的支持或促进其建立和运营，以便在社群领导力和参与受到威胁的国家为社群主导的应对工作提供安全网。
- Support full funding of UNAIDS and the replenishment of the Global Fund, recognizing their vital roles in supporting the work of communities and strengthening resistance to anti-rights actors and narratives.
- 支持对联合国艾滋病规划署的全额资助和全球基金的补充，认识到它们在支持社群工作和加强抵制反人权行为者和叙事方面的重要作用。
- Promote the replenishment of the Robert Carr Civil Society Networks Fund among relevant stakeholders, recognizing the unique role it plays in providing core and strategic funding to community-led and -serving networks.
- 促进利益相关者对罗伯特·卡尔公民社会网络基金的补充，认识到它在为社群主导和服务网络提供核心和战略资助方面发挥的独特作用。
- Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to significantly increase financing for community-led organizations and networks and for human rights monitoring, response and advocacy, as well as to strengthen accountability to community-led organizations, including through disaggregated reporting on the proportions of donor and national HIV budgets allocated to community-led responses and human rights programming.
- 继续与会员国和捐助方密切合作，包括总统防治艾滋病紧急救援计划（PEPFAR）和全球基金（Global Fund），以大幅增加对社群主导的组织和网络以及人权监测、应对和倡导的资金，并加强对社群主导组织问责，包括通过关于捐助方和国家艾滋病毒预算分配给社群主导的应对工作和人权项目比例的分别报告。

9. Centre community leadership in global and national AIDS strategies, specifically:

在全球和国家艾滋病战略中以社群领导力为中心，具体包括：

- Strengthen accountability frameworks that monitor the level of community leadership and participation at national and global levels to promote learning and investment in community leaders, and to hold countries and global health institutions to account.
- 加强问责框架，监测国家和全球层面的社群领导力和参与水平，以促进对社群领袖的学习和投资，并问责国家和全球卫生机构。
- and support the meaningful involvement of communities—including key and priority populations, people living with HIV, and people most at risk of and most affected by the AIDS pandemic—as an integral part of HIV responses. Do so by using Global Fund guidance to ensure their safe and meaningful participation and leadership in national HIV strategic plans and policies and funding request development, and by supporting their wider engagement in planning, decision-making, implementation and monitoring related to HIV responses.
- 作为艾滋病毒应对措施的一个组成部分，支持有效纳入社群，包括关键和重点人群、艾滋病毒感染者以及最有可能感染和受艾滋病影响最大的人群。为此，使用全球基金的指南，确保他们在国家艾滋病毒战略计划和政策以及资金申请中能够安全有效地参与，并支持他们更广泛地参与与艾滋病毒应对工作相关的规划、决策、实施和监测。
- Commit to the meaningful involvement of communities in the development of the next Global AIDS Strategy and the 2030 targets, and ensure civil society and community priorities are represented at the 2026 High-Level Meeting on HIV and AIDS and in the language of the next Political Declaration on HIV.
- 投入支持社群有效参与下一个全球艾滋病战略和 2030 年目标的制定，并确保民间组织和社群优先事项在 2026 年艾滋病毒和艾滋病问题高级别会议上得到体现，并以以下一个艾滋病毒政治宣言的措辞得到体现。
- Retain and reinforce the 30–80–60 targets by developing an operational monitoring and accountability framework that is linked to a prioritized, *accelerated* action agenda. In support, develop a clear narrative that links the 30–80–60 targets for community-led interventions to the 95–95–95 targets for treatment access and adherence, and the 10–10–10 social enabler global targets (as well as other relevant targets agreed to in the Political Declaration) to highlight the centrality of community leadership in achieving *all* global targets.
- 通过制定与优先 *加速* 行动议程相联系的运作监测和问责框架，保留和加强 30-80-60 目标。辅助以制定清晰的叙述，将社群主导干预的 30-80-60 目标与治疗可及性和依从性的 95-95-95 目标以及 10-10-10 社会推动因素全球目标（以及政治宣言中商定的其他相关目标）联系起来，以强调社群领导力在实现 *所有* 全球目标中的核心作用。
- Ensure that the expertise, leadership and research of communities of people living with and most affected by HIV are consistently valued in all aspects of decision making, planning, strategy and implementation of the HIV response. And that organizations and governments working at a distance from communities regularly convene listening spaces to learn from communities and hear about their priorities.
- 确保在艾滋病毒应对措施的决策、规划、战略和实施的各个方面始终重视艾滋病毒感染者和受艾滋病毒影响最严重的社群的专业知识、领导力和研究。远离社群工作的组织和政府定期召集交流活动，向社群学习并了解他们的优先事项。
- Support community-led monitoring to ensure health services are available, accessible, acceptable, affordable, and to monitor human rights.
- 支持社群主导的监测，以确保卫生服务可用、可及、可接受、可负担，并监测人权。

10. Build communities' resilience to counter the anti-gender / anti-rights movement, specifically:

建立社群的复原力以对抗反性别/反人权运动， 具体而言：

- Pledge concrete actions to remove the barriers that stand in the way of communities' leadership, including civic space and human rights barriers.
- 承诺采取具体行动，消除阻碍社群领导力的障碍，包括公民空间和人权障碍。
- Ensure that UNAIDS and Cosponsors collaborate closely with national AIDS councils and commissions, and other key national government stakeholders, to anticipate and prepare for anti-rights, anti-gender and anti-civil society mobilization, and to prevent the introduction of further restrictive measures.
- 确保联合国艾滋病规划署和共同赞助者与国家艾滋病委员会和其他主要国家政府利益相关者密切合作，以预测和准备应对反人权、反性别和反公民社会的动员，并防止引入进一步的限制措施。
- Take effective action against the deliberate use of disinformation tactics by anti-rights, anti-gender and anti-civil society actors, and resource communities to develop and disseminate strong, shared counter-narratives that prioritize ending AIDS and promote human rights- and evidence-based responses to HIV.
- 采取有效行动，对抗反人权、反性别和反公民社会行为者故意使用虚假信息策略，为社群提供资源以制定和传播强有力的、共同的对应叙事，优先考虑终结艾滋病，并促进人权和循证途径应对艾滋病毒的措施。
- Ensure the mainstreaming of gender-transformative approaches and self-care for marginalized communities, as a matter of policy.
- 确保将性别变革途径和边缘化社群自我关怀的主流化作为一项政策问题。
- Promote person-centred, rights-respecting and inclusive language at all levels, including in UN normative frameworks and high-level processes.
- 在各个层面推广以人为本、尊重权利和包容性的语言，包括在联合国规范框架和高级别进程中。
- Recommit to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for partnership, collaboration, exchange and mentorship between countries to advance human rights and gender equality and resist anti-rights mobilization. Strengthen linkages between the Global Partnership and key institutions, in particular the Office of the High Commissioner on Human Rights.
- 再次承诺将消除一切形式的与艾滋病毒相关的污名和歧视全球伙伴关系，作为国家间伙伴关系、协作、交流和指导的平台，以促进人权和性别平等，抵制反人权动员。加强全球伙伴关系与主要机构之间的联系，特别是人权事务高级专员办公室。
- Support communities of people living with and most affected by HIV to work collaboratively both within HIV movement and across other social justice movements, and to adopt an intersectional approach.
- 支持艾滋病毒感染者和受艾滋病毒影响最严重的社群在艾滋病毒运动和其他社会正义运动中合作，并采用交叉途径。
- Invest in the mentorship of new leaders, particularly young people, to encourage (among other things) the use of digital technology and innovation, and to ensure succession planning across generations of leaders.
- 投资于对新领袖尤其是年轻人的指导，以鼓励使用数字技术和创新等，并确保跨代领袖继任计划。

Part 1: Introduction and background

第一部分：介绍和背景

We should not be seen as a target of interventions, but as the principal intervention. We should not be seen as the problem, but as the key to the solution.

我们不应被视为干预的目标，而应被视为主要干预措施。我们不应该被视为问题，而应被视为解决方案的关键。

- World AIDS Day report 2023: Let communities lead⁵
- 2023 年世界艾滋病日报告：让社群引领⁶

Purpose and context of this report

该报告的目的和背景

11. Every year the NGO Delegation to the UNAIDS Programme Coordinating Board (PCB) presents a report on a topic of critical concern to civil society and communities affected by HIV. The report includes recommended decision points.

每年，联合国艾滋病规划署项目协调委员会（PCB）的非政府组织代表团都会提交一份报告，介绍受艾滋病毒影响的民间组织和社群严重关注的话题。该报告包含建议的决策点。

12. The topic selected for the 55th meeting of the PCB in December 2024 is “Supporting community leadership and human rights for a sustainable HIV response”. Community leadership is widely considered critical to ending AIDS as a public health threat by 2030 as per the Sustainable Development Goal (SDG) 3.3.

2024 年 12 月举行的 PCB 第 55 次会议选定的主题是“支持社群领导力和人权，以实现可持续的艾滋病毒应对工作”。根据可持续发展目标（SDG）3.3，社群领导力被广泛认为对于到 2030 年消除艾滋病这一公共卫生威胁至关重要。

13. Community-led responses are the cornerstone of an effective HIV response. Communities provide invaluable insights, mobilize local resources, and foster trust with those most affected. Their leadership ensures that interventions are grounded in lived realities, tailored to specific needs, and capable of addressing inequalities that perpetuate the epidemic. By championing human rights, combating stigma, and advocating for equitable access to services, community-led initiatives drive innovation and resilience, ensuring no one is left behind. These efforts are not just complementary but essential to achieving global HIV goals.

社群主导的应对工作是有效应对艾滋病毒的基石。社群提供宝贵的见解，调动当地资源，并取得受影响最严重者的信任。他们的领导确保干预措施以现实生活为基础，根据具体需求量身定制，并能够解决使流行病长期存在的不平等问题。通过重视人权、打击污名和倡导服务公平可及，社群主导的举措推动了创新和复原力，确保不让任何人掉队。这些努力不仅是作为补充，而是对实现全球艾滋病毒目标至关重要。

⁵ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

⁶ 让社群引领：2023 年世界艾滋病日报告。日内瓦：联合国艾滋病规划署（UNAIDS）；2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

14. Its importance is evident in the [2021 Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030](#), and the [Global AIDS Strategy 2021 – 2026](#), in which the “30–80–60” targets were agreed. They require that, by 2025, communities most affected by HIV will deliver:

其重要性在《[2021年艾滋病毒和艾滋病政治宣言：消除不平等并朝向2030年终结艾滋病](#)》和《[全球艾滋病战略2021-2026](#)》中显而易见，其中商定了“30-80-60”目标。它们要求，到2025年，受HIV影响最严重的社群将提供：

- 30% of testing and treatment services, with a focus on HIV testing, linkages to treatment, adherence and retention support, and treatment literacy;
- 30% 的检测和治疗服务，重点是艾滋病毒检测、与治疗的联结、依从性和留存的支持以及治疗素养；
- 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women within those populations; and
- 80% 的面向艾滋病毒感染高危人群的艾滋病毒预防服务，包括面向这些人群中的女性；
- 60% of programmes to support the achievement of societal enablers.
- 60% 的支持实现社会推动因素的项目。

15. As we approach 2025, however, none of these targets are within reach and data to monitor progress are incomplete.^{7 8}

然而，随着2025年的临近，这些目标都无法实现，监测进展的数据也不完整。^{9 10}

16. On World AIDS Day 2023, UNAIDS launched the [‘Let Communities Lead’](#) report and campaign. It identified five areas of inadequacy, namely that communities are under-acknowledged, under-resourced, under-remunerated, under-supported and under attack.¹¹ A year later, communities around the world continue to come up against these barriers in their day-to-day work and in the pursuit of their longer-term goals. In some contexts, the challenges they deal with have intensified significantly.

在2023年世界艾滋病日，联合国艾滋病规划署发起了“[让社群领导力](#)”报告和活动。它确定了五个不足的领域，即社群得到的认可不足、资源不足、薪酬不足、支持不足和受

⁷ The urgency of now: AIDS at a crossroads. Geneva: Joint United Nations Programme on HIV/AIDS; 2024. (https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf)

⁸ An expert advisory group with participation from global networks representing people living with HIV and key populations has been convened to guide the development of a monitoring framework and the identification of relevant proxy measures or development of new metrics for monitoring progress towards the 30-80-60 targets. The proposed framework will include questions on three areas: monitoring of laws and policies related to the operating environment for community-led service delivery; monitoring finance data; and monitoring service delivery. The first phase has been concluded and questions were integrated in the National Commitments and Policy Instrument (NCPI) questionnaire for 2024 Global AIDS Monitoring.

⁹ 当下的紧迫性：艾滋病正处于十字路口。日内瓦：联合国艾滋病规划署，2024。

(https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf)

¹⁰ 已经召集了一个由代表艾滋病毒感染者和关键人群的全球网络参与的专家咨询小组，以指导制定监测框架并确定相关的替代衡量标准或制定新指标体系，以监测实现30-80-60目标的进展情况。拟议的框架将包括三个方面的问题：监测与社群主导的服务提供运营环境相关的法律和政策；监测财务数据；以及监测服务交付。第一阶段已经结束，问题被纳入2024年全球艾滋病监测的国家承诺和政策工具（NCPI）问卷中。

¹¹ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

到攻击。¹² 一年后，世界各地的社群在日常工作和追求长期目标的过程中继续遇到这些障碍。在某些环境中，他们面临的挑战显著加剧。

17. The 2024 progress assessment of the Sustainable Development Goals (SDGs) shows that the world is off-track to realize the 2030 agenda.¹³ As we move closer to 2030, we face a situation where there is a greater expectation on countries to resource their own national HIV responses. Yet while no country has achieved the elimination of HIV-related stigma and discrimination, no country has achieved gender equality, no country has decriminalized all aspects of sex work or drug use, and no country has eliminated transphobia and homophobia, this horizon spells potential disaster for people living with and most at risk of HIV.¹⁴

2024 年可持续发展目标进展评估显示，世界偏离了实现 2030 年议程的轨道。¹⁵ 随着我们越来越接近 2030 年，我们面临的情况是，人们更期望各国为本国的艾滋病毒应对工作提供资源。然而，尽管没有一个国家实现了消除与艾滋病毒相关的污名和歧视，没有一个国家实现了性别平等，没有一个国家将性工作或毒品使用的所有方面合法化，也没有一个国家消除了恐跨性别和恐同性恋，但这一前景对艾滋病毒感染者和感染艾滋病毒高危人群意味着潜在的灾难。¹⁶

18. While significant progress has been made towards ‘Ending AIDS as a public health threat by 2030’ (SDG 3.3), the HIV response is falling short of addressing prevention among key populations and their sexual partners, ensuring that the most marginalized have access to HIV testing and treatment, and in eliminating HIV-related stigma. These are some of the areas where community leadership can made the biggest contributions. 虽然在“到 2030 年消除艾滋病这一公共卫生威胁”（可持续发展目标 3.3）方面取得了重大进展，但艾滋病毒应对工作未能解决关键人群及其性伴侣的预防问题，未能确保最边缘化群体的艾滋病毒检测和治疗可及性，以及消除艾滋病毒相关污名。这些是社群领导力可以做出最大贡献的一些领域。

19. A major paradox in the HIV response becomes apparent: in the places where community leadership is most needed, it faces the greatest obstacles.

艾滋病毒应对工作中的一个主要悖论变得明显：在最需要社群领导力的地方，它面临着最大的障碍。

We can not overcome or end the AIDS epidemic without strong and systematic community leadership in HIV responses. Every major leap forward in the 40-year struggle against AIDS has had its roots in community leadership. But its full potential is being held back.

¹² 让社群引领：2023 年世界艾滋病日报告。日内瓦：联合国艾滋病规划署（UNAIDS）；2023。（https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf）

¹³ Progress towards the Sustainable Development Goals. Report of the Secretary-General. Economic and Social Council 2024 Session. United Nations General Assembly: A/79/79 E/2024/54 (<https://unstats.un.org/sdgs/files/report/2024/SG-SDG-Progress-Report-2024-advanced-unedited-version.pdf>)

¹⁴ Kavanagh MM, Agbla SC, Joy M, et al. Law, criminalisation and HIV in the world: have countries that criminalise achieved more or less successful pandemic response? *BMJ Global Health* 2021;6:e006315.

¹⁵ 可持续发展目标进展。秘书长的报告。经济社会理事会 2024 年会议。联合国大会：A/79/79 E/2024/54（<https://unstats.un.org/sdgs/files/report/2024/SG-SDG-Progress-Report-2024-advanced-unedited-version.pdf>）

¹⁶ Kavanagh MM、Agbla SC、Joy M 等人。《世间法律、刑事定罪和艾滋病毒：将刑事定罪的国家是否更成功地应对了大流行病？》*BMJ 全球健康* 2021;6: e006315。

在艾滋病毒应对工作中缺乏有力而系统的社群领导力，我们就无法克服或结束艾滋病流行。在 40 年的应对艾滋病斗争中，每一次重大进步都植根于社群领导力。但它的全部潜力正被抑制。

20. This report presents evidence and analysis of how the leadership of communities most affected by HIV and their vital contributions to ending AIDS as a public health threat are being impacted by a range of issues, including: shrinking civic space; growing attacks by the anti-gender and anti-rights movements; ongoing failures to respect and protect the human rights of communities most affected by HIV; and inadequate funding for networks and organizations representing these communities.

本报告提供了证据和分析，说明受艾滋病毒影响最严重社群的领导及其对消除艾滋病这一公共卫生威胁的重要贡献如何受到一系列问题的影响，包括：公民空间缩小；反性别和反人权运动的攻击日益增加；受艾滋病毒影响最严重社群的人权长期得不到尊重和保

护；以及代表这些社群的网络和组织资金不足。

21. With the UNAIDS PCB as its primary audience, this report urges Board members and the Joint Programme to commit to and take immediate, urgent action to increase its recognition of and support for community leadership in order to safeguard the gains made in the global HIV response and to uphold human rights in the face of current threats.

以联合国艾滋病规划署 PCB 为主要受众，本报告敦促理事会成员和联合方案承诺并立即采取紧急行动，提高对社群领导力的认可和支持，以保护在全球艾滋病毒应对工作中取得的成果，并在面对当前威胁时维护人权。

Methodology and limitations 方法论与局限

22. This report was developed using a qualitative, mixed-methodology approach between July and October 2024, including: an extensive literature review; a community survey (with 90 responses); and 19 key information interviews or dialogues (including eight regional dialogues) with 62 representatives from different communities. The latter included adolescent girls and young women; women living with HIV; young people living with HIV; LGBTQI persons; people who use drugs; sex workers; and other stakeholders (including technical agencies, donors, civil society, global health institutions, and government representatives;). The report underwent a peer review process by a nine-member civil society expert panel comprising individuals with diverse geographic and technical areas of expertise.

23. 本报告是在 2024 年 7 月至 10 月期间使用定性、混合方法编写的，包括：广泛的文献综述；社群调查（有 90 份回复）；以及与来自不同社群的 62 名代表进行的 19 次关键信息访谈或对话（包括 8 次区域对话）。社群包括青春期女孩和年轻女性、感染艾滋病毒的妇女、感染艾滋病毒的年轻人、性少数人士、毒品使用者、性工作者以及其他利益相关者（包括技术机构、捐助者、民间组织、全球卫生机构和政府代表）。报告由一个九名成员组成的民间组织专家组进行了同行评审，该小组由来自不同地域和有不同技术专业的个人组成。

24. A full list of participants in the interviews, dialogues, survey, regional dialogues and civil society expert groups is available in Annex 3.

附录 3 提供了访谈、对话、调查、区域对话和民间组织专家组参与者的完整名单。

25. The report builds on a number of previous NGO Delegation reports. The issue of community leadership and human rights being so central to an effective HIV response, almost all recent reports of the NGO Delegation include relevant decision points.¹⁷
本报告以之前若干非政府组织代表团报告为基础。社群领导力和人权问题是有效应对艾滋病毒的核心问题，非政府组织代表团最近的几乎所有报告都包含相关的决策点。¹⁸
26. A challenge for this report and consultations with key stakeholders was the limited time available for research and writing. That process was scheduled to start in March 2024. Unfortunately, the UNAIDS PCB NGO Delegation was unable to secure funding for the report until July 2024. As a result, work started four months later than anticipated and was completed within four instead of eight months. This situation speaks to one of the core themes of the report: communities are struggling to keep doing their work in the face of insecure and ever-shrinking funding for the HIV response.
对本报告以及与主要利益相关方咨询的一个挑战是可用于研究和写作的时间有限。工作计划于 2024 年 3 月开始。不幸的是，联合国艾滋病规划署 PCB 非政府组织代表团直到 2024 年 7 月才为该报告获得资金。因此，工作比预期晚了四个月开始，并在 4 个月内完成，而不是 8 个月。这种情况说明了报告的核心主题之一：面对不安全和不断缩减的艾滋病毒应对工作资金，社群只能挣扎着开展工作。

What is community leadership?什么是社群领导力?

If we're still asking ourselves these questions, we're doing something wrong.

如果我们仍然问自己这些问题，那我们就做错了什么。

- Eastern Europe and central Asia regional dialogue
- 东欧和中亚区域对话

27. Throughout the report, the term “community” refers to the groups, constituencies and populations most impacted by HIV. They are diverse and intersectional, and they include: people living with HIV; key populations;¹⁹ and other priority populations (including adolescent girls and young women, displaced people and migrants, indigenous people, people living with disabilities, and LGBTQI people).
在整个报告中，“社群”一词是指受艾滋病毒影响最大的群体、选区和人群。他们是多样化和交叉的，他们包括：艾滋病毒感染者、关键人群²⁰ 以及其他重点人群（包括少女和年轻妇女、流离失所者和移民、原住民、残障和性少数人群）

¹⁷ Among the most relevant are the NGO Delegation report to the 39th PCB in 2016, An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response. More recently, decision points 5.3 (c) and 5.4 (a), (b), and (c) from the 53rd PCB meeting (in follow up to the thematic segment at the 52nd), and 7.4 (c) (under agenda item 5: update on the Global Partnership to eliminate all forms of HIV-related stigma and discrimination), also at the 53rd PCB; and decision points 4.2 and 4.4 under agenda item 1.4 (report by the NGO representative: Left Out: The HIV Community and Societal Enablers in the HIV response) at the 49th PCB meeting.

¹⁸ 其中最相关的是 2016 年非政府组织代表团向第 39 届 PCB 会议提交的报告，《一个不太可能的结局：没有为社群主导的应对工作提供可持续资金而到 2030 年终结艾滋病》。最近，第 53 届 PCB 会议（跟进第 52 届专题会议）的决策点 5.3 (c) 和 5.4 (a)、(b) 和 (c) 和第 53 届 PCB 会议（议程项目 5 下：消除一切形式的与艾滋病毒相关的污名和歧视的全球伙伴关系最新情况）的决策点 7.4 (c)；以及第 49 届 PCB 会议议程项目 1.4（非政府组织代表的报告：《未重视：艾滋病毒应对工作中的艾滋病毒社群和社会推动因素》）下的决策点 4.2 和 4.4。

¹⁹ Defined by UNAIDS as gay men and other men who have sex with men; sex workers; people who inject drugs; transgender people; and prisoners and other incarcerated people.

²⁰ 联合国艾滋病规划署定义为男同性恋者和其他男男性行为者、性工作者、毒品使用者、跨性别者、以及囚犯和其他被监禁者。

28. A multistakeholder task team was convened by the PCB to ‘bring clarity to efforts to achieve global commitments to strengthen the community-led response to AIDS’,²¹ with representatives from governments, civil society and donors. Building on an earlier technical consultation of experts comprising people living with HIV and key populations from global networks, treatment activists and women’s organizations, the task team proposed the following definitions:²²

PCB 召集了一个多方利益相关者工作组，与来自政府、民间组织和捐助者的代表一起“将实现加强社群主导的艾滋病应对工作的全球承诺的工作明确”²³。在早期由艾滋病毒感染者和来自关键人群全球网络、治疗活动家和妇女组织组成的专家进行的技术磋商的基础上，工作组提出了以下定义：²⁴

- **Community-led HIV responses** are actions and strategies that seek to improve the health and human rights of their constituencies and that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them;
- **社群主导的艾滋病毒应对工作** 是旨在改善其社群健康和人权的行动和战略，专门面向社群，由社群本身以及代表他们的组织、团体和网络提供信息和实施；
- **Community-led organizations, groups and networks** engaged in the HIV response, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks engaged in the response are self-determining and autonomous, and are not influenced by government, commercial or donor agendas. Not all community-based organizations are community-led.
- 参与艾滋病毒应对工作的**社群主导组织**、团体和网络，无论是正式的还是非正式的，都是其大多数治理、领导、工作人员、发言人、会员和志愿者反映和代表其社群的经验、观点和声音的实体，并且对其社群有透明的问责机制。参与应对工作的社群主导的组织、团体和网络是自决和自主的，不受政府、商业或捐助者议程的影响。并非所有基于社群的组织都是由社群主导的。

29. A definition for **community leadership** remains a work in progress. In preparing this report, the question “what is community leadership?” elicited a range of responses, including:

社群领导力的定义仍在讨论中。在准备这份报告时，“什么是社群领导力”这个问题引起了一系列的回答，包括：

- “Giv[ing] voice to the people who can’t reach the policy-makers and donors” (Asia-Pacific regional dialogue);

²¹ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023.

https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf

²² Community-led AIDS responses: final report based on the recommendations of the multistakeholder task team. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf)

²³ 让社群引领：2023年世界艾滋病日报告。日内瓦：联合国艾滋病规划署（UNAIDS）；2023.

https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf

²⁴ 社群主导的艾滋病应对工作：基于多利益相关方工作组建议的最终报告。日内瓦：联合国艾滋病规划署，2022年（https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf）

- “为无法接触到政策制定者和捐助者的人们发声”（亚太区域对话）”
- “Having people involved in responses that impact their lives and helping to shape those responses because we are the ones that know how the issue affects us. Not having external people make decisions on our behalf without our input” (western Europe and North America regional dialogue); and
- “让人们参与影响他们生活的应对工作并帮助形成这些应对工作，因为我们知道这个问题如何影响我们。不让外人在没有我们的意见时代表我们做决定”（西欧和北美区域对话）；和
- “[Being] listened to. Having the power to sit at the table, not just be consulted.” (Latin America and Caribbean regional dialogue).
- “被倾听。有权坐在谈判桌前，而不仅仅是被咨询。（拉丁美洲和加勒比区域对话）”。

30. Community leadership implies trust, knowledge borne from experience that goes beyond (or fills gaps in) empirical data, linguistic and cultural sensitivity, and inclusion. It also speaks to the issues of decision-making, reach, collective efforts and movement building, self-determination, bodily autonomy and integrity, and the realization of human rights. Essentially, community leadership is about the power to effect positive change *by and for* individuals and groups most impacted by HIV.

社群领导力意味着信任、从经验中得出可超越（或填补）经验数据的知识、语言和文化敏感性以及包容性。它还涉及决策、触达、集体工作和运动建设、自决、身体自主和完整性以及实现人权等问题。从本质上讲，社群领导力是受艾滋病毒影响最大的个人和群体为自身产生积极变化的能力。

Community leadership means not just putting people in a position to lead, but also giving people the resources they need and the power they need ... Without responsibility and authority change isn't going to happen.

社群领导力不仅意味着让人们处于领导位置，还意味着为人们提供他们需要的资源和他们需要的权力.....没有责任和权威，变革就不会发生。

- Western Europe and North America regional dialogue

- 西欧和北美区域对话

31. Community leadership therefore goes beyond representing community members on decision-making bodies; it assumes that communities most affected by HIV have access to both the resources they need and the necessary independence to use them that will enable them to organize and to carry out work, and the accountability for this work.

因此，社群领导力不仅仅是在决策机构中代表社群成员，它假设受艾滋病毒影响最严重的社群既能获得他们需要的资源，又能获得必要的独立性来使用这些资源，这将使他们能够组织和开展工作，并对工作负责。

How has community leadership shaped the global AIDS response?

社群领导力如何影响全球艾滋病应对工作？

It has been people living with HIV, sex workers, people who use drugs, trans and gender diverse people and gay men and our closest allies that have led the most impactful advocacy, research and programming. The HIV movement has crafted proven solutions that have been central to informing broader HIV strategy and policy. This is

arguably the biggest lesson that the HIV movement can share with other movements and what we need to keep central to our work beyond 2030.

正是艾滋病毒感染者、性工作者、毒品使用者、跨性别和性别多元者以及男同性恋以及我们最亲密的盟友领导了最具影响力的倡导、研究和项目规划。艾滋病毒运动制定了行之有效的解决方案，这些解决方案对于为更广泛的艾滋病毒战略和政策提供信息至关重要。这可以说是艾滋病毒运动可以与其他运动分享的最大经验教训，也是我们需要在 2030 年后保持在工作核心的东西。

- GNP+, Future of the AIDS Movement²⁵
- GNP+, 艾滋病运动的未来²⁶

32. The Alma Ata Declaration of 1978²⁷ promotes the principle of community and individual engagement in health responses.²⁸ However, the global HIV response is arguably the first public health movement to be founded on the activism of those living with or most affected by a single, specific health condition. Both the United Nations Joint Programme on HIV and AIDS (UNAIDS) and the Global Fund, were partly catalyzed and inspired by this global movement of AIDS activism. As a result, community leadership is built into the governance and decision-making architecture of both entities.

1978 年的《阿拉木图宣言》²⁹推动社群和个人参与卫生应对工作的原则。³⁰ 然而，全球艾滋病毒应对工作可以说是第一个建立在单一特定感染或受其影响最大的人的行动之上的公共卫生运动。联合国艾滋病规划署（UNAIDS）和全球基金在一定程度上受到了这场艾滋病行动全球运动的催化和启发。因此，社群领导力权被内置到两个实体的治理和决策架构中。

33. The NGO Delegation plays a unique role in ensuring the meaningful engagement of civil society—including people living with HIV and key populations—in the governance of UNAIDS. This allows for the inclusion of community voices and leadership in policy spaces where key decisions are taken for the global HIV response. The role of the NGO Delegation is to advocate with UNAIDS members and Cosponsors to achieve improvements in the global response that reflect civil society priorities and the lived reality of affected communities.³¹

非政府组织代表团在确保民间组织（包括艾滋病毒感染者和关键人群）有效参与联合国艾滋病规划署的治理方面发挥着独特的作用。这使得社群的声音和领导力被纳入为全球艾滋病毒应对工作做出关键决策的政策空间。非政府组织代表团的作用是与联合国艾滋

²⁵ Future of the AIDS Movement, Amsterdam: 2024 Global Network of People Living with HIV (GNP+); (https://gnpplus.net/wp-content/uploads/2024/07/GNP-FAM-report_ENGLISH_final.pdf)

²⁶ 艾滋病运动的未来，阿姆斯特丹：2024 年艾滋病毒感染者全球网络（GNP+）；(https://gnpplus.net/wp-content/uploads/2024/07/GNP-FAM-report_ENGLISH_final.pdf)

²⁷ Declaration of Alma-Ata, WHO/EURO:1978-3938-43697-61471, (<https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471>)

²⁸ “People have the right and duty to participate individually and collectively in the planning and implementation of their health care.” (Alma Ata Declaration in World Health Organization, 1978, Section IV, available at [Declaration of Alma-Ata](#)).

²⁹ 阿拉木图宣言，世界卫生组织/欧盟，WHO/EURO: 1978-3938-43697-61471, (<https://www.who.int/publications/i/item/WHO-EURO-1978-3938-43697-61471>)

³⁰ “人们有权利和义务单独和集体参与其医疗保健的规划和实施。”（世界卫生组织《阿拉木图宣言》，1978 年，第四节，见 [《阿拉木图宣言》](#)）。

³¹ Our NGO Delegation. Amsterdam: NGO Delegation to the UNAIDS PCB <https://unaidspcbngo.org/about/> (accessed 20th November 2024)

病规划署成员和共同发起人一起倡导，以改进全球应对工作，以反映民间组织的优先事项和受影响社群的生活现实。³²

34. Community leadership over the past 40 years has changed the shape of the HIV response and contributed to improved service uptake and health outcomes for people living with and most affected by HIV. Community activism and solidarity with people most impacted by HIV and AIDS have been the mainstay of the HIV response. 过去 40 年的社群领导力改变了艾滋病毒应对工作的形态，并有助于改善艾滋病毒感染者和受艾滋病毒影响最严重的人的服务接受和健康结果。社群行动和团结受艾滋病毒和艾滋病影响最严重的人一直是艾滋病毒应对工作的主要内容。

35. The activists who took to the streets in the 1980s and 1990s were literally fighting for their lives. Movements like the Treatment Action Campaign in South Africa forced governments to assume political leadership in the HIV response and changed the concept of the right to health. Other activist movements, such as Junkiebund in the Netherlands,³³ spearheaded the early adoption of needle-and-syringe exchange programmes,³⁴ while sex worker collectives enabled sex workers to sustain and implement the use of condoms in their professional and personal lives, giving rise to new forms of community empowerment.³⁵

1980 年代和 1990 年代走上街头的活动家实际上是在为自己的生命而战。南非的“治疗行动运动”（Treatment Action Campaign）等运动迫使各国政府在艾滋病毒应对工作中发挥政治领导作用，并改变了健康权的概念。其他活动家运动，如荷兰的 Junkiebund³⁶，推动采用针头和注射器交换项目，³⁷而性工作者团体使性工作者能够在职业和个人生活中持续使用安全套，从而产生新形式的社群赋权。³⁸

36. The media coverage of the AIDS epidemic in the early 1980s was dominated by doom-laden public health campaigns³⁹ which reinforced deeply-entrenched homophobia and the denigration of drug use and sex work as purely criminal activities. In contrast, community actions emphasized solidarity in the face of fear, rejection and stigma, and they focused on protecting human rights, upholding the dignity for people living with HIV, and saving lives.

³² 我们的非政府组织代表团。阿姆斯特丹：联合国艾滋病规划署 PCB 非政府组织代表团 <https://unaidspcbngo.org/about/>（2024 年 11 月 20 日访问）

³³ Chronicle book review: ‘Undoing Drugs’ by Maia Szalavitz, StoptheDrugWar.org 9 October 2021, (https://stopthedrugwar.org/chronicle/2021/sep/10/chronicle_book_review_undoing)

³⁴ For other examples of early harm reduction activism, see: <https://inpuud.net/wp-content/uploads/2022/01/Taking-back-whats-ours-interactive.pdf>.

³⁵ Kerrigan D, Kennedy CE, Morgan-Thomas R, et al. A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up. Lancet. 2015;385(9963):172–185.

³⁶ 纪事书评：Maia Szalavitz 的《放弃毒品》，StoptheDrugWar.org，2021 年 10 月 9 日，(https://stopthedrugwar.org/chronicle/2021/sep/10/chronicle_book_review_undoing)

³⁷ 有关早期减低伤害行动的其他示例，请参阅：<https://inpuud.net/wp-content/uploads/2022/01/Taking-back-whats-ours-interactive.pdf>。

³⁸ Kerrigan D、Kennedy CE、Morgan-Thomas R 等人。《性工作者艾滋病毒应对工作的社群赋权途径：有效性、挑战以及实施和规模化的考虑因素》，柳叶刀。2015;385(9963):172–185.

³⁹ Florencao, J. AIDS: homophobic and moralistic images of 1980s still haunt our view of HIV – that must change. The Conversation, 27 November 2018 (<https://theconversation.com/aids-homophobic-and-moralistic-images-of-1980s-still-haunt-our-view-of-hiv-that-must-change-106580>)

1980 年代初期媒体对艾滋病流行的报道以充满厄运的公共卫生运动为主⁴⁰，这些运动强化了根深蒂固的恐同观念，并将毒品使用和性工作诋毁为纯粹的犯罪活动。相比之下，社群行动强调面对恐惧、拒绝和污名时的团结一致，它们侧重于保护人权、维护艾滋病毒感染者的尊严和拯救生命。

Early in the AIDS epidemic, “The Denver Principles” (1983) rejected the positioning of people living with HIV as “victims” or “patients” and advocated for their involvement in decision-making that affected their lives. The Principles highlighted enshrined basic human rights that would guide the global HIV response: people living with HIV have the right to a full and satisfying sex life; the right to quality health care and informed choice in respect of their medical treatment; to privacy, confidentiality and non-disclosure of their HIV status; and to live and die with dignity.⁴¹

37. 在艾滋病流行初期，《丹佛原则》（The Denver Principles, 1983 年）拒绝将艾滋病毒感染者定位为“受害者”或“患者”，并倡导他们参与影响他们生活的决策。这些原则强调了将指导全球艾滋病毒应对工作的基本人权规定：艾滋病毒感染者有权享受充实和令人满意的性生活；获得优质医疗保健的权利和对他们的医疗做出知情选择的权利；隐私、保密和不披露他们的艾滋病毒感染状况；以及有尊严地生活和死亡。⁴²
38. In 1994, at the Paris Summit on HIV and AIDS,⁴³ the principle of the Greater Involvement of People Living with HIV and AIDS (the “GIPA principle”) was articulated. UNAIDS soon adopted it as a cornerstone of the HIV response. The principle “aims to realize the rights and responsibilities of people living with HIV, including their right to self-determination and participation in decision-making processes that affect their lives. In these efforts, GIPA also aims to enhance the quality and effectiveness of the AIDS response.”⁴⁴ The GIPA principle is widely expressed across the HIV movement. Activists and advocates have used it as a foundation for achieving evermore meaningful involvement, engagement, leadership and participation in the HIV response.
39. 1994 年，在艾滋病毒和艾滋病问题巴黎峰会上，⁴⁵ 阐明了“艾滋病毒感染者和艾滋病患者更多参与”的原则（“GIPA 原则”）。联合国艾滋病规划署很快将其作为艾滋病毒应对工作的基石。该原则“旨在实现艾滋病毒感染者的权利和责任，包括他们的自决权和参与影响他们生活的决策过程的权利”。在这些工作中，GIPA 还旨在提高艾滋病应对工作的质量和有效性。⁴⁶ GIPA 原则在艾滋病毒运动中得到了广泛表达。活动家和倡导者将其用作实现更有效参与、合作、领导和参与艾滋病毒应对工作的基础。
40. Community leadership is evident in a wide range of interventions, including (but by no means limited to):
41. 社群领导力在广泛的干预措施中显而易见，包括（但不限于）：

⁴⁰ Florencao, J. 《艾滋病：1980 年代的恐同和道德主义形象仍然困扰着我们对 HIV 的看法——这必须改变》，对话，2018 年 11 月 27 日（<https://theconversation.com/aids-homophobic-and-moralistic-images-of-1980s-still-haunt-our-view-of-hiv-that-must-change-106580>）

⁴¹ The Denver Principles: statement from the Advisory Committee of People with AIDS. Denver, TX: Advisory Committee of People with AIDS; 1983
(https://www.unaids.org/sites/default/files/media/documents/1983_denver-principles_en.pdf)

⁴² 丹佛原则：艾滋病患者咨询委员会的声明。德克萨斯州丹佛市：艾滋病患者咨询委员会，1983
(https://www.unaids.org/sites/default/files/media/documents/1983_denver-principles_en.pdf)

⁴³ Executive Board, 95. (1995). Paris AIDS Summit (1 December 1994): report by the Director-General. World Health Organization. (<https://iris.who.int/handle/10665/172199>)

⁴⁴ Policy Brief: The Greater Involvement of People Living with HIV (GIPA), UNAIDS, 2007, Geneva,

⁴⁵ 执行理事会，95。（1995 年）。巴黎艾滋病峰会（1994 年 12 月 1 日）：总干事的报告。世界卫生组织。（<https://iris.who.int/handle/10665/172199>）

⁴⁶ 政策简报：艾滋病毒感染者更多参与，艾滋病规划署，2007，日内瓦

- peer-led activities, such as prevention education, treatment adherence support, treatment literacy, and mentor mothers;
- 同伴主导的活动，例如预防教育、治疗依从性支持、治疗素养和母亲指导；
- treatment activism;
- 治疗行动主义；
- human rights advocacy including stigma reduction, legal support and access to justice, documenting rights violations and advocating for rights, decriminalization advocacy;
- 人权倡导，包括减少污名、法律支持和诉诸司法、记录人权侵犯和倡导权利、非刑事化倡导；
- sexual and reproductive health and rights (SRHR) awareness, empowerment, advocacy and policy change;
- 性与生殖健康与权利（SRHR）意识、赋权、倡导和政策变革；
- harm reduction development, innovation and advocacy;
- 减低伤害的发展、创新和倡导；
- preventing and addressing violence against women and gender based violence in the context of HIV;
- 预防和解决艾滋病背景下的暴力侵害妇女行为和基于性别的暴力问题；
- sex worker (and other key population-led) activism; and,
- 性工作者（和其他关键人群主导的）活动；
- responding to COVID-19 and other emerging challenges from Mpox and ebola to malaria, TB, hepatitis, and STIs.
- 应对 COVID-19 和其他涌现的挑战，从猴痘和埃博拉到疟疾、结核病、肝炎和性传播感染。

42. With the advent of effective treatment for HIV, the concept of community leadership evolved further. However, communities still play a vital role in connecting people to services and in creating environments where human rights are protected and barriers preventing access to quality, equitable services are removed. Further, peer support groups still fill gaps in health systems, especially for mental health and psychosocial support. The work of communities is far from over.

随着有效的艾滋病治疗方法的出现，社群领导力的概念进一步发展。然而，社群在将联结人们与服务，创造保护人权和消除阻碍优质公平服务可及性的环境方面仍然发挥着至关重要的作用。此外，同伴支持小组仍然填补了卫生系统的空白，特别是在心理健康和社会心理支持方面。社群的工作远未结束。

Further, there is a risk that, as donor governments and global health actors retire prematurely from the HIV space^{47 48} and as the HIV response is absorbed into broader, integrated health systems, community leadership might end up being the only aspect of the HIV response that is genuinely tailored to and safe for marginalized people most affected by HIV.

⁴⁷ Parker R. Epidemics of signification and global health policy: From the end of AIDS to the end of scale-up of the global AIDS response. *Global Public Health*. 2024;19(1).

⁴⁸ Philanthropy's Response to HIV and AIDS: 2022 Grantmaking. *Funders Concerned About AIDS*. July 2024. ([https:// resourcetracking.fcaids.org/](https://resourcetracking.fcaids.org/))

此外，随着捐助国政府和全球卫生行动者过早退出艾滋病领域^{49 50}，并且随着艾滋病应对工作被更广泛的综合卫生系统吸收，社群领导力可能最终成为艾滋病应对工作中唯一真正为受艾滋病影响最严重的边缘化人群量身定制且安全的方面。

When everyone is ready to pretend everything is over, we will still be here—we will be the ones dealing with what is left.

当每个人都准备好假装一切都结束了时，我们仍然会在这里——我们将是处理剩下的事情的人。

- Eastern Europe and central Asia regional dialogue

- 东欧和中亚区域对话

How do current global frameworks support community leadership?

当前的全球框架如何支持社群领导力？

43. The centrality of community leadership for ending AIDS as a public health threat is reflected in several of the global policy frameworks that underpin the global HIV response.

社群领导力在消除艾滋病这一公共卫生威胁方面的核心作用反映在支撑全球艾滋病毒应对工作的几个全球政策框架中。

The Global AIDS Strategy, 2021–2026

全球艾滋病战略，2021-2026

44. Result area 4 in the Global AIDS Strategy 2021–2026 emphasizes the importance of “fully recognized, empowered, resourced and integrated community-led HIV responses for a transformative and sustainable HIV response”. It recognizes the actual and potential contribution of community leadership to the three pillars of the strategy and it acknowledges the history of community leadership, advocacy and activism in the HIV response at all levels.

2021-2026 年全球艾滋病战略的结果领域 4 强调了“充分认识、赋权、资源投入和整合社群主导的艾滋病毒应对工作对于变革性和可持续的艾滋病毒应对工作”的重要性。它承认社群领导力对战略三大支柱的实际和潜在贡献，并承认社群领导力、倡导和行动在各层面艾滋病毒应对工作中的历史。

45. Specifically, the Strategy calls for implementation of the GIPA principle; support for community-led monitoring; the scale-up of community-led service delivery in line with the 30–80–60 targets; the integration of community-led interventions into national responses; and the mobilization of funds for community-led organizations.

具体而言，该战略呼吁实施 GIPA 原则；支持社群主导的监测；根据 30-80-60 目标扩大社群主导的服务提供；将社群主导的干预措施纳入国家应对工作；以及为社群主导的组织筹集资金。

⁴⁹ Parker R. 《意义的流行和全球卫生政策：从艾滋病的终结到全球艾滋病应对工作规模化的结束》。全球公共卫生。2024;19(1).

⁵⁰ 慈善事业对艾滋病与艾滋病毒的回应：2022 年拨款。资助者对艾滋病的关切。2024 年 7 月。
(<https://resourcetracking.fcaids.org/>)

Community leadership targets (30–80–60)**社群领导力目标（30–80–60）**

The 30–80–60 targets commit to ensuring that by 2025, communities most affected by HIV will deliver:

30-80-60 目标承诺确保到 2025 年，受艾滋病毒影响最严重的社群将提供：

- 30% of testing and treatment services, with a focus on HIV testing, linkages to treatment, adherence and retention support, and treatment literacy;
 - 30% 的检测和治疗服务，重点是艾滋病毒检测、联结治疗、依从性和留存支持以及治疗素养；
 - 80% of HIV prevention services for people from populations at high risk of HIV infection, including for women within those populations; and
 - 80% 的艾滋病毒预防服务面向艾滋病毒感染高危人群，包括这些人群中的女性；
 - 60% of programmes to support the achievement of societal enablers.
 - 60% 的项目支持实现社会推动因素。
-

46. The Strategy also recognizes that substantial obstacles stand in the way of realizing the full potential of community leadership, including: shrinking civic space; increasing restrictions on funding for community-led organizations and activities; and mounting attacks from the anti-gender and anti-rights movements. These are discussed in Part 2. 该战略还认识到，在实现社群领导力的全部潜力方面存在重大障碍，包括：公民空间缩小；对社群主导组织和活动的资金限制增加；以及来自反性别和反人权运动的攻击不断增加。这些在第 2 部分中讨论。

47. The Global AIDS Strategy and the 2021 Political Declaration on HIV and AIDS⁵¹ also set targets for societal enablers that are critical for an effective HIV response. By highlighting the structural factors that hinder HIV prevention, treatment and care, the targets are also a proxy measure of communities' abilities to fully participate in the decision-making that affects their lives.

《全球艾滋病战略》和 2021 年《艾滋病毒和艾滋病政治宣言⁵²》还为社会推动因素设定了目标，这些目标对有效的艾滋病毒应对工作至关重要。通过强调阻碍艾滋病毒预防、治疗和关怀的结构性因素，这些目标也是衡量社群充分参与影响其生活的决策的能力的替代标准。

⁵¹ United Nations General Assembly, 8 June 2021, Political Declaration on HIV and AIDS: Ending inequalities and getting on track to end AIDS by 2030, Geneva: UNAIDS, 2021 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)

⁵² 联合国大会，2021 年 6 月 8 日，《关于艾滋病毒和艾滋病的政治宣言：消除不平等，朝向 2030 年消除艾滋病》，日内瓦：联合国艾滋病规划署，2021 年 (https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)

Societal enabler targets (10–10–10)

社会推动因素目标（10–10–10）

- Reduce to no more than 10% the number of women, girls, and people living with, at risk of or affected by HIV who experience gender-based inequalities and sexual or gender-based violence;
 - 将遭受性别不平等和性暴力或性别暴力的妇女、女童和艾滋病毒感染者、面临艾滋病毒风险或受其影响的人数量减少到不超过 10%;
 - Ensure less than 10% of countries have restrictive legal and policy frameworks that unfairly target people living with, at risk of or affected by HIV, such as age of consent laws; laws related to HIV non-disclosure, exposure and transmission; laws that impose HIV-related travel restrictions; and mandatory testing and laws that lead to denial or limitation of access to services;
 - 确保不到 10% 的国家有不公平地针对艾滋病毒感染者、面临感染风险或受其影响的人的限制性法律和政策框架，例如同意年龄相关法律；与艾滋病毒不披露、暴露和传播相关的法律；与艾滋病毒相关的旅行限制的法律；以及导致拒绝或限制获取服务的强制性检测和法律；
 - Ensure less than 10% of people living with, at risk of or affected by HIV experience stigma and discrimination, including by leveraging the potential of Undetectable = Untransmittable (U = U).
 - 确保不到 10% 的艾滋病毒感染者、面临感染风险或受其影响的人遭受污名和歧视，包括利用检测不到 = 非传染（U = U）的潜力。
-

48. While there has been progress in some of these areas, it has been slow, uneven and increasingly subject to backlash. Progress on HIV prevention and treatment, or reductions in HIV-related stigma and discrimination, are vulnerable to reversal—as seen in the disruption or shutdown of essential HIV services during the COVID-19 pandemic⁵³ and during conflict and war.

虽然其中一些领域已经取得了进展，但进展缓慢、不均衡，并且越来越受到反对。艾滋病毒预防和治疗的进展，或与艾滋病毒相关的污名和歧视减少，很容易出现逆转。正如在 COVID-19 大流行^{55 56}以及冲突和战争期间关键艾滋病毒服务中断或关闭所证明的那样。

The Global Fund and the United States President’s Emergency Plan for AIDS Relief (PEPFAR)

全球基金和美国总统防治艾滋病紧急救援计划（PEPFAR）

⁵³ Miller RL, McLaughlin A, Montoya V, et al. Impact of SARS-CoV-2 lockdown on expansion of HIV transmission clusters among key populations: A retrospective phylogenetic analysis. *Lancet Regional Health – Americas*. 2022;16(100369). ([https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(22\)00186-7/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00186-7/fulltext))

⁵⁴ Disruption in HIV, Hepatitis and STI services due to COVID-19, *Global HIV, Hepatitis and STI Programmes*, Geneva: World Health Organization, 2020, (<https://www.who.int/docs/default-source/hq-hiv-hepatitis-and-stis-library/hhs-service-disruption-slides---june-2020---hhs-v15.pdf>)

⁵⁵ Miller RL, McLaughlin A, Montoya V 等人，《SARS-CoV-2 封锁对关键人群中艾滋病毒传播集群扩展的影响：回顾性系统发育分析》。柳叶刀区域卫生 – 美洲。2022;16(100369). ([https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(22\)00186-7/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(22)00186-7/fulltext))

⁵⁶ 《COVID-19 导致艾滋病毒、肝炎和性传播感染服务中断》，日内瓦：世界卫生组织全球艾滋病毒、肝炎和性传播感染项目，2020 年，(<https://www.who.int/docs/default-source/hq-hiv-hepatitis-and-stis-library/hhs-service-disruption-slides---june-2020---hhs-v15.pdf>)

49. The Global Fund's current strategy⁵⁷ has also elevated community leadership to the level of a strategic objective for the first time. To reach SDG 3.3—ending AIDS, tuberculosis and malaria—four mutually reinforcing “contributory objectives” have been identified. One of them is “maximizing the engagement and leadership of most-affected communities to ensure no-one is left behind” (alongside maximizing people-centred, integrated health systems, and maximizing health equity, gender equality and human rights; underpinned by mobilizing increased resources).⁵⁸

全球基金当前战略⁵⁹首次将社群领导力提升到战略目标的层面。为了实现可持续发展目标 3.3 “终结艾滋病、结核病和疟疾”，已经确定了四个相辅相成的“贡献目标”。其中之一是“最大限度地发挥受影响最严重社群的参与和领导作用，确保不让任何人掉队”

（同时最大限度地建立以人为本的综合卫生系统，并最大限度地实现健康公平、性别平等和人权；以调动更多资源为支撑）。⁶⁰

50. The Strategy highlights the strengthening community systems and amplifying the voice and role of communities most impacted by the three diseases. It commits to placing these affected communities at the centre of all efforts and acknowledges their unique role in achieving epidemic control and in fostering resilience and sustainability in disease responses.

该战略强调加强社群系统，扩大受这三种疾病影响最大的社群的声音和作用。它承诺将这些受影响的社群置于所有工作的中心，并承认他们在实现流行病控制和促进疾病应对工作的复原力和可持续性方面的独特作用。

51. Similarly, under the current strategy of the US President's Emergency Plan for AIDS Relief (PEPFAR), community leadership is one of three key enablers.⁶¹ Emphasis is placed on increasing the role of community leadership within PEPFAR; sustaining community leadership within partner government programmes; and elevating a next generation of community leadership.

同样，根据美国总统防治艾滋病紧急救援计划（PEPFAR）的当前战略，社群领导力是三个关键推动因素之一。⁶² 重点放在加强社群领导力在 PEPFAR 中的作用；在政府合作项目中保持社群领导力地位；以及提升下一代社群领导力。

52. However, both PEPFAR and the Global Fund look to country governments as the principle partner and implementer of HIV programmes, which can have concerning implications for communities in terms of funding and leadership opportunities, and with regard to programmes aimed at reducing discrimination and improving social norms. 然而，PEPFAR 和全球基金都将各国政府视为艾滋病项目的主要合作伙伴和实施者，这些项目可能对社群在资金和领导机会方面产生令人关切的影响，也令人担忧旨在减少歧视和改善社会规范的项目。

⁵⁷ Global Fund Strategy (2023–2028). Geneva: Global Fund; 2023 (<https://www.theglobalfund.org/en/strategy/>).

⁵⁸ Ibid.

⁵⁹ 全球基金战略（2023-2028）。日内瓦：全球基金；2023（<https://www.theglobalfund.org/en/strategy/>）。

⁶⁰ 同上。

⁶¹ PEPFAR's Five-year Strategy: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030. Washington DC: PEPFAR; December 2020 (https://www.state.gov/wp-content/uploads/2022/11/PEPFARs-5-Year-Strategy_WAD2022_FINAL_COMPLIANT_3.0.pdf).

⁶² PEPFAR 的五年战略：履行美国到 2030 年结束艾滋病毒/艾滋病大流行的承诺。华盛顿特区：PEPFAR；2020 年 12 月（https://www.state.gov/wp-content/uploads/2022/11/PEPFARs-5-Year-Strategy_WAD2022_FINAL_COMPLIANT_3.0.pdf）。

The World Health Organization's Global Health Sector Strategies on HIV, viral hepatitis and sexually transmitted infections, 2020–2030

世界卫生组织关于艾滋病毒、病毒性肝炎和性传播感染的全球卫生部门战略，2020-2030

53. These Strategies highlight that “[c]ommunities must be empowered and resourced to enhance their indispensable role in delivering people-centred services with strong linkages to health services, and in promoting accountability”. They state that “[t]his is an unprecedented time to build resilient and adaptable health and community systems to promote health security, uphold human rights, protect people from future pandemics and other challenges, and advance human health and well-being.”⁶³

这些战略强调，“必须赋权社群，投入资源，以加强它们在提供以人为本的服务、卫生服务紧密联结以及促进问责方面不可或缺的作用”。他们指出，“现在是建立韧性和适应性强的卫生和社群系统以促进卫生安全、维护人权、保护人们免受未来流行病和其他挑战以及促进人类健康和福祉的前所未有的时刻”。⁶⁴

54. The engagement of empowered communities and civil society—including key and other affected populations—constitutes one of the strategic directions for each of the disease responses. This is to occur by supporting community and civil leadership in advocacy, service delivery and policy-making, and by capacitating community health workers. Underpinning the Strategies are three drivers of progress: gender equality and human rights, financing, and leadership and partnership. They recognize the role of communities in designing interventions that are culturally appropriate and responsive to community needs and necessary for reducing stigma and discrimination and for tackling other social and structural barriers.⁶⁵

赋权社群和民间组织（包括关键人群和其他受影响人群）的参与构成了每项疾病应对工作的战略方向之一。这是通过在倡导、服务提供和政策制定方面支持社群和民间领导力以及通过增强社区卫生工作者的能力来实现的。支撑这些战略的三个进步驱动力是：性别平等和人权、资金以及领导力和伙伴关系。在设计适合文化、响应社群需求以及减少污名和歧视以及解决其他社会和结构性障碍所必需的干预措施方面，他们认识到社群的作用。⁶⁶

Shifting health landscape: the Lusaka Agenda

不断变化的卫生格局：卢萨卡议程

55. In the context of a shifting landscape for global health, the recent Lusaka Agenda outlines a roadmap for multilateral funding from global health initiatives and institutions such as the Global Fund, GAVI and the Global Financing Facility “towards a joint long-

⁶³ Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022–2030. Geneva: World Health Organization; 2022 (<https://iris.who.int/bitstream/handle/10665/360348/9789240053779-eng.pdf?sequence=1>.)

⁶⁴ 2022-2030 年期间全球卫生部门关于艾滋病毒、病毒性肝炎和性传播感染的各自战略。日内瓦：世界卫生组织，2022 年(<https://iris.who.int/bitstream/handle/10665/360348/9789240053779-eng.pdf?sequence=1>.)

⁶⁵ Ibid.

⁶⁶ 同上。

term vision of domestically-financed health systems and universal health coverage that leaves no one behind”.⁶⁷

在全球卫生格局不断变化的背景下，最近的《卢萨卡议程》勾勒了全球卫生倡议和机构（如全球基金、全球疫苗免疫联盟和全球融资设施）的多边资金路线图，“以实现国内资助的卫生系统和全民健康覆盖的联合长期愿景——不让任何人掉队”。⁶⁸

56. The Agenda identifies five key shifts for global health initiatives: (1) stronger contributions to primary health care through integration and health system strengthening; (2) support for transitioning from global health initiatives to domestic financing; (3) joint approaches for supporting and reaching marginalized communities, including through community-led organizations; (4) strategic and operational coherence; and (5) promoting affordable prices for quality health products.

该议程确定了全球卫生倡议的五个关键转变：（1）更多投入整合和加强卫生系统，为初级卫生保健；（2）支持从全球卫生倡议过渡到国内融资；（3）支持和接触边缘化社群的联合途径，包括通过社群主导的组织；（4）战略和运营的一致性；（5）促进优质保健产品的价格可负担。

57. While it is encouraging to see acknowledgment of the role of community-led organizations in seeking health equity for marginalized communities, there has been criticism of the limited involvement of civil society in the Lusaka Agenda process.⁶⁹

虽然看到社群主导的组织在为边缘化社群寻求健康公平方面的作用得到承认令人鼓舞，但也有人批评民间组织对卢萨卡议程工作的参与有限。⁷⁰

What is standing in our way? Obstacles and challenges to community leadership

是什么阻碍了我们？社群领导力的障碍和挑战

[The] erosion of democracies around the globe and emergence of extreme anti-rights movement [is] threatening human rights and progress in the governance of the AIDS response; a whole set of experiences and best practice and progress is threatened by adverse sociopolitical and economic climate.

全球民主国家的侵蚀和极端反人权运动的出现正在威胁人权和艾滋病应对工作治理的进步；一整套经验、最佳实践和进步受到不利的社会政治和经济气候的威胁。

- Survey response 调查回复

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⁶⁷ Lusaka Agenda: Conclusions of the future of global health initiatives process, 2023, (<https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/Lusaka-Agenda.pdf>)

⁶⁸ 卢萨卡议程：全球卫生倡议进程前景的结论，2023，(<https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/Lusaka-Agenda.pdf>)

⁶⁹ Hakizinka I and Djoko C, The Lusaka Agenda Heats Up the 51st Global Fund Board Meeting, Global Fund Observer, Issue 448, 27 April 2024 (<https://aidspan.org/the-lusaka-agenda-heats-up-the-51st-global-fund-board-meeting/>)

⁷⁰ Hakizinka I and Djoko C, 卢萨卡议程使第 51 届全球基金理事会会议升温，全球基金观察，第 448 期，2024 年 4 月 27 日 (<https://aidspan.org/the-lusaka-agenda-heats-up-the-51st-global-fund-board-meeting/>)

A nexus of threats

威胁的扭结

58. During the community consultation underpinning this report, a nexus of overlapping and recurring threats and obstacles to community leadership emerged:

在为本报告开展社群咨询期间，出现了社群领导力层面面临的重叠和反复出现的威胁和障碍：

- the increasing difficulties and dangers of operating in countries where civic space is restricted;
- 在公民空间受到限制的国家中运营的难度和危险日益增加；
- the rise of anti-gender and anti-rights movements, and how this is contributing to:
- 反性别和反人权运动的兴起，以及这如何促进：
 - increasingly punitive anti-LGBTQI+ laws and campaigns, alongside wider threats to LGBTQI+ people's human rights and their access to HIV services and information;
 - 日益严厉的反性少数法律和运动，以及对性少数人群的人权及其获得艾滋病毒服务和信息的广泛威胁；
 - increasingly regressive drug policies, affecting harm reduction programmes and the health and rights of people who use drugs;
 - 日益倒退的毒品政策，影响到减低伤害项目以及毒品使用者的健康和权利；
 - a rollback against women's rights and empowerment;
 - 对妇女权利和赋权的倒退；
 - entrenching HIV, gender and key population-related stigma, discrimination and violence;
 - 根深蒂固的艾滋病毒、性别和与关键人群相关的污名、歧视和暴力；
- lack of funding for community leadership.
- 缺乏社群领导力资金。

59. These areas are closely linked and create embattled conditions for community-led organizations, leaving them unable to serve their constituencies.

这些区域紧密相连，使社群领导力的组织陷入困境，导致他们无法为自己的社群服务。

All of that actually created a situation where we're sort of like, you know, "deer [in the] headlights", like ... What just happened? We're all severely shocked, but we ought not to be. This has been cooking for a very long time.

所有这一切实际上造成了一种情况，我们有点像，你知道的，“鹿在车头灯下”，就像..... 刚才发生了什么？我们都感到非常震惊，但我们不应该感到震惊。这已经煮了很长时间了。

- Eastern Europe and central Asia regional dialogue.

- 东欧和中亚区域对话。

Shrinking civic space

不断缩小的公民空间

The rapid deterioration of civic space is a global crisis that requires a comprehensive and collective response

公民空间的迅速恶化是一场全球危机，需要全面和集体的响应

- Rights reversed: A downward shift in civic space, CIVICUS, 2023
- 权利逆转：公民空间的下行，CIVICUS，2023

60. The CIVICUS Monitor⁷¹ is a real-time research tool that tracks the state of civil society and civic space in 198 countries. In 2023, 118 of 198 countries had obstructed, repressed or closed civic space—the highest number since monitoring began—with 31% of the world’s population living in countries with closed civic space. Only 2.1% people, the smallest proportion since monitoring began, were living in countries with open civic space, down from 4% in 2018.

CIVICUS Monitor⁷² 是一项实时研究工具，可跟踪 198 个国家的民间组织和公民空间状况。2023 年，198 个国家中有 118 个国家阻碍、压制或关闭公民空间，这是自监测开始以来的最高数字，世界上 31% 的人口生活在公民空间封闭的国家。只有 2.1% 的人生活在拥有开放公民空间的国家，这是自监测开始以来的最低比例，低于 2018 年的 4%。

Civic space ratings

公民空间评级

The CIVICUS Monitor tracks the freedom of association, freedom to peacefully protest, and freedom of expression in any given country. It informs a country’s civic space rating as closed, repressed, obstructed, narrowed or open.

CIVICUS Monitor 追踪每个观测国家的结社自由、和平抗议自由和言论自由。它表明一个国家的公民空间评级为封闭、压抑、阻塞、狭窄或开放。

In countries with an “open” rating: citizens are free to form associations, demonstrate/protest without fear of arrest or reprisals, and receive and impart information freely. Authorities are tolerant of criticism, the police protect protestors, and the media (including social media) is independent and uncensored.

在评级为“开放”的国家：公民可以自由组建社团、示威抗议而不必担心被逮捕或报复，并自由接收和传递信息。当局容忍批评，警察保护抗议者，媒体（包括社交媒体）独立且不受审查。

In contrast, countries with a “closed” rating are characterized by: a prevailing atmosphere of fear and violence, where people may be imprisoned, seriously injured or killed for attempting to exercise their rights to associate, peacefully assemble and express themselves. Criticism of ruling authorities is punished and there is control and censorship of information.

相比之下，评级为“封闭”的国家的特征是：普遍存在恐惧和暴力的气氛，人们可能会因试图行使其结社、和平集会和表达言论的权利而被监禁、重伤或死亡。对统治当局的批评会受到惩罚，并且对信息进行控制和审查。

61.

⁷¹ CIVICUS monitor: Tracking civic space. Johannesburg: CIVICUS; 2023 (<https://monitor.civicus.org>).

⁷² CIVICUS 监测：追踪公民空间。约翰内斯堡：CIVICUS;2023 年（<https://monitor.civicus.org>）。

62. The implications of this downward trajectory have been reverberating through the HIV movement everywhere.⁷³ One of the trends recorded by CIVICUS across regions is that restrictive laws are being used as tools to limit the activities of civil society. In sub-Saharan Africa, this has had a particular impact on the ability of LGBTQI+ groups to organize, for example.

这种下行轨迹的影响已经在各地的艾滋病毒运动中产生反响。⁷⁴ CIVICUS 记录的跨区域趋势之一是限制性法律被用作限制民间组织活动的工具。例如，在撒哈拉以南非洲，这对性少数团体的组织能力产生了特别的影响。

63. Same-sex relations are criminalized in at least 27 African countries and LGBTQI+ organizations face widespread bans on the publication of information on LGBTQI+ rights across the continent, as well as increasing barriers to registration. In Malawi, the Nyasa Rainbow Alliance's request to be registered as a trust, made in 2016, has been repeatedly denied. The first LGBTQI+ community centre in Accra, Ghana was forced to close after security forces raided it.⁷⁵

至少在 27 个非洲国家，同性关系被刑事定罪，性少数组织在整个非洲大陆面临广泛的性少数权利信息发布禁令，以及越来越多的注册障碍。在马拉维，Nyasa Rainbow Alliance 于 2016 年提出的信托注册申请一再被拒绝。加纳阿克拉的第一个性少数社群中心在安全部队突袭后被迫关闭。⁷⁶

64. In Uganda, the CSO Sexual Minorities Uganda was suspended in 2022 for failing to register, even though the organization had attempted to register and its application had been denied. The Non-Governmental Organizations Bureau black-listed and halted organizations (many of which serve the LGBTQ+ community) for promoting what they termed as un-African values.⁷⁷ ⁷⁸This led to a stall in service (legal, health and others) delivery as the staff of these organizations live in fear of arrest.

在乌干达，乌干达性少数群体组织于 2022 年因未注册而被暂停，尽管该组织曾试图注册但申请被拒绝。非政府组织局将组织列入黑名单并停止了这些组织（其中许多为性少数

⁷³ Strengthening civic space and civil society engagement in the HIV response. New York: United Nations Development Programme, 2022 (<https://www.undp.org/publications/strengthening-civic-space-and-civil-society-engagement-hiv-response>)

⁷⁴ 加强公民空间和民间社会对艾滋病毒应对工作的参与。纽约：联合国开发计划署，2022 年（<https://www.undp.org/publications/strengthening-civic-space-and-civil-society-engagement-hiv-response>）

⁷⁵ Rights reversed: A downward shift in civic space. Johannesburg: CIVICUS; 2023 (<https://civicsmonitor.contentfiles.net/media/documents/RightsReversed.2019to2023.pdf>).

⁷⁶ 权利逆转：公民空间下行。约翰内斯堡：CIVICUS;2023 年（<https://civicsmonitor.contentfiles.net/media/documents/RightsReversed.2019to2023.pdf>）。

⁷⁷ Leaked report shows intent to criminalise gay activities. Monitor (Uganda), 12 February 2023 (<https://www.monitor.co.ug/uganda/news/national/leaked-report-shows-intent-to-criminalise-gay-activities-4120836>).

⁷⁸ Statement on halting the operations of Sexual Minorities Uganda. Media release. The National Bureau for Non-Governmental Organizations, 5 August 2022 (<https://www.ngobureau.go.ug/en/news-and-notice/statement-on-halting-the-operations-of-sexual-minorities-uganda>).

社群服务），因为他们宣传他们所谓的不非洲的价值观。^{79 80}这导致（法律、卫生和其他）服务交付停滞，因为这些组织的工作人员生活在被捕的恐惧中。

In an environment where there is a lot of anti-gay sentiment and populism is at its highest, we saw a lot of fear—organizations' accounts were being frozen or shut down, under the premise of compliance issues. We need to push for programming and look at the regulatory environment they are working in.

在一个反同性恋情绪高涨、民粹主义达到顶峰的环境中，我们看到了很多恐惧。在合规的前提下，组织的账户被冻结或关闭。我们需要推动项目规划，并看看他们所处的监管环境。

- Eastern and southern Africa regional dialogue.
- 东部和南部非洲区域对话。

65. Frontline AIDS partners in eastern and southern Africa have indicated that organizations working with other key and marginalized populations such as sex workers and adolescent girls and young women-led organizations are also struggling with being overburdened and at risk of closing down.⁸¹

东部和南部非洲的一线艾滋病合作伙伴表示，与其他关键和边缘化人群（如性工作者和少女以及年轻女性领导的组织）合作的组织也在不堪重负地挣扎和面临倒闭的风险。⁸²

66. Zimbabwe's Private Voluntary Organizations Amendment Bill (2021) and Kenya's Public Benefits Act in May (2024) require registered civil society organizations (including community-led one) to re-register under restricted parameters, which is raising concerns among human rights observers⁸³ and fears of scrutiny among human right activists. 津巴布韦的《私人志愿组织修正案》（2021年）和肯尼亚2024年5月的《公共利益法》要求已注册的民间社会组织（包括社群主导的组织）在限制条件下重新注册。这引起了人权观察员的担忧⁸⁴和人权活动家对审查的担忧。

If you are doing work that goes against cultural or religious values – what are the chances that you will be able to re-register?

如果您从事的工作违背了文化或宗教价值观 - 您能够重新注册的机会有多大？

- Eastern and southern Africa regional dialogue
- 东部和南部非洲区域对话

⁷⁹ 泄露的报告显示有意将同性恋活动刑事定罪。监视器（乌干达），2023年2月12日（<https://www.monitor.co.ug/uganda/news/national/leaked-report-shows-intent-to-criminalise-gay-activities-4120836>）。

⁸⁰ 关于停止乌干达性少数群体运营的声明。媒体发布。国家非政府组织局，2022年8月5日（<https://www.ngobureau.go.ug/en/news-and-notice/statement-on-halting-the-operations-of-sexual-minorities-uganda>）。

⁸¹ Source: Leora Pillay, Frontline AIDS, unpublished data, (<https://frontlineaids.org/>)

⁸² 资料来源: Leora Pillay, Frontline AIDS, 未发表的数据, (<https://frontlineaids.org/>)

⁸³ Zimbabwe: New bill poses serious threats to freedom of association. Joint statement The Observatory / Citizens in Action Southern Africa. Geneva-Paris: OMCT World Organization Against Torture, 22 March 2022. (<https://www.omct.org/en/resources/statements/zimbabwe-private-voluntary-organisations-amendment-bill-poses-serious-threats-to-freedom-of-association>)

⁸⁴ 津巴布韦: 新法案对结社自由构成严重威胁。观察站/南非公民行动联合声明。日内瓦-巴黎: OMCT世界禁止酷刑组织, 2022年3月22日。(<https://www.omct.org/en/resources/statements/zimbabwe-private-voluntary-organisations-amendment-bill-poses-serious-threats-to-freedom-of-association>)

67. Nicaragua too has seen a crackdown on community-led and other civil society organizations, which has led to the rescindment of organizations' registrations and permits to work. This has disrupted the ability of, among others, communities affected by HIV to organize and coordinate, both in the country and across the region.
尼加拉瓜也对社群主导的组织和其他民间组织进行镇压，这导致组织的注册和工作许可被撤销。除其他伤害外，这破坏了受艾滋病毒影响的社群在该国和整个区域组织和协调的能力。
68. In Bangladesh, political turmoil and a caretaker government since August 2024 have resulted in community-led organizations losing the support of police and law enforcement agencies with whom they previously had good working relationships.
在孟加拉，自 2024 年 8 月以来的政治动荡和看守政府导致社群主导的组织失去了警察和执法机构的支持，而这些机构以前与他们有着良好的工作关系。
69. In eastern Europe and central Asia, community-led and other civil society organizations and partners are facing backlashes in several countries. Civic space is already restricted in several countries and it is becoming more restrictive in some others. "Foreign agent" laws (whereby organizations receiving external funding can be regarded as "foreign agents") have been adopted in Kyrgyzstan (March 2024), and Georgia (May 2024) and are being used to monitor, control and restrict the activities of some community-led organizations, including LGBTQI+ organizations.⁸⁵ The introduction of Georgia's "Law on Transparency of Foreign Influence" has created registration challenges for some members of the Eurasian Network of People who Use Drugs, and there has been a roll-back of harm reduction programmes and opioid agonist treatment.
在东欧和中亚，社群主导的和其他民间社会组织和合作伙伴在一些国家面临强烈反击。公民空间在一些国家本就受到限制，在其他一些国家则变得更加严格。吉尔吉斯斯坦（2024 年 3 月）和格鲁吉亚（2024 年 5 月）已通过“外国代理人”法律（接受境外资助的组织可被视为“外国代理人”），并被用于监控、控制和限制一些社群主导组织的活动，包括性少数组织。⁸⁶ 格鲁吉亚《外国影响透明法》的出台给欧亚毒品使用者网络的一些成员的注册带来了挑战，而减低伤害项目和阿片类激动剂治疗也已经倒退。
70. In countries experiencing conflict or a state of emergency, community-led and other civil society organizations and partners are essential for ensuring that HIV services continue to reach those in greatest need. The COVID-19 crisis and response illustrated how essential community leadership was for sustaining HIV response.⁸⁷ Similarly, the war in Ukraine has showcased the abilities of community-led organizations like 100% Life to maintain HIV services in very difficult circumstances. Those contributions confirm the value of local, community-led and other civil society organizations as key partners in humanitarian response.⁸⁸

⁸⁵ Chagelishvili, S, Kroeger, K, and Ugreheliszze N (2024) Georgia's foreign influence law targets human rights activists. Here's how funders can take action (<https://www.alliancemagazine.org/blog/georgias-foreign-influence-law-targets-human-rights-activists-heres-how-funders-can-take-action/>)

⁸⁶ Chagelishvili, S, Kroeger, K 和 Ugreheliszze N (2024) 格鲁吉亚的外国影响力法针对人权活动家。以下是资助者可以采取的行动 (<https://www.alliancemagazine.org/blog/georgias-foreign-influence-law-targets-human-rights-activists-heres-how-funders-can-take-action/>)

⁸⁷ Murphy, E, et al (2022) Innovations, adaptations, and accelerations in the delivery of HIV services during COVID-19, The Lancet HIV, Volume 9, Issue 12, e884 - e886

⁸⁸ Localisation. European Civil Protection and Humanitarian Aid Operations, European Commission (https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/localisation_en#:~:text=In the humanitarian sector%2C localisation means empowering local to respond to crises and promote long-term sustainability.)

在经历冲突或紧急状态的国家，社群主导的和其他民间社会组织和合作伙伴对于确保艾滋病服务继续惠及最需要的人至关重要。新冠危机和应对工作说明了社群领导力对于维持艾滋病毒应对工作的重要性。⁸⁹ 同样，乌克兰战争展示了像 100% Life 这样的社群主导组织在非常困难的情况下维持艾滋病毒服务的能力。这些贡献证实了地方、社群主导和其他民间社会组织作为人道主义应对行动关键合作伙伴的价值。⁹⁰

Case study: Communities hold the line

案例研究：社群坚守底线

The war in Ukraine is an example of the extraordinary power of communities to respond in times of crisis and sustain the HIV response: contrary to expectations, HIV prevalence has not risen in the two years since the Russian invasion, thanks to civil society and community-led efforts.

乌克兰战争是社群在危机时期做出反应并维持艾滋病毒应对措施的非凡力量的一个例子：与预期相反，由于民间社会和社群主导的努力，自俄罗斯入侵以来的两年里，艾滋病毒感染率并没有上升。

After an initial loss of contact with people on ART, communities stepped in, re-established contact and mobilized community-led service delivery—including on the frontline. Organizations like 100% Life are maintaining contact with some 250 000 people, performing case finding and linkage to treatment linkage, sustaining opioid agonist treatment services, and using innovations such as digital technological and long-acting HIV medicines. The number of people accessing opioid agonist treatment has increased since the start of the war and distribution of PrEP has also expanded, while 24-hour hotlines are being used to provide information and link people to mental health and psychosocial support.

在最初与接受抗病毒治疗的人失去联系后，社群介入，重新建立联系并动员社群主导的包括在前线的服务提供。像 100% Life 这样的组织正在与大约 25 万人保持联系，进行病例查找和与治疗联结，维持阿片类激动剂治疗服务，并使用数字技术和长效艾滋病毒药物等创新。自战争开始以来，获得阿片类激动剂治疗的人数有所增加，暴露前预防药物的分发范围也扩大了，同时 24 小时热线被用于提供信息并将人们与心理健康和社会心理支持联系起来。

The incorporation of a humanitarian component—including linking HIV and humanitarian donors—has enabled civil society organizations to provide food and shelter, as well as HIV services, to people on the move. Beyond service provision, it is important to continue to address other barriers by advocating for more liberal drug policies, the decriminalization of sex work and same-

⁸⁹ Murphy, E 等，（2022）COVID-19 期间艾滋病毒服务提供的创新、适应和加速，柳叶刀-艾滋病毒，第 9 卷，第 12 期，e884 - e886

⁹⁰ 本地化。欧洲民事保护和人道主义援助行动，欧盟委员会（https://civil-protection-humanitarian-aid.ec.europa.eu/what/humanitarian-aid/localisation_en#:~:text=In the humanitarian sector%2C localisation means empowering local.to respond to crises and promote long-term sustainability.）

sex relations, and by monitoring and responding to human rights violations.^{91 92 93}

纳入人道主义，包括将艾滋病毒和人道主义捐助者联系起来，使民间社会组织能够为流动人口提供食物和住所以及艾滋病毒服务。除了提供服务之外，重要的是继续解决其他障碍，倡导更宽松的毒品政策，将性工作和同性关系非刑罪化，以及监测和应对人权侵权行为。^{94 95 96}

71. In a context of shrinking civic space, communities' capacities to do their core work are being undermined—even though most community-led organizations are ultimately working to achieve goals they share with the government of their countries, like ending AIDS as a public health threat.

在公民空间不断缩小的背景下，社群完成其核心工作的能力正在受到削弱，尽管大多数社群主导的组织最终都在努力实现他们与本国政府的共同目标，例如结束艾滋病作为公共卫生威胁。

Anti-gender and anti-rights mobilization

反性别和反人权动员

72. The anti-gender and anti-rights⁹⁷ movements refer to the backlash or pushback against human rights and gender justice (which is sometimes derogatively referred to as

⁹¹ 40 Years of Community Leadership, AIDS 2024 Symposium <https://programme.aids2024.org/Programme/Session/25> [Munich: 23 July 2024, T Deshko, Alliance for Public Health]

⁹² Community leadership and resilience to gender and human rights barriers, AIDS 2024 Satellite. <https://programme.aids2024.org/Programme/Session/292> [Munich: 23 July 2024, V Rachinska, 100% Life]

⁹³ Continuity in crisis: a positive story of localisation, innovation and inclusion in Ukraine, London: Frontline AIDS 2024 <https://www.youtube.com/watch?v=MYMI2eiEA10>

⁹⁴ 社群领导力 40 年，艾滋病 2024 研讨会 <https://programme.aids2024.org/Programme/Session/25>，慕尼黑：2024 年 7 月 23 日，T Deshko，公共卫生联盟

⁹⁵ 社群领导力和对性别和人权障碍的韧性，艾滋病 2024 卫星会，<https://programme.aids2024.org/Programme/Session/292>，慕尼黑：2024 年 7 月 23 日，V Rachinska，100% Life

⁹⁶ 危机中的连续性：乌克兰本地化、创新和包容的积极故事，伦敦：2024 年艾滋病前线（Frontline AIDS），<https://www.youtube.com/watch?v=MYMI2eiEA10>

⁹⁷ sometimes also referred to as the 'gender-restrictive' movement (see: [Manufacturing-Moral-Panic-Report.pdf](#))

“gender ideology”) by conservative forces that include state and non-state actors.^{98 99} Frequently targeted are gender-normative ideology; efforts to decriminalize LGBTQI+ people, sex work and personal drug use; the legalization of gay marriage; and the provision of sexual and reproductive health and rights services and information, particularly relating to abortion. These movements are generally well-funded and -coordinated and they operate across a variety of sectors, education, labour, law and the media.

反性别和反人权¹⁰⁰ 运动是指包括国家和非国家行为者在内的保守力量对人权和性别正义（有时被贬称“性别意识形态”）的强烈反对或抵制。^{101 102}经常被盯上的有性别规范意识形态经常成为目标，性少数人群、性工作和个人毒品使用非刑罪化的工作，同性婚姻合法化，以及性与生殖健康及权利特别是堕胎相关的服务和信息的提供。这些运动通常资金充足且协调一致，他们在教育、劳工、法律和媒体等各个部门开展活动。

73. Their rising influence is visible in regressive policies in the political sphere, including in moves that target efforts to uphold human rights, reduce gender inequality, and remove discrimination. It is also evident in attacks on human rights-based language in UN processes, such as the Commission on the Status of Women.¹⁰³ Active in every region, anti-rights groups have become increasingly vociferous opponents of key population communities and, consequently, community-led organisations, branding them as a danger to children, ‘The Family’, and society itself.

他们日益增长的影响力体现在政治领域的倒退政策中，包括针对维护人权、减少性别不平等和消除歧视的行动。这在联合国工作（如妇女地位委员会）中对基于人权的语言的攻击中也很明显。¹⁰⁴ 活跃在各个区域的反人权团体越来越激烈地反对关键人群，因此也越来越反对社群主导的组织，将其称为对儿童、“家庭”和社会本身的威胁。

74. These trends also pose challenges to community leadership in the HIV response.¹⁰⁵ The movements are opposing or undermining core, evidence-based components of effective HIV responses, from condoms and PrEP to comprehensive sexuality education (54), alongside pushing a narrow, patriarchal and binary view of identity, sex, pleasure, care and relationships (51).¹⁰⁶ Their campaigns compound harmful social and gender norms

⁹⁸ Manufacturing Moral Panic, Global Philanthropy Project, The Elevate Children’s Funder Group, and Sentiido, 2021, (<https://globalphilanthropyproject.org/wp-content/uploads/2021/04/Manufacturing-Moral-Panic-Report.pdf>)

⁹⁹ Rights at Risk: Time for Action, Observatory on the Universality of Rights Trends Report, Toronto: AWID, 2021 ([RightsAtRisk_TimeForAction_OURsTrendsReport2021.pdf](https://rightsatrisk.org/wp-content/uploads/2021/04/RightsAtRisk_TimeForAction_OURsTrendsReport2021.pdf))

¹⁰⁰ 有时也被称为“性别限制”运动（参见：[Manufacturing-Moral-Panic-Report.pdf](https://globalphilanthropyproject.org/wp-content/uploads/2021/04/Manufacturing-Moral-Panic-Report.pdf)）

¹⁰¹ 制造业道德恐慌，全球慈善项目，提升儿童资助者小组和 Sentiido, 2021 年，(<https://globalphilanthropyproject.org/wp-content/uploads/2021/04/Manufacturing-Moral-Panic-Report.pdf>)

¹⁰² 《权利面临风险：行动时刻》，普世权利趋势观察站报告，多伦多：AWID, 2021 年 ([RightsAtRisk_TimeForAction_OURsTrendsReport2021.pdf](https://rightsatrisk.org/wp-content/uploads/2021/04/RightsAtRisk_TimeForAction_OURsTrendsReport2021.pdf))

¹⁰³ Gawel, A (2024) CSW68 special edition: The battle for women’s rights at the UN and beyond, in DEVEX, 19th March 2024, ([CSW68 special edition: The battle for women's rights, at the UN and beyond | Devex](https://www.devex.com/news/csw68-special-edition-the-battle-for-womens-rights-at-the-un-and-beyond-14844))

¹⁰⁴ Gawel, A (2024) CSW68 特别版：联合国及其他地区的妇女权利之战，DEVEX, 2024 年 3 月 19 日，([CSW68 special edition: The battle for women's rights, at the UN and beyond | Devex](https://www.devex.com/news/csw68-special-edition-the-battle-for-womens-rights-at-the-un-and-beyond-14844))

¹⁰⁵ W4GF Statement and Technical Note: 54th UNAIDS Programme Coordinating Board (PCB) Meeting, Women4GlobalFund, 25 June 2024, (<https://women4gf.org/2024/06/25/w4gf-statement-and-technical-note-54th-unaid-programme-coordinating-board-pcb-meeting/>)

¹⁰⁶ Manufacturing Moral Panic, Op. Cit.

and advance a push for new anti-gay laws in several countries, as well as a rollback on transgender rights¹⁰⁷ and an increasingly regressive legal and policy environment for other key populations. This affects the HIV response at all levels. Regressive approaches to CSE are a cornerstone of anti-gender / anti-rights mobilisation. Irrespective of the evidence that CSE contributes to HIV awareness and reduction in risk behaviours, 53 (as well as reducing unintended pregnancy, and other SRHR challenges), powerful groups such as the 'Don't Mess With My Kids' movement, 54 use the false but highly emotive claims that it 'promotes' homosexuality and promiscuity among children, and puts children at risk of sexual abuse.

这些趋势也对社群在艾滋病毒应对工作中的领导力构成挑战。¹⁰⁸ 这些运动反对或破坏了有效艾滋病毒应对工作的核心、循证组成部分，从避孕套和暴露前预防到全面的性教育（54），同时推动了对身份、性、快乐、护理和人际关系的狭隘、父权制和二元视角（51）。¹⁰⁹ 他们的运动加剧了有害的社会和性别规范，并推动了在一些国家推动新的反同性恋法律，以及跨性别权利的倒退¹¹⁰和对其他关键人群日益倒退的法律和政策环境。这影响了各个层面的艾滋病毒应对工作。对全面性教育的倒退途径是反性别/反人权动员的基石。无论是否有证据表明全面性教育有助于提高艾滋病毒意识和降低风险行为，53（以及减少意外怀孕和其他性与生殖健康权利挑战），如“不要惹我的孩子”运动这样的强大的团体，54 使用虚假但高度情绪化的说法，称它“促进”儿童中的同性恋和滥交，并使儿童面临性虐待的风险。

75. *Where there are regressive laws on comprehensive sexuality education for young people, this will also affect access to information on HIV, sexual and reproductive health and rights, gender and gender-based violence, as well as restrict the opportunity to change harmful gender norms and stereotypes. In addition, [community-led and other civil society] organizations implementing adolescent girls and young women programmes will be restricted by laws regulating young people's and women's access to SRH information and services (including age of consent and access to condoms) and comprehensive sexuality education .*

在有倒退的青年全面性教育法律的地方，这也将影响获得有关艾滋病毒、性与生殖健康及权利、性别和基于性别的暴力的信息，并使改变有害的性别规范和刻板印象的机会受限。此外，规范青年和妇女获得性生殖健康信息和服务（包括同意年龄和获得避孕套）和全面性教育的法律，也会限制实施少女和年轻女性项目的社群主导和其他民间组织。

- Leora Pillay, Lead: HIV Prevention Advocacy, Frontline AIDS (<https://frontlineaids.org/>)

- Leora Pillay, 领导：艾滋病毒预防倡导，艾滋病前线 (<https://frontlineaids.org/>)

Impact of the anti-gender and anti-rights movements on the human rights of key populations in Africa

反性别和反人权运动对非洲关键人群人权的影响

¹⁰⁷ Community leadership and resilience to gender and human rights barriers, AIDS 2024 satellite. <https://programme.aids2024.org/Programme/Session/292> [Munich: 23 July 2024, E Castellanos, Global Action for Trans Equality]

¹⁰⁸ W4GF 声明和技术说明：联合国艾滋病规划署第 54 次项目协调委员会（PCB）会议，全球基金女性（Women4GlobalFund），2024 年 6 月 25 日，（<https://women4gf.org/2024/06/25/w4gf-statement-and-technical-note-54th-unaid-programme-coordinating-board-pcb-meeting/>）

¹⁰⁹ 制造业道德恐慌，见上。

¹¹⁰ 社群领导力和对性别和人权障碍的韧性，艾滋病 2024 卫星会议。

<https://programme.aids2024.org/Programme/Session/292>，慕尼黑：2024 年 7 月 23 日，E Castellanos，全球跨性别平等行动，

In 2023, Frontline AIDS's Rapid Response Fund approved 16 grants across seven African countries for addressing the increasing discrimination, violence and legal persecution faced by marginalized communities. Key findings from a review of those grants included:

2023年，艾滋病前线的快速反应基金批准了7个非洲国家的16笔拨款，用于解决边缘化社群面临的日益严重的歧视、暴力和法律迫害问题。对这些资助综述得出的主要发现包括：

- **Widespread harassment and violence.** Uganda saw a surge in violence and discrimination both prior to and following the enactment of the 2023 Anti-Homosexuality Act, often encouraged by incitement from political and religious leaders. This led to office relocations, enhanced security measures, and increased need for medical and psychological support for the affected people.
- **广泛的骚扰和暴力。**乌干达在2023年《反同性恋法》颁布之前和之后都出现了暴力和歧视的激增，这通常受到政治和宗教领袖的煽动。这导致办公室搬迁、加强安全措施以及增加对受影响者的医疗和心理支持的需求。
- **Barriers to health care.** Anti-LGBTQI+ rhetoric and laws exacerbated discrimination in health-care settings. Organizations struggled to maintain access to HIV treatment and other health services due to safety concerns and logistical challenges. Three quarters of approved grants included safety and security components.
- **阻碍获得医疗保健。**反性少数的言论和法律加剧了医疗保健环境中的歧视。由于安全问题和后勤困境，组织挣扎着维持获得艾滋病毒治疗和其他卫生服务的机会。四分之三的已批准拨款包括安全和安保部分。
- **Attacks on key populations.** Beyond the LGBTQI+ community, sex workers and people who use drugs also faced increasing violence, harassment and arrests, which compromised their access to vital HIV services.
- **对关键人群的攻击。**除了性少数社群之外，性工作者和毒品使用者还面临着越来越多的暴力、骚扰和逮捕，这影响了他们获得重要的艾滋病毒服务的机会。

The review underscored the vital role of emergency financial support, security measures and advocacy to support and defend community-led and other civil society organizations.¹¹¹

该综述强调了紧急财政支持、安全措施和倡导在支持和捍卫社群主导组织和其他民间组织方面的重要作用。¹¹²

76. A number of community-led and civil society organizations are monitoring the anti-gender and anti-rights movements and the impact it is having on the HIV response, as well as building the evidence base around the strategies that can counter rights-repressing movements and equipping their constituencies with advocacy tools to

¹¹¹ Source: Paddy Lawrence, Advisor: Human Rights Advocacy, Frontline AIDS, unpublished data, (<https://frontlineaids.org/>)

¹¹² 资料来源：Paddy Lawrence，顾问：人权倡导，艾滋病前线，未公布的数据，(<https://frontlineaids.org/>)

strengthen their efforts. These include GATE,¹¹³ Women 4 Global Fund¹¹⁴, ISDAO¹¹⁵, Frontline AIDS¹¹⁶ and ATHENA Network¹¹⁷, among others. This vital work to build resistance to anti-gender / anti-rights mobilization needs support and investment that is both sustained and flexible, recognizing that this will be a long-term struggle, and that finding the solutions requires innovation and will sometimes involve failure. Increased financing to directly support the safety and security of individuals, and organizations involved is also critical, especially for those working in the most hostile environments. 一些社群主导组织和民间组织正在监测反性别和反人权运动及其对艾滋病毒应对工作的影响，并围绕可以打击压制权利运动的策略建立证据基础，并为他们的社群准备倡导工具以加强他们的工作。这些组织包括 GATE¹¹⁸、Women 4 Global Fund¹¹⁹、ISDAO¹²⁰、Frontline AIDS¹²¹ 和 ATHENA Network¹²² 等。这项建立对反性别/反人权动员的抵抗的重要工作需要持续且灵活的支持和资助，因为要认识到这将是一场长期的斗争，找到解决方案需要创新，有时会失败。增加资金以直接支持个人和相关组织的安全和保障也至关重要，尤其是对于那些在最恶劣的环境中工作的人。

Increasingly punitive laws criminalizing LGBTQI+ people

将性少数人群刑事定罪的惩罚性法律日益严厉

The reality is that criminalization is the main barrier to the HIV response.

现实情况是，刑事定罪是艾滋病毒应对工作的主要障碍。

- GNP+, Future of the AIDS Movement, 2023
- GNP+, 艾滋病运动的未来，2023 年

¹¹³ Recognizing, Documenting and Addressing Anti-Gender Opposition: a Toolkit by GATE. New York: Global Action for Trans Equality (GATE), 2024 (<https://gate.ngo/knowledge-portal/publication/anti-gender-opposition-toolkit-document/>)

¹¹⁴ W4GF Statement and Technical Note: 54th UNAIDS Programme Coordinating Board (PCB) Meeting, Women4GlobalFund, 25 June 2024, (<https://women4gf.org/2024/06/25/w4gf-statement-and-technical-note-54th-unaid-programme-coordinating-board-pcb-meeting/>)

¹¹⁵ “Who is afraid of gender?” Study on “gender ideology” and the anti-gender campaigns that support it in Burkina Faso, Ghana and Senegal, Dakar: Initiative Sankofa d’Afrique de l’Ouest; September 2023 (<https://isdao.org/en/who-is-afraid-of-gender/#:~:text=Propose counter-attack and resistance strategies. The study findings>).

¹¹⁶ HIV Prevention & Accountability Reports, Brighton: Frontline AIDS, 2024 (<https://frontlineaids.org/resources/2023-hiv-prevention-accountability-reports/>)

¹¹⁷ She Learns Baseline Report, ATHENA Network (n.d.) available at (<https://networkathena.org/shelearns-baseline-report/>)

¹¹⁸ 《识别、记录和应对反性别反对派：GATE 的工具包》，纽约：全球跨性别平等行动（GATE），2024 年（<https://gate.ngo/knowledge-portal/publication/anti-gender-opposition-toolkit-document/>）

¹¹⁹ W4GF 声明和技术说明：联合国艾滋病规划署第 54 次项目协调委员会（PCB）会议，全球基金女性（Women4GlobalFund），2024 年 6 月 25 日，（<https://women4gf.org/2024/06/25/w4gf-statement-and-technical-note-54th-unaid-programme-coordinating-board-pcb-meeting/>）

¹²⁰ “谁害怕性别？”布基纳法索、加纳和塞内加尔对“性别意识形态”和支持它的反性别运动的研究，达喀尔：西非桑科法倡议，2023 年 9 月，（<https://isdao.org/en/who-is-afraid-of-gender/#:~:text=Propose counter-attack and resistance strategies. The study findings>）.

¹²¹ 艾滋病毒预防和问责报告，布莱顿：艾滋病前线，2024 年（<https://frontlineaids.org/resources/2023-hiv-prevention-accountability-reports/>）

¹²² 《她经验基线调查》，ATHENA Network（n.d.），参见（<https://networkathena.org/shelearns-baseline-report/>）

77. The HIV response has long been hampered and held back by punitive laws that criminalize sex work, same-sex relations, HIV transmission and drug use. These restrictions facilitate HIV transmission within key population communities. At the same time, new anti-homosexuality laws and regressive drugs laws—driven by anti-gender and anti-rights rhetoric—is making it harder for community-led organizations to operate and serve these populations, which undermines the HIV response.
长期以来，艾滋病应对工作一直受到惩罚性法律的妨碍阻滞。这些法律将性工作、同性关系、艾滋病传播和毒品使用刑事定罪。这些限制措施助长了艾滋病在关键人群社群内的传播。与此同时，在反性别和反人权言论的推动下，新的反同性恋法和倒退的毒品法使社群主导组织更难运作和服务这些人群，从而破坏了艾滋病应对工作。
78. Laws like the 2023 Anti-Homosexuality Act in Uganda have been followed by attacks on individuals, including abductions, persecution, and extortion. Ghana, Nigeria and the United Republic of Tanzania are among the countries that have experienced a rise in attacks on LGBTIQ+ people.^{123 124} While most anti-homosexuality laws criminalize same-sex relations—not individuals on the basis of their identity—they effectively sanction violence, police brutality, extortion and blackmail.¹²⁵
类似乌干达 2023 年《反同性恋法》等法律的出台，带来了对个人的攻击，包括绑架、迫害和勒索。加纳、尼日利亚和坦桑尼亚联合共和国都是性少数人群遭受攻击的国家。¹²⁶
¹²⁷ 虽然大多数反同性恋法律刑事化的是同性关系——而非基于身份对于个人进行刑事化，但实际上，这些法律默许了暴力行为、警察暴行、敲诈勒索和勒索。¹²⁸
79. The impact of these laws is multifaceted. They harm people’s mental and physical health and bodily autonomy and limit the availability and accessibility of information and HIV prevention, testing and treatment services for people from affected communities. Organizations are also restricted in their efforts to serve and defend affected populations. They may have to edit documents, register under pseudonyms, or operate in secrecy in order to hold in-person meetings without denunciation. (ESA regional dialogue).
这些法律的影响是多方面的。它们损害人们的身心健康和身体主权，并限制了受影响社群人们的信息和艾滋病毒预防、检测和治疗服务的可得性和可及性。组织在服务和保护受影响人群的工作方面也受到限制。他们可能不得不编辑文件、使用假名注册或秘密操作，以便举行面对面会议而不被告密。（东部和南部非洲区域对话）。

¹²³ Nunoo F, Naadi T. Ghana’s LGBT terror: “We live in fear of snitches”. BBC, 7 March 2024 (<https://www.bbc.com/news/world-africa-68490872>).

¹²⁴ Mass arrests target LGBTQ people in Nigeria while abuses against them are ignored, activists say, The Associated Press: 27 October 2023, NBC News (<https://www.nbcnews.com/nbc-out/out-news/mass-arrests-target-lgbtq-people-nigeria-abuses-are-ignored-activists-rcna122471>)

¹²⁵ Cameroon: Rising Violence Against LGBTI People, New York: 11 May 2022, Human Rights Watch, <https://www.hrw.org/news/2022/05/11/cameroon-rising-violence-against-lgbti-people#:~:text=Cameroon’s law prohibits consensual same-sex relations, a crime>

¹²⁶ Nunoo F, Naadi T. 加纳性少数恐怖：“我们生活在对告密者的恐惧中”。BBC, 2024 年 3 月 7 日 (<https://www.bbc.com/news/world-africa-68490872>)。

¹²⁷ 活动人士说，尼日利亚的大规模逮捕针对性少数人群，而对他们的虐待却被忽视，美联社：2023 年 10 月 27 日，NBC 新闻 (<https://www.nbcnews.com/nbc-out/out-news/mass-arrests-target-lgbtq-people-nigeria-abuses-are-ignored-activists-rcna122471>)

¹²⁸ 喀麦隆：针对性少数人群的暴力行为不断上升，纽约：2022 年 5 月 11 日，人权观察，<https://www.hrw.org/news/2022/05/11/cameroon-rising-violence-against-lgbti-people#:~:text=Cameroon’s law prohibits consensual same-sex relations, a crime>

80. Beyond Africa, moves towards criminalization or reinforcement of existing penalties for same-sex relations have been documented in Bahrain and Iraq,¹²⁹ while a large number of anti-LGBTQI+ bills have been introduced in the USA in recent years.¹³⁰ In Bangladesh there have been attacks on community-led organizations serving the HIV-related health needs of gay men and other men who have sex with men.

除了非洲，记录显示巴林和伊拉克已有将同性关系刑事定罪或加强现有处罚的举措¹³¹，近年来美国也提出了大量反性少数法案。¹³² 在孟加拉，为男同性恋者和其他男男性行为者提供艾滋病毒相关健康需求的社群主导组织遭到袭击。

Organizations which are providing HIV prevention services to the MSM community got targeted by making these videos ... they're telling [people] that they are promoting sex ... they are promoting same-sex, they are promoting gay agendas and naming these organizations, putting their addresses on the videos so people can go there and then they make trouble for them.

为男男性行为社群提供艾滋病毒预防服务的组织被制作了这些视频.....对人们说他们正在促进性，促进同性，推动同性恋议程，并指名这些组织，将他们的地址放在视频上，以便人们可以去那里，然后给他们制造麻烦。

- Asia-Pacific regional dialogue (Pakistan)
- 亚太区域对话（巴基斯坦）

¹²⁹ Rainbow Rewind 2023: What are the new laws affecting our communities? ILGA World, 2024 (https://ilga.org/wp-content/uploads/2024/02/Rainbow_Rewind_LGBTI_legal_developments_2023.pdf#page=16)

¹³⁰ “Who is afraid of gender?” Study on ‘gender ideology’ and the anti-gender campaigns that support it in Burkina Faso, Ghana and Senegal. Dakar: Initiative Sankofa d’Afrique de l’Ouest; September 2023 (<https://isdao.org/en/who-is-afraid-of-gender/#:~:text=Analyze%20LGBTQI+%20movement%20leaders'%20perceptions%20and%20understanding%20of>).

¹³¹ 彩虹倒带 2023：影响我们社群的新法律有哪些？，ILGA 世界，2024 (https://ilga.org/wp-content/uploads/2024/02/Rainbow_Rewind_LGBTI_legal_developments_2023.pdf#page=16)

¹³² “谁害怕性别？”布基纳法索、加纳和塞内加尔对“性别意识形态”和支持它的反性别运动的研究，达喀尔：西非桑科法倡议，2023年9月，([https://isdao.org/en/who-is-afraid-of-gender/#:~:text=Propose counter-attack and resistance strategies. The study findings](https://isdao.org/en/who-is-afraid-of-gender/#:~:text=Propose%20counter-attack%20and%20resistance%20strategies.%20The%20study%20findings)).

Who is afraid of gender?

谁害怕性别？

In 2022, Initiative Sankofa de l’Afrique de l’Ouest and Queer African Youth Network collaborated on a three-country study in Burkina Faso, Ghana and Senegal to examine anti-gender and anti-rights campaigns in western Africa.¹³³ The report, *Who is afraid of gender*, found that anti-gender and anti-rights “actors participate in the elevation of a system of exclusion, discrimination and strong opposition that has significant consequences for the mental health, sense of safety, and access to services of LGBTQ+ people”.

2022 年，西非桑科法倡议和非洲青年酷儿网络合作，在布基纳法索、加纳和塞内加尔开展了一项由三国组成的研究，以研究西非的反性别和反人权运动。¹³⁴ 这份题为《谁害怕性别》的报告发现，反性别和反人权“行为者参与提升了排斥、歧视和强烈反对的体系，该体系对性少数人群的心理健康、安全感和服务可及性产生了重大影响”。

The report also found that around three quarters of people identifying as LGBTQI+ lived in “a permanent state of fear”, and around 60% reported having experienced verbal or physical attacks in the previous year. One result of this climate of hostility was that “LGBTQ+ organizing is inevitably affected, ranging from a reduction in the volume of activities to the suspension of certain programmes and services, or even a complete halt, plunging members of the community further into isolation”.

该报告还发现，大约四分之三的性少数人群生活在“永久的恐惧状态”中，大约 60% 的人报告说在过去一年中经历过言语或身体攻击。这种敌对气氛的一个结果是“性少数组织不可避免地受到影响，从活动量减少到某些项目和服务的暂停，甚至完全停止，使社群成员进一步陷入孤立”。

Nevertheless, the study also found resistance among LGBTQI+ communities, with an emphasis on building strategic alliances, especially with human rights defenders; building the capacities of LGBTQI+ organizations; online mobilization; and the development of emergency response plans. The report’s recommendations highlight strengthening mental health support for LGBTQI+ communities, including through stronger solidarity, investing in legal training, ensuring access to services and encouraging dialogues.

尽管如此，该研究还发现性少数社群是有抵抗能力的，着力与人权捍卫者建立战略联盟，建设性少数组织的能力，在线动员，以及制定应急响应计划。报告的建议强调加强对性少数社群的心理健康支持，包括加强团结、投入法律培训、确保服务可及和鼓励对话。

Regressive drug policies

倒退的药物政策

¹³³ *ibid.*

¹³⁴ 同前。

81. Despite progress in some jurisdictions (see below), the dominant paradigm around drug use remains punitive, with an emphasis on arrest, prosecution and arrest. There is evidence of a tightening of drug laws in some countries, alongside a push against harm reduction programmes. Even in some places with relatively liberal drug policies (e.g. Oregon in the USA, British Columbia in Canada, and Uruguay), public order ordinances or laws have been used to target people who use drugs.

尽管一些司法管辖区有进步（见下文），但围绕毒品使用的主导范式仍然是惩罚性的，重点是逮捕，起诉和逮捕。有证据表明，一些国家收紧了毒品法律，同时压制了减低伤害的项目。即使在一些毒品政策相对宽松的地方（例如美国的俄勒冈州、加拿大的不列颠哥伦比亚省和乌拉圭），公共秩序条例或法律也被用来针对毒品使用者。

82. At the 2024 meeting of the UN Commission on Narcotic Drugs, resolutions for the first time included language on “harm reduction”,¹³⁵ bringing them in line with agreed language in other UN processes, including the General Assembly and the Human Rights Council. However, a lack of consensus—the resolutions went to a vote—detracts from the impact.¹³⁶ The meeting also witnessed unsuccessful attempts to block the intervention of the High Commissioner and various special rapporteurs, indicating the extensive opposition to essential health interventions for people who use drugs, and to their agency and voice in global policy spaces.

在 2024 年联合国麻醉药品委员会会议上，决议首次纳入了“减低伤害”的措辞¹³⁷，使其与包括联合国大会和人权理事会在内的其他联合国工作中商定的措辞保持一致。然而，缺乏共识（决议进入投票阶段）削弱了影响。¹³⁸ 会议还见证了阻止高级专员和各特别报告员干预的失败尝试，这表明全球政策空间中对毒品使用者的基本健康干预以及他们的能动性和声音的广泛反对。

Drug policies and drug laws have always been a tool to suppress people, to discriminate against people in ways that would otherwise not be possible. So even if this anti-gender movement is not directly targeting people who use drugs, it's much more targeting women, transgender people and other populations, it is still being used as a tool to criminalize people [who use drugs].

毒品政策和毒品法律一直是压制人们的工具，以原本不可能的方式歧视人们。因此，即使这场反性别运动不是直接针对毒品使用者，而是更多地针对女性、跨性别者和其他人群，它仍然被用作将毒品使用者刑事定罪的工具。

- Western Europe and North America regional dialogue
- 西欧和北美区域对话

Rollback on reproductive health and rights

¹³⁵ UNAIDS welcomes the adoption of a crucial resolution recognizing harm reduction measures at the UN Commission on Narcotic Drugs' (press statement) Geneva: UNAIDS: 22 March 2024 (https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240322_harm-reduction).

¹³⁶ Harm reduction' takes centre stage as UN drug policy breaks free from the shackles of consensus, London: International Drug Policy Consortium (IDPC) 2024 (<https://idpc.net/blog/2024/03/harm-reduction-takes-centre-stage-as-un-drug-policy-breaks-free-from-the-shackles-of-consensus>)

¹³⁷ 联合国艾滋病规划署欢迎联合国麻醉药品委员会通过一项重要决议，承认减低伤害措施（新闻声明）日内瓦：联合国艾滋病规划署：2024 年 3 月 22 日

(https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2024/march/20240322_harm-reduction)。

¹³⁸ 《随着联合国毒品政策摆脱共识的束缚，“减少伤害”站到舞台中央》，伦敦：国际毒品政策联盟（IDPC）2024 (<https://idpc.net/blog/2024/03/harm-reduction-takes-centre-stage-as-un-drug-policy-breaks-free-from-the-shackles-of-consensus>)

生殖健康和权利倒退

83. The rollback of the international human rights framework is being advanced also by the development of alternative, non-binding normative frameworks such as the Geneva Consensus Declaration.¹³⁹ This statement, which strongly opposes not only abortion but also sexual and reproductive health and rights and comprehensive sexuality education, garnered 39 signatories. Other initiatives, such as the 'Protego project,' are working to promote and operationalize that declaration, including through "First Lady advocacy".¹⁴⁰ It has been piloted in Guatemala and Uganda in 2024.¹⁴¹

推动国际人权框架倒退的途径，也包括制定替代性的、不具约束力的规范性框架，如《日内瓦共识宣言》（Geneva Consensus Declaration）。¹⁴² 这份声明不仅强烈反对堕胎，还强烈反对性与生殖健康权利和全面性教育。它获得了 39 个签署者。其他倡议，如“Protego 项目”，正在努力推广和实施该宣言，包括通过“第一夫人倡导”。¹⁴³ 它已于 2024 年在危地马拉和乌干达进行试点。¹⁴⁴

84. Such initiatives, often under the umbrella of ant-abortion campaigns, seek to undermine women's and girls' sexual and reproductive health and rights and deny them their bodily autonomy, and they also harm other health and development efforts, including the HIV response. In addition, policies such as the so-called "global gag rule" or Mexico City Policy (first introduced under the Reagan administration in the USA) have created more restrictive environments for organizations providing sexual and reproductive health services.¹⁴⁵ Under this policy, non-US civil society organizations promoting reproductive rights risk losing US funding, which has led to the fragmentation of partnerships and closure of programmes. Studies by the Center for Health and Gender Equity¹⁴⁶ and

¹³⁹ The Geneva Consensus Declaration. Washington DC: The Institute for Women's Health; 2024 (<https://www.theiwh.org/the-gcd/>).

¹⁴⁰ see for example Twitter post: https://x.com/OPDD_Burundi/status/1787515201383735665 ; instagram post: <https://www.instagram.com/janetmuseveni/reel/C6-lyVQJpBG/>, and Strategic Issues and research council report 'Valerie Huber's Safari' available on <https://drive.google.com/file/d/1NIOiltvSQjd-X0yhBe-AIAIk4rXF1bQ/view> (accessed 12th November 2024)

¹⁴¹ PROTEGO: Operationalizing the Geneva Consensus Declaration. Chapel Hill, NC: 2024, Ipas (<https://www.ipas.org/wp-content/uploads/2024/03/Ipas-Protego-Operationalizing-the-Geneva-Consensus-Declaration-OPPPROE24.pdf>)

¹⁴² 日内瓦共识宣言。华盛顿特区：妇女健康研究所，2024，(<https://www.theiwh.org/the-gcd/>)

¹⁴³ 例如推特帖子：https://x.com/OPDD_Burundi/status/1787515201383735665 ; instagram 帖子：<https://www.instagram.com/janetmuseveni/reel/C6-lyVQJpBG/>，以及战略问题和研究委员会报告《Valerie Huber 之旅》，<https://drive.google.com/file/d/1NIOiltvSQjd-X0yhBe-AIAIk4rXF1bQ/view>（2024 年 11 月 12 日访问）

¹⁴⁴ PROTEGO: 实施《日内瓦共识宣言》。北卡罗来纳州教堂山：2024 年，Ipas (<https://www.ipas.org/wp-content/uploads/2024/03/Ipas-Protego-Operationalizing-the-Geneva-Consensus-Declaration-OPPPROE24.pdf>)

¹⁴⁵ The devastating impact of Trump's global gag rule, (Editorial) The Lancet Vol 393: 15 June 2019. ([https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)31355-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)31355-8.pdf))

¹⁴⁶ Prescribing Chaos in Global Health: The Global Gag Rule from 1984 – 2018. Washington DC: 2018 Center for Health and Gender Equity (CHANGE), (https://fosfeminista.org/wp-content/uploads/2022/04/Prescribing_Chaos_in_Global_Health_full_report.pdf)

Frontline AIDS¹⁴⁷ have found that the policy also compromises key populations' access to HIV services, and creates an environment of mistrust and confusion among community-led and other civil society organizations/partners. There are also concerns about possible cuts in funding for sexual and reproductive health and rights programmes by some countries in Europe, which could have disastrous consequences for HIV and for the health of women rights globally.¹⁴⁸

这些举措通常打着反堕胎运动的旗帜，试图破坏妇女和女童的性与生殖健康及权利，剥夺她们的身体自主权，还损害其他健康和发展工作，包括艾滋病毒应对工作。此外，诸如所谓的“全球禁言规则”或墨西哥城政策（在美国里根政府时期首次推出）等政策为提供性和生殖健康服务的组织制造了更多限制性环境。¹⁴⁹ 根据这项政策，促进生殖权利的非美国公民社会组织有可能失去美国的资金，这导致了伙伴关系的分裂和项目的关闭。健康与性别平等中心¹⁵⁰和艾滋病前线¹⁵¹的研究发现，该政策还损害了关键人群获得艾滋病毒服务的机会，并在社群主导的其他民间组织/合作伙伴之间造成了不信任和混乱的环境。还有人担心，欧洲一些国家可能会削减对性与生殖健康及权利项目的资金，这可能会对艾滋病毒工作和全球妇女健康权利造成灾难性后果。¹⁵²

85. The attacks on the rights of women and LGBTQI+ persons are not new, but they are increasing and they are affecting communities' abilities to protect and advance sexual and reproductive health and rights. Moreover, this discourse reinforces existing binaries - and binarisms - and creates division and dichotomy, positioning women's and trans* people's rights as a zero sum game in which there can only be one 'winner.' The casualty of this pushback is sexual and reproductive health and rights for all, and a fully effective HIV response. Therefore, it is imperative to defend agreed rights-protecting and -promoting normative language in UN processes. In July 2024, the first-ever UN resolution on including an unqualified recognition of sexual and reproductive health and rights was agreed.¹⁵³ Previous UN resolutions had referred to “sexual and reproductive health and reproductive rights”, but had shied away from recognizing sexual rights.

¹⁴⁷ Early warning signs: The actual and anticipated impact of the Mexico City Policy on the HIV response for marginalised people in Cambodia and Malawi. Brighton: Frontline AIDS; 2019 (<https://frontlineaids.org/resources/the-mexico-city-policy-early-warning-signs/>).

¹⁴⁸ Just the numbers: The impact of Dutch international assistance for family planning and HIV. New York: 2024. Guttmacher Institute: (https://www.guttmacher.org/sites/default/files/policy_analysis/file_attachments/just-numbers-impact-dutch-international-assistance-family-planning-and-hiv-2024.pdf)

¹⁴⁹ 特朗普全球禁言令的破坏性影响，（社论）柳叶刀第 393 卷：2019 年 6 月 15 日。（[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)31355-8.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)31355-8.pdf)）

¹⁵⁰ 《全球卫生中的处方混乱：全球禁言令 1984 年至 2018 年》。华盛顿特区：健康与性别平等中心（CHANGE），2018，（https://fosfeminista.org/wp-content/uploads/2022/04/Prescribing_Chaos_in_Global_Health_full_report.pdf）

¹⁵¹ 早期预警信号：墨西哥城政策对柬埔寨和马拉维边缘化人群艾滋病毒应对工作的实际和预期影响。布莱顿：艾滋病前线，2019 年（<https://frontlineaids.org/resources/the-mexico-city-policy-early-warning-signs/> 年）。

¹⁵² 只是数字：荷兰国际援助对计划生育和艾滋病毒的影响。纽约：2024 年。Guttmacher 研究所：（https://www.guttmacher.org/sites/default/files/policy_analysis/file_attachments/just-numbers-impact-dutch-international-assistance-family-planning-and-hiv-2024.pdf）

¹⁵³ See UN Human Rights Council [Resolution 56/20](#) on Human rights in the context of HIV and AIDS (2024), adopted as orally revised without a vote, 37th meeting, 12 July 2024. <https://documents.un.org/doc/undoc/td/q24/111/50/pdf/q2411150.pdf>.

对妇女和性少数人群权利的攻击并不新鲜，但现在越来越多，并且正在影响社群保护和促进性与生殖健康及权利的能力。此外，这种话语强化了现有的二元状态和二元论，并造成了分裂和二分法，将妇女和跨性别者的权利定位为一个零和游戏，其中只能有一个“赢家”。这种抵制的牺牲品是所有人的性与生殖健康及权利，以及艾滋病毒应对工作全面有效性。因此，在联合国工作中捍卫商定的权利保护和促进规范性语言是当务之急。2024年7月，联合国首次就纳入无条件认可性与生殖健康及权利达成了首项决议。¹⁵⁴ 以前的联合国决议提到了“性与生殖健康以及生殖权利”，但回避承认性权利。

86. Despite this, UN Women has been tracking a retreat **on in** gender equality policies, including in Europe and North America,¹⁵⁵ and there has been pushback against normative language supporting comprehensive sexuality education and sexual and reproductive health in UN resolutions.¹⁵⁶ The 2024 SDG Gender Index, which tracks progress towards SDG 5, shows that progress towards achieving gender equality stagnated or declined between 2019 and 2022 in around 40% of countries¹⁵⁷ parallel to the rapid expansion of anti-gender and anti-rights activity during this period.

除此以外，联合国妇女署仍一直在追踪包括在欧洲和北美等地出现的性别平等政策的倒退¹⁵⁸，并且联合国决议中支持全面性教育以及性与生殖健康的规范性语言遭到抵制。¹⁵⁹ 追踪可持续发展目标 5 进展情况的 2024 年可持续发展目标性别指数显示，2019 年至 2022 年期间，约 40% 的国家在实现性别平等方面的进展停滞不前或后退¹⁶⁰，相应的是，在此期间反性别和反人权活动迅速扩大。

87. As we move into the Beijing+30 review year, which will be the focus of CSW69 in 2025,¹⁶¹ the HIV community needs to be vigilant about monitoring normative language in the UN and other high-level agenda-setting spaces. No country has fulfilled the commitments of the Beijing Declaration and Platform of Action yet, and there is a strong

¹⁵⁴ 见联合国人权理事会关于艾滋病毒和艾滋病背景下的人权的 [56/20 号决议](https://documents.un.org/doc/undoc/ltd/q24/111/50/pdf/q2411150.pdf)（2024 年），2024 年 7 月 12 日第 37 次会议口头修订未经表决通过。<https://documents.un.org/doc/undoc/ltd/q24/111/50/pdf/q2411150.pdf>。

¹⁵⁵ Discussion paper: Democratic backsliding and the backlash against women's rights: Understanding the current challenges for feminist politics, New York: 2020 UN Women. (<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Democratic-backsliding-and-the-backlash-against-womens-rights-en.pdf>.)

¹⁵⁶ SRHR rollback at multilateral level. Wilton Park: 24 – 26 April 2023 (<https://www.wiltonpark.org.uk/reports/working-together-to-promote-comprehensive-universal-sexual-and-reproductive-health-and-rights/srhr-rollback-at-multilateral-level/>)

¹⁵⁷ Levitt, T. Gender equality stalling of going backwards for 1bn women and girls. The Guardian. 4 September 2024 (<https://www.theguardian.com/global-development/article/2024/sep/04/gender-equality-stalling-or-going-backwards-for-1bn-women-and-girls>)

¹⁵⁸ 讨论文件：《民主倒退和对妇女权利的抵制：了解女权主义政治的当前挑战》，纽约：2020 年联合国妇女署。
(<https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publication/s/2020/Discussion-paper-Democratic-backsliding-and-the-backlash-against-womens-rights-en.pdf>)。

¹⁵⁹ 性与生殖健康权利（SRHR）在多边层面倒退。威尔顿公园：2023 年 4 月 24 日至 26 日
(<https://www.wiltonpark.org.uk/reports/working-together-to-promote-comprehensive-universal-sexual-and-reproductive-health-and-rights/srhr-rollback-at-multilateral-level/>)

¹⁶⁰ Levitt, T. 《10 亿妇女和女童的性别平等倒退停滞不前》。卫报。2024 年 9 月 4 日
(<https://www.theguardian.com/global-development/article/2024/sep/04/gender-equality-stalling-or-going-backwards-for-1bn-women-and-girls>)

¹⁶¹ CSW69 / Beijing+30 Preparations, UN Women (<https://www.unwomen.org/en/how-we-work/commission-on-the-status-of-women/csw69-2025/preparations>)

risk of backsliding against the commitments made in SDG5 and elsewhere. The UN system can help prevent this from happening by capacitating women's rights organizations to defend their space and work.

88. 2025 年 CSW 第 69 次会议的重点是我们进入北京+30 审查年，这将是，¹⁶² HIV 社群需要警惕地监控联合国和其他高级别议程设置空间中的规范性语言。目前还没有一个国家履行《北京宣言》和《行动纲要》的承诺，而且很有可能背离可持续发展目标 5 和其他的承诺。联合国系统可以通过充能妇女权利组织捍卫其空间和工作来帮助防止这种情况发生。

Entrenching stigma, discrimination and violence, including sexual and gender-based violence

根深蒂固的污名、歧视和暴力，包括性暴力和基于性别的暴力

Community leadership is also [about] ensuring that responses are grounded in human rights, as self-determination, bodily autonomy, and bodily integrity are central to human rights-based approaches, so community-led responses help realize human rights objectives.

社群领导力还和确保应对工作以人权为基础有关，因为自决、身体自主和身体完整是基于人权途径的核心，因此社群主导的应对工作有助于实现人权目标。

- Western Europe and North America regional dialogue

- 西欧和北美区域对话

89. Human rights barriers and gender inequality continue to hold back the HIV response, and limit community leadership. HIV-related stigma and discrimination persists and often intersects with gender inequality, racism, homophobia and transphobia, and stigmatizing attitudes and behaviours towards sex workers, people who use drugs, people in prison and other marginalized populations. The encroachment on civic space and rollback of rights-based policies and programmes creates fertile terrain for human rights violations, the targeting of community leaders and human rights defenders, and the victimization of members of key populations and people living with HIV communities. 人权障碍和性别不平等持续阻碍 HIV 应对工作，并限制社群领导力。与艾滋病毒相关的污名和歧视仍然存在，并且经常与性别不平等、种族主义、恐同和恐跨性别以及对性工作者、毒品使用者者、在押者和其他边缘化人群的污名化态度和行为交织在一起。对公民空间的侵犯和倒退的基于权利的政策和项目为侵犯人权、针对社群领袖和人权维护者以及将关键人群成员和艾滋病毒感染者社群受害者化创造了肥沃的土壤。

90. GNP+'s 2023 Stigma Index Global Report,¹⁶³ which consolidates findings from the Stigma Index 2.0 studies conducted across 25 countries between 2020 and 2023, highlights the persistence of HIV-related stigma and discrimination. Overall, 85% of respondents agreed with one or more statements indicating internalized stigma; 13% reported experiencing stigma and discrimination in HIV services and almost twice as many reported similar experiences in non-HIV-related health settings. Among key populations, 26% of sex workers, 16% of gay men and other men who have sex with men; 40% of people who use drugs; and 49% of transgender people reported

¹⁶² CSW69 / 北京+30 筹备工作，联合国妇女署（<https://www.unwomen.org/en/how-we-work/commission-on-the-status-of-women/csw69-2025/preparations>）

¹⁶³ People Living with HIV Stigma Index 2.0. global Report 2023. Hear Us out: community measuring HIV-related stigma and discrimination. Amsterdam: Global Network of People Living with HIV (GNP+); 2023 (<https://www.stigmaindex.org/wp-content/uploads/2023/11/PLHIV-Stigma-Index-Global-Report-2023-2.pdf>).

experiencing stigma and discrimination. Global AIDS monitoring in 2023 found that among the general population, a median of 47% report discriminatory attitudes towards people living with HIV.¹⁶⁴

GNP+ 的《污名指数全球报告 2023》¹⁶⁵整合了 2020 年至 2023 年间在 25 个国家进行的污名指数 2.0 研究的结果，强调了与艾滋病毒相关的污名和歧视的持续存在。总体而言，85% 的受访者同意一项或多项体现内化污名的表述；13% 的人报告在艾滋病毒服务中经历过污名和歧视，而近两倍的人报告在与艾滋病毒无关的卫生环境中类似经历。在关键人群中，26% 的性工作者、16% 的男同性恋者和其他男男性行为者、40% 的毒品使用者、49% 的跨性别者报告说遭受了污名和歧视。2023 年的全球艾滋病监测发现，在普通人群中，中位数为 47% 的人报告对艾滋病毒感染者持歧视态度。¹⁶⁶

Case study: Translating results into action—driving national-level action to address internal stigma through the countries' commitment to the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination

案例研究：将结果转化为行动——通过各国对全球伙伴关系的承诺，推动国家层面的行动，消除与艾滋病毒相关的一切形式的污名和歧视，以解决内化污名

The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and the International AIDS Society have been supporting a comprehensive and integrated internal stigma package led by Beyond Stigma and Zvandiri. Two key components of the package are Wakakosha and Project DAAKYE, which have been implemented by country partners with technical assistance provided by Beyond Stigma under the Global Partnership.

行动消除一切形式与艾滋病毒相关的污名和歧视全球伙伴关系和国际艾滋病协会一直在支持由 Beyond Stigma 和 Zvandiri 领导的全面综合的内化污名一揽子计划。该一揽子计划的两个关键组成部分是 Wakakosha 和 DAAKYE 项目，它们已由国家合作伙伴在全球伙伴关系下的 Beyond Stigma 提供的技术援助下实施。

Wakakosha, a peer-led project, uses a combination of inquiry-based stress reduction techniques and creative expression. Developed in Zimbabwe, it is being expanded to Ghana, Rwanda, South Africa and Zambia and is showing positive results for mental health, treatment adherence and people's sense of self-worth.

Wakakosha 是一个由同伴主导的项目，结合了基于问询的减压技术和创造性表达。它在津巴布韦开发，正在扩展到加纳、卢旺达、南非和赞比亚，并在心理健康、治疗依从性和人们的自我价值感方面显示出积极的结果。

In Ghana, Project DAAKYE, is addressing internal stigma among adolescent girls and young women living with HIV. The project combines psychosocial support, human rights education, and livelihood empowerment to reduce stigma and build self-confidence. At the end of the programme, 80% of the beneficiaries reported significant improvements in their self-esteem, confidence and treatment adherence.

在加纳，DAAKYE 项目正在解决感染艾滋病毒的少女和年轻女性的内化污名。该项目结合了社会心理支持、人权教育和生计赋权，以减少污名并建立自信。在项目结束时，80% 的受益人报告说他们的自尊、自信和治疗依从性都有了显著改善。

¹⁶⁴ Global AIDS update 2024: The urgency of now—AIDS at a crossroads. Geneva: UNAIDS; 2024.

¹⁶⁵ 艾滋病毒感染者污名指数 2.0。2023 年全球报告。听我们说：社群衡量与艾滋病毒相关的污名和歧视。阿姆斯特丹：艾滋病毒感染者全球网络（GNP+）；2023 年（<https://www.stigmaindex.org/wp-content/uploads/2023/11/PLHIV-Stigma-Index-Global-Report-2023-2.pdf>）。

¹⁶⁶ 2024 年全球艾滋病最新情况：现在的紧迫性——艾滋病正处于十字路口。日内瓦：联合国艾滋病规划署，2024。

91. Gender-based violence and transphobia are well-documented barriers to HIV prevention and treatment service access, while intimate partner and sexual violence against women has been shown to increase women’s likelihood of acquiring HIV. Women and girls—including transwomen and gender nonbinary persons—and women and girls living with HIV are at higher risk of intimate partner violence and sexual and gender-based violence in institutional settings, such as health-care settings or at the hands of law enforcement personnel.¹⁶⁷ Yet European anti-gender and anti-rights actors are contesting the Istanbul Convention which provides a normative framework for preventing and addressing violence against women and domestic violence.¹⁶⁸

基于性别的暴力和恐跨性别是有据可查的艾滋病毒预防和治疗服务障碍，而针对女性的亲密伴侣暴力和性暴力已被证明会增加女性感染艾滋病毒的可能性。妇女和女童（包括跨性别妇女和非二元性别者）以及感染艾滋病毒的妇女和女童在体制环境中（如医疗保健机构）或执法人员手中遭受亲密伴侣暴力以及性暴力和基于性别的暴力的风险更高。¹⁶⁹ 然而，欧洲反性别和反人权行为者正在对《伊斯坦布尔公约》提出异议，该公约为预防和解决暴力侵害妇女和家庭暴力提供了规范框架。¹⁷⁰

92.

At the Commission on the Status of Women in 2024 most of the talk at side events was on the anti-gender / anti-rights movement—this is a win for [those] movements. It’s all we’re talking about! [They are] creating confusion, fragmentation, reaction, and disrupting strategies and plans.

- Cate Nyambura, ATHENA Network, AIDS2024 session on “Community leadership and resilience to gender and human rights barriers”

在 2024 年妇女地位委员会会议，边会的大部分讨论都是关于反性别/反人权运动的，这是那些运动的胜利。这就是我们要谈论的全部内容！他们正在制造混乱、分裂、反应，扰乱战略和计划。

- Cate Nyambura, ATHENA Network, AIDS2024 “面对性别与人权障碍，社群领导力和韧性”会议

93. People with multiple overlapping identities - such as women who use drugs, including mothers who use drugs, and transgender sex workers - face intersectional or compounded stigma and discrimination. These barriers have already been preventing the HIV response from reaching and benefiting the most marginalized, as evidenced by the proportion of people from key populations and their partners among those newly acquiring HIV rising year-on-year - a trend which is likely to expand further as the impact of anti-gender / anti-rights mobilization really takes hold.

具有多重身份的人，例如使用毒品的女性，包括使用毒品的母亲和跨性别性工作者，面临交叉多重的污名和歧视。这些障碍已经阻止了艾滋病毒应对工作触达最边缘化的人群并使其受益，艾滋病毒新增感染者中来自关键人群及其伴侣的比例逐年上升就证明了这一点。随着反性别/反人权动员的影响真正站稳脚跟，这一趋势可能会进一步扩大。

¹⁶⁷ Violence is everywhere: Addressing the links between gender-based violence and HIV in the Middle East and North Africa, Brighton: Frontline AIDS; 2020 (<https://frontlineaids.org/resources/violence-is-everywhere/>).

¹⁶⁸ Berthet V. Norm under fire: support for and opposition to the European Union’s ratification of the Istanbul Convention in the European Parliament. *Internat Feminist J Politics*. 2020;24(5):675–698.

¹⁶⁹ 暴力无处不在：应对中东和北非基于性别的暴力与艾滋病毒之间的联系，布莱顿：艾滋病前线，2020 年（<https://frontlineaids.org/resources/violence-is-everywhere/>）。

¹⁷⁰ Berthet V. 《抨击范式：欧盟批准《伊斯坦布尔公约》在欧洲议会受到的支持和反对。国际女权主义政治期刊。2020;24(5):675–698.

94. One consequence of anti-rights and anti-gende rattacks and threats is that, rather than pulling together, civil society organizations struggle to ally and support one another effectively. Within the architecture of the global HIV response, programmes supporting “women, girls and gender equality” tend to be separated from human rights programmes (which may focus on key populations, for example). This can result in fractured interventions, programmes and strategies.

反人权和反性别攻击和威胁的一个后果是，公民社会组织没有团结起来，而是难以有效地结盟和相互支持。在全球艾滋病毒应对工作的架构中，支持“妇女、女童和性别平等”的项目往往与人权项目分开，后者可能侧重于关键人群。这可能导致干预措施、项目和策略支离破碎。

We keep working in isolation—gender champions, feminists, young people, LGBTI community, other key populations. On the other side we have other communities [still] being left out, such as people with disabilities. How do we push back on marginalization and against ideologies that undermine human dignity—and ideologies that make communities seem irrelevant, or worse, criminals?

我们始终孤立地工作，性别捍卫者、女权主义者、年轻人、性少数社群和其他关键人群。另一方面，我们还有被落下的社群，例如残障者。我们如何抵制边缘化和损害尊严的意识形态，如何抵制那些使社群看起来无关紧要，或者更糟的是，被当做罪犯的意识形态？

- Eastern and southern Africa regional dialogue
- 东部和南部非洲区域对话

95. The failure of the HIV response to implement a truly intersectional approach has hampered the implementation of a gender-transformative approach. This stems from and contributes to the perpetuation of short-term, small-scale and fragmented civil society activities, despite the evidence that movement building and concerted actions are effective¹⁷¹ and will be critical for resisting anti-gender and anti-rights mobilization.
96. 艾滋病应对工作未能实施真正的交叉途径，阻碍了性别变革方法的实施。这源于并助长了短期、小规模和碎片化的民间社会活动的长期存在，尽管有证据表明运动建设和协调行动是有效的¹⁷²，并且对于抵制反性别和反人权动员至关重要。

Lack of sustainable financing, impact on capacity and organization of community-led organizations

缺乏可持续资金对社群主导组织的能力和组织的影晌

Dwindling resources for HIV

减少的艾滋病毒资源

¹⁷¹ Htun, Mala (2012) “Civic Origins of Progressive Policy Change: Combating Violence Against Women in Global Perspective.” *American Political Science Review* 106, 3 (August 2012) available at [\(PDF\) “Civic Origins of Progressive Policy Change: Combating Violence Against Women in Global Perspective.” American Political Science Review 106, 3 \(August 2012\).](#)

¹⁷² Htun, Mala (2012) 《进步政策变革的公民起源：全球视角下打击暴力侵害妇女行为》。美国政治学评论 106,3 (2012年8月)，参见：[\(PDF\) “Civic Origins of Progressive Policy Change: Combating Violence Against Women in Global Perspective.” American Political Science Review 106, 3 \(August 2012\).](#)

Donor fatigue and activist fatigue are being experienced all across. Dwindling funding is challenging community leadership as opposed to building community resilience and innovative interventions.'

捐助者疲劳和活动家疲劳正在各地经历。资金减少是对社群领导力提出了挑战，而不是建立社群韧性和创新干预措施。

- Middle and North Africa regional dialogue
- 中北非区域对话

97. With funding for the HIV response flatlining, there has been a decrease in both the amounts and the proportions of HIV funding going to civil society.¹⁷³ According to UNAIDS there has been a drop in the overall level of funding channeled through communities from 31% in 2012 to 20% in 2021.¹⁷⁴ As the biomedical response to HIV has advanced with treatment and prevention methods becoming more widely available, many philanthropic donors have left the field. Donor governments outside of the US have channeled funding for the HIV response through key institutions including the Global Fund, UNAIDS and Unitaid, with relatively small amounts of funding for communities going through the Robert Carr Fund since its establishment in 2012. Though limited, the Fund provides critical core support for global and regional networks (see box).

随着艾滋病毒应对工作资金趋于平缓，流向民间社会的艾滋病毒资金的数量和比例都有所下降。¹⁷⁵ 根据联合国艾滋病规划署的数据，通过社群提供的资金总体水平已从 2012 年的 31% 下降到 2021 年的 20%。¹⁷⁶ 随着对艾滋病毒生物学应对工作的进步，治疗和预防方法越来越广泛，许多慈善捐助者已经离开了该领域。美国以外的捐助政府通过包括全球基金、联合国艾滋病规划署和国际药品采购机制在内的主要机构为艾滋病毒应对工作提供资金。自 2012 年罗伯特·卡尔基金成立以来，通过其为社群提供的资金相对较少。尽管资金有限，但该基金为全球和区域网络提供关键的核心支持（见文本框）。

98. A study carried out by Aidsfonds in collaboration with NSWP, INPUD and GATE in 2020 highlighted that funding for key populations constituted only 2% of total HIV funding, which put the achievement of global AIDS targets by 2030 in serious jeopardy.¹⁷⁷ However, there has been no reversal of this trend. A forthcoming follow-up study by Aidsfonds and the Love Alliance, shows that funding to key populations has dropped even further in the interim four years (Julia Lukomnik, personal communication, 1 November 2024).

Aidsfonds 与全球性工作项目网络（NSWP）、毒品使用者国际网络（INPUD）和跨性别平等全球行动（GATE）于 2020 年合作进行的一项研究强调，对关键人群的资金

¹⁷³ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

¹⁷⁴ Ibid

¹⁷⁵ 让社群引领：2023 年世界艾滋病日报告。日内瓦：联合国艾滋病毒/艾滋病联合规划署（UNAIDS）；2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

¹⁷⁶ 同上

¹⁷⁷ Fast-track or off track: how insufficient funding for key populations jeopardises ending AIDS by 2030, Amsterdam: Aidsfonds (2020) (<https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030/>)

仅占艾滋病毒资金总额的 2%，这危及 2030 年全球艾滋病目标的达成。¹⁷⁸ 然而，这一趋势并没有逆转。Aidsfonds 和大爱联盟（Love Alliance）即将发布的一项后续研究表明，在过渡四年中，对关键人群的资助进一步下降（Julia Lukomnik，个人通讯，2024 年 11 月 1 日）。

Lack of core funding for communities

社群缺乏核心资助

99. Lack of core funding was the single most-cited barrier to community leadership throughout the research for this report. In the community survey, 85.6% of respondents selected lack of core funding as a major obstacle to community leadership, and one that is likely only to get worse as the 2030 target of ending AIDS as a public health threat approaches and then passes, particularly if HIV is not seen as a priority in the architecture that follows.

缺乏核心资助是本报告在整个研究中被提及最多的社群领导力障碍。在社群调查中，85.6% 的受访者认为缺乏核心资助是社群领导力的主要障碍，而且随着 2030 年消除艾滋病作为公共卫生威胁的目标接近和达成，这种情况可能只会变得更糟，特别是如果艾滋病毒不被视为后续架构中的优先事项。

The lack of core funding creates operational challenges, limiting our ability to cover essential costs like staff salaries, rent, and utilities, which undermines service quality and consistency. It restricts program sustainability, forcing us to rely on short-term, project-based funding. The increased administrative burden to secure funds diverts focus from core activities, while the lack of resources stifles innovation, limiting our ability to address emerging needs.

缺乏核心资助带来了运营困难，限制了我们支付员工工资、房租和水电费等基本成本的能力，从而破坏了服务质量和一致性。它限制了项目的可持续性，迫使我们依赖短期的、基于项目的资金。为获得资金而增加的行政负担分散了对核心活动的聚焦，而资源的缺乏则扼杀了创新，限制了我们满足新需求的能力。

- Rwanda Network of people living with HIV/AIDS
- 卢旺达艾滋病毒感染者网络

¹⁷⁸ 《快速通道或脱离轨道：关键人群资金不足如何危及到 2030 年终结艾滋病》，阿姆斯特丹：Aidsfonds（2020）（<https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030/>）

Case study: The Robert Carr Fund

案例研究：罗伯特·卡尔基金

Without [the Robert Carr Fund] we would have nothing for the regional and global networks. The voices of community wouldn't be heard at all. Or there would be very few activists from a few countries.

如果没有罗伯特·卡尔基金，我们什么也给不了区域和全球网络。社群的声音根本不会被听到。可能只有来自少数几个国家的极少数活动家。

- Eastern Europe and central Asia regional dialogue
- 东欧和中亚区域对话

Launched in memory of Jamaican AIDS activist and the former NGO Delegation member Robert Carr at the 2012 International AIDS Conference, the Robert Carr Fund provides flexible, unrestricted core funds that enable regional and global networks of under-served populations¹⁷⁹ to advance equity, accountability and human rights.¹⁸⁰

罗伯特·卡尔基金（Robert Carr Fund）为纪念牙买加艾滋病活动家和前非政府组织代表团成员罗伯特·卡尔（Robert Carr）在2012年国际艾滋病大会上而推出，提供灵活、不受限制的核心资金，使缺乏服务人群的区域和全球网络¹⁸¹能够促进公平、问责和人权。¹⁸²

The funding is catalytic: it complements funding from PEPFAR, the Global Fund and elsewhere for communities by filling the funding gaps such as salaries and other overhead costs which project funding seldom covers. It also enables communities to bring about structural changes through advocacy, participation in decision-making fora (in and beyond HIV) and hold governments and global institutions accountable. The Robert Carr Fund increases the efficiency of service delivery grants and contributes to the movement building that is necessary to counter the anti-gender and anti-rights backlash and the closure of civic space.

该基金具有催化作用：它通过填补项目资金很少涵盖的资金缺口，如工资和其他管理费用，补充了PEPFAR、全球基金和其他面向社群的资助。它还使社群能够通过倡导、参与决策论坛（在艾滋病毒领域或更多领域）来实现结构性变化，并对政府和全球机构问责。罗伯特·卡尔基金（Robert Carr Fund）提高了旨在服务提供的拨款的效率，并为对抗反性别和反人权的反弹以及公民空间关闭所需的运动建设做出了贡献。

Shift to domestic funding

转向国内资助

¹⁷⁹ Including people living with HIV, key populations, women and girls and other vulnerable groups according to the context. The RCF is the third biggest funder of harm reduction programmes (see The Cost of Complacency: A Harm Reduction Funding Crisis - Harm Reduction International)

¹⁸⁰ Strategic Plan 2025 – 2030: With Communities in the Lead. Amsterdam: Robert Carr Fund (<https://robertcarrfund.org/about-rcf/strategic-plan-2025-2030>)

¹⁸¹ 根据具体情况，包括艾滋病毒感染者、关键人群、妇女和女童以及其他弱势群体。RCF是减低伤害计划的第三大资助者（参见《自满的代价：减低伤害的资金危机》，减低伤害国际）

¹⁸² 《战略计划 2025 – 2030：以社群为主导》。阿姆斯特丹：罗伯特·卡尔基金（Robert Carr Fund, <https://robertcarrfund.org/about-rcf/strategic-plan-2025-2030>）

100. One of the key shifts in the global health landscape is the emphasis on sustainability, with this often construed narrowly to mean pushing governments to move away from reliance on external donors through increasing domestic financing for health.

全球卫生格局的关键转变之一是对可持续性的重视，这通常被狭义地解释为通过增加国内卫生融资来推动政府摆脱对外部捐助者的依赖。

101. In parallel, countries that have achieved - or come close to achieving - the 95-95-95 targets receive decreased levels of external funding, even when their national HIV response is still strongly reliant on donor funding.¹⁸³ Where does this leave communities? If countries are not able to cover HIV treatment through domestic funding, the greater the proportion of the funds that will be used to cover provision of ARVs, and the less that will be going to other global targets including the 30-80-60, and the 10-10-10 targets.

与此同时，已经实现或接近实现 95-95-95 目标的国家获得外部资金的水平较低，即使其国家艾滋病毒应对工作仍然严重依赖捐助者资金。¹⁸⁴ 这会给社群带来什么影响？如果各国无法通过国内资金支付艾滋病毒治疗，则用于提供抗病毒治疗的资金比例就越大，而用于其他全球目标（包括 30-80-60 和 10-10-10）的资金比例就越少。

I feel we have cornered ourselves with the 2030 ending AIDS principle because the governments will be doing everything to end it. Which will never happen and the funding for UNAIDS, I'm afraid, on the global level will be close to zero.

我觉得我们已经被 2030 年终结艾滋病原则逼到了绝境，因为政府将尽一切努力结束它。实际这绝不会结束，但恐怕全球层面对联合国艾滋病规划署的资助将接近于零。

- Eastern Europe and central Asia regional dialogue¹⁸⁵

- 东欧和中亚区域对话¹⁸⁶

102. There is pressure, in the face of the shrinking funding pool, and as we approach the likely end of AIDS exceptionalism in the SDG framework, for countries, especially middle-income ones, to transition from international to domestic funding to sustain the HIV response. The fear is that where these countries have hostile sociopolitical environments for key populations, that support for these groups will be drastically curtailed. Community-led organizations, especially those led by key populations, will remain dependent on external donor governments, multilateral institutions or philanthropic foundations to ensure that their constituents can access HIV prevention,

¹⁸³ For example, Eswatini's Global Fund grant for the period 2024-2027 is \$46.7million [Eswatini and Global Fund Launch New Grants to Accelerate Progress Against AIDS, TB and Malaria and Strengthen Systems for Health - Updates - The Global Fund to Fight AIDS, Tuberculosis and Malaria](#), down from \$73million for the 2020-2023 period. Zimbabwe's 2024-2026 allocation is \$437million [Snapshot, UNDP and Global Fund in Zimbabwe | United Nations Development Programme](#), down from \$481million in the 2021-2023 allocation ([Global Fund to fight AIDS, TB and Malaria | United Nations Development Programme \(undp.org\)](#))

¹⁸⁴ 例如，斯威士兰 2024-2027 年期间的全球基金拨款为 4670 万美元，[《斯威士兰和全球基金推出新的赠款，以加快应对艾滋病、结核病和疟疾的进展并加强卫生系统》](#)，低于 2020-2023 年期间的 7300 万美元。津巴布韦 2024-2026 年的拨款为 4.37 亿美元，[《联合国开发计划署和全球基金在津巴布韦》](#)，低于 2021-2023 年拨款的 4.81 亿美元，[《全球应对艾滋病、结核病和疟疾基金 | 联合国开发计划署 \(undp.org\)](#)

¹⁸⁵ Parker, R. (2024). Epidemics of signification and global health policy: From the end of AIDS to the end of scale-up of the global AIDS response. *Global Public Health*, 19(1). (<https://doi.org/10.1080/17441692.2024.2327523>)

¹⁸⁶ 帕克, R. (2024)。《意义的流行和全球卫生政策：从艾滋病的终结到全球艾滋病应对工作规模化的结束》。《全球公共卫生》，19（1）。(<https://doi.org/10.1080/17441692.2024.2327523>)

treatment and care, and to continue to perform a "watchdog" role. Increasingly, as we have explored in the segment on shrinking civic space above, they are then being curtailed in their ability to even access these funds, through restrictions on registration and foreign agent laws.

面对不断缩小的资金池，随着我们逐渐接近可持续发展目标框架中结束艾滋病特殊主义（AIDS exceptionalism）可能的终结，各国，尤其是中等收入国家，面临着从国际资金过渡到国内资金以维持艾滋病毒应对工作的压力。人们担心的是，在这些国家对关键人群充满敌意的社会政治环境中，对这些群体的支持将大大减少。社群主导的组织，特别是那些由关键人群领导的组织，将继续依赖外部捐助政府、多边机构或慈善基金会，以确保其成员能够获得艾滋病毒预防、治疗和关怀，并继续发挥“监督者”作用。正如我们在上面关于公民空间缩小的部分所探讨的那样，由于对注册和外国代理人相关法律的限制，他们获得这些资金的能力进一步减少。

Impact on women-, youth- and key population-led organizations

对女性、青年和关键人群主导组织的影响

103. The biggest impact of declining funding levels is on feminist, women-led, youth-led and key-population-led or -serving organizations. Data from AWID's 2021 brief 'Where is the money for feminist organizing?' indicates that women's rights organizations (WROs) receive only 0.13% of the total Official Development Assistance (ODA) and 0.4% of all gender-related aid, and that organizations working at intersecting forms of marginalization (LGBTIQ, indigenous, migrant and refugees, young feminists, and sex workers) are funded even less.¹⁸⁷ In the context of the global HIV response, nowhere are these statistics more sharply illustrated than in the chronic underfunding of ICW Global. This network, which is directly representative of networks of women living with HIV, representing the rights of over half the global population of people living with HIV,¹⁸⁸ faces persistent challenges at global level sustaining core funding needed to maintain a physical office as well as to meet increasing programmatic and staffing demands.¹⁸⁹

受资金水平下降影响最大的是女权主义、女性主导、青年主导和关键人群主导或服务的组织。AWID 2021 年简报《女权主义组织的资金在哪里》的数据表明，妇女权利组织（WRO）仅获得官方发展援助（ODA）总额的 0.13% 和所有性别相关援助的 0.4%，而致力于交叉边缘化组织（性少数、原住民、移民和难民、年轻女权主义者和性工作者）获得的资金更少。¹⁹⁰ 在全球艾滋病毒应对工作的背景下，这些统计数据在 ICW Global 的长期资金不足中得到了最有力的体现。该网络是艾滋病毒感染妇女网络的代表，代表了全球一半以上的艾滋病毒感染者的权利¹⁹¹，在全球范围内面临着持续的挑战，需要维持实体办公室以及满足日益增长的项目和人员需求所需的核心资金。¹⁹²

¹⁸⁷ Where is the money for feminist organizing? Toronto: AWID, 2021 (<https://www.awid.org/news-and-analysis/2021-brief-where-money-feminist-organizing#:~:text=Despite new funding commitments made, women's rights organizations>)

¹⁸⁸ Latest UNAIDS estimates are that 53% of people living with HIV globally are women and girls. [Fact sheet 2024 - Latest global and regional HIV statistics on the status of the AIDS epidemic \(unaids.org\)](https://www.unaids.org/en/resources/fact-sheet/2024-latest-global-and-regional-hiv-statistics-on-the-status-of-the-aids-epidemic)

¹⁸⁹ Interviews with Global Fund CRG team [25 July 2024] and ICW Global [16 August 2024]

¹⁹⁰ 女权主义组织的资金在哪里？多伦多：AWID，2021，(<https://www.awid.org/news-and-analysis/2021-brief-where-money-feminist-organizing#:~:text=Despite new funding commitments made, women's rights organizations>)

¹⁹¹ 联合国艾滋病规划署的最新预测，全球 53% 的艾滋病毒感染者是妇女和女孩。 [事实说明 2024 - 关于艾滋病流行状况的全球和区域艾滋病毒最新统计数据 \(unaids.org\)](https://www.unaids.org/en/resources/fact-sheet/2024-latest-global-and-regional-hiv-statistics-on-the-status-of-the-aids-epidemic)

¹⁹² 全球基金 CRG 团队访谈，2024 年 7 月 25 日，ICW Global 访谈，2024 年 8 月 16 日

104. Similarly, Harm Reduction International's 2024 report¹⁹³ [The Cost of Complacency: A Harm Reduction Funding Crisis](#) concludes that gains in the HIV response achieved by 2030 will not be sustained without greater investment in community-led responses, as well as policy and law reform. The reports finds that current funding only accounts for 6% of the estimated funding needed for a fully comprehensive and effective harm reduction response; that shifts from bilateral towards multilateral funding for the HIV response have reduced the amount of donor money going towards harm reduction; and that domestic investment in harm reduction accounted for a mere 0.4% of the entire domestic investment in the HIV response, globally. It also found that while community-led HIV responses (including in the context of harm reduction and advocacy by and for people who use drugs) are effective, *'the majority of donors do not record data on their funding for community-led organizations, and there are no mechanisms to hold donors or donor governments accountable for their political commitments.'* (HRI 2024, p.7)

同样，国际减低伤害组织 2024 年报告¹⁹⁴ [《自满的代价：减低伤害资金危机》](#) 得出结论，如果不加大对社群主导的应对工作的投入以及政策和法律改革，到 2030 年实现的艾滋病毒应对工作成果将不可持续。报告发现，目前的资金仅占全面和有效减低伤害应对工作所需估计资金的 6%，用于艾滋病毒应对工作的资金从双边资金转向多边资金，减少了用于减低伤害的捐助资金数额，而国内对减低伤害的投资仅占全部艾滋病毒应对工作国内投资的 0.4%。研究还发现，虽然社群主导的艾滋病毒应对工作（包括在减低伤害和由毒品使用者为其自身社群开展的倡导）是有效的，但“大多数捐助者没有记录他们为社群主导的组织提供的资金数据，也没有机制让捐助者或捐助政府对其政治承诺负责。”（HRI 2024，第 7 页）

105. Grassroots, smaller and informal organizations are seen as untrustworthy, lacking the capacity to manage funds efficiently, and unable to set priorities, while young people are seen as lacking the capacity or experience for leadership roles or making financial decisions. (Dialogue with ATHENA Network, 16 August 2024). The reality is, in contrast, that community-led organizations can be incredibly resourceful, stretching each dollar to its limit, and achieving extraordinary amounts of work out of minuscule funding pots - often through reliance on volunteers or an expectation that staff will work overtime out of a passion for and commitment to the cause.

草根、小型和非正式组织被视为不值得信赖，缺乏有效管理资金的能力，无法确定优先事项，而年轻人则被视为缺乏担任领导角色或做出财务决策的能力或经验。（与 ATHENA Network 的对话，2024 年 8 月 16 日）。相反，现实情况是，社群主导组织可以非常足智多谋，将每一美元发挥到极致，并用微不足道的资金池完成大量的工作，通常是通过依赖志愿者或期望员工出于对事业的热情和承诺而加班。

Reliance on voluntarism

对自愿主义的依赖

¹⁹³ The cost of complacency: A harm reduction funding crisis, London: Harm Reduction International (2024) (<https://hri.global/flagship-research/funding-for-harm-reduction/cost-of-complacency/>)

¹⁹⁴ 自满的代价：减低伤害的资金危机，伦敦：减低伤害国际（2024）（<https://hri.global/flagship-research/funding-for-harm-reduction/cost-of-complacency/>）

106. Since the early days of the HIV pandemic, community leadership has relied heavily on the voluntarism and/or minimally paid work of community members,¹⁹⁵ with the unpaid care burden falling on women, young people and key populations.

自艾滋病毒大流行初期以来，社群领导力严重依赖社群成员的志愿服务和最低报酬的工作¹⁹⁶，无偿护理负担落在妇女、年轻人和关键人群身上。

If it were not for the volunteer work of ICW Argentina, as in other countries in the region, there would not be active networks of women with HIV.

如果没有 ICW 阿根廷的志愿者工作，就像该地区的其他国家一样，就不会有活跃的艾滋病毒感染女性网络。

- ICW Argentina (via survey)
- ICW 阿根廷（通过调查）

107. Peer support programmes—often seen as the “backbone” of local HIV responses¹⁹⁷¹⁹⁸—frequently depend on poorly- or unpaid workers. In Zimbabwe, for example, Making Waves members have described how some community health workers get only \$ 15 per month and are frequently paid late. These workers often finance transport and other costs themselves and face high levels of stress and burnout, as well as risks of theft and violence.

同伴支持项目，通常被视为当地艾滋病应对工作的“支柱”¹⁹⁹²⁰⁰，依赖于低薪或无薪的工人。例如，在津巴布韦，造浪（Making Waves）成员描述了一些社区卫生工作者每月只能拿到 15 美元，而且经常被拖欠工资。这些工作者通常自己支付交通和其他费用，并面临高水平的压力和倦怠，以及盗窃和暴力的风险。

108. The emphasis on project-based funding for community-led organizations limits funding for core costs such as wages. Many organizations lurch from one project to another and rely on unpaid work to mobilize additional resources between projects.²⁰¹ The gap

¹⁹⁵ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

¹⁹⁶ 让社群引领：2023 年世界艾滋病日报告。日内瓦：联合国艾滋病毒/艾滋病联合规划署（UNAIDS）；2023.

(https://www.unaids.org/sites/default/files/media_asset/2023WADreport_en.pdf)

¹⁹⁷ Ayala G, Sprague L, van der Merwe LL-A, Thomas RM, Chang J, Arreola S, et al. (2021) Peer- and community-led responses to HIV: A scoping review. PLoS ONE 16(12): e0260555.

<https://doi.org/10.1371/journal.pone.0260555> (<https://doi.org/10.1371/journal.pone.0260555>)

¹⁹⁸ Berg RC, Page S, Øgård-Repål A. The effectiveness of peer-support for people living with HIV: A systematic review and meta-analysis. PLoS One. 2021 Jun 17;16(6):e0252623. doi:

10.1371/journal.pone.0252623. PMID: 34138897; PMCID: PMC8211296.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8211296/>

¹⁹⁹ Ayala G, Sprague L, van der Merwe LL-A, Thomas RM, Chang J, Arreola S 等人。

（2021）《同伴和社群主导的艾滋病毒应对工作：范围综述》。PLoS ONE 16（12）： e0260555。

<https://doi.org/10.1371/journal.pone.0260555> (<https://doi.org/10.1371/journal.pone.0260555>)

²⁰⁰ Berg RC, Page S, øgård-repål a., 《同伴支持对艾滋病毒感染者的有效性：系统评价和元分析》。PLoS ONE。2021 年 6 月 17 日;16（6）： e0252623. doi: 10.1371/journal.pone.0252623.

PMID: 34138897;PMCID: PMC8211296. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8211296/>

²⁰¹ Stevenson, J. (2015) ‘All the things we could do, if we had a little money: the cost of funding women’s rights work. (Part 2 of 3)’ in Huffington Post, 5th June 2015

(https://www.huffingtonpost.co.uk/jacquistevenson/womens-rights-funding_b_7449872.html). [All the Things We Could Do, If We Had a Little Money: The Costs of Funding Women's Rights Work \(Part Two of Three\) | HuffPost UK News](https://www.huffingtonpost.co.uk/jacquistevenson/womens-rights-funding_b_7449872.html)

between proposal writing and eventual disbursement of funding for a new project can last over a year, during which the organization often has no funds for paying staff.

社群主导的组织强调基于项目的资助限制了工资等核心成本的资金。许多组织从一个项目蹒跚到另一个项目，并依靠无薪工作在项目之间调动额外的资源。²⁰² 撰写提案和最终新项目支付资金之间的差距可能持续一年多，在此期间，组织通常没有资金支付工资。

109. Global targets and commitments related to community leadership cannot be realized without sufficient and reliable donor and domestic funding streams, even with the dependence on voluntarism in community activism and service delivery.

如果没有充足和可靠的捐助者和国内资金流，即使社群活动和服务提供依赖于志愿服务，也无法实现与社群领导力相关的全球目标和承诺。

Funding criteria unobtainable by smaller organizations

小型组织无法达到的资助标准

110. Current criteria for receiving funding (e.g. minimum annual budget thresholds, audited accounts, financial management systems, etc.) favour larger international or national nongovernmental organizations. Small organizations—acting as subgrantees—tend to receive project funding for immediate, direct costs and are seldom able to build their capacity or invest in a long-term strategies. Women-led and key population-led organizations are especially disadvantaged by this state of affairs.²⁰³ Paradoxically, the administrative burdens associated with project-based funding can also hinder these organizations from delivering on their core mandates.²⁰⁴

目前接受资助的标准（例如最低年度预算门槛、财务审计、财务管理系统等）有利于大型国际或国家非政府组织。小型组织（作为次级受赠者）往往以即时、直接的项目费用获得项目资金，并且很少能够建立其能力或投资于长期战略。女性主导和关键人群主导的组织在这种状况下尤其处于不利地位。²⁰⁵ 矛盾的是，基于项目的资助相关的行政负担也会阻碍这些组织履行其核心任务。²⁰⁶

111. Funding priorities set by donors are subject to change, which makes sustaining work that has had a positive impact challenging. For example following reductions in overall overseas aid from 0.7% to 0.5% of gross national income, the UK has slashed aid spending on SRHR, including its contributions to UNAIDS and the Global Fund. This

²⁰² Stevenson, J. (2015) 《如果我们有一点钱，我们能做的所有事情：资助妇女权利工作的成本》。（第2部分，共3部分），赫芬顿邮报，2015年6月5日，(https://www.huffingtonpost.co.uk/jacquistevenson/womens-rights-funding_b_7449872.html). [All the Things We Could Do, If We Had a Little Money: The Costs of Funding Women's Rights Work \(Part Two of Three\) | HuffPost UK News](#)

²⁰³ Fund what works: fund community-led women's rights organisations for an effective, ethical and sustainable HIV response. The WHAVE podcast paper #1. Salamander Trust: 2020. (https://salamandertrust.net/wp-content/uploads/2019/02/20200331_The_WHAVE_paper1_Funding_Final.pdf)

²⁰⁴ Watering the leaves and starving the roots: the state of financing for women's rights organizing and gender equality, Toronto: AWID, 2013 (https://www.awid.org/sites/default/files/atoms/files/WTL_Starving_Roots.pdf)

²⁰⁵ 《资助有效的方法：为社群主导的妇女权利组织提供资金，以实现有效的、道德的和可持续的艾滋病应对工作》。WHAVE 播客论文 #1。Salamander Trust: 2020 年。(https://salamandertrust.net/wp-content/uploads/2019/02/20200331_The_WHAVE_paper1_Funding_Final.pdf)

²⁰⁶ 《浇灌叶子，干涸根部：妇女权利组织和性别平等的筹资状况》，多伦多：AWID，2013 年 (https://www.awid.org/sites/default/files/atoms/files/WTL_Starving_Roots.pdf)

has had a devastating impact on SRHR programmes many of which were cancelled or cut at short notice with the deepest impact of these cuts being felt **my** the most marginalised women and girls,²⁰⁷ including those most affected by HIV.

捐助者设定的资助优先事项可能会发生变化，这使得维持已产生积极影响的工作更加困难。例如，在将海外援助总额从国民总收入的 0.7% 减少到 0.5% 之后，英国大幅削减了性与生殖健康权利的援助支出，包括对联合国艾滋病规划署和全球基金的捐款。这对性与生殖健康权利项目产生了毁灭性的影响，很多项目在短时间内被取消或削减，这些削减的最深影响是最边缘化的妇女和女童²⁰⁸，包括那些受艾滋病毒影响最严重的。

112. In contrast, despite initial concerns that budget cuts to overseas development assistance brought in by the Dutch conservative coalition formed in May 2024, could see the Dutch Ministry of Foreign Affairs significantly reducing the level of funding going towards SRHR, the Ministry has since announced that funding for HIV will remain a health priority.²⁰⁹ This will enable building on work like [PITCH](#), [Bridging the Gaps](#) and [Love Alliance](#) - which have provided flexible funding to support community leadership and priorities, as well as providing valuable platforms for cross-community collaboration and support.

相比之下，尽管最初担心 2024 年 5 月成立的荷兰保守联盟削减海外发展援助的预算，而且也看到荷兰外交部大幅降低用于性与生殖健康权利的资金水平，但该部此后宣布，为艾滋病提供资金仍将是一项卫生优先事项。²¹⁰这将使 [PITCH](#)、[弥合鸿沟](#)（[Bridging the Gaps](#)）和 [大爱联盟](#)（[Love Alliance](#)）等机构的工作得以继续开展，这些工作提供了灵活的资金来支持社群领导力和优先事项，并为跨社群协作和支持提供了宝贵的平台。

113. Much of the funding for social justice work tends to be for short-term projects, whereas sustainable social norms changes can take years of work. Funding is usually conditional on delivering very specific, project-based, short-term outputs; proposed changes to the agreed activities (to respond, for example, to an emerging threat) can take months to secure and are sometimes refused for not adhering to the grant parameters. The Global Philanthropy Project's *Manufacturing moral panic* report, meanwhile, has highlighted the contrast between support for the anti-rights movement (with long-term, flexible funding) and the restrictive funding terms for organizations that advance human rights and gender justice.²¹¹

社会正义工作的大部分资金往往用于短期项目，而可持续的社会规范变化可能需要数年的工作。资助通常以交付非常具体的、基于项目的短期产出为条件，对活动计划的更改申请（例如，为了应对新出现的威胁）可能需要几个月的时间才能获批，有时还会因不符合拨款指标而被拒绝。与此同时，全球慈善项目（[Global Philanthropy Project](#)）的《[制造业道德恐慌](#)》报告强调了对反人权运动的支持（提供长期、灵活的资金）与对促进人权和性别正义的组织的限制性资助条件之间的对比。²¹²

²⁰⁷ The FCDO's approach to sexual and reproductive health – report summary. London: 2024 UK Parliament (<https://publications.parliament.uk/pa/cm5804/cmselect/cmintdev/108/summary.html>)

²⁰⁸ FCDO 的性与生殖健康途径 – 报告摘要。伦敦：2024 年英国议会

(<https://publications.parliament.uk/pa/cm5804/cmselect/cmintdev/108/summary.html>)

²⁰⁹ First development budget cuts announced: overhaul of grants for NGOs. The Hague: 11 November 2024. Government of the Netherlands.

(<https://www.government.nl/latest/news/2024/11/11/first-development-budget-cuts-announced-overhaul-of-grants-for-ngos>)

²¹⁰ 首个发展预算削减出现：全面改革对非政府组织的资助。海牙：2024 年 11 月 11 日。荷兰政府。

(<https://www.government.nl/latest/news/2024/11/11/first-development-budget-cuts-announced-overhaul-of-grants-for-ngos>)

²¹¹ *Manufacturing Moral Panic*, Op. Cit.,

²¹² *制造业道德恐慌*，同上。

What needs to be done

需要做什么

A paradigm shift for the next phase of the HIV response

下一阶段艾滋病应对工作的范式转变

*The barriers holding back communities' leadership roles can be removed, unleashing the full potential of community-led responses. ... National governments, donors and other stakeholders need to follow through on their commitments to let communities lead. This means providing community-led organizations [with] core funding to build sustainable institutions and removing complexity in funding processes. It means recognizing that communities are not in the way, but that they light the way forward. It means governments need to ensure safe and meaningful space for communities to do their essential work.*²¹³

可以消除阻碍社群发挥领导作用的障碍，从而释放社群主导的应对工作的全部潜力。... 各国政府、捐助者和其他利益相关者需要兑现其让社群发挥领导作用的承诺。这意味着为社群主导的组织提供核心资助，以建立可持续的机构，并消除筹资流程的复杂性。这意味着认识到社群不是阻碍而是照亮了前进的道路。这意味着政府需要确保社群有安全和有意义的空间来开展他们的基本工作。²¹⁴

- World AIDS Day report 2023: Let communities lead.
- 2023 年世界艾滋病日报告：让社群引领。

114. This report proposes three focus areas for the next phase of the HIV response.²¹⁵
本报告提出了下一阶段艾滋病应对工作的三个重点领域。²¹⁶

Sustainable and equitable financing for communities

为社群提供可持续和公平的资金

115. A paradigm shift is needed for financing flows to communities, financing decision-making and how impact is measured.²¹⁷ Most current community funding models are project-based and use funding thresholds and conditionalities that exclude many smaller community-led organizations. The Robert Carr Fund provides a good model of strategic funding for regional and global networks. There are emerging models of

²¹³ Let communities lead: World AIDS Day report 2023. Geneva: Joint United Nations Programme on HIV/AIDS (UNAIDS); 2023. [Let Communities Lead — UNAIDS World AIDS Day report 2023](#)

²¹⁴ 让社群引领：2023 年世界艾滋病日报告。日内瓦：联合国艾滋病病毒/艾滋病联合规划署（UNAIDS）；2023。链接：[Let Communities Lead — UNAIDS World AIDS Day report 2023](#)

²¹⁵ These are drawn from the research and consultation for this report, and echo recommendations found in [Strengthening Civic Space and Civil Society Engagement in the HIV Response | United Nations Development Programme](#)

²¹⁶ 这些来自本报告的研究和咨询，并呼应联合国开发计划署建议 [加强公民空间和公民社会参与 HIV 应对 | 联合国开发计划署](#)

²¹⁷ Community-led action is the crucial countermeasure to address HIV, TB, hepatitis, and COVID-19 and prevent future outbreaks equitably and effectively. London: International Treatment Preparedness Coalition, 2023 (https://www.itpcglobal.org/wp-content/uploads/2023/09/Report_Community-Led_Action_is_the_Crucial_Countermeasure.pdf).

participatory funding for national or subnational organizations (see, for example, the Love Alliance case study, below), but they remain scarce.

资金流向社群、资助决策以及如何衡量影响都需要转变模式。²¹⁸ 目前的大多数社群资助模式都是基于项目的，并且使用资助门槛和条件，将许多较小的社群主导组织排除在外。罗伯特·卡尔基金为区域和全球网络提供了一个很好的战略资助模式。国家或国家以下次级组织有新的参与式资助模式（例如，参见下面的大爱联盟案例研究），但它们仍然稀缺。

116. An overhaul of funding models is needed to make funding more flexible, responsive, context-specific and accessible so community-led organizations and movements can build their sustainability and provide effective support to constituencies. The consultations for this report emphasized that funding should go directly to these organizations (rather than being channeled through government intermediaries) and it should include core funding.

需要彻底改革资助模式，使资助更加灵活、充分响应、因地制宜和可及，以便社群主导的组织和运动能够建立其可持续性并为社群提供有效的支持。本报告咨询所得的建议强调，资金应直接流向这些组织（而不是通过政府中介机构），并且应包括核心资助。

Case study: Love Alliance participatory grant-making

案例研究：大爱联盟参与式资助

The Love Alliance consortium is providing evidence of the effectiveness of community-centred, participatory grant-making. The grant-making model is characterized by flexibility, capacity strengthening and trust. Peer-led mechanisms for grant-making place activists at the centre of decision-making around resourcing and ensure that communities receive funding for their work.

大爱联盟证明了以社群为中心的参与式资助的有效性。资助模式的特点是灵活、能力增强和信任。同伴主导的资助机制将活动家置于资源决策的中心，并确保社群获得工作资金。

Love Alliance funding is supporting community-led organizations in Burkina Faso and Nigeria to counter the anti-rights movement; strengthen the capacity of the sex worker movement to seek decriminalization and develop a counter-narrative to the anti-gender and anti-rights movement in South Africa; and enable trans people and key population-led organizations to respond to community needs following the passing of the 2023 Anti Homosexuality Act in Uganda.²¹⁹

大爱国际的资金用于支持布基纳法索和尼日利亚的社群领导组织，以对抗反人权运动，加强性工作运动追求非刑事化的能力，并制定对南非反性别和反人权运动的抵抗话术，以及使跨性别者和关键人群主导的组织能够在乌干达 2023 年《反同性恋法案》通

²¹⁸ 社群主导的行动是应对艾滋病毒、结核病、肝炎和 COVID-19 并公平有效地预防未来疫情的关键对策。伦敦：国际治疗准备联盟，2023 年（https://www.itpcglobal.org/wp-content/uploads/2023/09/Report_Community-Led_Action_is_the_Crucial_Countermeasure.pdf）。

²¹⁹ Putting communities first to shape the HIV response, AIDS 2024 satellite. <https://programme.aids2024.org/Programme/Session/354> [Munich: 25 July, Love Alliance partners]

过后响应社群需求。²²⁰

117. Consultations also highlighted the need for communities to start seeking support from non-traditional sources of funding.

意见征询还强调，社群需要开始从非传统资金来源寻求支持。

118. While there has been a significant reduction in philanthropic funding for the global HIV response,²²¹ there are examples of foundations stepping into this space. They include the Guerrilla Foundation, which supports activists and grassroots movements that are active in democratization,²²² and the Dalan Fund, which supports movement building by resourcing intersectional movements in central and eastern Europe and central Asia, with a focus on work led by and for women, trans* and gender non-conforming groups.²²³

虽然用于全球艾滋病应对工作的慈善资金已大幅减少²²⁴，但仍有基金会涉足这一领域的例子。这些组织包括游击队基金会（Guerrilla Foundation），该基金会支持积极致力于民主化的活动家和草根运动²²⁵，以及 Dalan 基金，该基金会通过为中东欧和中亚的交叉运动提供资源来支持运动建设，重点关注由女性、跨性别*和性别不一致群体主导的自身社群服务的工作。²²⁶

119. The ITPC highlights the “Global Public Investment” framework,²²⁷ an international financing model that is based on three principles: all contribute; all decide; and all benefit. The model moves away from a donor-driven agendas, towards a more equitable model where pooled funding goes to support community-driven agendas.

²²⁰ 将社群放在首位来塑造艾滋病毒应对工作，艾滋病大会 2024 卫星会。

<https://programme.aids2024.org/Programme/Session/354> [慕尼黑：7 月 25 日，Love Alliance 合作伙伴]

²²¹ Philanthropy's Response to HIV and AIDS: 2022 Grantmaking. Funders Concerned About AIDS. July 2024. (<https://resourcetracking.fcaids.org/>)

²²² The Guerrilla Foundation. Berlin (<https://guerrillafoundation.org>).

²²³ Resourcing intersectional movements in Central and Eastern Europe, Caucasus, Central and North Asia. The Dalan Fund (<https://dalan.fund>).

²²⁴ 慈善事业对艾滋病毒与艾滋病的回应：2022 年资助。资助者关切艾滋病。2024 年 7 月。（<https://resourcetracking.fcaids.org/>）

²²⁵ 游击对基金会。柏林（<https://guerrillafoundation.org>）。

²²⁶ 为中欧和东欧、高加索、中亚和北亚的交叉运动提供资源。Dalan 基金（<https://dalan.fund>）。

²²⁷ Community-Led Action is the Crucial Countermeasure, Op. Cit.

ITPC 强调了“全球公共投资”框架²²⁸，这是一种基于三个原则的国际资助模式：所有人都做出贡献，所有人决定，所有人受益。该模式从捐助者驱动的议程转向更公平的模式，汇集资金用于支持社群驱动的议程。

Exceptionalism and integration

特殊待遇和整合

120. A paradox inherent around domestic funding (and related financing approaches, such as social contracting) for HIV needs to be addressed. While domestic funding is essential to sustain gains made in the HIV response, how can we ensure funding for community leadership if governments collude with or advance the pushback against rights and gender?

需要解决艾滋病毒的国内资助（以及相关的融资方法，如社会契约）所固有的悖论。虽然国内资金对于维持在艾滋病毒应对工作取得的成果至关重要，但如果政府串通或推动对权利和性别的抵制，我们如何确保为社群领导力提供资金？

121. “AIDS exceptionalism” has been both a “gift” and a “curse” for the HIV response. While it has allowed for significant funding to be channeled into HIV programmes, it also has created funding “silos”. Efforts to promote integration with related health issues have been only partially successful, and the difficulties of taking integration to scale through policy and financing remains unresolved. As countries move towards universal health care, HIV prevention, diagnosis, treatment and care have to be part of a primary health care package of services. What might this mean for communities who are most affected by HIV?²²⁹

“艾滋病特殊待遇”对艾滋病应对工作既是“礼物”，也是“诅咒”。虽然它允许将大量资金投入艾滋病项目，但它也造成了资金“孤岛”。促进与相关卫生问题整合的工作仅取得了部分成功，通过政策和资助扩大整合规模的困难仍未解决。随着各国向全民卫生保健迈进，艾滋病预防、诊断、治疗和关怀必须成为初级卫生保健一揽子服务的一部分。这对受艾滋病影响最大的社群意味着什么？²³⁰

122. Activists argue that some elements of “AIDS exceptionalism” need to be retained because of the unique landscape of the HIV response.²³¹ There is evidence to show that many members of key populations and people living with HIV are wary of utilizing mainstream services.^{232 233} It is difficult to see how harm reduction services, for example, will be integrated into primary health care and government health systems without a significant overhaul of drug policies. Community health systems are capable

²²⁸ 社群主导的行动是关键对策，见上文。

²²⁹ Reaching the 4th “90” target: Accelerating the integration of HIV and Noncommunicable Disease responses to improve quality of life for people living with and most affected by HIV, AIDS2024 <https://programme.aids2024.org/Programme/Session/291> [Munich: 23 July 2024, Non-communicable Diseases Alliance]

²³⁰ 实现第 4 个“90”目标：加快整合艾滋病毒和非传染性疾病应对工作，以改善艾滋病毒感染者和受艾滋病毒影响最严重的人的生活质量，艾滋病大会 2024 <https://programme.aids2024.org/Programme/Session/291> [慕尼黑：2024 年 7 月 23 日，非传染性疾病联盟]

²³¹ The future of HIV in global health: Exceptionalism or integration? AIDS 2024 Symposium [symposium https://programme.aids2024.org/Programme/Session/10](https://programme.aids2024.org/Programme/Session/10) [Munich: 23 July 2024]

²³² Anderson, J and Fenton, K (2022) ‘HIV related stigma: a dangerous roadblock’ in the British Medical Journal, 12th December 2022 (<https://doi.org/10.1136/bmj.o2989>)

²³³ People Living with HIV Stigma Index 2.0. Global Report 2023. Op. Cit.

of providing localized and context- and population-specific services as an essential part of sustainable health systems, ensuring resilience and equity.

活动家们认为，由于艾滋病毒应对工作的独特情况，需要保留“艾滋病毒特殊待遇”的一些要素。²³⁴ 有证据表明，许多关键人群和艾滋病毒感染者对使用主流服务持谨慎态度。^{235 236} 例如，如果不对毒品政策进行重大改革，就很难看出减低伤害服务将如何被整合到初级卫生保健和政府卫生系统中。社群卫生系统能够提供本地化和针对具体环境和人群的服务，作为可持续卫生系统的重要组成部分，确保韧性和公平。

123. There also is a strong role for community organizations to ensure the quality and standards of HIV services in a primary health care model, with community-led monitoring particularly well-positioned to play such a role. Community-led efforts will be key also for overcoming stigma and discrimination; addressing punitive laws aimed at key populations; achieving the social enabler targets; and building resilient, integrated health systems that are ready to deliver universal health coverage.

社群组织在确保初级卫生保健模式中艾滋病毒相关服务的质量和标准方面也发挥着重要作用，社群主导的监测特别适合发挥这种作用。社群主导的工作也在诸多方面发挥关键作用，如克服污名和歧视，应对针对关键人群的惩罚性法律，实现社会推动者目标以及建立有韧性的综合卫生系统，为实现全民卫生覆盖做好准备。

124. Countries have to assume greater financial responsibility for ART provision when they have the fiscal capacity to do so. They should make full use of community-led monitoring and differentiated service delivery to ensure access to ARVs for everyone who needs them, regardless of gender identity, sexual orientation, engagement in drug use or sex work, or work and immigration status.

当各国有财政能力时，它们必须为抗病毒治疗的提供承担更大的财务责任。他们应充分利用社群主导的监测和差异化服务提供，确保每个有需要的人都能获得抗病毒药物，无论其性别身份、性取向、是否使用毒品或参与性工作，无论其工作和移民身份如何。

125. While greater responsibility for financing the HIV response shifts from global mechanisms to domestic health budgets as part of integrated universal health coverage, some ring-fenced funding for communities should be maintained at the level of global health institutions.

虽然作为综合全民卫生覆盖的一部分，为艾滋病毒应对工作提供资金的更大责任从全球机制转移到国内卫生预算，但应该在全球卫生机构层面维持一些保障资金给社群。

Recipient governments need to be held to account for domestic financing [of HIV responses, especially access to treatment]. But many of these governments are hostile to key populations—so we need a dual system for continuing the HIV response: a single stream of funding for biomedical aspects, [such as] procurement and distribution of meds, and a “communities fund” to keep the work of communities going.

接收国的政府需要对艾滋病毒应对工作特别是治疗可及性相关的国内资金负责。但这些政府中有许多都敌视关键人群。因此我们需要一个双重系统来继续艾滋病毒应对工作：

²³⁴ 艾滋病毒在全球健康领域的未来：特殊待遇还是整合主义？艾滋病大会 2024 研讨会 <https://programme.aids2024.org/Programme/Session/10> [慕尼黑：2024 年 7 月 23 日]

²³⁵ Anderson, J 和 Fenton, K (2022) “HIV 相关耻辱：危险的路障”，英国医学杂志，2022 年 12 月 12 日 (<https://doi.org/10.1136/bmj.o2989>)

²³⁶ 艾滋病毒感染者污名指数 2.0。2023 年全球报告。同上。

一个资金流用于生物学方面，如药物的采购和分发，以及一个“社群基金”来保持社群的工作。

- Latin America and Caribbean regional dialogue
- 拉美和加勒比区域对话

Safety and security of communities in the context of hostile environments

在恶劣环境中的社群安全

126. In an increasingly hostile environment for community-led organizations, we also need to think about the safety and security of community members and organizations.

社群主导的组织面临日益敌对的环境，我们还需要考虑社群成员和组织的安全和保障。

127. Increased attention must be directed at securing the safety and security of SRHR, LGBTQI+ rights and gender activists and defenders of women's rights. Organizations need to be able to pre-emptively mitigate risks by adopting security measures on their premises, as well as respond effectively when under attack, especially where civic space is restricted or closed. Funders also have a role to play in amplifying the voices of communities, when it is not safe for activists on the ground to do so.

必须更加关注确保性与生殖健康权利、性少数权利以及性别活动家和妇女权利维护者的安全和保障。组织需要能够通过内部采取安全措施来预先降低风险，并在受到攻击时做出有效响应，尤其是在公民空间受到限制或关闭的情况下。资助者还可以在放大社群的声音方面发挥作用，因为当地的活动家这样做并不安全。

Funders can make a huge impact in protecting local organizations through rapid and flexible grants and by raising the voices of activists and organizations on the ground.

资助者可以通过快速灵活的拨款以及提高当地活动家和组织的声音，在保护当地组织方面产生巨大影响。

- *Alliance for Philanthropy and Social Investment Worldwide*²³⁷
- *全球慈善和社会投资联盟*²³⁸

Community leadership in global and national AIDS strategies

全球和国家艾滋病战略的社群领导力

The Global AIDS Strategy we have now is good enough; it just needs implementing.

我们现在拥有的全球艾滋病战略已经足够好了。只是需要实施它。

- Eastern Europe and central Asia regional dialogue.
- 东欧和中亚区域对话。

We have beautiful components to the (Global AIDS) Strategy—youth leadership, gender transformative interventions—[but] none of that has been done in our region. It will be

²³⁷ Chagelishvili, S, Kroeger, K, and Ugreheliszze N, Georgia's foreign influence law targets human rights activists. Here's how funders can take action. Alliance for philanthropy and social investment worldwide, 2024 (<https://www.alliancemagazine.org/blog/georgias-foreign-influence-law-targets-human-rights-activists-heres-how-funders-can-take-action/>)

²³⁸ Chagelishvili, S, Kroeger, K and Ugreheliszze N, 格鲁吉亚的外国影响法针对人权活动家。以下是资助者可以采取的行动。全球慈善和社会投资联盟, 2024 年

(<https://www.alliancemagazine.org/blog/georgias-foreign-influence-law-targets-human-rights-activists-heres-how-funders-can-take-action/>)

sad if we move onto another strategy and find beautiful new words to sell the strategy while abandoning the old one.

我们的（全球艾滋病）战略有很好的组成，青年领导力、性别变革干预措施，但这些在我们区域都没有做过。如果我们转向另一种策略并找到漂亮的新词来推销该策略，同时放弃旧策略，那将是可悲的。

- Latin America and Caribbean regional dialogue
- 拉美和加勒比区域对话

Strengthen accountability frameworks to enable better monitoring of community leadership

加强问责框架，以便更好地监测社群领导力

128. Current global AIDS strategies and policies include strong language and commitments on community leadership, but implementation is inconsistent and accountability mechanisms need strengthening.

当前的全球艾滋病战略和政策在社群领导力方面包含了有力的措辞和承诺，但与实施情况不符，需要加强问责机制。

129. Stronger accountability frameworks at both global and country levels would promote learning as well as investments in community leadership. A clear, “simple-to-sell” narrative on how community leadership drives access to services can be developed to reinvigorate investment in HIV responses that are led by most-affected communities.

在全球和国家层面建立更强大的问责框架将促进学习和对社群领导力的投入。可以制定一个关于社群领导力如何推动服务可及性的清晰、“易于销售”的叙述，以重振由受影响最严重的社群主导的艾滋病毒应对工作的投入。

130. The development of an accountability framework for the 30–80–60 targets is welcome and should consider the challenges discussed in this report and build on previous PCB decision points.²³⁹ There needs to be a set of agreed priorities for supporting community leadership at an operational level, along with indicators for measuring those commitments at the global and national levels.

需要为 30-80-60 目标制定问责框架。制定时应考虑本报告中讨论的挑战，并建立在以前的 PCB 决策点的基础上。²⁴⁰ 需要有一套商定的优先事项，以支持运营层面的社群领导力，以及在全球和国家层面衡量这些承诺的指标。

131. Agreed indicators and monitoring mechanisms are essential to reveal obstacles—such as under-remuneration, challenges with registration and other operational constraints. Communities should participate in deciding what is tracked and measured and in monitoring processes. Progress on human rights and gender indicators and on meaningful community engagement or leadership should become mandatory criteria for HIV funding.

²³⁹ Specifically, follow up from the 52nd PCB meeting, decision points 5.3 (c), and 5.4 (a), (b), and (c); and 49th PCB meeting, decision points 4.2, 4.4 and 4.5;

²⁴⁰ 具体而言，根据第 52 届 PCB 会议的后续行动，决策点 5.3 (c) 和 5.4 (a)、(b) 和 (c)；第 49 次 PCB 会议，决策点 4.2、4.4 和 4.5；

商定的指标和监测机制对于揭示障碍至关重要，例如薪酬不足、注册挑战和其他运营限制。社群应参与决定跟踪和衡量的内容以及监控流程。人权和性别指标以及有效社群参与或领导力方面的进展应成为艾滋病毒资助的强制性标准。

Recognize the role of community leadership as an integral part of national responses

认识到社群领导力的作用是国家应对工作不可或缺的一部分

The false dichotomy between government-led health system responses and community-led health system responses must be transcended in national systems for health and social services, with communities fully integrated as essential partners in each and every aspect of the HIV response.

在国家卫生和社会服务系统中，必须超越对政府主导的卫生系统应对工作和社群主导的卫生系统应对工作之间的错误二分法。社群作为艾滋病毒应对工作各个方面的重要合作伙伴，应当得到充分整合。

- *Global AIDS Strategy*
- *全球艾滋病战略*

132. In many countries with restricted civic space, community-led and other civil society organizations continue to be sidelined in terms of decision-making and funding. The Global Fund, for example, positions community leadership and engagement as a central tenet of its current strategy, and provides clear guidance on community engagement in the grant cycle and more. Yet there is also ongoing tension between the Global Fund's strategic priorities and the principle of country ownership (see RISE case study, below). Only where governments recognize communities of people living with HIV and key populations as an essential, non-negotiable part of countries' national responses is this tension resolved. 在许多国家，公民空间受到限制，社群主导的组织和其他民间社会组织在决策和资金方面继续被边缘化。例如，全球基金将社群领导力和参与作为其当前战略的核心原则，并为资助周期中的社群参与等提供明确的指导。然而，全球基金的战略优先事项与国家自主原则之间也存在持续的紧张关系（见下面的 RISE 案例研究）。只有当政府认识到艾滋病毒感染者和关键人群社群是各国国家应对工作中不可或缺的、不可协商的一部分时，这种紧张关系才能得到解决。

133. Under GNP+'s "Community-led Accountability, Influence and Monitoring" (CLAIM) programme to support community leadership and decision-making within the Global Fund' grant cycle 7 (GC7) processes, some national AIDS programmes were found to be working in genuine partnerships with communities. In others, though, communities were sidelined. That resulted in frustration and the failure of community actors to coalesce around agreed sets of priorities. It also led to a scramble for the few resources on offer, rather than working together to pursue common, agreed goals and priorities. With support from the Global Fund's Community Rights and Gender team, CLAIM has seen significant improvements in community engagement in funding requests for GC7, but there is still some way to go.²⁴¹

根据 GNP+ 的“社群主导的问责、影响和监测”（CLAIM）项目，以支持全球基金第 7 轮资助（GC7）中的社群领导力和决策，发现一些国家艾滋病项目正在与社群建立真正的伙伴关系。然而，在另一些地方，社群被边缘化了。这导致了挫败感，并且社群行动者未能围绕商定的优先事项集聚。它还导致了对所提供的少数资源的争夺，而不是一起

²⁴¹ CLAIM change stories. Amsterdam: 2024 Global Network of People Living with HIV (GNP+) (<https://gnpplus.net/wp-content/uploads/2024/01/CLAIM-stories-of-change-F.pdf>)

努力追求共同的、商定的目标和优先事项。在全球基金社群权利和性别团队的支持下，CLAIM 看到 GC7 申请资金时社群参与度有了显著改善，但仍有一段路要走。²⁴²

134. Tools developed to support community engagement and priority-setting in countries' funding requests for GC7 included a mandatory "Annex of funding priorities of civil society and communities most affected by HIV, tuberculosis and malaria" (the so-called "Community Annex"). It comprises up to 20 community priorities,²⁴³ as well as stronger guidance on the inclusion of community systems and responses²⁴⁴ and the use of a "gender equality marker".²⁴⁵ The latter recommendation encourages countries to include gender-responsive programming in their funding requests to increase investments in gender-responsive or -transformative programming over time.²⁴⁶

为支持各国对 GC7 的资金申请中的社群参与和优先事项确定而开发的工具包括强制性的“受艾滋病毒、结核病和疟疾影响最严重的民间社会和社群的资助优先事项附件”（所谓的“社群附件”）。它包括多达 20 个社群优先事项²⁴⁷，以及关于纳入社群系统和应对工作²⁴⁸以及使用“性别平等标志”²⁴⁹的更有力的指导。后一项建议鼓励各国在其资金申请中纳入促进性别平等的规划，以随着时间的推移增加对促进性别平等或变革的项目投资。²⁵⁰

135. Despite such improvements, accountability for community-led, gender-transformative and human rights responses requires further attention,²⁵¹ and there is a role for the

²⁴² CLAIM 变更故事。阿姆斯特丹：2024 年全球艾滋病毒感染者网络（GNP+）
（<https://gnpplus.net/wp-content/uploads/2024/01/CLAIM-stories-of-change-F.pdf>）

²⁴³ Community Engagement: A Guide to Opportunities Throughout the Grant Cycle, Geneva: 2022 The Global Fund (https://www.theglobalfund.org/media/12649/core_community-engagement_guide_en.pdf)

²⁴⁴ Community Systems and Responses (CS&R) in Global Fund GC7 Grants: Updates for the 2023-2025 Allocation Period, Geneva: The Global Fund, 20 February 2023
（https://www.theglobalfund.org/media/13439/crg_community-systems-responses-gc7-grants_presentation_en.pdf）

²⁴⁵ Technical Brief: Gender Equality, Allocation period 2023 – 2025, Geneva: 2023 The Global Fund
（https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf）

²⁴⁶ Achieving Gender Equity in Global Fund Processes: an urgent need for engagement and women-led responses, 2024. Women4Global Fund and the International Community of Women Living with HIV (ICW) (<https://women4gf.org/wp-content/uploads/2024/07/ACHIEVING-GENDER-EQUITY-IN-GLOBAL-FUND-PROCESSES-ICW-W4GFpdf.pdf>)

²⁴⁷ 《社群参与：整个资助周期的机会指南》，日内瓦：2022 年全球基金
（https://www.theglobalfund.org/media/12649/core_community-engagement_guide_en.pdf）

²⁴⁸ 《全球基金 GC7 资助中的社群系统和响应（CS&R）：2023-2025 年分配期最新情况》，日内瓦：全球基金，2023 年 2 月 20 日（https://www.theglobalfund.org/media/13439/crg_community-systems-responses-gc7-grants_presentation_en.pdf）

²⁴⁹ 《技术简报：性别平等》，分配期 2023 – 2025 年，日内瓦：2023 年全球基金
（https://www.theglobalfund.org/media/5728/core_gender_infonote_en.pdf）

²⁵⁰ 在全球基金工作中实现性别平等：迫切需要参与和女性主导的应对工作，2024 年。女性全球基金 (Women4Global Fund) 和国际艾滋病毒感染妇女社群（ICW）（<https://women4gf.org/wp-content/uploads/2024/07/ACHIEVING-GENDER-EQUITY-IN-GLOBAL-FUND-PROCESSES-ICW-W4GFpdf.pdf>）

²⁵¹ How can the International AIDS Conference value, and enhance the expertise, leadership and participation of women and trans people living with HIV as equal partners in research? AIDS 2024 (poster) (<https://salamandertrust.net/wp-content/uploads/2024/07/AIDS-2024-POSTER-POWERGROUP-WEPED402.pdf>) [Munich, 25 July 2024, Tholanah, M., Chung, C., Dunaway, K. et al]

Joint Programme and PCB members to support the design and implementation of accountability tools.

尽管有这些改进，但对社群主导、性别变革和人权响应的问责制仍需进一步关注。²⁵² 联合方案和 PCB 成员应发挥作用支持问责工具的设计和实施。

Case study: Representation, inclusion, sustainability and equity (RISE)²⁵³

案例研究：代表性、包容性、可持续性和公平性（RISE）²⁵⁴

Country coordinating mechanisms are a key structure for Global Fund grantmaking. The importance of their role as entry points for community engagement is a key message of the RISE study. The research highlights the need for solid community participation at all stages of the Global Fund cycle, including grantmaking and oversight, and notes that community engagement tends to decline once funding requests have been developed. The study calls for increased financial support for community engagement, greater transparency and stronger mechanisms for community representatives on the CCM who wish to report experiencing discrimination or abuse within their role.

国家协调机制是全球基金资助的一个关键结构。他们作为社群参与切入点的作用的重要性是 RISE 研究的一个关键信息。该研究强调了在全球基金周期的所有阶段都需要社群的切实参与，包括资助和监督，并指出，一旦制定了资金申请，社群参与度往往会下降。该研究呼吁增加对社群参与的财务支持，提高透明度，并为 CCM 中希望尽责报告遭受歧视或虐待的社群代表提供更有力的机制。

Addendum: Women RISE

附录：女性 RISE

The RISE study also drew on research by the International Community of Women Living with HIV (ICW) Global and the Women 4 Global Fund, which highlighted the need for more equitable and meaningful participation of women in country coordinating mechanisms and consultations. This can be done, for example, by placing greater emphasis on the use of gender assessments to inform funding requests and by making public the findings of the Global Fund's "gender equality marker" exercise.

RISE 研究还借鉴了国际艾滋病病毒感染妇女社群（ICW）全球和女性全球基金的研究，该研究强调需要让妇女更公平、更有效地参与国家协调机制和磋商。例如，可以通过更加强调使用性别评估来为资金申请提供信息，并公开全球基金的“性别平等标志”活动的结果来实现。

²⁵² 国际艾滋病大会如何重视和加强女性和跨性别艾滋病感染者作为平等的研究伙伴的专业知识、领导力和参与度？艾滋病大会 2024（海报）（https://salamandertrust.net/wp-content/uploads/2024/07/AIDS-2024_POSTER_POWERGROUP_WEPED402.pdf）[慕尼黑，2024 年 7 月 25 日，Tholanah, M.、Chung, C.、Dunaway, K. 等]

²⁵³ Representation, Inclusion, Sustainability and Equity – RISE (2024) Community engagement in Global Fund Country Coordinating Mechanisms: Findings from the RISE Study, available at ([Rise-Report-2024-booklet_FINAL.pdf](#))

²⁵⁴ 代表性、包容性、可持续性和公平性 – RISE（2024）全球基金国家协调机制中的社群参与：RISE 研究的结果，参见（[Rise-Report-2024-booklet_FINAL.pdf](#)）

136. Global Fund processes are closely linked to countries' national strategic plans on HIV and other relevant policies. Safe and meaningful community engagement in these processes should be ongoing, based on recognition of joint goals, and built on trust.²⁵⁵

全球基金的流程与各国的艾滋病毒国家战略计划和其他相关政策密切相关。安全和有效的社群参与这些过程应该是持续的，基于对共同目标的认可，并建立在信任的基础上。²⁵⁶

Listen to what communities are saying

倾听社群的声音

[Community Leadership is] more than trotting people out to tell people about their trauma over and over again.

社群领导力不仅仅是让人们一遍又一遍地讲述他们的创伤。

- *Western Europe and North America regional dialogue*

- 西欧和北美区域对话

137. Community leaders must be *meaningfully* involved in strategy development at global and national levels. This means starting the process early, co-creating the roadmap and listening to communities most affected by HIV to enable them to take a leadership role.

社群领导力者必须有效地参与全球和国家层面的战略制定。这意味着尽早开始这一工作，共同制定路线图并听取受艾滋病毒影响最严重的社群的意见，使他们能够发挥领导作用。

138. However, despite the commitments enshrined in global HIV frameworks, communities are not consistently heard and community-led research is frequently sidelined as “grey literature” or “anecdotal”. Community-led and -allied organizations are demanding a

²⁵⁵ Achieving Gender Equity in Global Fund Processes: an urgent need for engagement and women-led responses. 2024. Women4Global Fund and the International Community of Women Living with HIV (ICW) (<https://women4gf.org/wp-content/uploads/2024/07/ACHIEVING-GENDER-EQUITY-IN-GLOBAL-FUND-PROCESSES-ICW-W4GFpdf.pdf>)

²⁵⁶ 在全球基金流程中实现性别平等：迫切需要参与和女性主导的应对工作。2024. 女性全球基金 (Women4Global Fund) 和国际艾滋病毒感染妇女社群 (ICW) (<https://women4gf.org/wp-content/uploads/2024/07/ACHIEVING-GENDER-EQUITY-IN-GLOBAL-FUND-PROCESSES-ICW-W4GFpdf.pdf>)

shift in the ways community voices are heard and represented in agenda-setting spaces.^{257 258 259 260}

然而，尽管全球 艾滋病框架中规定了承诺，但社群的声音并未得到一致倾听，社群主导的研究经常被作为“灰色文献”或“轶事”而被边缘化。社群主导和联盟组织要求改变在议程设置空间中倾听和代表社群声音的方式。^{261 262 263 264}

Case study: Listening sessions to inform the next United States National AIDS strategy

案例研究：为下一个美国国家艾滋病战略提供信息的倾听会议

The Office of National AIDS Policy in the United States has established an open-door policy to HIV-affected communities in their diversity, with several hours a week dedicated to listening to communities. It is hosting “listening sessions” to ensure that the next national AIDS strategy, due to be launched in 2025, reflects people’s experiences. To ensure equity in participation, community members who may not enter the White House for clearance reasons (e.g. undocumented individuals or those with a criminal record), online listening sessions are being held.

美国国家艾滋病政策办公室（Office of National AIDS Policy）制定了一项对受 HIV 影响的社群的开放政策，每周有几个小时专门用于倾听社群的声音。它正在举办“倾听会议”，以确保定于 2025 年启动的下一个国家艾滋病战略反映人们的经历。为了确保公平参与，因许可原因而无法进入白宫的社群成员（例如无证个人或有犯罪记录的人）正在举行在线倾听会议。

²⁵⁷ Action Linking Initiatives on Violence Against Women and HIV Everywhere, ALIV(H)E framework: Salamander Trust, Athena, UNAIDS, AIDS Legal Network, Project Empower, HEARD, University of KwaZulu-Natal. 2017.

(https://www.unaids.org/sites/default/files/media_asset/ALIVHE_Framework_en.pdf.)

²⁵⁸ Brown G, Crawford S, Perry GE, *et al.* Achieving meaningful participation of people who use drugs and their peer organizations in a strategic research partnership. *Harm Reduct J.* 2019;6(37).

²⁵⁹ Salazar ZR, Vincent L, Figgatt MC, *et al.* Research led by people who use drugs: centering the expertise of lived experience. *Subst Abuse Treat Prev Policy.* 2021;16(70).

²⁶⁰ How can the International AIDS Conference value, and enhance the expertise, leadership and participation of women and trans people living with HIV as equal partners in research? AIDS 2024 (poster). *Op.Cit.*

²⁶¹ 联结关于世界各地暴力侵害妇女行为和艾滋病毒的行动倡议，ALIV（H）E 框架：Salamander 信托、Athena、UNAIDS、艾滋病法律网络、赋权项目、HEARD、KwaZulu-Natal 大学。2017。

(https://www.unaids.org/sites/default/files/media_asset/ALIVHE_Framework_en.pdf.)

²⁶² Brown G、Crawford S、Perry GE 等人。实现毒品使用者及其同伴组织在战略研究伙伴关系中的有效参与。 *Harm Reduct J.* 2019 年;6(37)。

²⁶³ Salazar ZR, Vincent L, Figgatt MC 等人。由毒品使用者主导研究：以生活经验的专业知识为中心。 *物质滥用治疗预防政策.* 2021;16(70)。

²⁶⁴ 国际艾滋病大会如何重视和加强女性和跨性别艾滋病毒感染者作为平等的研究伙伴的专业知识、领导力和参与度？ *艾滋病 2024（海报）。* 同上。

Case study: Valuing the expertise, leadership and participation of women and trans people in research

案例研究：重视女性和跨性别者在研究中的专业知识、领导力和参与度

Women living with HIV, including trans women, who are represented by the POWER Group – a group of around 30 women living with HIV and their supporters who are all engaged in research – have been tracking the visibility and representation of issues affecting them at the International AIDS Conference for the past seven years. Data presented at AIDS2024 showed that, at the 24th International AIDS Conference in Montreal in 2022, only 16% of invited speakers, 2.4% of abstract presenters and 6% of scholarship recipients were women living with HIV. Only one of 173 invited speakers, nine of 1,602 scholarship recipients and none of the abstract presenters (of 2,540) were trans women. The findings underscore the question: If the priorities of women living with HIV are not seen as part of the global research agenda set by the International AIDS Conference, how will they be addressed in the global HIV response?

POWER Group（由大约 30 名 HIV 感染女性及其支持者组成，他们都参与了研究）代表了 HIV 感染女性，包括跨性别女人，在过去七年中一直在追踪影响她们的问题在国际艾滋病大会上的可见度和代表性。AIDS2024 上提供的数据显示，在 2022 年于蒙特利尔举行的第 24 届国际艾滋病大会上，只有 16% 的受邀演讲者、2.4% 的摘要报告人和 6% 的奖学金获得者是感染 HIV 的女性。173 名受邀演讲者中只有 1 名，1,602 名奖学金获得者中只有 9 名，摘要演讲者（2,540 名）中没有一个是跨性别女性。研究结果强调了一个问题：如果感染 HIV 的女性的优先事项不被视为国际艾滋病会议设定的全球研究议程的一部分，那么在全球 HIV 应对工作中将如何解决这些问题？

Support community-led research and monitoring

支持社群主导的研究和监测

Community-led monitoring provides space for community leadership at various levels to call out what good services should look like, for people accessing the service, but also how the powers are accountable for services provided to the community.

社群主导的监督为各级社群领导力提供了空间，以阐明良好的服务应该是什么样子，为获得服务的人，以及权力如何对提供给社群的服务负责。

- Eastern and southern Africa regional dialogue
- 东部和南部非洲区域对话

139. Community-led monitoring has grown in prominence in the global HIV response.²⁶⁵ It forms a core part of the watchdog role and function of communities and it informs policy and resource allocation. In principle, it is not a new approach; communities have been using and leading monitoring processes for years, for example through [REAct](#), which Frontline AIDS developed as a human rights monitoring system for community-led and other civil society organizations and partners (see box).

²⁶⁵ Community-led monitoring in action: Emerging evidence and good practice, Geneva: 2023 UNAIDS. ([Community-led monitoring in action: Emerging evidence and good practice](#))

社群主导的监测在全球 HIV 应对工作中越来越突出。²⁶⁶ 它构成了社群监督角色和职能的核心部分，并为政策和资源分配提供信息。原则上，这不是一种新方法；多年来，社群一直在使用和领导监测过程，例如通过 [REAct](#)，这是 Frontline AIDS 开发的人权监测系统，供社群主导和其他民间社会组织和合作伙伴使用（见插文）。

Case study: Rights Evidence Action—REAct

案例研究：权利证据行动 – REAct

REAct is a community-led monitoring and response toolkit and methodology that enables communities to document and tackle human rights barriers to HIV services, including gender-based violence. It also empowers communities to build a body of evidence to strengthen advocacy, inform human rights programming and policies, and hold perpetrators to account.

REAct 是一个由社群主导的监测和应对工具包和方法，使社群能够记录和解决 HIV 服务面临的人权障碍，包括基于性别的暴力。它还使社群能够建立证据体系，以加强宣传，为人权规划和政策提供信息，并追究肇事者的责任。

Since REAct was launched by Frontline AIDS in 2013, it has been implemented by 140 community-led organizations across 31 countries in Africa, the Middle East, eastern Europe and central Asia. REAct data are presented regularly to national AIDS councils, Global Fund country coordinating mechanisms, national ombudsmen, national centres for disease control, and others.

自 2013 年由 Frontline AIDS 发起 REAct 以来，它已被非洲、中东、东欧和中亚 31 个国家的 140 个社群主导的组织实施。REAct 数据定期提交给国家艾滋病委员会、全球基金国家协调机制、国家监察员、国家疾病预防控制中心等。

REAct data have helped communities instigate strategic litigation to confront the forced sterilization of women living with HIV in South Africa; to introduce safeguards against police harassment of people on opioid agonist therapy in Ukraine; and to set up “trust councils” to ensure rights-promoting services for people with tuberculosis in Kyrgyzstan.

REAct 数据帮助社群发起战略诉讼，以应对南非对 HIV 感染者强制绝育的问题；在乌克兰引入防止警察骚扰接受阿片类激动剂治疗的人的保障措施；以及设立“信托委员会”，确保为吉尔吉斯斯坦的结核病患者提供促进权利的服务。

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140. Community-led monitoring involves collecting and analysing data on the availability, accessibility, acceptability, affordability and appropriateness of HIV care and services,²⁶⁷ as well as awareness about services among community members. This can provide strategic information, from point-of-care to the national level, about the coverage and quality of policies, services and programmes, and about the experiences and perspectives of a wide range of stakeholders. Community-led monitoring can also empower communities by strengthening their capacity to design and lead research,

²⁶⁶ 《社群主导监测在行动：新出现的证据和良好实践》，日内瓦：2023 年联合国艾滋病规划署。
([Community-led monitoring in action: Emerging evidence and good practice](#))

²⁶⁷ How to Implement Community-led Monitoring: A Community Toolkit. 2021. International Treatment Preparedness Coalition (https://itpcglobal.org/wp-content/uploads/2021/12/1205_ITPC_CLM_Design_FullReport06_compressed.pdf)

and to collect, analyse and use data that for advocacy and programming improvements.

社群主导的监测包括收集和分析有关 HIV 护理和服务的可用性、可及性、可接受性、可负担性和适当性的数据，²⁶⁸ 以及社群成员对服务的认识。这可以提供从护理点到国家层面的战略信息，了解政策、服务和计划的覆盖范围和质量，以及广泛利益相关者的经验和观点。社群主导的监测还可以通过加强社群设计和领导研究的能力，以及收集、分析和使用用于宣传和规划改进的数据的能力，增强社群的能力。

Human rights, civic space and countering the anti-gender movement

人权、公民空间和对抗反性别运动

141. In an increasingly hostile environment for community-led organizations, it important to consider issues of safety and security for community members and organizations. 在社群主导的组织日益敌对的环境中，考虑社群成员和组织的安全和保障问题非常重要。

Building the resilience of and solidarity with community-led organizations to counter the anti-gender and anti-rights movements

建立社群主导组织的韧性和团结，以对抗反性别和反人权运动

The HIV movement should learn from feminist, LGBTQI+, sex worker and other movements who have been tracking anti-rights actors ... [Also] by studying the tactics of anti-rights actors and opponents, the HIV movement could learn how to defend and disarm anti rights agendas.

艾滋病毒运动应该向女权主义、性少数、性工作者和其他一直在追踪反人权行为者的运动学习.....通过研究反人权行为者和反对者的策略，艾滋病毒运动可以学习如何捍卫和解除反人权议程的武装。

- GNP+, Future of the AIDS Movement
- GNP+, 艾滋病运动的未来

142. The consultations for this report²⁶⁹ also found that to counter the anti-gender and anti-rights movement, solidarity and alliances between actors in the HIV ecosystem need to coalesce around a counter-narrative that is grounded in science and evidence. Long-term, non-reactive, sustained strategies and formal and informal education and communications must be mobilized to build consensus around women's and LGBTQI+ people's rights, for the effective protection of children, and for protecting democratic values.

本报告在意见征询的过程中²⁷⁰ 还发现，为了对抗反性别和反人权运动，艾滋病毒生态系统中的行动者之间需要围绕一种基于科学和证据的对抗叙事团结联盟。必须动员长期的、非被动的、可持续的战略以及正式和非正式的教育和沟通，以围绕妇女和性少数的权利建立共识，有效保护儿童，保护民主价值观。

143. UNAIDS Cosponsors and the Global Fund can play a more intentional, informed, courageous and coordinated role than they currently are. Indeed, these agencies could

²⁶⁸ 如何实施社群主导的监测：社群工具包。2021. 国际治疗准备联盟 (https://itpcglobal.org/wp-content/uploads/2021/12/1205_ITPC_CLM_Design_FullReport06_compressed.pdf)

²⁶⁹ See Annex 3 for a full list of participants.

²⁷⁰ 参与者的完整名单见附件 3。

be decisive in facilitating the building of alliances between communities and national governments, and normalizing the meaningful engagement of community-led organizations in decision-making spaces, while also challenging policies and practices that threaten to undermine an effective HIV response.

联合国艾滋病规划署的共同发起人和全球基金可以发挥比现在更有意识、更知情、更勇敢、更协调的作用。事实上，在促进社群和国家政府之间建立联盟、使社群主导的组织在决策空间中的有效参与正常化方面，这些机构可能起到决定性作用，同时也挑战可能破坏有效艾滋病毒应对工作的政策和做法。

144. To build resilience, community-led organizations also need financial solidarity, including support to counter the anti-rights and anti-gender movements, and which can be used flexibly to respond to local contexts and priorities. They also need to support to continue mobilizing communities and advocating with decision-makers to ensure that HIV target and goals are achieved.

为了建立韧性，社群主导组织，包括支持对抗反人权和反性别运动，还需要财务支援。这支援应可以灵活地用于应对当地情况和优先事项。他们还需要支持继续动员社群并与决策者一起倡导，以确保实现艾滋病毒工作目的和目标。

145. Gender mainstreaming and the incorporation of gender-transformative approaches are needed within our organizations and movements, as well as in programmes and advocacy. Those same approaches should be applied to financial systems and management, governance, technical support and research.

在我们的组织和运动中，以及在项目和倡导中，都需要性别主流化和纳入性别变革途径。

这些途径也应当用于财务系统和管理、治理、技术支持和研究。

146. Mental health and self-care also need to be addressed with greater resolve. Emotional support is part of building resilient communities. The HIV movement historically has done well at honouring achievements and supporting peers, but it can do better.

心理健康和自我关怀也需要以更大的决心来应对。情感支持是建立韧性社群的一部分。艾滋病毒运动历来在表彰成就和支持同伴方面做得很好，但它可以做得更好。

Hold the line on rights-supporting normative language and use person-centred language in our response

坚持使用支持权利的规范性语言，并在我们的应对工作中使用以人为本的语言

147. Community leadership needs to be supported by person-centred language that is non-discriminatory and that positions people living with HIV, women and girls in their diversity, sex workers, people who use drugs, LGBTQI+ people, young people and other constituencies working in the HIV response as leaders in their communities and experts about their own lives, not as victims, “patients” or vectors of disease. This is a long-fought battle that is slowly gaining ground in global spaces, yet we still see discriminatory terminology being used in policy and agenda-setting spaces. While UNAIDS terminology guidelines mostly use person-centred language, these are not consistently implemented, even by UNAIDS and Cosponsors.

社群领导力需要以人为本的非歧视性语言的支持，并将艾滋病毒感染者、妇女和女童、性工作者、毒品使用者和性少数人士、青年和从事艾滋病毒应对工作的其他社群定位为他们自己社群领袖和自己生活的专家，而不是受害者。“患者”或疾病媒介。这是一场正在全球空间慢慢取得进展的持久战，但我们仍然看到在政策和议程设置领域使用歧视

性术语。虽然联合国艾滋病规划署术语指南大多使用以人为本的语言，但这些术语并未得到一致实施，即使是联合国艾滋病规划署和共同发起人也是如此。

148. In advance of the AIDS2024 conference in Munich, the International AIDS Society for the first time issued language guidance for presenters, in response to advocacy by women living with HIV and others.²⁷¹ INPUD has also successfully advocated for—and developed guidelines to support—rights-respecting and -promoting language to replace the dehumanizing language that is typically used to describe people who use drugs, including in UN-agreed language.²⁷² These are ongoing battles. In the face of the anti-gender and anti-rights backlash, communities need allies to hold the line on the language that is used to describe them and to advance rights-promoting normative language.

在慕尼黑艾滋病大会 2024 之前，国际艾滋病协会首次发布了演讲者的语言指南，以回应感染艾滋病毒的女性和其他人的倡导。²⁷³ 毒品使用者国际网络（INPUD）还成功地倡导并制定了支持尊重和促进权利的语言的指南，以取代通常（包括联合国商定语句）用于描述毒品使用者的非人性用语。²⁷⁴ 这些都是正在进行的战斗。面对反性别和反人权的反弹，社群需要盟友在用来描述他们的语言上坚守底线，并推进促进权利的规范用语。

Movement-building and intersectionality

运动建设和交叉性

[T]he HIV movement is stronger and able to accomplish more when we are united as key populations.

当我们作为关键人群团结起来时，艾滋病毒运动会更强大，并且能够取得更多成就。

- GNP+, Future of the AIDS Movement report
- GNP+, 《艾滋病运动的未来》报告

149. HIV is not merely a biomedical issue, but a multifaceted development challenge. Socioeconomic inequalities, gender disparities and structural barriers fuel the AIDS pandemic; overcoming it requires an intersectional approach that goes beyond health care to tackle underlying structural issues as well.

艾滋病毒不仅仅是一个生物医学问题，而是一个多方面的发展挑战。社会经济不平等、性别差异和结构性障碍助长了艾滋病的流行。克服它需要一种超越医疗保健的交叉途径，以解决潜在的结构性问题。

150. Large-scale social norms work requires greater investment in feminist and key population movement-building, in order to adopt a truly intersectional approach and foster partnerships between community-led and community-based organizations, government agencies and international bodies. Platforms like the Global Partnership to

²⁷¹ The power of language, Salamander Trust, 9 July 2019 (<https://salamandertrust.net/project/the-power-of-language/>)

²⁷² Words Matter! INPUD & ANPUD Language Statement and Reference Guide. London: 2022. INPUD (<https://inpud.net/wp-content/uploads/2022/01/Words-Matter-Language-Guide-1.pdf>)

²⁷³ 语言的力量，Salamander 信托，2019 年 7 月 9 日 (<https://salamandertrust.net/project/the-power-of-language/>)

²⁷⁴ 言语很重要！毒品使用者国际网络与毒品使用者亚洲网络（INPUD & ANPUD）语言声明和参考指南。伦敦：2022 年。INPUD (<https://inpud.net/wp-content/uploads/2022/01/Words-Matter-Language-Guide-1.pdf>)

Eliminate all Forms of HIV-related Stigma and Discrimination (see the case study above) and the Global HIV Prevention Coalition (which brings together 40 high-priority countries), along with UNAIDS Cosponsors, donors and community, civil society and private sector organizations can be used to leverage best practices.²⁷⁵

大规模的社会规范工作需要女权主义和关键人群的运动建设进行更多投资，以便采用真正的交叉途径并促进社群主导和社群组织、政府机构和国际机构之间的伙伴关系。消除一切形式的艾滋病毒相关污名和歧视全球伙伴关系（见上面的案例研究）和全球艾滋病毒预防联盟（汇集了 40 个高度优先国家）以及联合国艾滋病规划署共同发起人、捐助者和社群、民间社会和私营部门组织等平台可用于发挥最佳实践的作用。²⁷⁶

151. There is scope for much greater cross-pollination—for example, women- and key population-led organizations learning from each other—to build communities’ resilience and solidarity. This could be done through cross-sectoral placements and secondments; capacity-building fellowships; and sustained investment in skills development. This has to include a pivot towards young people—especially young women and adolescent girls, and young people from key populations—with long-term investments in leadership and mentorship programmes (see below).
还有更大的交叉成长空间。例如，女性和关键人群主导组织相互学习，以建立社群韧性和团结。这可以通过跨部门安置和借调、能力建设研究访学以及对技能发展的持续投资来实现。这必须包括转向年轻人，对领导力和指导项目进行长期投资（见下文），特别是年轻女性和少女，以及来自关键人群的年轻人。
152. Collaborative community-led approaches such as joint campaigns are needed to enhance the effectiveness and reach of HIV programmes. Examples include the HIV Prevention Choice Manifesto, launched in Kampala in 2023 by African women and girls in all their diversity, feminists and HIV prevention advocates to call for continued political and financial support for HIV prevention choices.²⁷⁷ The “ Rise and Decriminalize” movement in eastern Europe and central Asia has brought together sex workers, women living with HIV, harm reduction advocates and people who use drugs to push back against the shrinking civic space in the region and to promote the four pillars of decriminalization: bodily autonomy, access to justice, freedom from legal restrictions, and access to services.²⁷⁸
需要以社群为主导的协作方法，例如联合运动，以提高艾滋病毒项目的有效性和覆盖面。例如，2023 年由非洲妇女和女孩、女权主义者和艾滋病毒预防倡导者在坎帕拉发起的艾滋病毒预防选择宣言，呼吁继续为艾滋病毒预防选择提供政治和财政支持。²⁷⁹ 东欧和中亚的“崛起与非刑罪化”运动汇集了性工作者、感染艾滋病毒的妇女、减低伤害的倡导者和毒品使用者，以抵制该地区不断缩小的公民空间，并促进非刑罪化的四大支柱：身体自主权、诉诸司法、免于法律限制、服务可及。²⁸⁰

²⁷⁵ The Global Prevention Coalition coordinates the implementation of a [Global HIV Prevention Road Map](#) and the annual publication of [scorecards](#) to track countries’ progress against the global and national targets.

²⁷⁶ 全球预防联盟协调全球[艾滋病毒预防路线图](#)的实施和每年发布[记分卡](#)，以跟踪各国在实现全球和国家目标方面的进展情况。

²⁷⁷ The Choice Manifesto. African Women Prevention Community Accountability Board. (<https://awpcab.org/the-choice-manifesto/>)

²⁷⁸ Secure the future: civil society and human rights imperative for public health and HIV response in Central and Eastern Europe and Central Asia. Rise and Decriminalize. (<https://risedecriminalize.org/shrinking-space/>)

²⁷⁹ 选择宣言。非洲妇女预防社群问责委员会。（<https://awpcab.org/the-choice-manifesto/>）

²⁸⁰ 《确保未来：中东欧和中亚的公共卫生和艾滋病毒应对工作中，公民社会和人权势在必行》。崛起与非刑罪化。（<https://risedecriminalize.org/shrinking-space/>）

Rise and decriminalize

崛起与非刑罪化

The “Rise and decriminalize communique” is a call to action for the international community, development agencies, donor governments and private donors to:

《崛起与非刑罪化公报》呼吁国际社会、发展机构、捐助国政府和私人捐助者采取行动：

- acknowledge the shrinking space faced by communities in eastern Europe and central Asia and the need for action to safeguard civic space;
 - 承认东欧和中亚社群的空间缩小，以及采取行动保护公民空间的必要性；
 - provide flexible funding to sustain the “low threshold” comprehensive work of communities, and ensure the safety and security of community activists and advocates;
 - 提供灵活的资金以维持社群的“低限度”综合工作，并确保社群活动家和倡导者的安全和保障；
 - ensure advocacy and fundraising is inclusive of a broad range of stakeholders for a coordinated, intersectional and holistic response;
 - 确保倡导和筹款包括广泛的利益相关者，以实现协调、交叉和全面的应对工作；
 - support communities in addressing issues of criminalization; and
 - 支持社群应对刑事定罪问题；
 - take leadership and coordinate meaningful dialogue.
 - 发挥领导作用并协调有效对话。
-

153. There are other country-level examples of similar initiatives. In Dominican Republic, key population and civil society groups have developed joint advocacy agendas to strengthen the voice of civil society.²⁸¹ In Cameroon, the Unity Platform,²⁸² hosted by the Cameroonian Foundation for AIDS brings together 34 organizations for LGBTQI+ people to monitor and respond to violence against LGBTQI+ people.

还有其他国家层面的类似举措示例。在多米尼加共和国，关键人群和民间社会团体制定了共同倡导议程，以加强民间社会的声音。²⁸³ 在喀麦隆，由喀麦隆艾滋病基金会主办的“联合平台”²⁸⁴汇集了 34 个为性少数人群服务的组织，以监测和应对针对性少数人群的暴力行为。

154. The HIV movement can also learn from and partner with other social justice movements that use an intersectional approach (linking housing, workers’ rights,

²⁸¹ Latin-America and Caribbean Regional Dialogue (13th September 2024)

²⁸² UNITY Platform publishes annual report on violence against sexual and gender minorities in Cameroon. Geneva: 5 May 2021. UNAIDS.
([https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210505_cameroon#:~:text=The UNITY Platform, a network of 34 organizations](https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210505_cameroon#:~:text=The%20UNITY%20Platform,%20a%20network%20of%2034%20organizations))

²⁸³ 拉美和加勒比区域对话（2024 年 9 月 13 日）

²⁸⁴ UNITY 平台发布关于喀麦隆针对性与性别少数群体的暴力行为的年度报告。日内瓦：2021 年 5 月 5 日。联合国艾滋病规划署。

([https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210505_cameroon#:~:text=The UNITY Platform, a network of 34 organizations](https://www.unaids.org/en/resources/presscentre/featurestories/2021/may/20210505_cameroon#:~:text=The%20UNITY%20Platform,%20a%20network%20of%2034%20organizations))

climate and racial justice, for example).²⁸⁵ Public health and health equity should be seen as part of a broader, more holistic endeavour that serves a range of needs. This calls for coordination and funding to bring groups together, and for a radical shift in how community leadership is defined.

艾滋病毒运动还可以向其他使用交叉途径的社会正义运动（例如，将住房、工人权利、气候和种族正义联系起来）学习并与之合作。²⁸⁶ 公共卫生和健康公平应被视为满足一系列需求的更广泛更全面的努力的一部分。这需要协调和资金，将团体聚集在一起，并彻底改变社群领导力的定义方式。

In the future we should nurture relationships and strengthen partnerships with labour rights, defunding the police, anti-poverty, anti-racist, prisoner rights, digital rights, anti-capitalist and sexual and reproductive health and rights, women's rights and feminist movements.

未来，我们应该培养关系并加强与劳工权利、减警务经费、反贫困、反种族主义、囚犯权利、数字权利、反资本主义和性与生殖健康与权利、妇女权利和女权主义运动的伙伴关系。

- GNP+, Future of the AIDS Movement report
- GNP+, 《艾滋病运动的未来》报告

Invest in the mentorship of new leaders

投资于新领袖的指导

155. Finally, communities' abilities to resist oppression in all its forms, requires mentoring and succession planning for the emergence of new leaders.

最后，社群抵抗一切形式压迫的能力需要指导新领袖，并为其继任做计划。

The dichotomy of under-funding ... is that we rely on the same leaders without properly resourcing the emerging activists. [So you have the] phenomenon of people coming along, being spread too thin and burning out with no long term support, no mentorship.

资金不足的二分法.....就是我们依赖相同的领导人，而没有为新活动家提供适当的资源。现象是有新人来，但他们分得太散，在没有长期支持和指导的情况下筋疲力尽。

- Interview with ICW Global
- 国际女性艾滋病感染者社区 访谈

156. As well as stymying the activities of community-led organizations, the under-remuneration of community members causes stagnation in community leadership, with a lack of younger or emerging leaders bringing fresh energy, ideas and technical expertise (especially in the digital space) into the movements.

除了阻碍社群主导组织的活动外，社群成员的薪酬过低还导致社群领导力停滞不前，缺乏年轻或新生领袖为运动带来新的活力、想法和技术专长（尤其是在数字领域）。

157. Leadership requires more than funding a speaking engagement for an individual. It requires long-term investment, capacity building, mentorship and sustainability planning (including succession planning and support to activists who transition out of youth movements).

²⁸⁵ Interview with ICW Global (16th August 2024)

²⁸⁶ ICW Global 访谈（2024年8月16日）

领导力需要的不仅仅是为个人的演讲活动提供资金。它需要长期投资、能力建设、指导和可持续性规划（包括继任规划和对从青年运动过渡到活动家的支持）。

Case study: UN-leashing the power of adolescent girls and young women

案例研究：联合国——解放少女与青年女性的力量

UN Women, in partnership with PEPFAR, USAID and UNAIDS, has implemented a three-year leadership initiative, “Investing in adolescent girls' and young women's leadership and voice in the HIV response” in 15 sub-Saharan African countries where adolescent girls and young women are most disproportionately impacted.

联合国妇女署与 PEPFAR、美国国际开发署（USAID）和联合国艾滋病规划署合作，在 15 个撒哈拉以南非洲国家实施了一项为期三年的领导力项目，“投资于少女和青年女性在艾滋病毒应对工作中的领导力和发言权”。这些国家中少女和青年女性受影响最为严重。

The programme focused on building feminist leadership, mentoring new and emerging leaders, creating safe spaces for girls and young women, intergenerational dialogue and movement building towards a gender-transformative HIV response. It created a convening space for women and girls who were working separately on the same issues, such as “Her Voice” ambassadors and PEPFAR DREAMS ambassadors. “We make assumptions that young activists are already connected, but they're not,” explains UN Women's Nazneen Damji. “One of the things the programme did was bring them together and encourage cross-movement building.” 该项目的重点是建立女权主义领导力、指导新生领袖、为女孩和青年女性创造安全空间、代际对话以及建立旨在性别变革的艾滋病毒应对工作的运动。它为就相同问题各自开展工作的妇女和女孩创造了一个聚集空间，例如“她声音”大使和 PEPFAR 梦大使。“我们以为年轻的活动家已经有联系，但实际她们没有”，联合国妇女署的 Nazneen Damji 解释说，“项目工作之一是将她们聚集在一起并鼓励跨运动建设。”

This helped young women incorporate gender-transformative leadership into work in women's networks.

这有助于青年女性将性别变革性领导力纳入女性网络的工作中。

Conclusion 结论

158. The 2024 NGO report builds on several previous reports that are relevant to the theme of this year's report.
2024 年非政府组织报告建立在与今年报告主题相关的先前几份报告的基础上。
159. Targets promoting community leadership (the 30–80–60 targets) and societal enablers (the 10–10–10 targets) have been enshrined in the 2021 Political Declaration on HIV and AIDS, and in the 2021–2026 Global AIDS Strategy. These are in danger of not being met, due to a retreat from human rights, more restrictive civic space, the rise of the anti-gender and anti-rights movement, and inadequate funding for community-led organizations. More fundamentally, these developments put in jeopardy the rights and wellbeing of people living with HIV, members of key populations, and women and girls in their diversity.
2021 年《艾滋病毒和艾滋病政治宣言》和《全球艾滋病战略 2021-2026》规定了促进社群领导力（30-80-60 个目标）和社会推动因素（10-10-10 个目标）的目标。由于人权的倒退、公民空间更为受限、反性别和反人权运动的兴起以及社群领导力组织的资金不足，这些目标都面临着无法实现的危险。更根本的是，这些发展危及了艾滋病毒感染者、关键人群成员以及妇女和女童的权利和福祉。

Overarching recommendations 总体建议

160. Based on an extensive consultation and literature review, the following recommendations have emerged.

基于广泛的咨询和文献综述，呈现以下建议。

161. **Ensure sustainable and equitable financing for communities**, specifically:

确保为社群提供可持续和公平的资金，特别是：

- Shift the way funding for communities is delivered (via governments and international organizations), towards strategic funding models that are flexible and long term, and cover core costs. Actively support communities to identify new sources of funding that adopt these approaches.
- 转变为社群提供资金的方式（通过政府和国际组织），转向灵活、长期并涵盖核心成本的战略资助模式。积极支持社群寻找采用这些方法的新资金来源。
- Recognize the exceptional circumstances that shape the HIV response and retain ring-fenced funding for key and vulnerable populations while transitioning to more integrated approaches to universal health coverage.
- 承认塑造艾滋病毒应对工作的特殊环境，并为关键和弱势群体保留资金，同时过渡到更加综合的全民健康覆盖途径。
- Increase the availability of flexible and emergency funding to support community-led organizations that face safety, security and other threats, and strengthen support for, or enable the creation and operation of, regional-level community-led mechanisms to provide a safety net for community-led responses in countries where community leadership and engagement is under threat.
- 增加灵活和紧急资金的可用性，以支持面临安全、保障和其他威胁的社群主导组织，并加强对区域层面社群主导机制的建立和运营提供支持或促进，以便在社群领导力和参与受到威胁的国家为社群主导的应对工作提供安全网。
- Support full funding of UNAIDS and the replenishment of the Global Fund, recognizing their vital roles in supporting the work of communities and strengthening resistance to anti-rights actors and narratives.
- 支持联合国艾滋病规划署的全额资助和全球基金的补充，认识到它们在支持社群工作和加强抵制反人权行为者和叙事方面的重要作用。
- Promote the replenishment of the Robert Carr Civil Society Networks Fund among relevant stakeholders, recognizing the unique role it plays in providing core and strategic funding to community-led and -serving networks.
- 在相关利益相关方间促进罗伯特·卡尔公民社会网络基金的补充，认识到它在为社群主导和服务网络提供核心和战略资金方面发挥的独特作用。
- Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to significantly increase financing for community-led organizations and networks and for human rights monitoring, response and advocacy, as well as to strengthen accountability to community-led organizations, including through disaggregated reporting on the proportions of donor and national HIV budgets allocated to community-led responses and human rights programming.

- 继续与会员国和捐助方密切合作，包括 PEPFAR 和全球基金，大幅增加对社群主导的组织和网络以及人权监测、应对和倡导的资金，并加强对社群主导组织的问责，包括通过分列报告捐助方和国家艾滋病毒预算分配给社群主导的应对工作和人权项目的比例。

162. Centre community leadership in global and national AIDS strategies, specifically:

在全球和国家艾滋病战略中以社群领导力为中心，具体包括：

- Strengthen accountability frameworks that monitor the level of community leadership and participation at national and global levels to promote learning and investment in community leaders, and to hold countries and global health institutions to account.
- 加强问责框架，监测国家和全球层面的社群领导力和参与水平，以促进对社群领袖的学习和投资，并问责国家和全球卫生机构。
- Recognize and support the meaningful involvement of communities—including key and priority populations, people living with HIV, and people most at risk of and most affected by the AIDS pandemic—as an integral part of HIV responses. Do so by using Global Fund guidance to ensure their safe and meaningful participation and leadership in national HIV strategic plans and policies and funding request development, and by supporting their wider engagement in planning, decision-making, implementation and monitoring related to HIV responses.
- 承认并支持社群的有效参与是艾滋病毒应对工作的一个组成部分，包括关键和优先人群、艾滋病毒感染者以及最有可能感染和受艾滋病大流行影响最大的人群。使用全球基金的指导，确保他们在国家艾滋病毒战略计划和政策以及资金申请的制定中的安全有效参与和领导力，并支持他们更广泛地参与艾滋病毒应对工作相关的规划、决策、实施和监测。
- Commit to the meaningful involvement of communities in the development of the next Global AIDS Strategy and the 2030 targets, and ensure civil society and community priorities are represented at the 2026 High-Level Meeting on HIV and AIDS and in the language of the next Political Declaration on HIV.
- 承诺社群在下一个全球艾滋病战略和 2030 年目标的制定中的有效参与，并确保民间社会和社群优先事项在 2026 年艾滋病毒和艾滋病问题高级别会议上得到体现，并出现在下一个艾滋病毒政治宣言的措辞中。
- Retain and reinforce the 30–80–60 targets by developing an operational monitoring and accountability framework that is linked to a prioritized, *accelerated* action agenda. In support, develop a clear narrative that links the 30–80–60 targets for community-led interventions to the 95–95–95 targets for treatment access and adherence, and the 10–10–10 social enabler global targets (as well as other relevant targets agreed to in the Political Declaration) to highlight the centrality of community leadership in achieving *all* global targets.
- 通过制定与优先并 *加速* 行动议程相联系的业务监测和问责框架，保留和加强 30-80-60 目标。作为支持，制定清晰的叙事，将社群主导干预的 30-80-60 目标与治疗可及性和依从性的 95-95-95 目标以及 10-10-10 个社会推动因素全球目标（以及政治宣言中商定的其他相关目标）联系起来，以强调社群领导力在实现 *所有* 全球目标中的核心作用。
- Ensure that the expertise, leadership and research of communities of people living with and most affected by HIV are consistently valued in all aspects of decision making, planning, strategy and implementation of the HIV response. And that organizations and governments working at a distance from communities regularly

convene listening spaces to learn from communities and hear about their priorities.

- 确保在艾滋病毒应对工作的决策、规划、战略和实施的各个方面始终重视艾滋病毒感染者和受艾滋病毒影响最严重的社群的专业知识、领导力和研究。远离社群工作的组织和政府定期召集听取意见，向社群学习并了解他们的优先事项。
- Support community-led monitoring to ensure health services are available, accessible, acceptable, affordable, and to monitor human rights.
- 支持社群主导的监测，以确保卫生服务可用、可及、可接受、可负担，并监测人权。

163. Build communities' resilience to hold civic space and counter the anti-gender and anti-rights movement, specifically:

建立社群韧性，以维护公民空间并对抗反性别和反人权运动，具体而言：

- Pledge concrete actions to remove the barriers that stand in the way of communities' leadership, including civic space and human rights barriers.
- 承诺采取具体行动，消除阻碍社群领导力的障碍，包括公民空间和人权障碍。
- Ensure that UNAIDS and Cosponsors collaborate closely with national AIDS councils and commissions, and other key national government stakeholders, to anticipate and prepare for anti-rights, anti-gender and anti-civil society mobilization, and to prevent the introduction of further restrictive measures.
- 确保联合国艾滋病规划署和共同发起方与国家艾滋病委员会和其他主要国家政府利益相关方密切合作，以预测和准备应对反人权、反性别和反民间社会的动员，并防止引入进一步的限制措施。
- Take effective action against the deliberate use of disinformation tactics by anti-rights, anti-gender and anti-civil society actors, and resource communities to develop and disseminate strong, shared counter-narratives that prioritize ending AIDS and promote human rights- and evidence-based responses to HIV.
- 采取有效行动，反对反人权、反性别和反民间社会行为者故意使用虚假信息策略，为社群提供资源，以制定和传播强有力的、共同的以终结艾滋病为优先的叙事来抵抗，并促进对艾滋病毒的人权和循证的应对工作。
- Ensure the mainstreaming of gender-transformative approaches and self-care for marginalized communities, as a matter of policy.
- 将性别变革方法和边缘化社群的自我关怀作为一项政策问题来主流化。
- Promote person-centred, rights-respecting and inclusive language at all levels, including in UN normative frameworks and high-level processes.
- 在各个层面推广以人为本、尊重权利和包容性的语言，包括在联合国规范框架和高级别工作中。
- Recommit to the Global Partnership to eliminate all forms of HIV-related stigma and discrimination as a platform for partnership, collaboration, exchange and mentorship between countries to advance human rights and gender equality and resist anti-rights mobilization. Strengthen linkages between the Global Partnership and key institutions, in particular the Office of the High Commissioner on Human Rights.
- 再次承诺将消除一切形式的与艾滋病毒相关的污名和歧视全球伙伴关系作为国家间伙伴关系、协作、交流和指导的平台，以促进人权和性别平等，抵制反人权动员。加强全球伙伴关系与主要机构之间的联系，特别是与人权事务高级专员办公室的联系。

- Support communities of people living with and most affected by HIV to work collaboratively both within HIV movement and across other social justice movements, and to adopt an intersectional approach.
- 支持艾滋病毒感染者和受艾滋病毒影响最严重的社群在艾滋病毒运动和其他社会正义运动中合作，并采用交叉途径。
- Invest in the mentorship of new leaders, particularly young people, to encourage (among other things) the use of digital technology and innovation, and to ensure succession planning across generations of leaders.
- 投资于对新领袖尤其是年轻人的指导，以鼓励各方面发展尤其是使用数字技术和创新，并确保跨代领导者的继任计划。

Proposed decision points 提议的决策点

Action required at this meeting—the Programme Coordinating Board is *invited* to:

本次会议需要采取的行动 – 请项目协调委员会：

- **Take note** of the report of the NGO Delegation representative;
- **注意到** 非政府组织代表团代表的报告；
- **Affirm the unique role of communities** as essential service providers, researchers, advocates, and leaders **and the fundamental contribution of community leadership to the HIV response** over more than four decades and to the delivery of the current Global AIDS Strategy and UBRAF indicators
- **肯定社群**作为基本服务提供者、研究人员、倡导者和领导者的**独特作用**，以及**社群领导力四十多年来对艾滋病毒应对工作**以及实施当前全球艾滋病战略和统一预算结果及问责框架（UBRAF）指标的重大贡献
- Noting with concern barriers posed to community leadership and the goal of ending AIDS as a public health threat by the impact of declining HIV funding, civic space restrictions and the mobilization of anti-rights/anti-gender movements, call on Member States to:
- 关切到由于艾滋病毒问题资金减少、民间组织受限和反权人权/反性别运动动员的影响，给社群领导力和消除艾滋病作为公共卫生威胁的目标构成了障碍，呼吁会员国：
 - a. Recall decision point 5.3c from the 53rd meeting of the Programme Coordinating Board, requesting member states, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets to: Increase the proportion of community-led services for HIV prevention, testing and treatment and for societal enablers to reach the 30-80-60 targets, including through mechanisms to increase and facilitate sustainable financing for community-led HIV organizations;

回顾项目协调委员会第 53 次会议的决策点 5.3c，要求会员国与社群主导的艾滋病毒组织和其他相关民间社会组织和合作伙伴密切合作，在规划署的支持下，快速采取有针对性和可衡量的行动，以实现 2025 年目标，以：增加社群主导的艾滋病毒预防、检测和治疗服务的比例，以及促进社会推动者实现 30-80-60 目标，包括通过机制来增加和促进对社群主导的艾滋病毒组织的可持续资助；

- b. In particular, fully fund UNAIDS, the Global Fund and the Robert Carr Fund, and increase flexible long-term and core funding to community-led organizations, especially those led by key populations and facing safety, security and human rights threats;

特别是，为联合国艾滋病规划署、全球基金和罗伯特卡尔基金提供全额资金，并增加对社群主导组织的灵活长期和核心资助，特别是那些由关键人群主导并面临安全、安保和人权威胁的组织；

- c. Work collaboratively across government sectors, with UNAIDS and its Cosponsors and with communities themselves to support the removal of civic space and human rights restrictions and prevent the introduction of further measures;

通过政府各方与联合国艾滋病规划署及其共同发起人以及社群本身合作，支持取消对民间组织和人权限制，并阻止进一步限制措施的实施；

Requests the Joint Programme to:

要求联合方案：

- d. Continue to work closely with Member States and donors, including PEPFAR and the Global Fund, to increase financing for community-led organizations, including for human rights, and strengthen community-led accountability, particularly through disaggregated reporting on donor and government investments in community-led and human rights initiatives;

继续与会员国和捐助方密切合作，包括总统防治艾滋病紧急救援计划（PEPFAR）和全球基金（Global Fund），增加对包括人权组织在内的社群主导组织的资助，并加强社群主导的问责，特别是通过关于捐助方和政府社群主导和人权项目投资的分别报告；

- e. Recalling decision 4.4 of the 49th PCB meeting, reiterate commitment to prioritizing the meaningful involvement of communities, including key and marginalized populations, people living with HIV, adolescent girls and young women, and people most at risk of and most affected by HIV, including in the Global AIDS Strategy 2026-2031, the 2026 High Level Meeting on HIV and AIDS, and the drafting of the Political Declaration;

回顾 PCB 第 49 次会议的决策 4.4，重申承诺优先让社群有效参与，包括关键和边缘化人群、艾滋病毒感染者、少女和年轻女性以及最易感染艾滋病毒和受艾滋病毒影响最大的人群，包括《全球艾滋病战略 2026-2031》和 2026 年艾滋病毒和艾滋病问题高级别会议，以及起草政治宣言；

- f. Retain and reinforce the 30-80-60 targets by developing an operational monitoring and accountability framework, linked to a prioritized, *accelerated*

action agenda, and supported by a clear narrative linking the 30-80-60 targets to the 95-95-95, 10-10-10 and other relevant targets, in order to highlight the centrality of community leadership in achieving *all* global targets;

通过制定运作监测和问责框架来维持和加强 30-80-60 目标，该框架与优先、加速的行动议程相关联，并辅以将 30-80-60 目标与 95-95-95、10-10-10 和其他相关目标联系起来的明确叙述，以强调社群领导力在实现 *所有* 全球目标中的核心地位；

- g. Strengthen collaboration and capacity across the Joint Programme to support countries in preparing for and resisting anti-rights mobilization, including by allocating increased budget to human rights work, recommitting to the Global Partnership to Eliminate all Forms of HIV-related stigma and Discrimination as a platform for international partnership, collaboration, exchange and mentorship to advance human rights and gender equality, and maximizing linkages with key UN institutions, in particular the Office of the High Commissioner on Human Rights;

加强整个规划署的合作和能力，以支持各国准备和抵制反人权动员，包括增加对人权工作的预算，再次承诺将“消除一切形式的艾滋病毒相关污名和歧视全球伙伴关系”作为国际伙伴关系协作、交流和指导的平台，以促进人权和性别平等，以及最大限度地与联合国主要机构，特别是人权事务高级专员办公室的联系：

Annex 1. Key informants and focus groups 附录一 关键信息人和焦点小组

Key informant interviews / dialogues 关键信息人访谈/对话	
Y+ Global	Tung Doan (Viet Nam) (越南)
MPACT	Andrew Spieldenner
International Community of Women living with HIV 女性艾滋病毒感染者国际社群	Sophie Brion Keren Dunnaway
Women 4 Global Fund 女性全球基金	Ángela León Cáceres
ATHENA Network (dialogue) (对话)	Mamello Sejake (South Africa) (南非) Irene Ogeta (Kenya) (肯尼亚) Olaoluwa Abagun (Nigeria) (尼日利亚)
Making Waves (dialogue) 造浪 (对话)	Alice Welbourn (Salamander Trust, UK) (Salamander 信托, 英国) Jacquelyne Alesi (Jacquelyne Sozi Foundation, Uganda) (Jacquelyne Sozi 基金会, 乌干达) Janet Bhila (Zimbabwe) (津巴布韦) Elidah Maita (Kenya) (肯尼亚) Lucy Wanjiku (Positive Young Women's Voices, Kenya) (阳性青年女性声音, 肯尼亚)
Love Alliance (dialogue) 大爱联盟 (对话)	Julia Lukomnik (Aidsfonds) Courtenay Howe (STOPAIDS) Jules Kim (NSWP) (全球性工作项目网络) Cedric Ninanhanwe (GNP+) (全球阳性感染者网络) Avril Padavartan (GATE) (全球跨性别平等行动) Alice Kayongo (Georgetown University) (乔治敦大学)
Robert Carr Fund 罗伯特卡基金	Felicia Wong
Office of National AIDS Policy 国家艾滋病政策办公室	Francisco Ruiz
UNAIDS 联合国艾滋病规划署	Simone Salem Daria Ocheret
UN Women 联合国妇女署	Nazneen Damji
Regional dialogues 区域对话	
Asia and the Pacific 亚太	Drew Ching, HASH (Philippines) (菲律宾) Ikka Noviyanti, YouthLEAD (regional org) (区域组织) Joe Wong, APTN (regional org) (区域组织)

	<p>John Pukali, Hetura & Kapul Champions (Papua New Guinea) (巴布亚新几内亚)</p> <p>Kanak M, Blue Diamond Society (Nepal) 蓝钻石社团 (尼泊尔)</p> <p>Muhammad Siddique Wali, Humraz Male Health Society (Pakistan) Humraz 男性健康社团 (巴基斯坦)</p> <p>Olam Rasaphonh, Community Health & Inclusion Association (Lao PDR) 社群健康与包容协会 (老挝)</p> <p>Sara Thapa. ICW AP 国际女性艾滋病毒感染者社群-亚太(regional org) (区域组织)</p> <p>Tung Bui, ECLIPSE Project, IRD VN Social Enterprise (Viet Nam) (越南)</p> <p>Anonymous participant 匿名参与者</p>
Latin America and the Caribbean 拉美及加勒比	<p>Ana Martin Ortiz, COIN (Dominican Republic) (多米尼加)</p> <p>Harold Mendoza, Instituto para el Desarrollo Humano (Bolivia) 人类发展研究中心 (玻利维亚)</p> <p>Javier Hourcade Bellocq, Plataforma LAC (regional org) (区域组织)</p> <p>Kurt Frieder, Fundación Huésped (Argentina) Huésped 基金会 (阿根廷)</p>
Western and central Africa 西部和中部非洲	<p>Aaron Sunday, African Network of Adolescents and Young Persons Development (regional org) 青少年和青年人发展非洲网络 (区域组织)</p> <p>Ebenezer Munkam Tchingwa. (Cameroon) (喀麦隆)</p> <p>Elisa Herman Sambo, Association of Positive Youth in Nigeria (Nigeria) 尼日利亚青年阳性感染者协会 (尼日利亚)</p>
Eastern and southern Africa 东部和南部非洲	<p>Bakshi Asuman, Planned Parenthood Global - Africa (regional org) 计划生育国际-非洲 (区域组织)</p> <p>Joy Asasira, individual (Uganda) 个人 (乌干达)</p> <p>Lizzie Otaye, EANNASO (regional org) (区域组织)</p> <p>Milton Bernardo, AMODEFA (Mozambique) (莫桑比克)</p> <p>Salen Kambinda, Positive Vibes Trust (Namibia) (纳米比亚)</p>
Middle East and North Africa 中东及北非	<p>Elie Aaraj, MENAHRA (regional org) (区域组织)</p> <p>Jessica Zalami, MENANPUD (regional org) (区域组织)</p> <p>Maher Sleiman, Frontline AIDS (global org) (区域组织)</p> <p>Rita Wahab, MENAROSA (regional org) (区域组织)</p>
Eastern Europe and central Asia 东欧和中亚	<p>Alexandra Volgina, i (global org) (全球组织)</p> <p>Denis Godlevsky, ITPC-EECA (regional org) (区域组织)</p> <p>Ganna Dovbakh, EHRA (regional org) (区域组织)</p> <p>Medea Khmelidze, Euraisa Women's Network on AIDS (regional org) 欧亚女性艾滋病网络 (区域组织)</p> <p>Stasa Plecas, Sex Workers' Rights Advocacy Network (regional org) 性工作者权利倡导网络 (区域组织)</p> <p>Velta Parhomenko, Club Eney (Ukraine) (乌克兰)</p>
Western Europe and North America 西欧和北美	<p>Alexander McClelland, Carleton University (Canada) (加拿大)</p> <p>Ancella Voets, Mainline (Netherlands) (荷兰)</p> <p>Heron Greenesmith, Transgender Law Center (USA) 跨性别者法律中心 (美国)</p>

Mandisa Moore-O'Neal, Center for HIV Law and Policy (USA) 艾滋病
毒法律政策中心 (美国)

Marmina Miller, PWN-USA (USA) (美国)

Mat Southwell, Coact Technical Support (UK) (英国)

Civil society expert panel 民间社会专家组

Alice Kayongo, O'Neill Institute O'Neill 研究所

Erika Castellanos, GATE 全球跨性别平等行动

Jamie Bridge, IDPC 毒品政策国际委员会

Joy Asasira, individual capacity 个体

Judy Chang, INPUD 毒品使用者国际网络

Leora Pillay, Frontline AIDS 艾滋病前线

Lizzie Otae, EANNASO

Thomas Brigden, Elton John AIDS Foundation Elton John 艾滋病基
金会

Victoria Kalyniuk, Alliance for Public Health Ukraine 乌克兰公共卫生联
盟

Survey respondents 调研回复

English version 英文

Timofey Valery Sozaev, former director of the Center Action 前行动中
中心主任 (St. Petersburg, Russia) (俄罗斯圣彼得堡); currently
seeking political asylum in the USA 当前在美国寻求政治避难

Albert Odiwuor Ooko, Sepp Kenya secretary

DHRAN - Drug Harm Reduction Advocacy Network Nigeria 尼日利亚
减低伤害倡导网络

Ernest Amoabeng Orsin (President of Ghana HIV and AIDS Network)
(加纳艾滋病毒与艾滋病网络主席)

UNASO

James Robert Olajjo, Chairperson PAFOPHA

Edith Kamau, Most at Risk Young Mothers and Teenage Girls Living
with HIV Initiative 高危青年母亲和感染艾滋病毒青少年女性倡议
(MOYOTE)

Johann Nadela

BRANIVA

Kağan Çavuşoğlu / Secretary-General 秘书长/ Red Ribbon Istanbul 伊
斯坦布尔红丝带

Danson Natujuna, Amity Foundation Uganda 乌干达 Amity 基金会

Bahar Aliyi, Project Officer at Inter Religious Council of Ethiopia 埃塞
俄比亚宗教间委员会项目官员

Family Planning Organization of the Philippines 菲律宾计划生育组织

Solum Mtogolo - Regional Field Officer 区域官员- CEDEP

Elsie Ayeh, National President, Ghana Network of Persons Living with
HIV 加纳艾滋病毒感染者网络 (NAP+ Ghana)

Deo Mutambuka

Jamaica Community of Positive Women 牙买加女性感染者社群

Mohammad Hassan Mashori, CEO FHRRDA

Hidayat Jan Tanai, ASSHO Organization 阿富汗社会人道组织团结
(Afghanistan Solidarity for Social & Humanity Organization)

Hi Voices (HiVoices.org)

Guiselly Flores, Secretaria de Red Latinoamericana y del Caribe de Personas con VIH 红色拉美秘书处与加勒比艾滋病感染者网络

Tanzania Network for People Who Use Drugs (TaNPUD)坦桑尼亚毒品使用者网络

Yda Deguia - Voice for Sexual Rights (VSR) Core Leader 性权利声音核心领袖

Correlation-European Harm Reduction Network 欧陆相关减低伤害网络 (C-EHRN)

Narayan

Jahnabi Goswami, President ANP +阳性感染者亚太网络

Ironsa M.Ernest (he/his/him)

Kenya Network Of People Who Use Drugs 肯尼亚毒品使用者网络 (KeNPUD)

CSYM -MBUENET MTANDAO COALITIONS TZ-EA.

Lindokuhle Sibiyi, Youth and Women for Change 青年女性变革, Eswatini

Mr. John Pukali, President 主席, Hetura Network PNG Association (He / Him / They)

Francis Joseph, Network of Asian People Who Use Drugs 亚洲毒品使用者网络

Uganda network of young people living with HIV 乌干达青年艾滋病病毒感染者网络

Meta Smith-Davis co-Chair PWN-LA.

ALCS (Association de Lutte Contre le Sida 艾滋病斗争协会), Morocco 摩洛哥

Peter Mkandla (Programmes Coordinator 项目协调员), Umzingwane AIDS Network Esigodini; Zimbabwe 津巴布韦

Simon W Beddoe, HRNI

Bishnu Fueal Sharma

Julio Rondinel Cano, director CCEFIRO

BHASO (Batanai HIV and AIDS Service Organisation- Batanai 艾滋病与艾滋病服务组织)

SOMOSGAY

Taaluf humanitaire International organization—Taaluf 人道国际组织

Achievable Souls Community Support Initiative 成就灵魂社群支持倡议

Janko Belin, social worker 社工

Naguru Youth Health Network Naguru 青年健康网络

Elidah Maita Ebony

Nolol awareness and social development organization-- Nolol 意识与社会发展组织(NASDO), local NGO 地方非政府组织, Somalia 索马里

CAAN Communities, Alliances & Networks 联盟与网络 (previously Canadian Aboriginal AIDS Network) (前加拿大原住民艾滋病网络)

Edna Tembo, Executive Director 执行主任, Coalition of Women Living With HIV and Aids 女性艾滋病毒感染者联盟

Trinidad and Tobago Community for Positive Women and Girls Living with and Affected by HIV.特立尼达和多巴哥阳性妇女和感染艾滋病毒女童及受艾滋病毒影响女童社群

Ancella Voets, Foundation Mainline 主线基金会, the Netherlands 荷兰

Micro Rainbow International Foundation 微彩虹国际基金会

Rhoda Coffie, National Secretary 国家秘书

Spanish version 西班牙文	<p>Sara Hernández Cepeda, Coordinadora Regional para el Cono Sur de la Red de Jóvenes con VIH de América Latina y el Caribe Hispano 拉美与加勒比西语区青少年艾滋病病毒感染者网络区域协调员(J+LAC). Red Mexicana de Personas que Viven con VIH/SIDA, AC. 墨西哥艾滋病病毒感染者网络</p> <p>Javier Martínez Badillo Macuco por la Vida A.C Andy L Rodriguez/ Grupo de Esperanza. Veronica Russo Secretaria General 秘书长, Red Latinomanerica y del Caribe de Personas que uanan drogas 拉美与加勒比毒品使用者网络 Colectivo Michoacán es Diversidad Mau Red nacional de pueblos indígenas en respuesta al SIDA RENPO Chile 智利原住民应对艾滋病病毒全国网络 Mariana Iacono ICW Argentina 阿根廷/ ICW Latina 拉美 Red Nacional de personas viviendo con VIH y sida en BOLIVIA 玻利维亚艾滋病病毒感染者全国网络(REDBOL) Walter Trejo Urquiola, Cátedra de la Paz y Derechos Humanos Mons. 蒙斯和平与人权教席 Oscar A. Romero de la Universidad de Los Andes en Mérida, Venezuela 委内瑞拉安第斯大学</p>
Russian version 俄文	<p>Svetlana Doltu, Director of the public organization "AFI"-- "AFI"公共组织主任, Republic of Moldova 摩尔多瓦 "VOLNa" Gennady Plyushchay, consultant of regional development city Kamenskoye Dnepropetrovsk region 第聂伯彼得罗夫斯克州卡姆斯科耶区域发展顾问, . Ala Iatco, human rights and harm reduction activist, Moldova 摩尔多瓦人权与减低伤害活动家 Mrs.Sudaba Shiraliyeva, Director 主任, Women and Modern World Social Charitable Center 女性与现代世界社会慈善中心 Otari Dzhidzhiishvili. JSC PHOENIX 2009 Gennady Roshchupkin, Community Systems Advisor 社群系统咨询师, ECOM Pak Alexander Yakovlevich, head of the public foundation "You are not alone", Republic of Kazakhstan 哈萨克斯坦“你不孤单”公共基金会领导 Kilchevsky Igor Lachin Aliyev, Chairman of the Board 理事会主席, Estonian PLHIV Network 爱沙尼亚艾滋病病毒感染者网络</p>
French version 法文	<p>RENAPOC Ange Mavula/UCOP+ Dr Gnazé Zignon Aimée pneumologue Jean-Marie YENE NKOUDOU directeur santé à CAMFAIDS Coalition PLUS</p>
Written input and case studies 书面意见与案例研究	
GNP+艾滋病病毒感染者全球网络	Aline Fantinatti Annah Sango
Frontline AIDS 艾滋病病毒前线	Paddy Lawrence Clare Morrisson

Indonesian Network of People who use Drug 印度尼西亚毒品使用者网络	National Hep C guidelines development 国家丙肝指南开发
Afya Plus, Tanzania 坦桑尼亚	JIPANGE Project
AIDS Action Europe 欧洲艾滋病行动	Community Response To End Inequalities (CORE)终止不平等的社群响应
Kimirina (Ecuador) (厄瓜多尔)	Community leadership in the implementation of the pre-exposure prophylaxis programme, Ecuador 实施暴露前预防的社群领导力
Healthright International 国际健康权 (with EJAF RENEWAL Initiative, and Ukraine MoH)	Closing gaps in HIV treatment adherence and HIV prevention during the Ukraine humanitarian crisis 在乌克兰人道危机中填补艾滋病病毒治疗依从和艾滋病病毒预防的空缺
W4GF, Tanzania 女性全球基金, 坦桑尼亚	Gender-transformative community-led monitoring of Global Fund HIV & cervical cancer programmes for women in their diversity in Tanzania: Empowering change 坦桑尼亚面对多元女性的性别变革社群主导监测全球基金艾滋病病毒与宫颈癌项目: 赋权变革
EmpowerCare Youths Network Solution (EYNS) 赋权关怀青年网络解决方案	Empowering adolescents in southern province, Zambia: Leading the charge in HIV awareness and prevention 在赞比亚南部省份赋权青少年: 在艾滋病病毒认识与预防中担任领导

