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**Agenda item 5.2**

### **2012-2015 Unified Budget, Results and Accountability Framework**

**UNAIDS engagement with civil society**

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## ACRONYMS

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CBO</b>	Community-Based Organization
<b>CCM</b>	Country Coordinating Mechanism
<b>CEWG</b>	Cosponsor Evaluation Working Group
<b>CSO</b>	Civil society Organization
<b>CSW</b>	Commission on the Status of Women
<b>eMTCT</b>	Elimination of Mother-to-Child Transmission
<b>ESA</b>	East and Southern Africa
<b>FBO</b>	Faith-Based Organization
<b>GBV</b>	Gender-based Violence
<b>GNP+</b>	Global Network of People living with HIV
<b>HIV</b>	Human Immunodeficiency Virus
<b>IATT</b>	Inter-Agency Task Team
<b>ICW</b>	International Community of Women living with HIV
<b>ILO</b>	International Labour Organization
<b>INPUD</b>	International Network of People who Use Drugs
<b>IPPF</b>	International Planned Parenthood Federation
<b>ITPC</b>	International Treatment Preparedness Coalition
<b>LAC</b>	Latin America and the Caribbean
<b>MERG</b>	Monitoring and Evaluation Reference Group
<b>MOH</b>	Ministry of Health
<b>MSF</b>	Médecins Sans Frontières
<b>MSM</b>	Men who have Sex with Men
<b>MSMGF</b>	The Global Forum on men who have sex with men and HIV
<b>NSWP</b>	The Global Network of Sex Work Projects
<b>NGO</b>	Non-Government Organization
<b>PCB</b>	Programme Coordinating Board
<b>PEPFAR</b>	US President's Emergency Plan for AIDS Relief
<b>PLHIV</b>	People Living with HIV
<b>VCT</b>	Voluntary Counseling and Testing
<b>RST</b>	Regional Support Team
<b>SRH</b>	Sexual and reproductive health STI Sexually Transmitted Infection

<b>TB</b>	Tuberculosis
<b>UBRAF</b>	UNAIDS Unified Budget, Results and Accountability Framework
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA</b>	United Nations Population Fund
<b>UNHCR</b>	Office of the United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>UNODC</b>	United Nations Office on Drugs and Crime
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization
<b>WLHIV</b>	Women Living with HIV
<b>YPLHIV</b>	Young People Living with HIV

## INTRODUCTION

1. People living with HIV (PLHIV) and civil society have played a central role in the AIDS response since the earliest days of the epidemic. Civil society has been – and continues to be – actively involved in every phase of the response, across the continuum of care, from advocacy to service delivery, from policy to programme design and implementation to monitoring and evaluation. It is widely acknowledged that without the efforts of civil society, the global AIDS response would be significantly weaker.
2. The UN Joint Programme on AIDS (UNAIDS) has a long-standing commitment to engage with civil society and support its wide-ranging work in the AIDS response. Over the years, the Secretariat and each of the Cosponsors have worked collaboratively with civil society in many different ways and different contexts. In 2011, UNAIDS published *Guidance for Partnerships with Civil Society, including people living with HIV and key populations*<sup>1</sup> (UNAIDS Guidance for Partnerships). This document provides guidance on how the Joint Programme, i.e. its Cosponsors and Secretariat (working at national, regional and global levels) should strengthen and operationalize meaningful and respectful partnerships with civil society.
3. In 2013, UNAIDS prepared an initial working paper to highlight examples of how the Joint Programme engages with civil society<sup>2</sup>. The paper accompanied the Performance Monitoring Report prepared for the Programme Coordinating Board (PCB) and was designed to provide additional information on the topic to the members of Board, who at their 28th meeting in June 2011 had requested “more explicit reporting on resourcing and engagement of civil society”. The working paper generated a productive and on-going dialogue on the issue of civil society engagement, including at the UNAIDS multi-stakeholder consultation on programmatic and financial accountability in October 2013. This led to a decision to prepare a similar paper for the Unified Budget, Results and Accountability Framework (UBRAF) Mid-term review multi-stakeholder consultation in March 2014, guided by an ad-hoc civil society sub-group of the Cosponsor Evaluation Working Group (CEWG), which included PCB NGO delegation representatives.
4. This updated version of the paper highlights examples of civil society engagement around the UBRF, the UNAIDS operational framework to support the achievement of targets set in *UNAIDS Strategy 2011-2015: Getting to Zero*<sup>3</sup>. These examples included herein demonstrate the breadth and depth of the Joint Programme’s engagement with civil society at national, regional and global levels. The paper is structured in the same way as the UBRF and Performance Monitoring Report 2012-2013<sup>4</sup>.

## CHARACTERISTICS OF UNAIDS ENGAGEMENT WITH CIVIL SOCIETY

5. Given the tremendous diversity within civil society, the various country and regional contexts and the different mandates of the Cosponsors, meaningful engagement of UNAIDS with civil society takes many forms. The modality for the Joint Programme’s engagement with civil society at country level is through the Joint UN Team on AIDS and

<sup>1</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236\\_guidance\\_partnership\\_civilsociety\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236_guidance_partnership_civilsociety_en.pdf)

<sup>2</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624\\_UNAIDS\\_WorkingPaper\\_CSengagement.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_CSengagement.pdf)

<sup>3</sup> <http://www.unaids.org/en/aboutunaids/unaidsstrategygoalsby2015/>

<sup>4</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/20131706\\_Performance%20Monitoring%20report\\_En.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/pcb/2013/pcb32/agendaitems/20131706_Performance%20Monitoring%20report_En.pdf)

its associated Joint Programme of Support. The Joint UN Team on AIDS comprising the Cosponsors and the Secretariat has a critical role in operationalizing partnerships with civil society, people living with HIV and key populations offering technical and financial support where relevant and possible.

6. Ensuring the AIDS response is adequately resourced is and will continue to be a core priority and function of UNAIDS. This includes supporting and facilitating civil society, including PLHIV and key populations to access resources at global, regional and national levels. Resource mobilization work is integrated into UBRAF budgets, which identify how UNAIDS will build capacity for effective and meaningful partnerships with civil society. The following section summarises the nature of civil society engagement for each of the Joint Programme Cosponsors.
7. UNHCR primarily works with NGOs as implementers and in 2012, 80% of the total UNHCR budget spent by partners, including both UN and government agencies, was allocated to civil society partners. More than 70% of the agency's NGO partners are local organizations, whose major strengths are their knowledge of the local context and culture, and their capacity to operate rapidly in emergency situations. UNHCR's technical support and capacity building efforts enable local organizations to prioritize actions during emergencies, including logistical and financial management.
8. UNICEF<sup>5</sup> focuses on partnerships at the level of a country programme, in both development and humanitarian contexts. UNICEF's engagement with civil society includes direct financial support for operations and programming; support to produce publications including advocacy and training tools; and support through training and engagement in planning processes and technical working groups. UNICEF has extensive partnerships with civil society organisations and in particular networks of PLHIV at the global level to inform their policy work, in particular within UNAIDS Inter-Agency Task Teams (IATTs).
9. WFP considers civil society as instrumental in enhancing its global presence<sup>6</sup> and reaching the most remote areas and essential in responding to hunger in both the short and long-term. In 2012, WFP partnered with nearly 1,500 NGOs, approximately 87% of which were local NGOs or community-based organizations in 72 countries involved in 163 projects. In addition, WFP collaborated with about 40 partners from the Red Cross and Red Crescent movement, working together in 38 countries on 51 projects. These partners play a critical role in enabling the day-to-day work, and in 2012 they distributed nearly two to three million metric tons of food aid on behalf of WFP, representing nearly 65% of WFP total food production.
10. UNDP's engagement with civil society focuses on civil society's critical role in the national ownership of development processes, democratic governance and the quality and relevance of official development programmes. This may cover capacity building advocacy, creating enabling environments, technical assistance and economic empowerment. In recent years, UNDP has promoted the establishment of Civil Society Advisory Committees to United Nations Country Teams forums for strategic engagement by civil society in the work of the UN at the national level. At Headquarters the Civil Society Advisory Committee<sup>7</sup> provides UNDP with policy advice.

<sup>5</sup> More information on UNICEF's partnerships with civil society is available at:

[http://www.unicef.org/about/partnerships/files/civil\\_society\\_guide\\_LoRes.pdf](http://www.unicef.org/about/partnerships/files/civil_society_guide_LoRes.pdf)

<sup>6</sup> More information on WFP's strategic plan is available at: <http://www.wfp.org/about/strategic-plan>

<sup>7</sup> More information on the Civil Society Advisory Committee can be found at:

[http://www.undp.org/content/undp/en/home/ourwork/partners/civil\\_society\\_organizations/advisorycommittee/](http://www.undp.org/content/undp/en/home/ourwork/partners/civil_society_organizations/advisorycommittee/)

11. The new UNFPA strategic plan 2014-17<sup>8</sup> affirms civil society engagement as a corporate commitment and indeed sets specific targets for increased engagement of civil society in national HIV policy-making<sup>9</sup>. Almost a quarter of UNFPA's core budget from UBRAF for the past biennium has been used directly to support civil society organizations with a further 10% being allocated as in-kind or technical support from their core expenditures. UNFPA engages with a diverse range of civil society partners in its advocacy, technical assistance and convening roles. Partners include community-led networks and organizations of women, key populations, young people, PLHIV, non-governmental organizations including those engaging men and boys, social marketing organizations, academia, and faith-based organizations.
12. At country level, in 2012 and 2013, UNODC provided financial and technical support, each year, to more than 270 civil society organizations (CSOs) world-wide. UNODC's financial and technical support to civil society organizations can be grouped into the following broad categories: support to service provision (including harm reduction in the context of HIV); advocacy and raising awareness; data collection; review of laws and policies and capacity building; support for conferences and meetings. Partnerships with civil society have become a key principle and operating mechanism for UNODC.
13. Civil society is a critical constituency for UN Women, playing a vital role in advancing shared strategic objectives to promote gender equality and women's rights and empowerment at all levels. Over 50% of UN Women's UBRAF funding went directly to civil society in the last biennium. UN Women supports civil society in diverse ways, through direct small grant mechanisms, interagency trust fund grants, programme implementation support, technical assistance, trainings and support for participation in advocacy forums such as the Commission on the Status of Women (CSW) and awareness-raising campaigns as well as web-based platforms for communications and experience sharing.
14. As a tripartite organization ILO's principal civil society partnership is with Unions (workers organizations) as one of the three key partners. During 2012 and 2013, ILO forged strategic partnerships with more than 150 CSOs (excluding employer and worker organizations) in over 50 countries across different geographical regions. ILO provides support to unions and workers organizations, networks of PLHIV, CSOs working with men who have sex with men, CSOs working with sex workers, faith-based organizations (FBOs), professional associations and informal economy umbrella organizations.
15. UNESCO works with a wide range of civil society partners, including professional associations, academic and training institutions, non-government organizations, networks and organizations of PLHIV, and the media. UNESCO's collaboration with civil society is primarily as technical partners, however, financial support is also provided for the implementation of specific activities and initiatives, as well as in-kind support. To ensure involvement of civil society at the strategic level, all UNESCO-convened high level or technical advisory groups and steering committees have representatives from civil society, particularly from youth-led and youth-serving networks and organizations. In addition to contributing technical and financial support, UNESCO also *benefits* from technical and occasionally even financial support from CSOs. These are mutually

<sup>8</sup>More information on the UNFPA Strategic Plan 2014-2017 can be found at:

<http://www.unfpa.org/public/home/about/strategic-direction>

<sup>9</sup>for example: Increase from 32 (2012 baseline) to 56 in 2017 the number of countries that have at least one community based sex worker-led organization engaged in the design, implementation, and monitoring of programmes that address HIV and sexual and reproductive health needs of sex workers

reinforcing relationships, which build on the respective strengths of partners in a spirit of shared responsibility and complementarity.

16. WHO views civil society as a key partner, and engagement with civil society has evolved over recent years into a systematic dialogue and collaboration. WHO engages with civil society through a dedicated civil society reference group and collaboration with civil society is an integral part of WHO's normative and technical support work. Civil society is supported to participate in WHO strategic and technical advisory committees on HIV, and in numerous technical consultations, providing valuable advice to WHO in the development of policies and technical guidance. WHO provides technical support to civil society in the field and regularly engages civil society in collaborative partnerships for capacity building. Civil society is also supported to effectively contribute to the implementation of WHO policies and guidance, supporting the development, adaptation and implementation of standards, guidelines and other tools in the field.
17. In the area of community-driven development, the World Bank currently supports more than 400 projects in 95 countries, valued at almost US\$ 30 billion. In relation to the AIDS response, the World Bank pioneered a multisectoral approach to increase access to HIV prevention, treatment care and support programs, with an emphasis on encouraging local responses. The World Bank strongly encourages, and works to facilitate, the participation of civil society and community-based organizations in its operations. This includes participation in global level consultation and policy dialogue on health and HIV, the provision of training and the involvement of civil society at country level in the design and implementation of poverty reduction strategies.
18. The UNAIDS Secretariat, with its network of regional support teams (RSTs) and country offices, collaborates with a diverse range of civil society actors, particularly networks of PLHIV and other key populations, to address a wide spectrum of issues related to the AIDS response. The main types of support provided by the Secretariat are technical assistance, capacity building, resource mobilization, and advocacy and leadership. The UNAIDS Secretariat has a cadre of Community Mobilization, Youth, Gender and Human Rights advisers stationed in regional and country offices who provide critical support to broker the meaningful engagement of civil society actors in national policy making and programmatic action.
19. Civil society has an essential role in the AIDS response to speak out on challenging issues such as drug and commodity stock-outs, governance or corruption issues, keeping AIDS high on the agenda, and fighting stigma and discrimination. UNAIDS supports this role through many of its interactions and engagements with civil society, underpinned by the strong representation from civil society on its governing body through the NGO Delegation.
20. In summary, UNAIDS has developed a range of different approaches in its many interactions with civil society. These approaches aim to support civil society's role at the forefront of the AIDS response augmenting, complementing and strengthening the work of UNAIDS, governments and other partners. These approaches include:
  - Participation in formal and informal consultations and dialogues on a range of agendas, from legal frameworks, normative guidance, research, data collection and analysis, to policies and planning;
  - Technical and financial support for convening meetings, facilitating partnerships and leveraging political will that promote a broad and inclusive role for civil society in the AIDS response;



- Technical and financial support for developing and strengthening the institutional capacity of civil society partners;
- Technical assistance for programme and project implementation, including critical support to enhance knowledge, generate and analyse data, build skills and improve performance;
- Financial support for specific projects and initiatives developed, led and implemented by civil society partners, as well as direct financial support to civil society partners as sub-grantees to implement programmes.

21. In practice, engagement with civil society often integrates multiple approaches, which are tailored to meet the needs of specific partners and/or situations. It is also common for the approach to evolve over the lifespan of a programme. This paper provides examples of the Joint Programme's engagement with civil society during 2012 and 2013 summarized under UBRAF goals and functions.

## REVOLUTIONIZE HIV PREVENTION

### Reduce sexual transmission of HIV

22. Sexual transmission represents the majority of new HIV infections and many aspects of the AIDS response contribute to reducing sexual transmission. The following examples illustrate some of the diverse ways that UNAIDS engaged with civil society in the 2012-2013 biennium to achieve the strategic objective of reducing sexual transmission.
23. UNESCO and UNFPA, in partnership with the International Planned Parenthood Federation (IPPF) Africa Region, Ford Foundation, and in collaboration with UNAIDS Secretariat and UNICEF organized two CSO consultation meetings to contribute to the Eastern and Southern Africa Ministerial Commitment process, with a focus on reviewing the Regional Diagnostic Report on HIV, Sexuality Education and Sexual and Reproductive Health Services for Young People in East and Southern Africa.
24. One hundred and twenty delegates from 64 CSOs and partners from 21 countries participated in the meetings. Stakeholders reviewed the diagnostic report on HIV, sexuality education and Sexual and Reproductive Health issues for young people in the ESA region and identified key areas of improvement and strategies that would help generate and revitalize political commitment on HIV prevention and sexual health for young people in ESA. The process contributed significantly to the final *Eastern and Southern Africa Ministerial Commitment on sexuality education and sexual and reproductive health services for adolescents and young people*<sup>[1]</sup>. Specific follow-up to ensure accountability to translate the commitment into action is being supported through advocacy at national level and regional level fora such as ICASA, and through the establishment of a civil society-led accountability framework.
25. UNFPA together with The Condom Project re-energised advocacy for increased condom access and demand through the CONDOMIZE! Campaign, with a strong focus on community development and participation. After successful advocacy at global level policy fora, the CONDOMIZE! project was rolled out at the country level in Botswana and in Malawi 2013. The AFRIYAN youth network was supported to develop communication materials on correct and consistent utilisation of male and female condoms by young people in Malawi. This contributed to increased demand for condoms by young people in youth drop in centres as evidenced by the increase in male condom uptake rate from 35% in 2012 to 70% in 2013.

26. In Latin America, UNFPA and CSOs jointly implemented the comprehensive condom demand generation framework, with a focus on research, promotion and distribution of female condoms. Civil society organizations were involved in the programme in a range of different ways. In Colombia, Mujeres Tejiendo Vidas (Women Weaving Lives) conducted a survey of acceptability of female condoms; in Argentina, REDTRASEX, FEIM and RAMVIH were actively involved in promoting female condoms in their community; four groups- AMMAR, Bonaerense Network of PLHIV, North Network of people living with HIV and Networking New Frontier participated in a research project called *Women, Sexuality and HIV/AIDS Care*, which included investigation into practices surrounding the use and acceptability of FC; in Costa Rica, Cenderos worked with communities in the border areas on education, promotion and distribution of FC; and in Uruguay, Ovejas Negras advocated for the inclusion of a comprehensive condom programme approach in all training activities carried out under the national sex education programme.
27. During 2012 and 2013, the World Bank increased its operational collaboration with civil society by strengthening CSO participation in a number of World Bank-funded government programmes and direct funding to CSOs. Activities financed by these programme span a range of thematic areas, including HIV prevention and sexual and reproductive health. For example, in Indonesia, the Bank partnered with civil society to reach marginalized populations through enhanced collaboration with the National Programme for Community Empowerment (PNPM Mandiri). PNPM Mandiri is the Indonesian government's flagship programme for poverty alleviation. It serves as the national policy and operational umbrella for all community empowerment programmes in Indonesia. PNPM Mandiri covers most villages (63,000) and urban wards (10,948) in Indonesia, serving more than 35 million people a year. It has been successful in creating basic infrastructure (roads, clean water supply, and village health posts); promoting livelihoods through revolving loan funds; and fostering local employment. A HIV prevention programme is part of the overall national poverty reduction programme and implemented through a partnership with CSOs. The Indonesian government has launched a complementary programme that aims to leverage the innovative and inclusive poverty reduction practices of Indonesian CSOs to reach marginalized populations. Under PNPM Peduli, grants are channelled through the PNPM Support Facility, a multi-donor trust fund managed by the Bank, to three national Indonesian CSOs. Two of these organizations, Kemitraan and the Association for Community Empowerment, provide smaller grants to a network of CSOs that work directly with beneficiaries. A third CSO, Lakpesdam, provides services through its extensive network of faith-based local branches. Together, the three CSOs have channelled sub-grants to sixty local CSO partners across 23 provinces in Indonesia, benefiting more than 40,000 marginalized people, including PLHIV.
28. To reduce the impact of HIV and other sexually transmitted diseases on people working in the transport sector in Africa a non-profit organisation, North Star Alliance (NSA) was established in 2006 by WFP and TNT, a global logistics and mail provider. The NSA operates in 13 African countries and has established 30 Roadside Wellness Centres across Eastern, Western and Southern Africa. The Wellness Centres enhance the AIDS response of national health care systems through services working with truck drivers, sex workers, border officials, dock workers, police and transport communities. By the end of 2013, the NSA had reached approximately 750,000 people. At the 2012 World Economic Forum on Africa, North Star Alliance Director Paul Matthew was named a Social Entrepreneur of the Year by the Schwab Foundation for Social Entrepreneurship.
29. The ILO engaged with civil society organizations in all regions including the Africa region to scale up HIV services to vulnerable women and men workers in the informal economy.

For example, the ILO partnered with the Informal Sector HIV and AIDS Foundation, the Ghana National Association of Garages, the Planned Parenthood Association of Ghana, the Child Teen and Family Centre for Development, KEBA Africa and the National Association of Positive Persons to extend HIV behaviour change communication programmes, peer counselling, female and male condoms and VCT services within the context of a revised informal economy HIV workplace policy. The National Association of Positive Persons was involved at all stages in the design of the programme and gave the programme a human face. As a result of the programme, 2,545 women and men workers undertook HIV testing during the last six months.

30. In Zambia, a UNICEF partnership with CHAMP, a local NGO, was key to the design and piloting of an SMS-based system with adolescents and youth on HIV and STIs called “Zambia U-report”. Zambia U-Report is an innovative, free-of-charge and youth friendly SMS platform that allows real-time, two-way communication with trained SMS-counsellors on issues of HIV and sexually transmitted infections. It was developed through a participatory process involving local NGOs, young people and programme experts from the National AIDS Council (NAC), Ministries of Health, Education, representatives from mobile companies and IT and software developers.
31. WHO supports Family Health International (FHI) to provide a clearinghouse on Voluntary Medical Male Circumcision (VMMC). Civil society is also supported to participate in WHO technical consultations and other discussions on a range of prevention interventions such as pre and post-exposure prophylaxis and services for key populations.

#### **HIV Prevention among men who have sex with men, sex workers, and transgender people**

32. Understanding the centrality of key populations – sex workers, men who have sex with men, transgender people and people who use drugs – to the HIV epidemic and its response, UNFPA has provided funding to the Global Network of Sex Work Projects (NSWP) for four years, with an emphasis of strengthening the organizational capacity of its regional networks in Africa, Eastern Europe and Central Asia, the Caribbean and Asia and the Pacific. This longer-term investment in NSWP has contributed to an expansion in the depth and quality of NSWP’s coverage and reach to sex workers around the world. UNFPA has provided capacity strengthening support for the Latin American sex work network REDTRASEX which enabled them to renew a Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) grant worth US\$ 3.8 million. UNFPA has supported South-South cooperation between community-led organizations of sex workers from India and Africa supporting community systems strengthening; sharing good practices and technical expertise through scholarships to the 2012 Kolkata Freedom Festival and ICASA in 2013. Critically, the support has enabled NSWP at the global, regional and country level to participate in the development of policies, guidelines and tools that affect sex workers who participate as equal technical experts with academics, international funders, national partners and the UN.
33. At the global level, the Global Forum for men who have sex with men and HIV (MSMGF), NSWP, International Network of People who Use Drugs (INPUD) and a representative from the transgender community participate in the UNAIDS Interagency Working Group on Key Populations providing critical input to develop international policy and guidance around key populations and HIV. UNFPA also provided scholarships to both the African Sex Workers Alliance and the African Men for Sexual Health and Rights for participation at ICASA.

34. In 2012, WHO, UNFPA, the UNAIDS Secretariat and NSWP developed a guidance document *Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries*<sup>10</sup>, to provide technical recommendations on effective interventions for the prevention and treatment of HIV and other sexually transmitted infections (STIs) among sex workers and their clients. Dissemination of the recommendations led to requests for detailed information on how to implement them. *Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches from Collaborative Interventions*<sup>11</sup> has been developed in response as a tool aligned with the 2012 guidance document. The implementation tool contains examples of good practice from around the world that may support efforts in planning programmes and services, and describes issues that should be considered and how to overcome challenges.
35. Through the Urban Health and Justice Initiative, UNDP and UNFPA work in over 25 countries across six regions with CSOs, including community-led organizations of key populations, to strengthen municipal action on HIV. The programme aims to promote and protect the health and human rights of men who have sex with men, transgender people, sex workers and people who use drugs to increase their access to and uptake of HIV and legal services. Its focus on localised responses enables highly targeted approaches that are more effective for key populations and the wider community. UNDP and UNFPA brought together twelve countries, with representation from local government, civil society and key populations, to share methodologies, including the meaningful participation of key populations.
36. In the Africa region, UNDP supported African Men for Sexual Health and Rights (AMSHER) to develop and launch a regional project called Utetezi. The project is being implemented in 15 African countries between 2013-2014 to develop the capacities of civil society and other key stakeholders to influence policy, programming and practices to facilitate access to services for men who have sex with men and LGBTI people on the continent. In 2013, AMSHER, with technical support from UNDP and partners, developed a regional capacity building and advocacy strategy to reach key populations in high prevalence municipalities. Advocacy strategies to promote better HIV services and increased engagement of key populations in municipal and national AIDS responses were developed in seven countries (Cameroon, Ghana, Malawi, Mozambique, Tanzania, Togo and Zambia).
37. Within the context of promoting labour rights for men who have sex with men and sex workers, the ILO supported civil society organizations in countries in Asia to implement rights-based workplace programmes. For example, in Thailand, the ILO built the capacity of SWING (male, female and transgender sex workers) and forged partnerships with Bangkok Rainbow, the Thai Business Coalition on AIDS and the Thailand Network of people living with HIV to implement workplace programmes in the entertainment industry. The programmes included anti-smoking messages, addressing sexual violence through peer education, promotion of first aid facilities and condom and lubricant distribution to men who have sex with men and female sex workers.

<sup>10</sup> [http://www.who.int/hiv/pub/guidelines/sex\\_worker/en/](http://www.who.int/hiv/pub/guidelines/sex_worker/en/)

<sup>11</sup> [http://www.who.int/hiv/pub/sti/sex\\_worker\\_implementation/en/](http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/)

## Prevent mothers from dying and babies from becoming infected with HIV

38. Two years have passed since the launch of the *Global Plan towards the Elimination of New HIV Infections among Children by 2015 and keeping their Mothers Alive*<sup>12</sup> (Global Plan). Today, many more women have access to antiretroviral medicines to reduce the risk of HIV transmission to their children than four years ago. There has been particular success in reducing the number of children acquiring HIV infection during pregnancy and childbirth. The Global Network of People living with HIV (GNP+) and the International Community of Women Living with HIV (ICW) were supported by several Cosponsors and the UNAIDS Secretariat to shape different elements of policy direction and in particular monitor progress in Global Plan implementation.
39. UNICEF and WHO have been co-convening the Inter Agency Task Team (IATT) on eMTCT to coordinate maternal health and eMTCT strategies, including through the H4+. Civil society organizations, including representatives of women living with HIV (WLHIV) and civil society implementing partners, sit on the IATT Global Steering/Executive Group and each of the eight working groups which provides overall coordination to the different elements of the IATT, in this way civil society is involved in shaping policy and programming through the working groups of the IATT. Civil society participation, in particular of WLHIV is promoted in all the tools developed for the Pan-American Health Organization (PAHO) region especially aimed at eMTCT of HIV and congenital syphilis.
40. In 2013, UNICEF entered into a partnership agreement with GNP+ in support of the work of the IATT on eMTCT Community Engagement Working Group. The three specific activities were: 1) development of a treatment literacy tool to increase the capacity of networks of WLHIV to plan and make informed eMTCT choices; 2) mobilize communities to engage in decentralized planning and monitoring to hold health ministry's accountable to eMTCT promises; and 3) enhance linkages between community level organizations and initiatives with national and subnational level programme managers and health facilities by mapping eMTCT efforts.
41. This partnership is the extension of projects supported financially by UNICEF in 2012 with the International Treatment Preparedness Coalition (ITPC), ICW, and GNP+ focused on *Building the Leadership of Women Living with HIV in Ensuring Accountability to End Vertical Transmission and Keep Mothers Alive*. In that project, the partnership conducted situational assessments in Cote d'Ivoire and Kenya to identify models to take targeted action towards meeting the goals of the Global Plan in other priority countries.

## Protect people who use drugs from becoming infected with HIV

42. In order to strengthen its partnership with global and regional CSOs active in addressing HIV and drug use, UNODC established the UNODC–CSO group in February 2013. The group is composed of 15 regional and international networks of NGOs and community-based organisations (CBOs). The composition of the group and the profile of its membership were agreed in partnership with the participating CSO representatives. A joint Annual Work Plan outlining concrete outputs and deliverables is developed and implemented every year.

<sup>12</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609\\_jc2137\\_global-plan-elimination-hiv-children\\_en.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110609_jc2137_global-plan-elimination-hiv-children_en.pdf)



43. To facilitate and ensure efficient communication flow between UNODC and the CSO Group, a Secretariat has been established. The International Drug Policy Consortium<sup>13</sup> was selected through an open competition to host the Secretariat during 2013-2014. The Secretariat also acts as an entry point for the UNODC HIV section to facilitate consultation, coordination, joint decision-making and follow-up concerning actions relevant to the CSO Group and UNODC in the area of drug use and HIV. Key achievements of this partnership include:
- UNODC has identified 24 High Priority Countries (HPCs) for injecting drug use and HIV: The Group has been actively involved in the selection of UNODC HPCs for injecting drug use and HIV, including in the organization of an extensive desk review, consultations with regional and country level CSOs and compilation of a report on CSO recommended HPCs.
  - The group has also contributed to several key consultative processes, i.e. preparing statements, reports, technical and strategy papers, joint events, etc., in the area of injecting drug use and HIV.
  - Key members of the UNODC-CSO Group have been very closely involved as Core Learning Partners (CLP) in the review of the terms of reference (ToR), as well as in the independent evaluation of UNODC's Global HIV Programme (covering the period between 2008-2012). The final report will be published during 2014.
  - Cultivating "police champions": UNODC organized in the HPC a series of workshops for senior law enforcement officials and key CSO representatives. These workshops were tailored to meet the needs of the countries, promoting dialogue and collaboration to increase access to harm reduction services in the context of HIV for people who inject drugs.
  - Revision of Model Drug Laws: CSOs were invited to participate in the on-going review of the Model Drug Laws.
  - In-reach training on building UN staff capacity to work more closely with key population groups: INPUD members attended as resource persons the Central Asia and the West and Central Africa "In Reach" trainings on building UN staff capacity to work more closely with key population groups.
44. In collaboration with International Network of Women Who Use Drugs, Women's Harm Reduction International Network, and Eurasian Harm Reduction Network (EHRN), UNODC has developed two draft publications on women who use drugs and their access to HIV services: 1) a brief and focused technical guide for service providers and 2) a policy brief for decision-makers. UNODC is also supporting CSOs at the national level to implement gender sensitive services in the context of HIV and people who inject drugs. For example:
- UNODC together with EHRN and Law Enforcement and HIV Network is implementing projects on prevention of violence against women who inject drugs in selected cities in Ukraine and Kyrgyzstan.
  - In Ukraine, in partnership with municipal governments and local organizations, UNODC developed the Women-4-Women initiative, offering HIV services to women who use drugs, former prisoners and survivors of domestic violence. The small grants initiative enabled the CSOs to reach more than 2,300 women and 92 children.
  - In Afghanistan, UNODC partnered with ten local CSOs to provide evidence-based HIV prevention, treatment and care services in six major female prisons and five community sites.

<sup>13</sup> <http://idpc.net/>

- In Pakistan and Nepal, UNODC provided grants to twelve CSOs to implement gender-responsive and human-rights based programmes aiming at HIV prevention, care and support among women who inject drugs, and developed and implemented, innovative means to increase female participation in all initiatives, including prisons.

## CATALYSE THE NEXT PHASE OF TREATMENT, CARE AND SUPPORT

### Ensure that people living with HIV receive treatment

45. With the aim of reaching the 2015 HIV treatment target, among several key strategies identified in the mid-term reviews, was the need of intensified efforts to involve civil society in demand creation, service delivery, treatment literacy programming and development of early warning systems for antiretroviral stock-outs. Civil society is a critical partner in the development, implementation and monitoring of WHO ARV guidelines. Further examples of Joint Programme's engagement with civil society in scaling-up HIV treatment access at global and regional levels include:
46. In 2012, WHO contracted the International HIV/AIDS Alliance and GNP+ at the global level to assess values and preferences of civil society including the community of PLHIV and for the *Consolidated Guidelines on the Use of ARVs for Treating and Preventing HIV Infection*<sup>14</sup> (Consolidated ARV Guidelines). The guideline development process included four Guideline Development Groups; the composition of the Groups was in accordance with WHO procedures for developing guidelines and included representatives from civil society and representatives from networks of PLHIV.
47. In 2013, the WHO Regional Office for the Eastern Mediterranean launched an initiative to *End the HIV Treatment Crisis in the Eastern Mediterranean Region*<sup>15</sup>. A technical consultation meeting was held with Middle East and North Africa Harm Reduction Association, the Regional Arab Network for AIDS Associations, MENA-Rosa, Tehran Positive Club, PLHIV Association of Sudan, the Regional Network for Positive Development, Association de lutte contre le Sida and Nai Zindagei to brief them on the Consolidated ARV Guidelines, to identify the role of civil society in this initiative and to discuss necessary technical support to strengthen this role.
48. The WHO Regional Office for Africa organized two workshops to disseminate the 2013 WHO consolidated guidelines. Civil society in the 28 countries of the region attended this meeting. Discussions included the role of civil society in providing support for the continuity of ART services in line with the new guidelines.
49. In 2012, the PAHO region published a report titled *Antiretroviral treatment in the spotlight: a public health analysis in Latin America and the Caribbean*, which took a critical look at ARV treatment programmes. The report was disseminated through various fora, including virtual sessions and a side event at the 2012 International AIDS Conference. CSOs in the region were well-represented at these events, resulting in a useful platform for dialogue with civil society on treatment optimization. A second Latin America and the Caribbean regional analysis of the status of treatment programmes was prepared in 2013, with active participation of civil society networks<sup>16</sup>. The analysis

<sup>14</sup> <http://www.who.int/hiv/pub/guidelines/arv2013/en/>

<sup>15</sup> <http://www.emro.who.int/asd/asd-infocus/initiative-treatment-crisis.html>

<sup>16</sup> [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_view&gid=23710+&Itemid=999999&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=23710+&Itemid=999999&lang=en)

included a survey among CSOs on community participation and ARV stock-outs. Responses were received from organizations in 18 countries.

50. In 2013, building on *Positive Health, Dignity and Prevention: A Policy Framework*<sup>17</sup>, UNAIDS Secretariat and GNP+ led the development of *Positive Health, Dignity and Prevention: Operational Guidelines*<sup>18</sup>. These guidelines are designed to support national networks of PLHIV to influence policy discussions and shape national programmes to improve and maintain the dignity of the individual living with HIV; supporting and enhancing that individual's physical, mental, emotional and sexual health; and, in turn, among other benefits, creating an enabling environment that will reduce the likelihood of new HIV infections.
51. In Cambodia, WFP has been working in partnership with local NGOs operating in home-based care/self-help group programme within the national care and treatment portfolio to provide Nutrition Assessment, Counselling and Education (NAEC) using an educational tool called, the "Good Food Toolkit" (GFTK). WFP played an important role providing technical support to the national training (Training of Trainers (ToT) and cascade trainings). The training was carried out at locations very close to the community. In 2012, by using the Good Food Toolkit, WFP's five NGO Cooperating Partners (KHANA, CHEC, Caritas, Save the Children and World Vision) screened 4,924 PLHIV who were on ART to determine their nutritional status, 1,486 people were identified with Body Mass Index (BMI) lower than 18.5 Kg/m<sup>2</sup> (30%). PLHIV then gathered at the OI/ART distribution site to observe and discuss a cooking demonstration and discuss their daily diet to understand better the side effects of ART and how to eat a more nutritious diet and provide enough strength to boost their income. They were also given information about the nutritional value of different foods and provided with a collection of easy to prepare and affordable recipes. In addition to the cooking demonstration, civil society participants benefited from livelihood programmes on vegetable gardening and how to maximize opportunities to use their own land to grow nutritious foods.

### Prevent people living with HIV from dying of tuberculosis

52. The TB/HIV Working Group is one of the seven working groups of the Stop TB Partnership, comprising a large network of stakeholders from international organizations, donors, academia, and nongovernmental and governmental organizations from a range of different countries. WHO regularly convenes global and regional events on behalf of the Global TB/HIV Working Group where civil society members form part of the Core Group and WHO promotes patient-centred global policy on HIV-related Tuberculosis and advocates for collaborative TB/HIV services, implementation and research.
53. The TB Operational Guidance and Manual, of WHO, documents ways to integrate community-based tuberculosis activities into the work of non-governmental organizations and other CSOs. These tools were developed by WHO with the active participation of a number of civil society organisations. In order to reach out to people living with Tuberculosis and HIV, community platforms are being strengthened and expanded and efforts are being made to foster integration of Tuberculosis and HIV activities into services meeting the needs of key populations, including prisoners, people who inject drugs, adolescents, pregnant women and children.

<sup>17</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701\\_phdp.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/20110701_phdp.pdf)

<sup>18</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20130802\\_Positive\\_Health\\_Dignity\\_Prevention\\_Operational\\_Guidelines.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2013/20130802_Positive_Health_Dignity_Prevention_Operational_Guidelines.pdf)



54. In Europe, WHO is providing financial and technical support to the work of regional networks such as the EHRN, Eurasian Coalition on Men's Health (ECOM), International Treatment Preparedness Coalition for Eastern Europe and Central Asia and the European Civil Society Forum. WHO has also provided financing to the EHRN for issues around hepatitis and TB capacity building of organizations working with people who use drugs.
55. WFP conducted an HIV and Tuberculosis programme design and monitoring and evaluation regional training in Dakar, Senegal, for government and partner staff from 19 countries in the West and Central Africa region to work together and share knowledge/best practices on HIV and Tuberculosis nutrition programmes and monitoring and evaluation strategy, design and implementation. A similar training was conducted in Bangkok with WFP staff and policy makers from five Asian countries.

### Social protection and access to care and support

56. CSOs are among UNICEF's key partners in the area of protection, care and support for children living with and affected by HIV and AIDS. UNICEF collaborated with World Vision to jointly commission an evidence and guidance paper on building protection and resilience synergies for child protection systems and children affected by HIV and AIDS, which looks at how HIV impacts child protection, and vice versa. The paper examines and proposes ways in which these two sectors can work better together for improved outcomes both in HIV and child protection. For example, in 2013, UNICEF in collaboration with PEPFAR, World Vision, the World Bank, Boston University, Futures Institute and UNAIDS Secretariat to finalize a paper on estimating resource needs for protection, care and support of children affected by HIV and AIDS. The results show that the coverage of services for vulnerable children can be significantly improved with only modest increases in resources. The results reflect an important shift towards providing support to strengthen families and communities that care for children rather than direct material support.
57. Through the IATT on children affected by AIDS (CABA), UNICEF at the global level is engaged with key partners (World Vision International, International HIV/AIDS Alliance, GNP+, Care Action Network, Help Age International, VSO and Save the Children) on work-related to children affected by AIDS, including costing the CABA response, analysis on how child protection systems contribute to children affected by AIDS, estimating the palliative care needs of children, advocacy and dissemination of evidence from global to national level and monitoring the global CABA response.
58. UNICEF and the International Children's Palliative Care Network finalized a study to estimate the numbers of children in need of palliative care across three countries – Kenya, South Africa, and Zimbabwe, as well as the coverage of services currently available for these children. The study found that HIV-related illnesses and neonatal conditions are the greatest contributors to children's mortality in the three countries, and that the need for children's HIV related palliative care services is very high in each country, but coverage of services is less than 5%.
59. In India, UNDP collaborated with the National AIDS Control Organization, Solidarity and Action Against the HIV infection in India (SAATHI) and networks of PLHIV to mainstream HIV in government social protection schemes and to integrate marginalized groups, especially women and girls living with HIV. As a result, several state-level government social protection schemes made policy changes to protect marginalized groups, enabling 380,000 PLHIV to access social entitlements by the end of 2012. These include

schemes related to transport, nutritional support, legal aid, micro-grants, education, housing and pensions.

60. As part of its evidence generation and knowledge building activities, the ILO engaged civil society in a number of countries to undertake research studies in relation to the social protection needs of PLHIV. For example in Ukraine, the ILO worked with the all-Ukrainian network of people living with HIV and the Centre for Social Expertise of the Institute of Sociology of Ukraine to undertake a study to assess the access and coverage of social protection policies and programmes by PLHIV. The key obstacles to receiving social protection support include the following: lack of information on benefits/services, over complicated procedures for applying, distant location of the competent institution from the place of residence of potential applicants, lack of necessary services/assistance and low quality of the assistance/services.

## ADVANCE HUMAN RIGHTS AND GENDER EQUALITY FOR THE AIDS RESPONSE

### Addressing HIV-related human rights and enabling legal environments

61. Social division, inequality and exclusion drive the HIV epidemic. These forces deprive individuals and communities of opportunities and the incentives to protect themselves and to create healthy and secure futures for themselves and their children. Paramount among these disabling forces are gender inequality, the stigmatization of people living with and affected by HIV and legal environments that do not protect access to HIV programmes or actually pose obstacles to access. The Global Commission on HIV and the Law<sup>19</sup> guide UNAIDS and civil society partners in developing actionable, evidence-informed and human rights-based recommendations for effective rights-based AIDS responses.
62. UN Women implemented a programme in sub-Saharan Africa to increase the access of women affected by HIV to property and inheritance rights in order to reduce their vulnerabilities to and mitigate the impact of HIV. Through a small grants mechanism, UN Women supported community-based and grassroots groups working at the intersection of women's property and inheritance rights and HIV. Thirty grant awards of up to US\$ 75,000 each were made to twenty organizations in nine countries: Cameroon, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe. As a consequence, the knowledge and awareness of 15,000 women living with or affected by HIV, 20,000 community members, and 3,000 duty bearers was increased. Over 1,200 property and inheritance-related cases were reported to or handled by community paralegals or community dispute resolution mechanisms as a result of increased availability and accessibility of legal services. Some of the major CSO partners included ABANTU for Development, Dialogue on Shelter for the Homeless Trust in Zimbabwe, and the Maasai Women Development Organization (MWENDO).
63. In Kenya, UNDP supported Kenya Legal and Ethical Issues Network (KELIN) to use the customary legal system to protect women's and children's inheritance rights and prevent further destabilization to families who lost a husband or father to AIDS and face the potential loss of their homes or land. Also in Kenya, UNDP, UN Women, UNFPA and the UNAIDS Secretariat worked with stakeholders in the legal fraternity and contributed to the success of the First National Symposium on HIV, Law and Human Rights which involved the national network of people living with HIV in Kenya (NEPHAK).

<sup>19</sup> <http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>

64. ILO and the Yirenping Legal Aid Centre each contributed US\$ 35,000 to build the capacity of public interest lawyers to address HIV-related rights violations in China. The programme reached more than 300 lawyers in 30 provinces. ILO worked with the Beijing and Shenzhen offices of the Yirenping Legal Aid Centre to mobilize lawyers, PLHIV and representatives from other key populations to lobby the Department of Education Guangdong province to end its policy prohibiting PLHIV from working as teachers. As a result of this integrated effort, the Department of Education dropped this discriminatory policy.
65. UNAIDS Secretariat supported various activities of civil society that aim to eliminate stigma and discrimination against key populations. In Latin America, this was prominent in the Secretariat's engagement with networks of transgender populations and sex workers. In Guatemala, the Secretariat established a multi-sectoral committee to develop a proposal for a gender identity law, participants included Organización Reinas de la Noche (OTRANS), a local CSO, and UNDP, UNFPA and PAHO. The committee finalized the gender identity law proposal as well as communication and advocacy strategies to target key influencers and decision-makers to garner support and approval for the proposal. However, various challenges remain around transgender populations, including hate crimes targeting transgender women and the lack of policy to protect the rights of transgender populations to have access to prevention, treatment and care services.
66. In Argentina, UNAIDS Secretariat supported a number of advocacy efforts by the Federación Argentina de Lesbianas, Gays, Bisexuales y Trans (FALGBT), Asociación de Travestis, Transsexuales y Transgeneros de Argentina (ATTTA) and other CSOs, including promoting the National Gender Identity Law and the LGBT Citizenship Plan. The gender identity law was adopted in May 2012 as a result of their collaborative advocacy efforts. More than 3,000 people have received their identity documents to date. The law also grants sex reassignment surgery and hormone therapy as part of public and private health care systems. For the LGBT Citizenship Plan, communities were mobilized to advocate for a law to better prevent and respond to discrimination not only against LGBT but also against other marginalized groups, as a result of advocacy and community mobilization efforts in collaboration with UNAIDS, UNDP and the Office of the Resident Coordinator.
67. In the Caribbean, the social vulnerabilities of sex workers and men who have sex with men have been reduced through UNFPA support to government and civil society for the implementation of a range of activities, such as: rights-based community-led advocacy; financial empowerment and skills training activities; specialized training for health care providers; provision of commodities; and facilitated access to social services. Financial and technical support was provided to the Colour Pink/PANOS Caribbean to build the capacity of 22 young men who sell sex. This was achieved through rights-based community-led advocacy, facilitated empowerment sessions, which addressed financial management, and vocational skills training.

#### **HIV needs of women and girls and gender-based violence**

68. Addressing the HIV vulnerabilities of women and girls requires work at many levels – from developing national policies to providing or facilitating support to local community groups. It requires strategies for supporting behaviour change among men and social change to develop social, cultural and legal environments that empower women. Methods include, for example: dialogue and consultations, work with cultural and religious leaders, development of technical briefs, training of key individuals and

champions as well as longer-term capacity building programmes for young people. Addressing sexual and gender-based violence (SGBV) requires many of the same elements at national and local levels.

69. UN Women identifies key opportunities for networks of WLHIV to engage and participate in events and dialogues where policy is determined at global, regional and national levels. UN Women supported representatives of networks of WLHIV and community-based organizations to highlight examples of women's leadership in shaping HIV policies and programmes, creating constituencies, and advocating for greater accountability to advance women's priorities and needs within the AIDS response at the XIX International AIDS Conference.
70. At country level, UN Women worked with existing networks of WLHIV to articulate a common agenda and broaden planning and policy making spaces for their meaningful participation, including in: mid-term reviews of National AIDS Strategies in Kenya and Rwanda; national eMTCT planning, regional public hearings of HIV legislation (Rwanda); and access to, and in some cases representation on, the Global Fund's Country Coordinating Mechanism (CCM) (in Cambodia, China, Kenya, and Senegal). In China, for example, as a result of advocacy by UN Women, the Global Fund China CCM included, for the first time, a seat for women's CSOs as a permanent member of the CCM board, and the China Rolling Continuation Channel (RCC) HIV programme allocated, again for the first time, special funding for women's CSOs to address the needs of women, girls and gender equality in the context of HIV.
71. UN Women provides financial and in-kind support to civil society as implementing partners as well as through granting mechanisms such as the Fund for Gender Equality and the UN Trust Fund to Eliminate Violence Against Women. For example, UN Women supports the programme activities of the Caribbean Coalition on Women, Girls & AIDS, a regional network of individuals and organizations committed to advocating for improved HIV and AIDS programming for women and girls. In 2012, the Coalition held policy dialogues in Grenada and Guyana to integrate inter-sectoral approaches for addressing violence against women and HIV in key national policy frameworks. These consultations informed the development of advocacy and policy briefs. The Coalition also supported business development trainings for 64 WLHIV in Haiti and Tobago to strengthen advocacy skills as well as their economic security.
72. In Eastern Europe and Central Asia, UN Women with financial support from UNESCO and UNDP-Bratislava contributed to strengthening the capacity of the Kazakhstan Network of Women Living with HIV by conducting a training session in 2013 on intersections between violence against women and HIV. By the end of the training, the participants were able to develop an action plan, which contained a number of concrete actions for 2014 activities, including drafting a proposal on intersections of violence and HIV to the UN Trust Fund to End Violence Against Women.
73. Promoting women's sexual and reproductive health and rights is central to UNFPA's overall mandate and focus as well as that of UNAIDS Agenda for Women and Girls. UNFPA through the UN Interagency Working Group on Women, Girls, Gender Equality and HIV partnered with the MenEngage Alliance, Sonke Gender Justice, and the ATHENA Network to organize two regional consultations, in Eastern and Southern Africa and West and Central Africa, convening civil society and governments from 13 countries to address gender-based violence and engage men and boys for gender equality. This resulted in a set of joint civil society-UN-government national action plans to advance gender equality through national AIDS responses. Implementation of these plans is being supported by UN joint teams on AIDS at the national level.

74. In East Europe and Central Asia, a gender transformative programme for increasing male involvement in reproductive health was delivered by Promundo, a long-term implementing partner of UNFPA. A regional network of trainers was sustained and supported. Capacity was strengthened of government and non-government trainers within the network via a regional training delivered by Promundo and UNFPA. A shared, web-based knowledge centre was set up to further support sharing of resources and good practices. Country-level programmes were implemented to increase male knowledge and promote positive attitudes and behaviours in support of reproductive health.
75. During 2012 and 2013, UNDP supported the empowerment of women and communities affected by HIV through leadership and capacity development of CSOs, facilitation of South-South partnerships, engagement of regional bodies, and building cross-thematic synergies with particular attention to governance, poverty and human rights in seven countries (Algeria, Djibouti, Egypt, Jordan, Lebanon, Tunisia and Yemen). In addition, 350 projects representing WLHIV were supported to develop and implement income-generating schemes. The initiative has focused on building leadership of community-based organizations and enhancing sustainable and healthy livelihoods through the provision of vocational training, skills trainings, and micro-credit schemes for the establishment of income-generating projects that contribute to reducing the vulnerability of women affected by HIV.
76. UNDP has strengthened policy engagement with the Global Fund to promote integration of gender in its policies, strategies and programmes, including production of a *Checklist for Integrating Gender into the New Funding Model*<sup>20</sup>. UNDP, UNAIDS Secretariat and other members of the Joint Programme provide support to national and regional partners for development of gender-sensitive programme proposals and participation in Global Fund processes.
77. In Ukraine, UNODC supported six NGOs piloting gender-responsive medical and social services, psychological counselling, housing and harm reduction services. Over 2,000 people were provided with comprehensive and quality HIV services, addressing a number of barriers that women encounter when seeking help and following through treatment. The NGOs went on to participate in trainings with local government officials on gender-responsive service delivery and gender budgeting to help strengthen funding from municipalities.
78. In addition to providing quality support to survivors of sexual violence, UNHCR is committed to preventing the occurrence of SGBV. In Haiti, UNHCR provided safe spaces for nearly 300 SGBV survivors and their direct dependents throughout 2012. In partnership with SEROvie, UNHCR Haiti also opened a transit centre for lesbian, gay, bisexual, transgender and intersex SGBV survivors, where clients are provided with safe housing for up to three weeks, assisted in finding a suitable accommodation, provided with a year's rental allowance and given access to income generating and training opportunities.

<sup>20</sup> <http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/checklist-for-integrating-gender-into-the-new-funding-model-of-t/>



## STRATEGIC FUNCTIONS

### Leadership and advocacy

79. UNAIDS was the first UN programme to have civil society formally represented on its governing body, the Programme Coordinating Board. The contribution of the PCB NGO delegation, which includes PLHIV and from networks of key populations, has been instrumental in the effective inclusion of community voices in the key global policy forum on AIDS. UNAIDS has financially supported a communication and consultation facility (CCF), housed in different civil society organizations based on an application process overseen by UNAIDS, to strengthen the NGO delegation's participation and to support NGO country-level voices. The PCB NGO delegation proposal to the 33rd Programme Coordinating Board in 2013 to hold a high level meeting to assess progress against the 2011 Political Declaration and establish new goals to finish the work started in the 2011 Political Declaration resulted in a decision point agreed by the UNAIDS Board inviting the United Nations General Assembly to consider holding such a High Level Meeting<sup>21</sup>.
80. In 2013, a worldwide consultation with civil society and literature review resulted in a report by the PCB NGO delegation entitled, "The Equity deficit: Unequal and unfair access to HIV treatment, care and support for key affected communities" which focused on the needs of key populations. It included recommendations on new: biomedical preventative technologies, prioritising treatment for those living with HIV who need it for health and survival over using treatment for prevention purposes, reporting on stigma and discrimination, and funding for strong civil society participation. The CCF has contributed to the NGO delegation's communication and consultation capacity with wider civil society, helping the delegates to manage nomination and recruitment processes, supporting the NGO delegation as they orient new delegates, coordinating meetings with member states and Cosponsors, and assisting the delegates to bring civil society concerns to the attention of the UNAIDS Secretariat. PCB NGO delegation members select representatives to participate in technical working groups, reporting teams related to the Joint Programme's engagement with civil society, the UNAIDS Programme Coordinating Board Bureau (where the Programme Coordinating Board meeting planning and agendas are determined), UNAIDS reviews, the Monitoring and Evaluation Reference Group (MERG), and the UNAIDS-Lancet Commission<sup>22</sup> - advocating for UNAIDS to play a strong leadership role and for human rights, evidence-informed programming, and gender equity to be included in its decision points.
81. The PCB NGO delegation have advocated for inclusion of important themes for the Programme Coordinating Board discussions such as meaningful inclusion and support for key populations, including gay men and other men who have sex with men, transgender people, men and women who use drugs, sex workers, as well as women and young people; and social protection measures effectively addressing HIV-related discrimination and other barriers to HIV prevention, treatment, care, and support. The PCB NGO delegation's participation in the UNAIDS Board showcases an innovative, transparent, systematic and formal practice that could be of benefit to other similar institutions, within and outside the UN System.

<sup>21</sup> 5.2. *Recalls* the decisions from the 32nd PCB on the AIDS response on the post-2015 development agenda and *invites* the United Nations General Assembly to consider convening a High Level Meeting on HIV at an appropriate time after 2015 as part of a broader strategic effort to reaffirm and renew political commitments, and to ensure accountability towards the achievement of universal access to HIV prevention, treatment, care and support in the post-2015 era;

<sup>22</sup> <http://www.unaids.org/en/resources/campaigns/post2015/defeatingaidsadvancingglobalhealth/>

## The Red Ribbon Award

82. The Red Ribbon Award (RRA) is a UNAIDS Secretariat managed initiative, coordinated by a working group of Cosponsors and civil society representatives. The RRA is presented every two years at the International AIDS Conference (IAC), is designed to honour and celebrate community-based organizations for their outstanding initiatives that show leadership in reducing the spread and impact of AIDS. The Red Ribbon Award process not only mobilizes CBOs from all over the world to document leading practices in the community-based response to AIDS, it also involves international stakeholders from civil society and the UN Family in evaluating these practices. Furthermore, the RRA winners can use their visibility from winning the award to highlight the importance of CBOs in the response to AIDS to stakeholders at the IAC, to which the RRA Winners are invited. In addition, the RRA Winners host the Community Dialogue Spaces at the IACs and their sessions at the IAC also address issues, which are insufficiently covered in the IAC program. Perhaps most importantly, experience has shown that the award has presented winners with stronger credibility and cooperation with key stakeholders and decision-makers at the national, regional and international levels. Examples include:

- ✘ A RRA Winner from Kenya was invited to speak before the UK Parliament;
- ✘ Winners from Iran and Myanmar received unprecedented exposure on national newspapers and television, helping to publicize the response to AIDS in difficult domestic political situations;
- ✘ Mexican and Sri Lankan winners and their stories appear on UN Family member web sites;
- ✘ A Winner from Mexico is now also working with ILO and gave presentations at international ILO conferences on “Getting to Zero in the workplace”.

83. The RRA Winners also build their capacities through the financial award and technical advice from UN Family members, which is also part of winning a Red Ribbon Award. Furthermore, RRA Winners have been able to use their status as Winners to obtain further resources from other funders and partners (such as the Global Fund) to build and strengthen their capacities even more. The RRA Winners' projects using their Award funds improve their abilities to serve their communities as well as providing inspiring examples to other CBOs around the world.

## Leadership and Advocacy by Communities

84. UNAIDS Secretariat puts particular emphasis on young people and their role in the AIDS response. Within its structure, the Secretariat has a unit dedicated to youth, with youth coordinators assigned to each UNAIDS Secretariat RST. This has helped the Secretariat advance its partnerships with youth organizations at the global, regional and country levels.

85. To enable the youth sector in the AIDS response to work more effectively together on the ground, UNAIDS co-created the PACT for social transformation, with 25 youth-led and youth serving organizations. The PACT aims to create solidarity across youth organizations to work strategically and collaboratively in the AIDS response towards ensuring the health, well-being and human rights of all young people. The PACT represents a fundamental departure from tokenistic youth engagement to on-going strategic collaboration with youth-led civil society in the AIDS response. The PACT collaboration has five key priorities: integrate HIV into Sexual and Reproductive Health (SRH) services and policies; increase access to evidence-informed prevention and treatment; remove laws that prevent young people from accessing services; ensure

resources for young people and HIV are allocated based on need and evidence; and ensure HIV remains a priority in the post-2015 development agenda. In November 2013, PACT, together with UNAIDS, launched ACT 2015, a movement building initiative that aims to secure a post-2015 development framework that advances the SRH rights and HIV response for young people. Under ACT 2015, 176 community dialogues were hosted to mobilize young people and share their thoughts and ideas for the post-2015 advocacy efforts. Based on the inputs, a political activist workbook will be developed and support will be provided to youth activists to lobby decision-makers in their countries through online platforms.

86. Youth LEAD is a network of focal points supporting the engagement of young people from key populations in national AIDS responses. Youth LEAD is active in 20 countries in Asia and the Pacific. UNAIDS Secretariat provided technical and financial support to Youth LEAD in a number of areas including support to the advocacy campaign through social media, strategic guidance to the governance structure, provision of a leadership training course, and financial support to the overall management of the organization. As a result, Youth LEAD successfully represented young key populations in a number of important regional fora such as the Asia Pacific Population Conference and the Eleventh International Congress on AIDS in Asia and the Pacific. Youth LEAD also strengthened its governance structure with focus on country focal points, became part of PACT (see above), and rolled out the leadership training course in seven countries. Furthermore, Youth LEAD was recognized for its efforts to reach communities at the grassroots level and granted funds in the second round of the Robert Carr Network Fund. Following these successes, Youth LEAD still needs to further strengthen its governance structure, particularly of its Secretariat, and also move forward with some specific issues of young key populations such as testing and access to treatment among young people who use drugs and young men who have sex with men.
87. With a view to strengthening the AIDS response's focus on women, UNAIDS provided stronger support for advocacy and leadership of WLHIV, particularly in bringing the voices and influence of WLHIV closer to a variety of global, regional and national AIDS responses. In 2012, UNAIDS Secretariat supported ICW and GNP+ to strengthen the engagement of WLHIV advocates to support the Global Plan, which resulted in enhancing communication among WLHIV in gathering evidence of community experiences and concerns related to key Global Plan priorities. In particular, WLHIV across the focus countries were supported through monthly telephone calls, talking points and briefing notes on key issues and community forums to prepare women to engage in national policy-making discussion and to document the experiences of WLHIV in accessing services to prevent vertical transmission.
88. In the Middle East and North Africa region, UNAIDS Secretariat supported MENA-Rosa, a regional group of women and girls living with HIV. Through strengthening the capacity of the group, UNAIDS helped MENA-Rosa, among others, organize regional meetings on community mobilization and advocacy, and implement awareness raising campaign on stigma and discrimination in collaboration with the Regional Arab Network against AIDS (RANAA). The most notable outcome of the Secretariat's support has been the development of strong leaderships among WLHIV in the region, who are committed to make difference in their communities while also making representations of WLHIV in the region more visible.
89. UNAIDS Secretariat jointly with the UN country team in Botswana provided technical support to the Centre of Youth for Hope (CEYOH), a network of young people living with HIV (YPLHIV) in Botswana to bring together the various YPLHIV networks in Botswana. The aim of this coalition is to identify the key problems that YPLHIV face and



help mobilize and coordinate resources to address these key issues. The coalition through a coordinated approach has been successful in bringing together various YPLHIV network in the country and in agreeing on common agenda for actions. Several areas were identified as priority, including treatment literacy, sexual and reproductive health for YPLHIV, psychosocial support, mental health and stigma and discrimination. The Joint Programme is currently committed to further build the capacity of CEYOH so as to help YPLHIV play a lead role in shaping national policies in these areas.

90. UNAIDS Secretariat in partnership with UNFPA, UNDP and UNODC has established strong partnerships with community-led networks and organisations of sex workers, men who have sex with men and transgender populations with a focus on the capacity strengthening, leadership and advocacy efforts at global, regional and country levels. In Asia and the Pacific support was provided to the Asia Pacific Coalition on Male Sexual health (APCOM), including advocacy and leadership, technical assistance, training and capacity-building, and funding. This support contributed to APCOM's strengthened leadership in the region, which resulted in prominent representations of the voices of men who have sex with men and transgender population in key fora including International Congress on AIDS in Asia and the Pacific, Expanded Development Partners' Meeting, Regional Consultation on Community/led Testing, Leadership Forum, Global men who have sex with men Consultation, and other initiatives. However, some challenges remain, including reaching and influencing civil society networks at the country, provincial and city levels where the men who have sex with men epidemics need to be tackled in concert with local authorities and other partners. Similarly, the Asia Pacific Network of Sex Workers has participated as an equal partner in the development of documentation of sex worker-led good practices; progressing implementation of the First Asia and the Pacific Regional Consultation on HIV and Sex Work and the UNAIDS Guidance Note on HIV and Sex Work; to the implementation of the Global Commission on HIV and the Law and relevant regional dialogues.
91. In Eastern Europe and Central Asia, UNAIDS Secretariat in collaboration with UNDP, UNFPA and WHO supported the Eurasian Coalition on Male Health (ECOM), a regional men who have sex with men and transgender network, to strengthen its institutional capacity, including convening its first Board meeting, define governance structure, set strategic priorities as well as communication and fundraising strategies. This support resulted in ECOM raising US\$ 200,000 for its activities in 2013-14 from the men who have MSMGF. Also in 2013, the Joint Programme provided technical support to ECOM to convene a regional community consultation on men who have sex with men and transgender population, which helped analyse the progress since the first regional consultation in 2010 and develop common vision on the priority areas for the future work.

### **Engagement of civil society in national strategic planning and programming processes**

92. UNAIDS Secretariat as convener of the Joint UN Team on AIDS routinely supports and facilitates the engagement of civil society in national strategic planning and programming processes. For example, in Rwanda the UNAIDS Secretariat assisted civil society to provide input into the development of the National Strategic Plan 2013-2018. Several trainings were given reaching over 100 people aimed to: build the capacity of civil society in evidence-based planning and gender monitoring for promoting gender equality; engage both men and women in GBV and HIV prevention; and to develop skills in strategies to effectively involve young people in evidence-based and result-oriented programming. Likewise in South Sudan technical assistance and funding was provided to SSNEP + a civil society organization for PLHIV to support their engagement in development of the national strategic plan. In Uganda, the UNAIDS Secretariat gave

support to civil society to engage in the action planning and implementation of Components of National Plan of Action on Women and Girls.

93. The World Bank and the International Monetary Fund adopted the Poverty Reduction Strategy Papers (PRSP) policy in 1999 in order to encourage low-income countries to follow country development strategies that promote poverty reduction. These strategies were designed to be results oriented, follow long-term goals, and be participatory in their design and implementation. Governments were encouraged to consult and involve civil society, the private sector, donor agencies, and other stakeholders in strategy development. A variety of civil society consultation approaches were used in preparing and implementing the PRSPs, including: opinion leader surveys, focus group meetings, public fora, and online feedback. In preparing the PRSP for Cameroon for instance, consultations involved more than 6,000 people from different segments of society, 25% of who were women and 20% youth. The consultation meetings, held in provincial capitals and small villages, involved local officials, CSOs, and citizens. These consultations involved groups of PLHIV and enabled PRSPs to better integrate issues raised by networks of key populations.

### Coordination, coherence and partnerships

94. UNAIDS is collaborating with civil society to strengthen coordination, coherence and partnerships across diverse areas of the AIDS response. A recent example of an interesting partnership is illustrated through the UNAIDS Secretariat partnering with the Indonesian AIDS Coalition to develop a mobile application (AIDS Digital) which enables online access of AIDS basic information and directory of AIDS-related services through any smart phones with any platform (iOS, Blackberry, Windows and Android) in local language (Bahasa Indonesia). AIDS Digital is developed by community members living with HIV for other community members and the public at large. Basic features include an HIV 101- a directory of services with addresses, pictures, call service and a GPS location map, as well as features to provide service reviews and ratings. The directory of services provided includes VCT, STI, CST, eMTCT and family planning, and also harm reduction related services. IAC is a community organization based in Jakarta, Indonesia, whose members are predominantly PLHIV. An official cooperation was forged between IAC and the Ministry of Health under a Memorandum of Understanding which will allow AIDS Digital to be adopted as an official MOH mobile application and can be downloaded or promoted through the official MOH website. The official launch of AIDS Digital took place in October 2013 at the Ministry of Health and was launched by the Minister of Health.
95. The World Bank conducts an annual Civil Society Policy Forum, which takes place during the spring. The forum is a platform for Civil Society to engage in substantive dialogue and exchange of views between the World Bank staff, government officials, academics, and other high-level policy-makers who attend these meetings. The Bank continued to encourage and facilitate CSO participation in several important global health partnerships, which have a major impact on HIV. These include the International Health Partnership (IHP+); High level taskforce on Innovative International Health Financing for Health Systems; Partnership for Maternal, Newborn, and Child Health; and the Scaling up Nutrition (SUN). IHP+ engages CSO partners through a variety of mechanisms, including the IHP+ Civil Society Consultative Group (CSCG) and Health Policy Action Fund (HPAF). Two CSO representatives—one representing the north and another from the south—from the IHP+ CSCG sit on the IHP+ executive team, playing a strategic role in offering input to the IHP+ work program. The HPAF supports a small grants programme that builds southern CSO capacity to more meaningfully engage with national health policy processes. In 2012, the Bank participated actively in the development of the SUN nutrition programme working closely with a wide range of

international and national CSOs such as Save the Children, Médecins Sans Frontières, and Concern Worldwide.

96. At a global level WHO has established a Civil Society Reference Group on HIV, a group of around 25 individuals from different civil society constituencies. The group advises WHO on its policies and programmes and helps to identify areas for collaboration. WHO contracts CSOs and representatives to manage civil society consultation processes, surveys and other inputs, including contracts with the International AIDS Alliance and GNP+ to assess civil society values and preferences for the Consolidated ARV Guidelines. CSOs have also been actively engaged in providing civil society case studies and shaping the WHO Guidelines on Key Populations and HIV, to be released in July 2014. WHO routinely includes civil society representatives in advisory groups to develop HIV-related guidelines. WHO also includes civil society representatives on its Strategic and Technical Advisory Committees for HIV, Tuberculosis and Hepatitis.

### Knowledge, evaluation and research

97. In the area of health research, the World Bank collaborated with CSOs on a multi-country study on community responses to HIV. The evaluation, entitled “Investing in Communities Achieves Results” was carried out by the Bank and the UK Department for International Development in partnership with the UK Consortium on AIDS and International Development. Using a variety of methodologies, instruments and country settings, the final report is a summary of 15 studies, including 11 evaluations carried out in eight countries with a strong focus on sub-Saharan Africa. The study examined the effectiveness and impacts of community responses to the AIDS epidemic while taking into account the investments made by governments, donor agencies, and CSOs. Findings indicate that investments have produced good results at the community level that contributes to the desired outcomes of the global response to AIDS. Together these findings were synthesized and published in Investing in Communities Achieves Results: Findings from an Evaluation of Community Responses to HIV and AIDS (2012). Other publications resulting from this evaluation include: Funding Mechanisms for Civil Society: The Experience of the AIDS Response (2012), Analysing Community Responses to HIV and AIDS - Operational Framework and Typology (2011), a World Bank Policy Research Working Paper and a special issue of AIDS Care Journal, bringing 13 of the 15 studies together. The UK Consortium on AIDS and International Development and their global network of CSOs at the global and country levels played an important role in the consultation process and disseminating the results.

### Technical support

98. UNAIDS Secretariat provided technical support to the Network of Women Sex Workers in Latin America and the Hispanic Caribbean (REDTRASEX) for the development of the Global Fund Round 10 grant proposal phase II. The proposed regional programme aimed to reduce HIV prevalence among sex workers in the Latin America and the Caribbean regions through strengthening the institutional capacity of the network members in 15 countries while also empowering sex workers in these countries. The proposal has been approved by the Technical Review Panel of the Global Fund and programme implementation will follow shortly. Additionally, REDTRASEX is coordinating with the Committee for HIV/AIDS Prevention and Control of the Armed Forces and the National Police in Latin America and the Caribbean (COPRECOS LAC) for the interventions to reduce police repression towards sex workers in several countries in the region.

99. In the Republic of South Africa, technical assistance was provided by the UNAIDS Secretariat to South Africa National AIDS Commission (SANAC) to strengthen its leadership, governance, coordination and strategic planning areas to enable CSO meaningful involvement in country led processes. This led to a number of outcomes: strengthened governance, coordination and communication mechanisms; stronger engagement in monitoring of HIV and Tuberculosis activities and holding the government and partners accountable for the effective implementation of programmes, policies and strategies in line with the commitments made (watchdogs role); strengthened representation and role of CSOs in all SANAC structures (PRC, national strategic planning financing committee, CCM, Trust, Plenary); establishment of the National Civil Society Forum (CSF) and eight provincial forums; strengthened links between the national and provincial Civil Society Forums; Identified and agreed CSOs strategic priorities in the HIV and Tuberculosis response and streamlining of activities of 19 sectors; development of civil society sectoral plans; and fundraising through SANAC grant programme to strengthen coordination and monitoring and evaluation.

## CROSS-CUTTING THEMES

100. Cross cutting themes are issues from the UNAIDS division of labour areas that are not directly represented or explicitly captured in the strategic goals of the UNAIDS 2011-2015 strategy or the global AIDS targets. The themes are:

- Young people;
- Education for more effective AIDS responses;
- Scaling up HIV workforce policies and programmes;
- Integrating food and nutrition in HIV prevention and care services; and
- HIV interventions in humanitarian emergencies.

## Young people

101. Protection of the sexual and reproductive health and rights of young people is integral to the work of UNFPA. Partnership with young people to promote and protect their sexual and reproductive health and rights is central to UNFPA's approach. Particular emphasis is placed on supporting networks of young women, YPLHIV and young key populations to incorporate their priorities in national development plans and strategies, and to hold governments accountable for their commitments.

102. In HIV-specific policy fora, UNFPA supports the meaningful engagement of young people. For example, 200 young people from 54 countries around the world were supported to advocate for their issues in policy making fora through a knowledge and skills building preconference at the IAC 2012 organized by Advocates for Youth with financial and technical support from UNFPA and in collaboration with Norwegian Agency for Development Cooperation and the UNAIDS Secretariat. Their advocacy focused on three key messages throughout the conference: "We want access to information and services", "We demand equality", and "We insist on meaningful partnerships". They also developed a declaration that laid the foundation for how youth organizations, networks and activists will collaborate and mobilize over the next two years to reach the 2015 goals of the Political Declaration on AIDS.

103. In East and Central Europe, UNFPA, together with the Y-PEER and Peer Education Training and Research Institute, supported annual youth fellowships, and focused peer education training to Roma youth using specifically designed training kits. This training enabled young Roma, a marginalized group, to strengthen their capacity to advocate for

their participation in decision -making and understand and access the HIV and sexual and reproductive health services they need.

104. UNFPA undertook small scale community consultations in 11 countries, facilitated by community-based organisations, and a regional survey with Youth LEAD in Asia Pacific Region, addressing the issues faced by young key populations. These consultations were a first step, to be expanded in 2014 and are forming future programmatic interventions.
105. In Eastern and Southern Africa, UNFPA supported Soul City to strengthen the capacity of sixty young women and men from twenty three countries in social media advocacy to increase access to sexual and reproductive health information and services (contraception, HIV prevention, testing and treatment), resulting in the launch of several initiatives including Y4CARMMA (in support of the African Union's Campaign on Accelerated Reduction of Maternal Mortality in Africa) and Y4CSW (focused on the UN Commission on the Status of Women) that reached more than 330,000 young people.
106. UNESCO works closely with youth-serving and youth-led organizations, with a specific focus on networks of young people from key populations. In collaboration with the IATT on Young Key Populations, UNESCO spearheaded NewGen Asia, an innovative regional initiative to develop the capacity of the next generation of young leaders from key populations to ensure their voices are heard and their needs met in national and regional HIV programmes. In 2012, over 100 young people from key populations were trained, including 25 young people through a national level rollout in Myanmar. The courses were designed and piloted in partnership with YouthLEAD, the Asia Pacific Network of Young People from Key Affected Populations. Over the course of 2012-2013, in addition to strengthening the institutional capacity of regional YKP networks, UNESCO contributed to the mobilization of over US\$ 775,000 in financial support for Asia Pacific youth networks.
107. In Eastern Europe and Central Asia, UNESCO provided support to youth-serving organizations to enhance their capacities in the use of internet and social media for HIV/SRH education through participation in the UNESCO-UNAIDS supported "ONLINE-prevention" project. A special internet-based platform was created for training, networking and experience sharing among youth-led and youth-targeting organizations. Young people were empowered to create messages, photos and posters to raise awareness about HIV, sexual and reproductive rights, promote solidarity with PLHIV through participation in contests, festivals, community-based actions, and online campaigns which reached more than one million people.
108. UNESCO is working with youth-led organizations for YPLHIV and key populations to strengthen effective programming for young key populations, which is a challenging new area for many member states; for example, a capacity building workshop for UNESCO staff (November 2012) was facilitated by young leaders from Youth Rise, HIV Young Leaders Fund, International Committee on the Rights of Sex Workers and Espolea (Mexico).
109. UNICEF, together with other UNAIDS Cosponsors and the Secretariat, has supported the creation and consolidation of the Latin American and Caribbean HIV-Positive Youth Network. This interagency collaboration has contributed to strengthen young people's leadership skills and ability to operate in a framework that advances human rights and gender equality; increase their meaningful participation at equal level in key events and processes to advance the response to HIV; generate a youth-led movement for the AIDS response in the region; position strategic issues related to HIV and young people in the



regional agenda for the AIDS response; and implement the approach of working with young people not only as beneficiaries, but also as partners and leaders.

### Education for more effective AIDS responses

110. UNESCO and UNFPA join forces with a wide range of CSO partners for the scale-up of comprehensive sexuality education (CSE) for both in school and out of school youth, from large international organizations to small local networks and associations. One of the key partners with which UNESCO and UNFPA work is the International Planned Parenthood Federation (IPPF). In ESA, IPPF and its member associations are key partners in strengthening curriculum development for CSE. IPPF affiliates participated in a curriculum design-training workshop and now form a regional hub of expert trainers and curriculum developers alongside Ministry of Education staff, regional education institutions and UNESCO. In WCA, UNESCO is adapting its Sexuality Education Review and Assessment Tool (SERAT) at the request of IPPF for use by civil society to assess non-formal sexuality education programmes. IPPF affiliates will pilot the new CSERAT tool.
111. UNESCO also collaborates with Population Council on technical approaches to sexuality education and gender. In ESA, Population Council undertook a systematic review into sexuality education curriculum content under the regional programme implemented by UNESCO, UNICEF and UNFPA. Population Council also contributed a feature article in UNESCO's good policy and practice booklet on gender equality, HIV and education.
112. SafAIDS is a primary implementation partner for the development and piloting of technical support tools for YPLHIV. UNESCO and SafAIDS are developing teaching aids and learning support materials to address HIV and AIDS-related stigma and discrimination, based on photos and testimonies from young people and teachers living with HIV. An Adolescent HIV Prevention and Treatment Literacy Toolkit was developed to support the establishment or expansion of circles of care and support for adolescents living with HIV at community level.

### Scaling up HIV workforce policies and programmes

113. During 2012-2013 a successful example of engagement with civil society is illustrated in ILO partnering with Postal Corporation of Kenya (PCK) to develop and implement comprehensive HIV-related workplace programmes and policies in eight regions of the country. ILO provided technical and training assistance and normative guidance to the CSO partners within the partnership. In addition, evidence-informed advocacy was used to demonstrate the value of the programme to senior management, including the Post Master General who committed to providing the necessary leadership. Sixteen managers were trained on HIV workplace programmes following the Guidelines on HIV and AIDS for the postal sector and the ILO recommendation concerning HIV and AIDS and the world of work.
114. The postal sector was identified because it employs 2,500 male and female workers, most of whom are young and highly mobile as they transport mail across the nation. Additionally, the nature of the work of the postal sector would make it a strong ally in the AIDS response by distributing HIV material across the nation. To get the programme started, a strategic partnership was forged comprising the network of PLHIV drawn from the Kenya Civil Aviation, Central Organization of Trade Unions – Kenya (COTU(K)), Communication Workers Union (COWU), Federation of Kenya Employers (FKE),

Ministry of Communication and Information Technology, National Organization of Peer Educators, the National AIDS Control Council (NACC) and ILO.

115. A gender-balanced, labour-management committee, which also included representation from the network of PLHIV, was established to plan and implement the workplace programme and a review of relevant policies. Forty-five female and male peer educators from the participating regions were identified and trained on emerging trends on HIV, behaviour change communication, peer counselling and the elimination of HIV-related stigma and discrimination. In addition, the PCK workplace policy on HIV was aligned with the above-mentioned ILO recommendation and management approved it for regional dissemination and implementation.
116. In a similar vein, UNESCO has been partnering with teachers' unions and networks of teachers living with HIV to ensure their needs and rights are addressed in national policies. In Lesotho, UNESCO supported the formation and capacity development for the organization of teachers living with HIV (Teachers' Organisation Responding to HIV and AIDS in Lesotho: TOREHA-Les) and the organization of YPLHIV (Young Positive Generation of Lesotho: YPGOL). Together, UNESCO and these two groups collaborated to reach out to their constituencies with positive-speaking sessions that have resulted in many teachers and learners feeling empowered to disclose their status and promote their rights.
117. In Namibia, UNESCO provided support to the National Teachers' Union and HIV/AIDS Management Unit within the Ministry of Education, to conduct an assessment and evaluation of the functionality of the current Edusector Health Networks in Ohangwena, Omusati, Kavango and Caprivi regions (these are networks of teachers living with and affected by HIV). The assessment was finalized in December 2013 and the report will inform future operations of the networks as well as the expansion of similar interventions to other regions.

### Integrating food and nutrition in HIV prevention and care services

118. Food insecurity is cited as one of the barriers for access to ART. Food and nutrition support contribute to adherence and retention in care especially in countries adopting option B+. WFP provides food assistance to food insecure PLHIV enrolled in home-based care, antiretroviral treatment (ART) and prevention of mother-to-child transmission (PMTCT) programmes. Food and nutrition support is provided to HIV positive pregnant and lactating women. In Cambodia, WFP has been working in partnership with local NGOs operating in home-based care/self-help group programme within the national care and treatment portfolio to provide nutrition assessment, counselling and education (NAEC) using an educational tool called the *Good Food Toolkit*.
119. In Indonesia, a needs assessment was conducted by WFP and the Albion Centre (an Australian civil society organisation) to understand the awareness of PLHIV and peer educators about key nutrition issues, including attitudes and practices regarding nutrition. The assessment was also used to address gaps in the capacity of nutrition care and support for ART programmes. In addition, it explored models for inserting nutrition in existing education programmes for peer educators.
120. In Myanmar, NGOs such as ADRA Myanmar assisted WFP in providing support to PLHIV and to their households, encouraging effective adherence to treatment and improving treatment outcomes, which, in turn, mitigate the impact of HIV at the individual and household levels. In South Sudan, in addition to food support to PLHIV and households, workshops on food and nutrition awareness for networks and organizations

of PLHIV groups were held. In southern Africa, WFP provides food and nutrition support to HIV affected and infected individuals and households through government institutions and NGOs such as CARITAS World Vision International, IFRC and faith-based organizations.

121. WFP's food support initiatives assisted by local NGOs, target orphans and vulnerable children (OVC) as well as national interventions which are HIV sensitive and inclusive of PLHIV/CLHIV/OVC, including school meals programmes, cash and food scholarships, productive assets and livelihood support, and the maternal and child health, and nutrition programmes. In Burkina Faso, WFP has developed partnership with local NGOs to support OVC.

### HIV interventions in humanitarian emergencies

122. UNAIDS activities in humanitarian emergencies can be demonstrated in the work being undertaken in the Central African Republic (CAR) under the leadership of WFP and UNHCR. The conflict in 2012, the coup d'état in 2013 and the continuing insecurity in CAR have triggered a dramatic deterioration in the humanitarian situation in the country. Most of CAR's 4.5 million people<sup>23</sup> are affected and hundreds of thousands of people need direct humanitarian assistance. CAR features the highest HIV prevalence in Central Africa, a national sero-prevalence survey conducted in 2010 found a 5.9 % infection rate among 15- 49 year-olds. UNAIDS estimates that 10,000 adults and 17,000 children are HIV positive, while 11,000 people die each year from HIV-related complications. The Centre National de Lutte contre le Sida (CNLS, or National Centre for the Struggle Against AIDS) estimated that 55,000 to 65,000 PLHIV are eligible for ART. But, at present, only some 15,000 – 17,000 people are receiving ARV treatment, and almost 4,000 feared lost to follow up (post crisis –2013/2014 various assessments).
123. The AIDS response in CAR is been undertaken by the CNLS and the Ministry of Public Health with enormous support from UN Agencies, International Humanitarian non-governmental organizations (NGOs) and networks of PLHIV. Humanitarian organizations work in complex and challenging security environments such as CAR. All the humanitarian organizations working in the country have been affected by security incidents. In Bangui, offices and houses of United Nations agencies and international NGOs have been repeatedly looted. Nevertheless immediate deployment of relief efforts, which is both challenging and expensive, has continued. Humanitarian emergency response entails risk, but a number of NGOs have shown over the last year that an upgrade in capacity through international staff deployment is feasible. For example, throughout 2013, Médecins Sans Frontières (MSF) teams never fully evacuated from project sites. On the contrary, they expanded their presence in six of the most vulnerable areas of the country.
124. CSOs in CAR are grouped into two major platforms: the National Network of NGOs against AIDS (RONALSI) and the Central African Network of People Living with HIV (RECAPEV). The representatives of these CSOs continue to support patients who have discontinued treatment due to insecurity and the non-functioning health system as well as advocate for the new government to provide security and a supportive environment to become operational again. In addition, the Global Fund, the largest donor to HIV and Tuberculosis in CAR, has earmarked a two-year investment of € 20-30 million that is being implemented through the International Federation of Red Cross and Red Crescent Societies (IFRC). International Humanitarian NGOs, the Global Fund, UNHCR, WFP,

<sup>23</sup> World Bank (2012)



UNAIDS Secretariat and the wider Joint UN Team on AIDS are working to ensure comprehensive support to affected communities for the provision of quality HIV care within the humanitarian context.

## CONCLUSION

125. Engagement with civil society is a critical component of the work of the UN Joint Programme on AIDS. Civil society has been a driving force of the AIDS response over the past 30 years and it is essential for UNAIDS to maximize the potential of its civil society partnerships. Work with networks of people living with HIV and key populations is of particular importance.
126. This paper reviews a broad range of ways in which UNAIDS is engaged with civil society, through the presentation of examples from the global, regional and national levels. The programme areas presented in these cases cut across a variety of issues, reflecting the multi-sectoral nature of the AIDS response. Throughout the report there is an emphasis on issues that pertain to PLHIV and key populations, namely men who have sex with men, transgender populations, sex workers and people who inject drugs, as well as women and girls (including WLHIV) and young people. This emphasis reflects UNAIDS' efforts to promote the participation of populations most affected by the epidemic.
127. The World Bank has published the policy research working paper *Analysing Community Responses to HIV and AIDS: Operational Framework and Typology*<sup>24</sup>. It identifies the extent of community involvement as one of six characteristics of community responses to HIV and AIDS. Civil society involvement is measured along a continuum ranging from the community-initiated and -led responses to external actor-initiated and -led responses. Similarly, the UNAIDS Guidance for Partnerships offers eleven guiding principles for meaningful partnership with civil society, including community participation, ownership, and community-led approaches. As noted in several cases in the paper, UNAIDS' role has been to promote civil society's efforts in service delivery through capacity-building, leadership development and training, and technical and financial support. UNAIDS also brokers civil society representation in international, regional and national fora as well as formal and informal dialogues with key government, bilateral and multilateral policy-makers.
128. Each Cosponsor defines how it engages with civil society. This paper offers examples of the breadth of engagement with civil society by Cosponsors and UNAIDS Secretariat. These include funding for participation at consultations, technical assistance, capacity-building and training. The examples highlighted in this paper can be summarized in the following way:
129. UNAIDS partners with civil society in advocacy and leadership: CSOs are advocates and leaders in the AIDS response, having played an essential role since the earliest days of the epidemic. CSOs have spoken out on challenging issues such as the need for treatment access, stock outs of commodities, drug pricing, governance and corruption issues, keeping AIDS high on the agenda, and fighting stigma and discrimination.
130. UNAIDS works with civil society as implementing partners: UNAIDS commissions CSOs as executing agencies, and they are financed through a sub-contracting or co-

<sup>24</sup> <http://elibrary.worldbank.org/doi/pdf/10.1596/1813-9450-5532>

financing modality to implement specific projects. These projects are planned and managed within the goals and objectives of the Cosponsors or the Secretariat. In this context, UNAIDS' and civil society's partnership can be seen as a donor-recipient relationship. CSOs are also involved in the decision-making related to projects, participating in project design, management, planning, implementation, monitoring and evaluation.

131. UNAIDS consults civil society as experts in specific areas: Cosponsors and the Secretariat receive civil society expert input through a variety of means, including conferences, meetings, symposiums, workshops, consultations and other formal and informal events. The outcomes of these events are documented and inform policy development and guidance. Sometimes, however, the partnership with civil society terminates too early, limiting ongoing involvement in particular policy areas.
132. Going forward, civil society engagement must be considered a long-term investment by UNAIDS and a process through which trust and mutual respect is built. The role of civil society must be systematically integrated throughout conception, design, implementation, monitoring and evaluation of both policy and programming within UNAIDS at all levels.
133. There is more that can be done: While some of the cases documented in this paper illustrate meaningful engagement with civil society, significant challenges to full, meaningful partnerships remain as UNAIDS' engagement with civil society is informed and shaped by the mandates of the Cosponsors and the Secretariat as well as the scope of programmes they manage.

## Challenges

134. UNAIDS Guidance for Partnerships suggests that to achieve meaningful partnership with civil society, UNAIDS should establish "a genuine partnership where civil society is understood as a true partner in the AIDS response and not as an 'interest group', a vehicle through which activities can be rolled out, or a sector perceived as merely representing constituencies in need of UNAIDS assistance." UNAIDS should also "recognize the autonomy and diversity of civil society," and that partnerships require "mutual respect, cooperation, transparency and accountability." UNAIDS and civil society need to work in a partnership of equals with recognition of the strengths that each brings to the table. This paper will be a resource for the Cosponsors and the Secretariat as well as for civil society partners, helping UNAIDS and civil society work together more closely and effectively.
135. Policy and legal environments which marginalise certain populations (including transgender people, men who have sex with men, sex workers, people who use drugs and PLHIV) result in the exclusion of these groups from critical national decision-making processes. UNAIDS, as a part of its commitment to meaningful engagement with civil society, must strive to promote the creation of conducive environments and safe spaces where all members of civil society can participate.
136. The engagement of civil society in numerous reference groups provides UNAIDS invaluable insight into civil society perspectives. Civil society members of these groups often need technical and financial support to enable their participation. Support is also needed to allow meaningful civil society consultation with their constituencies. Civil society is not a homogenous group and as such CBOs should not be expected to engage with UNAIDS in the same way as international non-government organisations. A more nuanced appreciation of these differences by UNAIDS, and in turn, tailored

approaches to civil society engagement including additional support for community representation is required.

### Looking Ahead

137. There is a need for a platform to share lessons from this paper across UNAIDS. It is important to promote exchange of experiences between members of the Joint Programme and PCB NGO representatives. This would help civil society representatives offer guidance on the development of monitoring and evaluation systems and help demonstrate UN engagement with civil society on many levels.
138. This paper indicates the importance and value that UNAIDS places on the meaningful engagement of civil society, and it highlights the need to monitor and evaluate this engagement. The civil society sub-working group of the CEWG, further work will be undertaken in the development and implementation of indicators that better capture the engagement of civil society.
139. During the preparation of this paper, for the first time efforts were initiated to estimate and quantify the overall financial contributions of the Joint Programme to civil society in the 2012-2013 biennium covering both core and non-core UBRAF funds. This is work in progress as there are several methodological challenges in the collection of this type of data not only relating to organizational mandates but also to the different financial systems which make it difficult to provide comparable data. Nevertheless, financial estimates for the 2012-2013 biennium have been shared with the NGO delegation and collaboration will continue in this area.
140. The paper reflects civil society partnerships predominantly from the perspective of the UNAIDS Secretariat and Cosponsors. It will also be important to understand and capture the perspectives of civil society in its engagement with UNAIDS.
141. Reporting on UNAIDS engagement with civil society could feature more in depth case studies showcasing promising practices. These would be useful in strengthening future collaborations and would provide opportunities for civil society to participate in the reporting process. The civil society sub working group of the CEWG is an existing platform which could be considered for implementing this recommendation.

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