



UNAIDS PROGRAMME COORDINATING BOARD

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Date: 9-11 December 2014

Venue: Executive Board room, WHO, Geneva

Agenda item 1.4

Report by the NGO representative

Conference Room Paper: *Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014*

ACRONYMS AND ABBREVIATIONS

References to geography and regions:

AP = Asia Pacific
CAR = Caribbean
EECA = Eastern Europe and Central Asia
ESA = Eastern and southern Africa
LA = Latin America
MENA = Middle East and North Africa
WCA = Western and central Africa

UNAIDS:

ILO = International Labour Organization
UNAIDS = the Joint United Nations Programme on HIV/AIDS
UNDP = United Nations Development Programme
UNESCO = United Nations Educational, Scientific and Cultural Organization
UNFPA = United Nations Population Fund
UNHCR = United Nations High Commissioner for Refugees
UNICEF = United Nations Children's Fund
UNODC = United Nations Office on Drugs and Crime
UN Women = United Nations Entity for Gender Equality and the Empowerment of Women
WFP = World Food Programme
WHO = World Health Organization
The World Bank

Other notable acronyms:

CBO = Community-Based Organisation
CCM = Country Coordination Mechanism
CEDAW = The Convention on the Elimination of All Forms of Discrimination against Women
DP = Decision Point
FBO = Faith-Based Organisations
JPMS = Joint Programme Monitoring System
NFM = New Funding Model
NGO = Non-Governmental Organisation
NSP = National Strategic Plan
PCB = Programme Coordinating Board
PLHIV = people living with HIV
PWUD = people who use drugs
SIF = Strategic Investment Framework
UBRAF = Unified Budget, Results and Accountability Framework
UBW = Unified Budget and Workplan
WLHIV = women living with HIV

Additional notes on text:

The term “Interagency” refers to joint work among UNAIDS Cosponsors and Secretariat.

OVERVIEW

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) has long sought to work closely with, and to support, civil society to have meaningful engagement in responses to HIV locally, nationally, regionally and internationally. This effort is based on the recognition that civil society's engagement and contributions are essential for the development, implementation, acceptability and sustainability of effective strategies and approaches to address HIV.
2. Civil society's importance is universal, regardless of geography, culture, epidemic impact or any other factor. However defined or described — as non-governmental organisations (NGOs), community-based organisations (CBOs), faith-based organisations (FBOs), community networks, etc. — civil society groups provide vital HIV-related support and services. Often they comprise or represent people living with and affected by HIV, thereby serving as conduits and gatekeepers to the very people who need services. There is little doubt that HIV-related stigma and discrimination, still a huge concern in much of the world, would be even more destructive and deadly without the work of civil society. Civil society has mobilized for protective laws and access to legal services to claim the rights of people living and affected by HIV. Civil society is a home and advocacy springboard for members of historically marginalized populations who face the greatest HIV risks and obstacles to quality care and support.
3. The Programme Coordinating Board, UNAIDS' governing body, has recognised the importance of the role of civil society. Over the past four years (since June 2010), more than a dozen decisions have been taken at the PCB that focused on actions that should be taken by UNAIDS to address the needs of civil society and support their meaningful participation in responses to HIV¹.
4. At the last, 34th meeting of the Programme Coordinating Board in July 2014, UNAIDS Secretariat was asked to report to the next meeting of the governing body on the concrete actions that have been taken to address and implement previous decision points (DPs) related to civil society. The Board: *Requests the Secretariat to prepare a conference room paper for the 35th Programme Coordinating Board meeting on concrete actions taken to address and implement the previous decision points approved by the Programme Coordinating Board that relate to civil society.*
5. Based on a review of Board DPs since 2010, the DPs that relate to civil society can be grouped in respect of strategic investment and financing; technical support, in particular related to combatting stigma; enhancing UNAIDS working practices; and the post-2015 agenda.

¹ Many decisions have included civil society among a range of stakeholders and actors that are the focus of the decision. This paper reflects on fourteen decisions that have a central focus on civil society. The PCB Delegation has identified at least thirteen additional DPs to the ones used in this report, which refer to civil society among other stakeholders.

Process of development of this report

6. UNAIDS Programme Coordinating Board decision points related to civil society from 2010-2014 were reviewed and grouped into the four thematic areas. An initial list of actions was obtained through a review of the following documentation:
 - UNAIDS Unified Budget and Workplan (UBW) 2010-2011 report of results, challenges and lessons learnt;
 - UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) Joint Programme Monitoring System (JPMS) 2012-2013 Organizational reports;
 - Reviews of a series of other reports submitted to past UNAIDS PCBs discussing civil society-related work undertaken by UNAIDS and its Cosponsors in recent years, including engagement with civil society summarized under UBRAF goals and functions.
7. The initial list of actions and analysis was shared with UNAIDS Cosponsors and Secretariat and the UNAIDS PCB NGO Delegation for review. In particular comments and suggestions were requested on:
 - completeness of the range of examples highlighted in the report;
 - additional actions to supplement those listed, where possible;
 - sharing lessons learned;
 - conclusions and options for consideration.

Scope of this report

8. The intention of this report is to provide a summary and a range of examples of actions taken by UNAIDS to respond to Decision Points related to supporting civil society engagement in the response to HIV through the common efforts of UNAIDS Cosponsors and Secretariat.
9. This document is **not** a report of UNAIDS' total engagement and partnership with civil society, but rather a summary of actions taken to respond to these specific DPs, which go beyond partnership with civil society. Reporting on how UNAIDS partners with civil society is done separately through the annual PCB working papers (presented at the June PCB meetings).
10. This report does not intend to provide a comprehensive and exhaustive list of all actions taken at global, regional and national levels by all eleven cosponsors and the UNAIDS secretariat. Listing all of the actions taken by all organizations in the last four years would create a lengthy document, given that all have extensive backgrounds in civil society engagement, and so may risk losing the focus on lessons learned for improved future actions. Rather this document provides a snapshot, and offers a selected range of examples that demonstrate the scope of interventions undertaken to deliver these particular Programme Coordinating Board DPs. The document also tries to summarise challenges and success factors identified by UNAIDS in taking those actions or ensuring that actions lead to effective change, and proposes some options for consideration for future action and for monitoring progress in the future implementation and reporting against decisions taken through governance structures.

11. Furthermore, specific actions taken by either a Cosponsor or the Secretariat were not necessarily undertaken to address one specific DP related to civil society. Therefore, some actions may apply to more than one DP. UNAIDS and each of its Cosponsors define how they engage with civil society. Differences in language and assumptions in source documents and elsewhere also made it difficult to align many activities precisely with a DP.
12. This document reports against DPs taken by the Board at different times from June 2010 through December 2013 and some actions in 2014. Many activities that are aligned with a DP were actually initiated and undertaken before that DP was announced. While this might complicate a direct focus on accountability, for the purposes of this document, such activities nevertheless are considered to be actions taken to respond to the DP. This approach underscores the fact that UNAIDS and its Cosponsors had already taken the initiative to move toward increased and improved engagement with, and support for, civil society — and that the DPs reflect steps already taken as well as reinforce their importance for the future.

CIVIL SOCIETY-ASSOCIATED DPS (2010-2014) AND ACTIONS UNDERTAKEN BY UNAIDS

13. The 14 Decision Points (DPs) considered in this document were passed at different Board meetings since 2010 have been grouped into a series of thematic categories to help highlight synergies and PCB priorities over time. These categories can be summarised under the following categories:
 - Strategic investment approaches, including funding for civil society;
 - Technical support to civil society, including for actions by civil society to combat stigma;
 - Enhancing UNAIDS working practices and the UBRAF;
 - Engagement of civil society in HIV responses and development of the post-2015 agenda.
14. These categories are not and have never been official – they have been used only for the purpose of this report. The date and relevant PCB meeting of each DP are mentioned, along with the civil society-focused language within. It is this part of each DP that the various activities are considered against.

Strategic investment approaches, including funding for civil society

Decision points

December 2011 (29th PCB meeting): Decision number 5.2

Requests UNAIDS to launch as soon as possible a process of inclusive consultations to consider approaches to strategic investment, including the new investment framework for the global HIV response referenced by the Executive Director in his report, while ensuring the potential applicability and adaptability to national contexts, and overall country ownership. Consultations should be transparent, inclusive and effective, involving governments, national AIDS authorities, civil society, and other relevant stakeholders. Also requests UNAIDS to submit to the Programme Coordinating Board at

its 31st meeting a report on the said consultations, and an interim (progress) report to the 30th meeting;

June 2012 (30th PCB meeting): Decision number 5.3

Requests UNAIDS, in collaboration with Member States, to advocate that existing funding for civil society be continued and that mechanisms for civil society support and accountability be enhanced within the new Global Fund to Fight AIDS, Tuberculosis and Malaria architecture including through the national Global Fund to Fight AIDS, Tuberculosis and Malaria Country Coordination Mechanisms;

June 2012 (30th PCB meeting): Decision number 5.5

Requests UNAIDS to propose ways forward and options to address the documented decreases in funding especially affecting developing countries and to support Member States' and civil society's capability to meet the goals laid out in the 2011 Political Declaration on HIV and AIDS and the HIV-related Millennium Development Goals by 2015;

December 2012 (31st PCB meeting): Decision number 4.6

Requests UNAIDS and Member States to support countries to promote access to sustained funding for women, girls, gender equality and HIV, as well as funding for networks of Women Living with HIV, women's rights and health organisations, women from key populations and other civil society partners working towards gender transformative HIV responses, from a variety of sources, including through the Unified Budget, Results and Accountability Framework; and other mechanisms such as the Global Fund, as part of shared responsibility and strategic investment;

Examples of actions undertaken by UNAIDS to ensure civil society is central to strategic investments:

15. UNAIDS and external partners developed the Strategic Investment Framework (SIF). The initial SIF led to a series of actions by UNAIDS including consultations with civil society and governments, development of further guidance on how to implement strategic investment approaches (e.g., UNAIDS publication reference, Investment e-Tool, etc.). Country and regional consultations with civil society were held to support capacity strengthening of civil society in engaging in investment approaches – e.g., two global consultations: one in Dar es Salaam for generalised epidemics and one in Bangkok for concentrated epidemics – as well as national consultations bringing together government and civil society, eg. in Namibia.
 - Global, Secretariat

16. UNAIDS consulted the members of its Reference Group on HIV and Human Rights regarding the role of human rights in strategic investment approaches. UNAIDS has reflected these views in subsequent guidance, advocacy and engagement with partners. Among its recommendations, the Reference Group called on UNAIDS to do more to develop the notion of “critical enablers” in explicit human rights terms and to advocate strongly for more resources for programmes that are critical for protecting, promoting and respecting the human rights of people accessing HIV testing and treatment, and those in prevention programmes. The Reference Group is an independent advisory group to UNAIDS with strong civil society representation, including people living with HIV.
 - Global, Secretariat

Examples of actions undertaken to support civil society to engage in national strategic investment processes:

17. In Indonesia, UNODC provided support to *Persaudaraan Korban Napza Indonesia* (PKNI), the national network of people who use drugs, who then underwent a series of trainings to improve their skills and scale up their involvement in planning and budgeting of National Strategic Plans (NSPs).
 - AP, UNODC
18. In its role of supporting the development of NSPs that are evidence-based and human rights-sensitive, the UNAIDS Secretariat developed training materials to support the integration of human rights programmes into NSPs, investment plans, and Global Fund concept notes. The training materials and training sessions were rolled out with the support of the *Ford Foundation* and the engagement of the *International HIV/AIDS Alliance*. Five regional workshops took place (Asia Pacific, the Caribbean, Eastern and Southern Africa, Latin America, and Middle East and North Africa) between September 2011 and February 2014 (workshop in Eastern Europe and Central Asia planned for November 2014). Training materials have been finalised in a country-specific training guide and will be electronically produced in 2014.
 - Global, Secretariat
19. In 2010-2011, India's National AIDS Programme was supported to prepare the 4th Strategic Plan: NACP IV. The inclusive process advocated for resulted in the establishment of thematic working groups and multi-stakeholder and regional consultations, including the full participation of civil society. The CSOs mobilized from across the country included all key populations groups as well as those infected/affected.
 - AP, Secretariat
20. UNAIDS supported the establishment and running of active working groups for key populations during the prioritisation, planning and budgeting of NSPs, to facilitate consultations with women's organisations on gender-related issues as part of the country dialogues for developing Global Fund concept notes under the new funding model (NFM); with on-going technical support provided to civil society when needed.
 - WCA, Secretariat

Examples of actions undertaken by UNAIDS to ensure funding allocations for civil society in national plans and Global Fund grants:

21. UNAIDS Executive Director instructed all country and regional teams to take a proactive role in supporting all partners, and in particular civil society, to engage fully in the Global Fund NFM processes (UNAIDS EXD Directive April 2014).
 - Global, Secretariat
22. UNAIDS, the Global Fund, WHO and the Stop TB Partnership organized a meeting to develop the capacity of countries planning to submit Joint HIV and TB Concept Notes to the Global Fund NFM from the 17 -19th February 2014 in Johannesburg, followed by a second meeting for consultants in Kenya.
 - Global, WHO and Secretariat

23. *The Regional Technical Support Facility of Western and Central Africa* hosted a training to build the knowledge and capacity of consultants and civil society partners to support community engagement before, during and after Country Dialogue and Concept Note development, 22-24 April 2014.
 - WCA, Secretariat
24. The Secretariat works closely with the Global Fund Community, Rights and Gender Department to support the development and rollout of mechanisms to provide technical support to civil society on community engagement in the context of the Global Fund NFM.
 - Global, Secretariat
25. *Making the money work for young people: a participation tool for the Global Fund to Fight AIDS, Tuberculosis and Malaria (2014)*, was created in collaboration with the PACT – a loose coalition comprised primarily of 25 global and regional youth organizations working on HIV and/or sexual and reproductive health and rights (SRHR), with the support of UNAIDS – and the Global Fund, for youth organizations and activists, as well as for Country Coordinating Mechanisms (CCMs) and other Global Fund actors. The tool is currently being translated into Spanish and French, and will be revised after piloting, with pre-board briefings planned to increase awareness of this ongoing work.
 - Global, Secretariat
26. UNODC and members of the *UNODC-CSO Group on HIV and People who inject drugs* have been working together in the Global Fund harm reduction working group, which resulted in the selection of priority countries for the Global Fund, based on the UNODC High Priority Countries for HIV and people who use drugs (PWUD) list. The *Global Fund Harm Reduction Working Group* also provided support for the development of sound Concept Notes under the NFM as well as strengthening the engagement of PWUD in country level processes.
 - Global, UNODC
27. UNAIDS Secretariat, UNDP, UNODC and WHO provided technical assistance to the *Eurasian Harm Reduction Network (EHRN)* who submitted a successful application to the Global Fund to build enabling environments for domestic funding for HIV prevention among PWUD in Belarus, Georgia, Kazakhstan, Moldova, and Tajikistan.
 - Global, Interagency
28. Technical support was provided to *REDTRASEX* (the Network of Women Sex Workers in Latin America and the Hispanic Caribbean) for the development of the Global Fund Round 10 grant proposal phase II. The proposed regional programme (now approved by the Global Fund's Technical Review Panel) aims 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. Technical support was also provided to *REDLACTRANS* (the Regional Network of Transgender People) and *ICW Latina* (the Regional Network of Women Living with HIV) who also developed successful Expressions of Interest and Concept Notes. Support is continuing during the current concept note phase and covers inclusive regional dialogues, training on tools for the NFM, technical support, and peer reviews.

- LA, Secretariat
29. UNAIDS country offices provided support to build the capacity of representatives from networks of key populations on the NFM in several countries, including Bangladesh, Burundi, DRC, Kenya, Myanmar, Nepal, Nigeria, where civil society has been supported to engage in Global Fund-related Country Dialogues and Concept Note development.
- AP, ECA, WCA; Secretariat
30. UNAIDS Regional Support Team (RST) for Asia-Pacific is supporting regional community consultations with technical assistance for the successful application by the Global Fund Regional Networks Consortium (*APN+*, *APNSW*, *APTN*, *ANPUD*) Expression of Interest and the Consortium Concept Note development processes.
- AP, Secretariat

Examples of actions undertaken by UNAIDS to improve funding for civil society working on gender equality.

31. From 2012 to 2014, UN Women awarded \$2.2 million in small grants (of up to \$75,000) to twenty legal service organizations, community-based/grassroots networks, and organizations of women living with HIV working at the intersection of women's property and inheritance rights and HIV in nine countries: Cameroon, Ghana, Kenya, Malawi, Nigeria, Rwanda, Tanzania, Uganda, and Zimbabwe. This programme was designed 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. 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. More details on partners and the programme can be found on the *UN Women Gender Equality and HIV/AIDS Web Portal* at www.genderandaids.org/wpir
- ESA, WCA; UN Women
32. Extensive technical support to existing networks of women living with HIV (WLHIV) and alliances of caregivers in over 26 countries, provided by UN Women in 2012-2014, to build their leadership capacities to participate more fully in HIV responses and to advocate for improved quality of, and access to, services and greater resources. As a result of the support, networks noted that they are better able to define solutions that respond to their priorities, to articulate a common agenda and broaden planning, policy making and budgetary allocation spaces for their meaningful participation, including mid-term reviews of National AIDS Strategies (e.g. Kenya and Rwanda), national eMTCT planning, regional public hearings of HIV legislation (e.g. Rwanda), access to, and representation on the Global Fund's CCM (e.g. Cambodia, China, Kenya, and Senegal) to advocate for increased actions and funding for the gender dimensions of the epidemics. In China, for example, as a result of advocacy by UN Women, for the first time a permanent seat for women's CSOs was established on the CCM, and the China Rolling Continuation Channel HIV programme allocated special funding for women's CSOs to address the needs of women, girls and gender equality in the context of HIV.
- AP, WCA; UN Women

33. UN Women and the Global Fund convened a technical working group on gender to bring together colleagues engaged in the development and piloting of tools and guidance to support greater inclusion of gender equality in HIV responses in the context of the Global Fund's NFM. Stakeholders who are engaging with national, local, and community constituencies are engaged to provide expertise, identify the priorities and needs of women and girls, and to undertake Global Fund-related advocacy efforts. The Technical Working Group has had two face-to-face meetings, resulting in joint outputs to provide continued support for partners involved in preparing proposals. Key members of civil organizations working directly with WLHIV networks and CCMs are part of the group and provide critical inputs in the development of tools and guidance, and to strategize and plan for key actions for the immediate support needs with the roll-out of the NFM and as well as beyond, bearing in mind changing contexts and lessons learned. Representatives from UNDP, UNFPA, UNAIDS Secretariat, WHO, UN Women, US Government's Office of the Global AIDS Coordinator, USAID, What Works for Women, Women4GF, IPPF, International Community of Women Living with HIV, ATHENA Network, and the Global Fund are part of the group.
- Global, UN Women
34. In 2011, UNDP, UN Women, UNFPA, WHO and other partners held a consultation in Istanbul bringing 20 country teams comprising of NAC officials, civil society and UNFPA and UNDP country focal points to discuss how to integrate gender based violence (GBV) in national AIDS plans. WHO/HQ provided technical support to this workshop in the form of evidence. Belize, which was one of the countries that participated, upon their return included GBV in their national AIDS plans.
- Global, Interagency

Examples of actions undertaken by UNAIDS to understand and respond to the trend of reduced funding for civil society, and direct actions taken to mobilise or provide funding

35. UNAIDS was central to the establishment of the *Robert Carr civil society Networks Fund*, which provides core funding to ensure the long term survival of HIV civil society networks, particularly for networks of people living with HIV and key populations. With financial support from governments of the UK, US, and Norway, and the Bill and Melinda Gates Foundation, twenty four civil society networks have been accepted for funding during the first year of fund (2013).
- Global, Secretariat
36. Financial support was provided for capacity building of the *HIV Young Leaders Fund* which is enabling new leadership among young people most affected by HIV including through 23 grants to community projects in 19 countries since 2010 and encouraging youth-led initiatives in advocacy, peer-based services and community mobilization and youth provided technical support.
- Global, UNFPA
37. The *UN Women Gender Equality Fund* and *UN Trust Fund to End Violence Against Women* - granting mechanisms which UN Women administrates on behalf of the entire UN system – have provided direct grants to civil society organizations that

support actions and forge partnerships to address the intersections of violence against women and HIV at the community level, as well as secure economic and political rights and leadership of women living with and affected by HIV. Examples resulting from this targeted support, including WLHIV sitting on six regional AIDS Coordinating Councils and nominated as a member to the National Council on the Prevention of Tuberculosis and HIV/AIDS; a series of policy dialogues to integrate inter-sectoral approaches for addressing violence against women and HIV in key policy frameworks, and business development trainings for WLHIV in the Caribbean; a dialogue on the issue of intimate partner transmission of HIV in Southeast Asia, bringing together ASEAN Member states and key affected women and girls together for the first time. In Latin America, together with UNAIDS, UNFPA, and other partners, UN Women provided financial and technical support for the reactivation of a coalition of women leaders in Latin America, strengthening knowledge and good practices amongst representatives of civil society, government, the private sector and media from 22 countries.

- Global, UN Women

38. In 2014, UNODC launched a Call for Proposals seeking to provide funding support to civil society organizations working in the area of harm reduction and delivering strategic initiatives addressing HIV prevention, treatment, care and support among people who inject drugs. Grants are to be awarded in November 2014 and should help to achieve the UNGASS target of working towards reducing transmission of HIV among PWUD by 50 per cent by 2015; support the active participation of drug user communities; have an international reach and be initiated, planned, managed, implemented, monitored and/or evaluated by CBOs.

- Global, UNODC

39. Analysis of primary and secondary data in a World Bank publication: *Funding Mechanisms for Civil Society: the experience of the AIDS response (2013)*² highlights how substantial funding is provided to civil society by the four major AIDS donors – PEPFAR, DfID, Global Fund and World Bank – but the amount that reaches community based organisations is limited. The average funding of a CBO in Kenya, Nigeria and Zimbabwe was between US\$15,000 and US\$18,000 per year. Most of the global funding supports international and national NGO networks who provide technical support to smaller organizations. CBOs also rely on in-kind donations, volunteers and national funding channels, that have become an important source of funding for small NGOs and CBOs.

- Global, World Bank

40. The UNAIDS RST for EECA technically and financially supported two sessions from the Regional Track of the International Harm Reduction Conference in Vilnius (2013): *Money or Life: Funding for Harm Reduction in EECA and Women and harm reduction: equal rights, non-equal opportunities*. The RST/EECA also chaired the session on *Funding for Harm Reduction in EECA*. Jointly with EHRN, UNAIDS RST for EECA offered training and scholarships to a group of journalists from 11 countries to assure intensive media coverage of the harm reduction conference in the region.

- EECA, Secretariat

² Bonnel, René, et al. *Funding mechanisms for civil society: The experience of the AIDS response*. World Bank Publications, 2013

Examples of actions undertaken by UNAIDS to support capacity strengthening of civil society to mobilise and report on funding:

41. As a result of Secretariat support 15 countries strengthened their financial management and accountability systems (for example through improved procurement in Angola and more effective processes to transfer funds to civil society organizations in Ethiopia) in order to report back more effectively on the Global Fund. The focus of the Secretariat on financial management, and risk management and mitigation was critical at this time of grant architecture reform within the Global Fund in order to ensure countries met eligibility requirements for the continuation in services and the provision of essential commodities, and to make sure that Global Fund resources flow most effectively to civil society partners.
 - Global, Interagency

42. UNODC is providing support to the members the *UNODC CSO Group on HIV and People who Inject Drugs* for the investment tracking exercise in Eurasia, MENA and Asia. With the support of UNODC, the *International Harm Reduction Association* will prepare a joint briefing report (with EHRN and MENAHRA) on harm reduction investment in middle-income countries bringing together findings from three parallel research initiatives. An event to present the findings of the report, and to advocate for increased attention to these gaps, will be organized during the UNAIDS PCB meeting in December 2014 (where the thematic focus will be on injecting drug use).
 - Global, UNODC

Impact of UNAIDS actions

43. UNAIDS Co-sponsors and Secretariat have implemented a broad and effective range of interventions to address the immediate and medium term funding needs of civil society. This ranges from developing guidance on strategic investments that highlights how to locate civil society in this framework, capacity building, to establishing discrete funds – most notably driving the process to create a long-term sustainable mechanism, the *Robert Carr civil society Networks Fund*. This area is an excellent example of where there is strong coherence between the interventions at global level (e.g., developing the *Robert Carr civil society Networks Fund*) and local action (e.g., capacity building to access diverse funds). In addition there has been substantial attention paid to the emerging structures and needs of the Global Fund, with a very wide range of interventions put into place, especially at local and regional level.

Lessons learned

44. The role of UNAIDS in building capacity through technical support for civil society to access funds sometimes merges with direct funding opportunities, potentially complicating understanding of the UN's role. Often partners outside of UNAIDS perceive the UN as a financing structure. This is not the core role, and yet in some contexts discrete funding opportunities emerge and this may lead civil society to expect that UNAIDS Cosponsors or Secretariat will be an ongoing source of resources. This can create conflicting messages, and some civil society groups may (understandably) not appreciate that the UN's primary role is providing technical rather than financial support.

45. At the policy level, it is essential to create and sustain institutionalized spaces for ongoing involvement of and dialogue between civil society representatives, in particular people living with HIV and other key populations (rights holders), and governments (duty bearers). This enables members of civil society in all their diversity to influence the national response in a meaningful way and strengthen the inclusion and resourcing of community-based actions in the resulting national plans, budgets or Global Fund concept notes.
46. The Global Fund NFM provides a key entry point to address funding for civil society at country level for 2014-2015. UNAIDS has a key role to play in technical guidance on how to include community-based actions in Concept Notes, but also in facilitating inclusive country dialogues and supporting civil society meaningful participation in the process. In countries which cannot access Global Fund resources, or where the Global Fund is withdrawing, UNAIDS has an important role in supporting civil society to analyse the situation and access new relationships and approaches to securing resources for their work.

Technical support to civil society, including for actions to combat stigma

Decision points

December 2013 (33rd PCB meeting): Decision number 4.c

Requests UNAIDS in collaboration with Member States and partners to: c. intensify coordinated technical support to governments, civil society, and key populations, and UNAIDS to periodically report to the Programme Coordinating Board on progress in the effectiveness of technical support interventions at the country level;

June 2010 (26th PCB meeting): Decision number 7.6

Requests UNAIDS, together with Member States and other partners, to intensify its assistance to networks of people living with HIV and key populations at risk to measure HIV-related stigma and discrimination and to mobilize comprehensive responses to reduce it, including increased support to the implementation of the PLHIV Stigma Index. UNAIDS should work with partners to ensure that stigma measurement tools are consolidated, strengthened, and resourced and build the capacity of governments and civil society to use these tools;

June 2012 (30th PCB meeting): Decision number 9.4

Calls for UNAIDS to explore the rationale and options for establishing a Virtual Steering Group on technical support based on the lessons learned, including from the Global Implementation Support Team (GIST) that includes all stakeholders in technical support including representatives from the global south and civil society. This should be a light touch mechanism that reinforces country priorities;

Examples of actions undertaken by UNAIDS to intensify technical support at country level:

47. In Kenya, UNODC supported the consultations organized by Youth RISE to discuss the context of injecting drug use among young people (under the age of 18), their

access to services and the barriers in accessing the comprehensive package of HIV services.

- Global, UNODC

48. In Cambodia the UNAIDS country office has provided on-going technical support to the national people living with HIV network and key populations networks (PWUD, Sex Workers, MSM) to strengthen governance and management structures and processes.

- AP, Secretariat

49. In Asia-Pacific, UNHCR is working with the *Asia Pacific Network of people living with HIV* (APN+) to benefit from their community knowledge and acceptability, networks and efficient, stable programmes, and to build its capacity to deliver services within the humanitarian response and address the HIV needs of key populations in emergencies. UNHCR is building the capacity of smaller networks of people living with HIV in countries, particularly in Africa, affected by humanitarian emergencies, and also in disaster-prone countries. Working on preparedness enables local organizations to be able to prioritize in the event of an emergency.

- Global, UNHCR

50. Over 500 government officials, civil society and prison staff in 48 countries were provided with training and/or technical assistance on improving referral and access to harmonized HIV and TB services in communities, prisons, drug dependence treatment and immigration detention settings: in Afghanistan, Bangladesh, Indonesia, Benin, Brazil, Cape Verde, Indonesia, Mozambique, Namibia, Estonia, the Russian Federation, Swaziland, Togo, Uganda and Zambia, as well as in Central Asia — Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan;

- Global, UNODC

51. UNICEF provided technical and financial support to scale up lifelong ART for all pregnant and breastfeeding women through implementation of the OHTA initiative in Côte d'Ivoire; DRC; Malawi and Uganda. Strategic partnerships were established with ICAP, EGPAF and *mothers2mothers* to capitalize on in-country efforts led by key implementing partners. The partnership is also looking at ways to strengthen community-facility linkages and better evaluate which strategies augment uptake and retention in care.

- Global, UNICEF

52. WHO has developed a broad range of collaborative TB/HIV activities and policies, released in 2012. This includes the *Engage-TB Operational Guidance which integrates community-based tuberculosis activities into the work of NGOs and CBOs* and is accompanied by an Implementation Manual; *Integrating community-based tuberculosis activities into the work of nongovernmental and other civil society organizations*.

- Global, WHO

53. Through the IATT on PMTCT, WHO has supported technical assistance to all Global Plan countries, the development of key tools and resources such as the Option B+ Toolkit, increased involvement of civil society, establishing the Community Engagement Working Group and integrating civil society partners in the technical work of the IATT working groups, which cover a broad range of implementation

issues so as to secure guidance on a broad range of aspects of the response and integrate an appreciation of the essential role of civil society in the work of government and other partners.

- Global; UNICEF, WHO

54. UN Women supported advocacy and technical inputs towards enhancing the leadership and participation of WLHIV in national and regional decision-making processes, empowering women to increase their engagement in decision-making processes in four regions. Among the outcomes were: (i) the definition of a common agenda and increased participation in policy and programming processes of networks of WLHIV and caregivers in 26 countries in the Caribbean; and (ii) empowerment of networks of WLHIV in East and Southern Africa to articulate a common agenda for participation in planning and policy making spaces, including mid-term reviews of National AIDS Strategies in Kenya and Rwanda, national planning to end mother to child transmission of HIV, and access to CCMs.
- Global, UN Women
55. UNAIDS Secretariat has invested heavily in building country capacity, including with civil society, to generate and make use of the strategic information that is essential to guide national AIDS responses. In the first six months of 2013 alone, UNAIDS held 11 regional workshops with participants from 122 countries to train a broad range of country partners, including from civil society, in the latest modelling and statistical methodologies for producing national HIV estimates and projections.
- Global, Secretariat

Examples of actions undertaken by UNAIDS to intensify technical support at regional and global levels:

56. Coordination of technical support among civil society organizations facilitated with financial support and assistance given for the establishment of six *International HIV/AIDS Alliance* Hubs since 2009. Created to improve the implementation of civil society-run HIV programmes, these hubs provided 4,100 days of TS in 2011 to community-based organizations. The Secretariat also provides direct funding support jointly with GIZ to the civil society-led global initiative *Civil Society Action Team* (CSAT), which is hosted by the *International Council of AIDS Service Organisations* (ICASO). Through regional hubs, CSAT coordinates, brokers and advocates for technical support to a broad range of civil society organizations in all regions that are implementing or seeking grants from the Global Fund.
- Global, Interagency
57. Capacity was developed of the *Regional Arab Network Against AIDS* (RANAA) - the only civil society network in the region providing technical support. As a result new networks were established in Jordan and Yemen and support is on-going to existing ones in Algeria, Lebanon, Saudi Arabia, and Tunisia. Support to Syria was postponed due to security situation.
- MENA, Secretariat
58. UNDP, UNFPA, WHO and UNAIDS Secretariat supported the institutional development of the umbrella NGO *Eurasian Coalition on Male Health* (ECOM), to

unite MSM and Transgender NGOs from the EECA region and serves as catalyst and amplifier of policy and advocacy efforts.

- EECA, Interagency

59. UNAIDS RST for Asia and Pacific supported a comprehensive functional review and stock-take of regional community networks. The RST is providing technical assistance to strengthen networks' governance, policy and programme influencing role in particular, strategic planning and annual planning processes, results-based management and M&E capacity. Additionally technical assistance is being provided to strengthen the advocacy and communications skills of each of the regional networks and their capacity to mobilise.

- AP, Secretariat

60. UNFPA, UNDP and UNAIDS further strengthened *SWAN Foundation*, the regional network of sex workers (Sex Worker's Rights Advocacy Network) in 2012-2013. UNFPA and UNDP also supported sharing of good practices and advocacy with government during the regional TAMPEP meeting on HIV and sex work (conducted within the framework of EU funded project *Conecta*) in Ukraine in October 2013. UNFPA collated evidence of HIV risk in the context of sex work.

- EECA, Interagency

61. Sustained support for coordination, organisational development and operation of Y-PEER Networks and youth advocacy events, was provided across EECA region including Y-PEER global Advisory Board meetings, youth community campaigns, including for vulnerable young people. A Youth Advocacy Toolkit, Peer Education Training of Trainers Manual and SRH tool were developed, including for use with vulnerable young people.

- EECA, UNFPA

62. UNODC conducted workshops for civil society organizations and law enforcement agencies in 10 High Priority Countries for HIV and PWIDs – India, Kazakhstan, Kyrgyzstan, Myanmar, Pakistan, Philippines, South Africa, Tajikistan, Tanzania, Thailand, Vietnam, Zanzibar – to provide CSOs with the skills to advocate more effectively with law enforcement agencies to ensure greater access of people who inject drugs to harm reduction services, and also to create a space for the CSOs to share their positions, concerns and ideas with law enforcement officials.

- Global, UNODC

63. The *International Network of People who Use Drugs* (INPUD) with the support of UNODC, organized a global consultation at the margins of the International Harm Reduction Conference in June 2013, in Vilnius, that brought together over 50 members of the people who use drugs networks to establish consensus on harm reduction best practices from the perspective of the drug using community.

- Global, UNODC

64. UNFPA provided support for the Athena Network to carry out a mapping, on behalf of the IAWG (Inter Agency Working Group), of actions and accountabilities of the UNAIDS Agenda including by NGOs and the UN system, which helped to identify gaps and strengthen coordination amongst the UN family, governments and civil society. Another key result was to support the engagement of civil society, in particular WLHIV, women from key populations and women's rights organizations, so

that they could engage in research and policy dialogue to establish and strengthen rights-based policies, strategies and programme implementation. For example, GNP+ and ICW were supported to participate in key policy consultations, shaping decisions on technical guidance, coordination, and programming related to SRHR and HIV.

- Global, UNFPA

65. UNDP provided technical and financial assistance to two networks of WLHIV to map and assess progress on gender equality, human rights and MDGs 3, 5 and 6 from the perspective of WLHIV. The results were presented at the MDG Summit in 2010 and the report supported the design and implementation of interagency interventions at country level. Countries assessed: Argentina, Columbia, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Peru, Trinidad and Tobago, Uruguay and Venezuela.

- LA, UNDP

Examples of actions undertaken by UNAIDS with civil society to measure and mobilise responses to combat stigma:

66. In 2012 and 2013, UNDP supported community level activities in strengthening capacity building, training programmes and awareness of stigma and discrimination in the context of HIV aimed at CSOs, the judiciary, law enforcement officers, the media and religious/traditional leaders in order to improve access to justice to people living with HIV and key populations such as MSM, sex workers, PWUD and transgender people.

- Global, UNDP

67. UNODC has produced and disseminated guidelines and tools for improving equitable access to HIV prevention, treatment and care services, and conducted, in partnership with civil society organizations, large-scale advocacy and training events for improving the accessibility and quality of community-based HIV services for people who use drugs and to address stigmatization and discrimination.

- Global, UNODC

68. The ILO in partnership with the *Zimbabwe Network of People living with HIV (ZNPP+)*, *SAfAIDS* and the *Zimbabwe AIDS Prevention Support Organization (ZAPSO)* developed and implemented a National workplace policy on HIV and AIDS and TB to address issues of stigma and discrimination against people living with HIV.

- ESA, ILO

69. In India, UNAIDS RST for Asia Pacific has provided technical support to the transgender community to advocate for and monitor State level implementation of the Supreme Court judgment recognizing Transgender people and its provision enabling Transgender People to access and utilize specific benefits (access to education, social protection, health services etc.).

- AP, Secretariat

70. UNAIDS Secretariat provided technical support to networks of PLHIV and religious leaders to convene dialogue at national level to address issues of stigma through the development and implementation of the *Framework for Dialogue* tool to facilitate such dialogues. This work is undertaken in partnership between UNAIDS,

INERELA+, EAA, and GNP+. The dialogue has taken place in Ethiopia, Malawi and Myanmar thus far.

- Global and Country level, Secretariat

Examples of actions undertaken by UNAIDS to implement the PLHIV Stigma Index, to be led by networks of people living with HIV:

71. The Secretariat in collaboration with Cosponsors provided technical support to over 30 countries rolling out the PLHIV stigma index since 2010, which not only addresses stigma relating to HIV but also advocates on the key barriers and issues perpetuating stigma. Technical support is mainly provided to the national network of PLHIV who then lead the process of bringing together country partners to plan and implement the research, including mobilising resources. Reports on the *PLHIV Stigma Index* have been finalized in over 60 countries in collaboration with GNP+ and ICW. See: <http://www.stigmaindex.org>

- Global and in all regions, Secretariat and Interagency

72. The UNAIDS RSTs for Latin America, Asia Pacific, and Eastern and Southern Africa carried out regional analyses of the process and evidence emerging from the implementation of the PLHIV Stigma Index in countries in the respective regions. These regional reviews identified key lessons, constraints, and recommendations for the future, especially with regards to the technical support needed by networks of people living with HIV to implement the Stigma Index and further use of the findings for advocacy.

- LA, Secretariat

73. UNFPA promoted greater Involvement of PLHIV through production of the *Love, Life and HIV* DVD documenting experiences and desires of young people and rolling out the People Living with HIV Stigma Index.

- MENA, UNFPA

Impact of UNAIDS actions

74. UNAIDS has a broad framework for the provision of technical support to all stakeholders, and support to civil society sits within this, consistent with the decision taken at the 33rd PCB. A broad range of interventions have been implemented, among which a select range have had a clear civil society focus, including the CSAT and the TS Hubs hosted by the *International HIV/AIDS Alliance*. The most notable civil society-focused TS provision has been the work on the PLHIV Stigma Index and other stigma-reduction civil society interventions. These have been more targeted, and now occupy a distinct space in the landscape of interventions that build effective responses for civil society.

Lessons learned

75. Long-term support is needed for the organizational development of civil society organizations, in particular networks of key populations and women and for the representation of key populations and women in existing organizations or networks working on HIV issues. Capacity development interventions require on-going efforts to recognize and address the special needs and priorities of different members and build spaces where they can come together for a common purpose. In countries

where the donor landscape is shifting (eg when the Global Fund no longer provides substantial funds) the TS needs will be different and may need prioritising. Strategies to promote the sustainability of civil society, by supporting capacity building to access funds, could be further articulated to address this diversity of need.

Enhancing UNAIDS working practices and the UBRAF

Decision points

June 2010 (26th PCB meeting): Decision number 10.5.g

Take effective responsibility for oversight of UNAIDS, by revising the working practices of the Programme Coordinating Board to improve the effectiveness of its meetings, issues and changes to include the following:

g. Civil society participation in the PCB: recognition of the increased coordination and participation of the PCB NGOs in Board meetings; the need to ensure adequate representation of the Middle East and North Africa and other sub-regions and constituencies within each geographical region; and that the PCB NGOs work to enhance sub-regional representation considering diversity within regions and limitations such as language barriers;

June 2010 (26th PCB meeting): Decision number 10.5.k

Take effective responsibility for oversight of UNAIDS, by revising the working practices of the Programme Coordinating Board to improve the effectiveness of its meetings, issues and changes to include the following:

k. The Programme Coordinating Board takes effective responsibility for oversight of UNAIDS, by revising the working practices of the Programme Coordinating Board to improve the effectiveness of its meetings, issues and changes to include the following: (...) Consultation mechanisms: recognizing the scope for increased formal interactions between different constituencies (e.g., civil society being invited to attend Missions Briefings) a request to the Secretariat to provide more support to consultations for and between constituencies;

December 2012 (31st PCB meeting): Decision number 7.2

Encourages Member States as appropriate to involve the representative/s of civil society in their national delegations to the Programme Coordinating Board, and to facilitate the involvement in particular of local civil society in the consultations that would be held before and after the meetings of the UNAIDS Programme Coordinating Board;

June 2011 (28th PCB meeting): Decision number 9.6

Requests UNAIDS to provide more explicit reporting on resourcing and engagement of civil society supported with indicators and clear reporting from the Secretariat and Cosponsors within the Unified Budget, Results and Accountability Framework;

Examples of actions undertaken by UNAIDS to increase civil society participation in the PCB:

76. 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 people living with HIV and from networks of key populations, has been instrumental in the effective inclusion of community voices in

the key global policy forum on AIDS. 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 PCB Bureau (where the PCB meeting planning and agendas are determined), UNAIDS reviews, the Monitoring and Evaluation Reference Group (MERG), and the UNAIDS-Lancet Commission - 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. The PCB NGO delegation proposal to the 33rd PCB 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.

- Global, UNAIDS

77. A communication and consultation facility (CCF), financially supported by UNAIDS Secretariat, 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.

- Global, Secretariat

78. PCB NGO delegates were supported by RSTs with briefing and support to facilitate their engagement with the UNAIDS Regional Management Meetings (RMMs).

- ESA, LA; Secretariat

79. UNODC provided support to the National delegation of Zambia to include civil society representatives in the national delegation to the PCB in June 2014.

- ESA, UNODC

Examples of actions undertaken by UNAIDS to report on support to civil society through the UBRAF:

80. UNAIDS elaborated the UNAIDS Guidance for partnerships with civil society, including people living with HIV and key populations (2011). The guidance was developed in consultation with civil society, member states, development agencies and other partners. It provides guidance on how UNAIDS Cosponsors and Secretariat working at national, regional and global levels can strengthen and operationalize meaningful and respectful partnership work with civil society.

- Global, Interagency

81. More than 40 Member States, civil society and Cosponsor participants attended a consultation to follow up recommendations from the 32nd PCB designed to improve performance monitoring and reporting, to simplify and refine the UBRAF indicator set, including by improving the effectiveness of reporting by establishing stronger and more logical links between resources, results and indicators.

- Global, Secretariat

82. In February 2013, the UNODC, in the spirit of strengthening its partnership with the global and regional CSOs active in addressing HIV and drug use, established the

UNODC–CSO group on HIV and People who Use Drugs. The composition of the group and the profile of its membership were agreed in partnership with the participating CSO representatives, and members include INPUD, *Asian Network of People who Use Drugs (ANPUD)*, *Harm Reduction International (HRI)*, *Asian Harm Reduction Network (AHRN)*, *European Network of People who Use Drugs (ENPUD)*, *EHRN*, *MENAHRA*, *Sub-Saharan Africa Harm Reduction Network (SAHRN)*, *Intercambios*, *Caribbean Harm Reduction Coalition (CHRC)*, *Youth RISE*, *Harm Reduction Coalition (HRC)*, *International Drug Policy Consortium (IDPC)*, *International Harm Reduction Development Program of the Open Society Foundations*, *International HIV/AIDS Alliance*. A joint Annual Work Plan outlining concrete outputs and deliverables is developed and implemented, and the Group has been actively involved in the selection of UNODC High Priority Countries (HPCs) for injecting drug use and HIV, including organizing 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 (preparing statements, reports, technical and strategy papers, joint events, etc.) in the area of injecting drug use and HIV.

- Global, UNODC

83. The Secretariat played a key role in successfully fulfilling the PCB requirements of submitting a comprehensive performance monitoring report in 2012 against the its prescribed UBRAF results framework. The report was an outcome of intensive consultations and drafting with the cosponsors and coordination within the Secretariat at all levels. The reflections on epidemic priorities, progress and challenges highlighted in the report provided an important basis for developing UNAIDS' 2014-2015 budget that was approved at the 32nd PCB meeting. The Secretariat also developed a simplified indicator framework, in line with the recommendations of MERG and the PCB request, with particular emphasis on enhancing tracking of civil society engagement at the field level.

- Global, Secretariat

84. UNAIDS is in the process of reviewing UBRAF indicators with the scope to develop specific indicators to measure civil society engagement within the UBRAF. The working group overseeing the development of these indicators is chaired by WFP and includes the PCB NGO Delegation; completion is expected in early 2015. In addition, as part of the overall GARPR NCPI review, UNAIDS will review the elements that relate to civil society engagement and propose revisions based on consultations with civil society and other partners.

- Global, Secretariat and Interagency

Impact of UNAIDS actions

85. UNAIDS involves civil society in all processes and all levels – from consultations that lead to the development of guidelines or policies, to participation at the highest level - the PCB.

Lessons learned

86. On-going engagement of civil society, in particular key populations, women and young people, is essential to ensure that communities can meaningfully influence UNAIDS and UBRAF to be responsive to real needs and priorities. The development

of indicators for civil society engagement in UBRAF processes and the revision of the GARPR NCPI (currently underway) will improve the way UNAIDS can measure and report on the level and quality of civil engagement in UBRAF, as well as in national responses to HIV.

Engagement of civil society in HIV responses and development of the post-2015 agenda

Decision points

June 2012 (30th PCB meeting): Decision number 5.4

Requests UNAIDS, in coordination with Member States, to improve civil society capacity to advocate for efficient, culturally-sensitive and effective responses to HIV and AIDS in alignment with the 2011 Political Declaration and to build knowledge focused on HIV funding mobilization, and mobilising to address barriers to the AIDS response, especially in the field of prevention, treatment, care and support in particular those addressed in paragraph 71 of the 2011 Political Declaration;

December 2012 (31st PCB meeting): Decision number 7.4

Requests UNAIDS Secretariat and Cosponsors to strengthen their collaboration at country, regional and headquarters levels with the NGO Delegation to continue the support to the NGO Delegation through the most cost effective approaches including induction training of new delegates and the Communications Facility; and to champion, in collaboration with Member States, the involvement of civil society in the Post-2015 agenda;

December 2012 (31st PCB meeting): Decision number 7.5

Calls on the Programme Coordinating Board NGO Delegation to respond to the changing global environment and likely post-MDG agenda by developing more systematic and strategic relationships with civil society leaders and delegations of other key HIV mechanisms, especially the Global Fund; and wider health and development initiatives; to strengthen its accountability and outreach to wider civil society in countries and regions; and to explore cost effective approaches to build capacity and ensure the institutional memory within the NGO Delegation;

Examples of actions undertaken by UNAIDS to include key populations in responses:

87. A five-country initiative (Cambodia, Kenya, Jamaica, Rwanda and Papua New Guinea) - which ran from January 2009 to March 2013 - facilitated engagement with women living with HIV, to promote their leadership and ensure that national coordinating bodies meaningfully involve those who are directly impacted in designing policies and programmes. There have also been notable results where organizations and networks of women living with HIV have been able to secure or leverage a greater voice in planning, policy and decision-making processes and spaces and for holding governments accountable.

- Global, UN Women

88. In Tajikistan and the Caribbean, particularly Bahamas, Guyana, and Jamaica UN Women supported the national Networks of WLHIV in preparation and submission of

Alternative reports to CEDAW Committee. As a result the CEDAW Concluding Comments (CCs) include a number of recommendations to improve the status of women living with HIV, providing a venue for holding the signatory Governments accountable for the women and HIV agenda. In Tajikistan this resulted in the development of the draft National Action Plan on implementing CEDAW CCs, including actions to address gender and HIV recommendations.

- EECA, AP, UN Women

89. In Russia, the ILO supported the network of people living with HIV in drafting project proposals on addressing HIV/AIDS in the workplace in a programme initiated by the Ministry of Health and Social Development.

- EECA, ILO

90. In Viet Nam, UNAIDS has supported people living with HIV and other key population networks to be actively engaged in a *Know Your Rights* programme which links communities to legal and other services.

- AP, Secretariat

91. In Nepal, the World Bank supported the effective implementation of HIV prevention programmes among people who use drugs in Nepal by strengthening the capacity of the national network of people who use drugs and other civil society groups to: (i) advocate for harm reduction interventions and (ii) participate at the national level in policy dialogue, design/development of interventions and implementation and evaluation of comprehensive interventions.

- AP, World Bank

92. UNFPA and UNDP have built a strong partnership as co-convenors on issues of men who have sex with men, sex workers and transgender people: UNFPA leads on capacity strengthening of community-led organisations, sexual and reproductive health and rights and population dynamics, and UNDP leads on human rights violations and enabling legal and policy environments; both agencies address gender-based violence, stigma and local epidemic responses. Working in partnership they have supported 26 cities covering five regions to develop innovative Municipal Action Plans addressing the needs of key populations to improve access to health services, address stigma and discrimination and to establish more favourable legal frameworks working with national civil police, military police and municipal traffic police, to address the harassment of men who have sex with men, sex workers and transgender people.

- Global, UNDP and UNFPA

93. In Panama, UNDP and UNAIDS Secretariat have been supporting a working group, with the aim to improve dialogue between sex workers and armed forces, and reduce the human rights violations against sex workers. The group includes the Ombudsman's Office, National Police, national organization of sex workers, mayor's office, and other local authorities. As part of this initiative a series of workshops on human rights have been carried out with sex workers.

- LA, UNDP and Secretariat

94. UNAIDS provided technical support to the *menZDRAV Foundation* to hold the First National Consultation on HIV among MSM in Russia (Moscow, December 2012).

The deliberations of the meeting were used as inputs for the design of the National HIV Strategy in Russia, which is still under development.

- EECA, Secretariat

95. 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.

- ESA, WCA; UNDP

96. Also in 2013, following the example of the Technical Guide for countries to set targets for universal access to HIV prevention treatment and care for Injecting drug users, a similar guide has been developed for MSM, transgender people and SW. This guidance includes three key parts: a minimum package of interventions, a framework for setting targets, and indicators for measuring progress of implementing the package of interventions at country level with the Technical Guide for countries to set targets for HIV prevention, treatment and care for MSM, SW and transgender people was developed. During each step of the development CSOs were closely involved including the *Global Forum of MSM* and *Global Network of Sex Work Projects* as crucial partners. In addition to providing normative guidance, these documents are used by key population groups as tools to advocate for Universal Access to HIV prevention, treatment and care.

- Global, WHO

Examples of actions undertaken by UNAIDS to include civil society in multi-sectoral responses:

97. The World Bank provided implementation support to enhance country capacity to implement comprehensive national AIDS responses in Barbados and Jamaica. Both operations supported a multi-sectoral response involving key Ministries (Health, Education, Defense, Youth, and Labour) and the civil society community in the National Response to HIV. In Barbados, a civil society organization grant scheme was launched with Bank support and in Jamaica, HIV programme work-plans specific to Regional Health Authorities were developed.

- CAR, World Bank

98. UNDP supported national authorities and stakeholders in 37 countries to strengthen governance and coordination of AIDS responses. For example, UNDP conducted a six country study in Belize, El Salvador, India, Indonesia, Malawi and Tanzania to document successes in national coordination of AIDS responses with a focus on national ownership, aid alignment, decentralization and civil society participation.

- Global, UNDP

99. UNAIDS supported the use of the *Gender Assessment Tool* in collaboration with civil society organisations to assess the integration of gender equality and human rights in national plans, and begin a process of revision to better address gender inequalities related to HIV. To date, the tool has been implemented in over 30 countries across the globe.

- Global, Secretariat

100. The Secretariat signed a memorandum of understanding with the *African Council of AIDS Service Organizations (AfriCASO)*. Collaboration will include support to getting African civil society organizations better involved in the HIV response at the national level.
- ESA, WCA, MENA; Secretariat
101. In collaboration with UNDP and other Co-sponsors, the UNAIDS Country Office Myanmar designed and organized a training-of-trainers programme for civil society groups to support their involvement in the CCM. A total of 47 participants from different networks attended and shared their knowledge with over 300 community leaders and members in different parts of Myanmar during the roll out training sessions.
- AP, Interagency

Examples of actions undertaken to support civil society to engage in regional and global processes:

102. The Secretariat facilitated the engagement of the African civil society, including convening 35 civil society participants from several countries, in African inter-governmental organisations (AU, SADC, ECOWAS, *African Commission on Human and People's Rights* and its *Committee on the Rights of People Living with HIV and Key Populations*).
- ESA, WCA, MENA; Secretariat
103. Financial and technical support was provided, where needed, to 117 national and 7 regional Universal Access consultations (summaries at: <http://aidsspace.org/group/126/>), and convened 32 government and civil society leaders to review progress. The Consensus Statement helped civil society groups develop momentum to position and advocate for the Political High Level Declaration in June 2011.
- Global, Secretariat

Examples of actions undertaken by UNAIDS to champion the engagement of civil society in the post-2015 agenda:

104. In 2013 and 2014 UNAIDS Secretariat provided financial and technical support to an international Civil Society Working Group (CSWG) on Post 2015 to develop advocacy messages and strategies for Civil Society Engagement in the Post 2015 development agenda. The CSWG in collaboration with UNAIDS hosted two advocacy events on the sidelines of the UNGA in September 2013 and 2014 to highlight the issues faced by young people living with HIV. UNAIDS shares with the CSWG and through UNAIDS Network of regional and country community mobilization advisers, regular updates, newsletters, briefing notes and talking points on the Post 2015 process and analysis of language to inform and support civil society advocacy on Post 2015
- Global, Secretariat
105. In 2013 and 2014 UNAIDS Secretariat regional and country offices hosted over 40 consultations with Civil Society to develop advocacy messages and strategies to ensure ending the AIDS epidemic as a public health threat remains central to the

Post 2015 development agenda. For example, the UNAIDS Bangladesh Country Office co-organized a full-day consultation with Bangladeshi civil society on the Post 2015 development agenda to ensure their voices —particularly those of key populations— would be reflected. The outcomes of the consultation have been shared with the Bangladeshi Permanent Mission in New York through the UNAIDS Liaison Office in New York.

- Global, Secretariat

106. The PACT, a loose coalition comprised primarily of 25 global and regional youth organizations working on HIV and/or SRHR, is supported by UNAIDS. Each organization currently has one or more individuals who participate in the PACT. The PACT is organized around five themes: (1) integrate HIV into SRH services and policies; (2) increase access to evidence-informed prevention and treatment; (3) remove laws that prevent young people from accessing services; (4) resources for young people and HIV are allocated based on need and evidence; and (5) ensure HIV remains a priority in the post-2015 development agenda. The UNAIDS Youth Programme works with the PACT as a core component of its work to support youth civil society mobilization and ensure youth participation in the AIDS response;

- Global, Secretariat

107. In 2014 UNAIDS provided technical support to three consultations with religious leaders and faith based organizations resulting in calls for supportive action on HIV and separately on sexual and reproductive health and reproductive rights in the Post 2015 development agenda: The first from 29th -30th April 2014 in Vienna, a consultation *Overcoming HIV in Conservative Social Settings* was hosted by the OPEC Fund for international development and the IAS. In July 2014 in Ethiopia, the consultation was supported by UNAIDS Secretariat, and in September 2014 in New York with support from UNFPA and UNAIDS Secretariat.

- Global, Secretariat

108. UNAIDS has organised a dialogue with HIV stakeholders, including civil society and key populations representatives, on the post-2015 agenda in order to share information on HIV in the post-2015 agenda with all stakeholders and to encourage all stakeholders to participate in the national consultations on the implementation of the agenda (September 2014) and strongly encouraging civil society to engage in processes to define the post-2015 agenda (Burundi, May 2014).

- WCA, Secretariat

109. UNAIDS is supporting the regional *Latin American Council of HIV/AIDS organizations* (LACCASO) to promote regional civil society advocacy on the post-2015 agenda. LACCASO has conducted five regional trainings on the post 2015 agenda, PCB meetings, and the 90-90-90 targets, resulting in a regional position paper signed by 250 members.

- LA, Secretariat

Impact of UNAIDS actions

110. There is a substantial array of examples of inclusivity and UNAIDS playing a leading role of bringing groups together and encouraging the role of civil society in national responses to HIV, including in efforts to scale up current levels of access. UNAIDS has unique opportunities to broker the relationships between national

authorities and civil society. UNAIDS efforts have improved access of civil society in decision making and coordination mechanisms, participation in national progress monitoring and reporting, and in service delivery.

111. UNAIDS has also provided ways for civil society to engage in post-2015 political agenda setting at national, regional and global levels through facilitating participation of civil society in multi-stakeholder processes as well as providing support to civil society to ensure community priorities are articulated and disseminated.

Lessons learned

112. Further capacity development efforts are needed to ensure that women, young people and key populations, including people living with HIV, can engage more actively and meaningfully into the processes related to shaping post-2015 agenda.
113. To ensure the engagement of communities, in particular key populations, women and young people, it is important to address the barriers to their participation. These barriers include stigma and discrimination, the cost of participating in advocacy activities, and the human and financial resources needed to coordinate civil society voices without risking diluting the diversity of that voice.
114. Lastly, there is a need for improved monitoring and tracking of the level and quality of civil society participation both to ensure that commitments for support and inclusion are being adhered and to ensure that the contributions of civil society are being taken up to influence policies and programmatic directions.

CONCLUSIONS

115. UNAIDS has taken a series of actions that range from advocating for the need to provide sustainable funds for civil society engagement; securing the technical support necessary to deliver this engagement and key interventions, including to address stigma; reforming its own working practices; and supporting processes to scale up current interventions and to plan for the post-2015 environment. These include:
- Articulating a strategic investment approach that includes, as an integral component, community mobilization and responses by civil society – from advocacy, to service delivery, to evidence-gathering, to monitoring and participation in accountability;
 - Supporting countries to implement a strategic investment approach through national responses, and engaging in regional and global processes to support this;
 - Mobilizing resources, including for activities focused on gender equality, through direct advocacy at country level to ensure budget allocations in national plans reach communities;
 - Facilitating dialogue between donors and civil society to improve or develop funding mechanisms that reach civil society at all levels
 - Technical support for civil society to enhance its engagement, through interventions at country, regional and global level, including support to the networks, organizations and CBOs of women living with HIV;

- A range of focused interventions to scale up actions to measure and mobilize action to combat stigma; including scaling up the PLHIV Stigma Index
- Technical support to governments and civil society in developing NSPs and Global Fund concept notes and proposals (through the NFM) to include a resourced and integrated community response to HIV
- Enhancing UNAIDS PCB processes to ensure stronger participation of civil society in the governance processes of UNAIDS
- Improving reporting through the UBRAF to highlight support for civil society
- Strengthening capacity of civil society to scale up HIV responses through the inclusion of women, men and Trans* living with and affected by HIV, key populations and civil society in general through multi-sectoral responses;
- Engaging civil society organizations, including women's organization, to provide a meaningful input into the monitoring of the implementation of the international human rights obligations, e.g. CEDAW, etc.;
- Engaging civil society in processes to define the post-2015 agenda

116. The current work to develop indicators for civil society engagement in UBRAF will support the better monitoring and reporting of the level and quality of actions by UNAIDS to ensure civil society participates meaningfully and improves the work of UNAIDS.

117. The report has highlighted that while a great deal of relevant activity has taken place or is underway to respond to the DPs related to civil society, implementation of responses are not monitored against specific DPs. One option for consideration following from this report is to establish a tracking mechanism that allows for systematic monitoring and reporting on follow-up on civil society related DPs.

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