

## 28<sup>th</sup> UNAIDS board meeting: *An update from the NGO Delegation*

*EU Civil Society Forum on HIV/AIDS, 28 June 2011*

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In the overview of the work plan, you can see how the CF fits into the overall goal of civil society’s work within the UNAIDS system

Stated Delegation mission is :

*To bring to the PCB **the perspectives and expertise of people** living with, most affected by, and most at risk of, vulnerable to, marginalized by, and affected by HIV and AIDS, as well as civil society and nongovernmental entities actively involved in HIV/AIDS in order to ensure that their human rights, and equitable, gender-sensitive access to comprehensive HIV prevention, treatment, care, and support are reinforced by the policies, programmes, strategies and actions of the PCB and UNAIDS.*

PCB is the governing body of UNAIDS, made up of:

22 voting member states

10 cosponsors

NGO Delegation

(one delegate and one alternate from each of 5 regions)

Decisions are taken by consensus

**Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank.**

## PCB Strategy



- Human rights
- Recognition of and support to key affected populations and vulnerable groups
- Minimize conflict between constituencies
- Meaningful participation of CS

- Since the start of the CF, the Delegation has been focusing on : recognizing and fighting for the human rights of our constituencies at the board level.
- UNAIDS board has always been fairly progressive compared to other UN agencies and boards
- There has been a move in last couple of years by some African and Middle Eastern countries to push back on human rights as a “western” concept
- We have pushed to protect that space, and worked to continue to NAME key and vulnerable groups
- We have used the annual NGO reports to support this push at the board level. We first looked at barriers to universal access, then focused on stigma and discrimination (as it was identified as a key barrier) and now will look at criminalization – there is a link and progression annually in this way and it allows us to provide evidence around our key issues of identifying the rights of marginalized vulnerable groups.

### Work amongst constituencies

- Coming to agreement on definitions of key populations and how we use terminology is not easy and is a discussion that we will need to have again
- Common ground meeting hosted by the delegation last fall brought together activists from MSM, women and HIV communities to try to ensure coalition work around this
- Follow up has been weak, but this is one area that the delegation pushed to show leadership (Robert and Alex worked on this idea and got OSI funding)
- Need to think about if delegation wants to take this work forward

## Key agenda items



- UBRAF
- Partnership strategy
- Gender-sensitivity
- Support mechanism for African Member States

## UNAIDS Strategy



Zero New HIV Infections

Zero AIDS Related Deaths

Zero Discrimination

**Global Commitments**

Universal access to HIV prevention, treatment, care and support by 2015

Halt and reverse the spread of the epidemic and contribute to the achievement of the other MDGs by 2015



**Revolutionise  
HIV prevention**

**Catalyse the  
next phase of  
treatment, care  
and support**

**Advance human  
rights and gender  
equality for the  
HIV response**

Strategic Direction

Goals (Outcome Framework)

Objectives

Actions

**3 STRATEGIC DIRECTIONS**

## UNAIDS Strategy: CS



### *Issues/ concerns:*

- Male circumcision & treatment as prevention referred to without mentioning how they are problematic
- ✓ Implications for women & in terms of feminization of the epidemic when referring to heterosexual transmission of HIV
- ✓ Ref to vertical transmission should mention treatment for both partners & children and necessity to continue treatment after birth
- ✓ Fails to address recommendations of SIE, which noted need to strengthen capacity on women's rights and gender issues
- ✓ More focus on why previous work did not achieve UA so what should change
- ✓ Sex work should be mentioned in criminalisation discussion
- ✓ Lang relating to SRHR must be strengthened esp regarding women living with HIV
- ✓ Frame specific targets with strategies

## UNAIDS Strategy: CS



### ***Lack of reference to:***

- ✓ GIPA
- ✓ Social determinants that enable the transmission and progress of HIV (esp. in care & support section)
- ✓ Co-infections such as MDRTB and Hepatitis
- ✓ Communications for development
- ✓ UNAIDS strategy for working in partnership with civil society
- ✓ Discrimination of young people
- ✓ Community Systems Strengthening
- ✓ 'Agenda for Accelerated Action for Women, Girls, Gender Equality & HIV'
- ✓ Comprehensive Sexuality Education
- ✓ Generic medicines, incl. use of anti-counterfeiting laws to undermine marketing of generic drugs **(in progress)**



## UBRAF



What is it?

- Unified Budget, Results and Accountability Framework
- Shows how we will implement the UNAIDS strategy

## UBRAF



What are the CS concerns?

- Transparency of funding to CS
- Accountability for work
- Indicators of UBRAF do not seem to measure outputs/outcomes
- Flexibility to allow UNAIDS to work proactively
- Clear ways of working with CS are not established so no indicators of CS inclusion are in the UBRAF

## What happened in the meeting?

- NGO Delegation was able to get clear support in the ED speech and pass a decision point for more explicit funding for CS
  - ED: “ ... budget lines for use in funding CS with indicators to judge progress.”
  - Decision point: *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;*

## UBRAF



What are next steps?

- Civil society to engage in refining indicators and finalizing UBRAF
- Look for opportunities to engage in annual work planning at country and regional levels

## CS Partnership strategy

- SIE and board decision explain the need for more coherent and measurable ways of working with CS
- Despite UNAIDS strategy referencing partnerships, a tangible way of working has not been agreed/developed
- CS asking for measurable minimum standards of engagement that can be reported on in UBRAF
- Engaging cosponsors as they are vital to implementation (DoL)
- Raised repeatedly at the board and agreed that work should be done before December 2011 PCB

## Gender sensitivity



- Second report-back on Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV.
- Lack of full implementation of the agenda due to funding, as well as a lack of participation of women living with HIV in country level planning and decision-making; inadequate data; and inadequate national funding
- Monitoring will be linked to the UBRAF
- Separate mid-term review of the Agenda in 2012

## African member states



- Push from African Member States for more support to better participate on the board
- Downgrading of original support position to use of Regional Support Advisors (RSAs - there are three for Africa)
- It is in the interest of civil society to have strong African Member States, as the consensus way of working allows for more conservative member states to be more influential, as they are better prepared.

## Next PCB



Agenda items to date:

- NGO Report
- Commission on HIV and the Law
- SIE follow up (partnership strategy)
- Technical support strategy

How can you engage?

- NGO report
- Observers



## HLM outcomes document: Advances

- The naming of key populations – men who have sex with men, sex workers and people who inject drugs
- The naming of vulnerable populations such as migrants and prisoners (first time since 2001)
- The acknowledgement of human rights as a central component of the global HIV response
- The recognition of the need to challenge stigma and discrimination in order to combat HIV
- The setting of a clear target of 15 million on ARV treatment by 2015
- Mention of TRIPS exceptions despite this not being in EU common position
- EU common position strong on prevention and research
- The explicit endorsement of harm reduction

## HLM follow up



### Reporting

- Regular, annual reporting from countries
- International venue will report only with the MDGs as a whole.
- We are concerned that this loses a focus on the detail of the commitments from the high level declarations and want to ensure that we will have a mechanism for global accountability for reporting specifically on AIDS commitments.
- ED mentioned to us a potential review meeting on HIV and AIDS in 2016. If we want this, we need to advocate.
- LAC Delegate asked about it in lunchtime session and got no clarity

## HLM follow up



### Reacting to conservative discourse

- Weakness of SRH in part due to the well financed and well prepared opposition groups (i.e. Family Watch International)
- How to change our own discourse and be better prepared, ie. PCB and Egypt
- Mobilizing African member states (ie. South Africa – constitution and HLM side event quoting this)

## HLM follow up: Discussion questions



1. What kind of reporting to we need and want to see to ensure HIV and AIDS commitments are forthcoming?
2. How will we address funding to fulfill these commitments?
3. How can we prepare our own messaging to counter conservative voices that erode our ability to address human rights and key populations?

Thank you!



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On behalf of NGO Europe delegates:

Mr. Rhon Reynolds, International AIDS Vaccine Initiative, The Netherlands

Mr. Matthew Southwell, International Network of People who Use Drugs, UK

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# NGO Delegates



## **Africa**

- Ms. Felicita Hikuam, Aids and Rights Alliance of Southern Africa (ARASA), Namibia
- Ms. Nadia Rafif, Association de Lutte Contre le Sida (ALCS), Morocco

## **Asia/Pacific**

- Ms. Rathi Ramanathan, Asia Pacific Network of Sex Workers (APNSW), Thailand
- Mr. Abdullah Denovan, Jaringan Orang Terinfeksi HIV Indonesia (JOTHI) / Asia Pacific Network of People Living with HIV/AIDS (APN+), Indonesia

## **Latin America/Caribbean**

- Dr. Amira Herdoiza, Corporacion Kimirina, Ecuador
- Dr. Mabel Bianco, Fundación para Estudio e Investigación de la Mujer (FEIM), Argentina

## **North America**

- Dr. George Ayala, The Global Forum on MSM & HIV (MSMGF), United States
- Ms. Ebony Johnson, International Community of Women Living with HIV/AIDS (ICW), United States