
UNAIDS engagement with civil society

This working paper provides examples of how the Joint UN Programme on AIDS engages with civil society. The paper supplements the Performance Monitoring Report (UNAIDS/PCB (32)/13.5) by illustrating examples of civil society involvement and providing a further programmatic dimension to inform the deliberations of the Programme Coordinating Board.

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Executive summary

Civil society has been critical in catalyzing and shaping global, regional and national HIV action and in lobbying successfully to mobilize politicians and donors to fund the AIDS response. People living with HIV (PLHIV) and other civil society partners have also provided essential HIV prevention, treatment, care and support services, sometimes in the absence of a coordinated response and frequently with a minimum of resources.

In light of the ambitious global targets agreed by Member States in the 2011 Political Declaration, it is essential to maximize the potential of partnerships with civil society to work together to achieve these targets.

UNAIDS' partnership with civil society has focused on the following strategic priority areas¹:

- engaging people living with HIV, other key populations and broader civil society in strengthening community voices to improve policy development, strategic planning, monitoring and evaluation, resource allocation, service delivery, human rights protection and capacity building at local, regional and global levels;
- supporting civil society to be “watchdogs” of national AIDS responses and to hold governments to account;
- providing services to PLHIV, other key populations, communities and affected groups and constituencies on HIV prevention, treatment, care and support;
- leveraging the HIV movement's passion and experience to generate a new, integrated movement that situates the AIDS response within the broader context of health, development, human rights and gender equality (e.g. the Millennium Development Goals and beyond);
- engaging civil society, especially groups of key populations, in advocacy to promote and protect human rights;

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¹ UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations, 2011:
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2012/JC2236_guidance_partnership_civilsociety_en.pdf, Annex 2: Strategic priorities for UNAIDS partnership with civil society, key populations and people living with HIV, page 31.

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- engaging women's organizations (e.g. networks of women living with HIV on the Agenda for Accelerated Country Action and building synergies across Millennium Development Goals 3, 4, 5, and 6;
- engaging civil society outside of HIV (e.g. in human rights, education, nutrition, humanitarian situations, rule of law, sexual, reproductive, maternal, newborn and child health, and trade unions) to strengthen links between HIV and other Millennium Development Goals to realize a robust, sustainable movement for HIV and the goals;
- brokering partnerships between civil society and other sectors, including government and the private sector, to ensure a sustainable civil society response and engagement;
- engaging youth and related organizations in building the HIV prevention revolution.

This document provides examples on how UNAIDS engages with civil society in a selected range of areas across countries, regions and globally.

INTRODUCTION

This document presents short summaries on how the Joint Programme resources and engages with civil society. It supplements the 2012 Performance Monitoring Report to the June 2013 Programme Coordinating Board (PCB) meeting.

Reporting is in response to the 28th PCB Decision 9.6 that “UNAIDS provide more explicit reporting on resourcing and engagement of civil society”, as well as communications with the PCB NGO Delegation monitoring and evaluation focal point.

UNHCR

The Office of the United Nations High Commissioner for Refugees (UNHCR) recognizes how essential civil society is in providing protection and assistance to refugees and other people of concern. UNHCR is committed to strengthening its partnerships with NGOs and with networks such as people living with HIV, women’s group and youth associations. Such partnerships are seen as a good strategy to ensure the basic needs of refugees and populations of concern are met. Dialogues are organized with NGO specialists at global, regional and local level on technical subjects, to share visions and agree on directions, and objectives. Dialogues are also organized at a high level, such as the annual consultation hosted by the High Commissioner and attended by NGO representatives from around the world.

UNHCR’s local partnerships give it an unmatched presence on the ground. 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 enable local organizations to prioritize actions during emergencies, including logistical and financial management. In 2012, 80% of the total UNHCR funds spent by all partners, including the UN and governmental agencies, were spent by NGOs.

An interesting example of civil society engagement within the scope of the UNHCR’s mandate is in Ethiopia, Kenya and Uganda where UNHCR works closely with NGOs and with sex workers, to set up programmes that aim to reduce HIV transmission while empowering sex workers. Major efforts have been made to train multisectorial teams to provide programmes for and with sex workers, based on respectful and improved comprehensive services, including HIV and reproductive health, community social services, protection and livelihood interventions. Among the key achievements, sex worker-led organizations and peer groups were established, confidential and ethical health-care services provided and protection systems strengthened. These examples illustrate how the active engagement and involvement of sex workers is not only possible but also leads to improved HIV prevention measures. Key NGO partners in Kenya include: the International Rescue Committee (IRC), which provides medical and comprehensive reproductive health and HIV services in the Kakuma refugee camp; the Africa Development Emergency Organization (ADEO), which runs

comprehensive HIV services at Dadaab refugee camp; and Médecins Sans Frontières (MSF), which provides comprehensive health services in several refugee settings. All services are provided to both refugees and the host population.

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.

UNHCR is one of many organizations committed to addressing gender inequalities and sexual and gender-based violence, but with special emphasis for populations affected by humanitarian emergencies. Partners in addressing sexual and gender-based violence include major international NGOs, such as IRC, Intersos and Save the Children, faith-based organizations, such as the Lutheran World Federation, and local organizations, such as national Red Cross federations. Through those organizations, refugees, asylum seekers and other persons of concern gain access to counselling, legal services and physical protection, and clinical services for rape survivors. These interventions help increase awareness among persons of concern of how to prevent sexual and gender-based violence. Regular workshops and awareness sessions are conducted in refugee settlements.

UNICEF

Civil society organizations take many forms, act in diverse contexts and are vital contributors to the United Nations Children's Fund (UNICEF) AIDS response. To achieve better results for children, adolescents and pregnant women living with HIV, UNICEF engages in a range of partnerships with civil society. This report highlights a few examples of UNICEF's work with civil society organizations in 2012 at the country, regional and global levels. Examples were selected to show the breadth of these partnerships and the range of interventions:

- a. In the Asia-Pacific region, UNICEF supported the Asia-Pacific Coalition on Male Sexual Health and Youth Voices Count as part of a joint research initiative with other UN partners on the vulnerabilities and risks of young men who have sex with men in 13 countries. This involved organizing a regional consultation with young men who have sex with men and young transgendered persons from around the region. The consultation enabled greater understanding of gaps in services, programmes, policies and strategic information. Also, UNICEF, with other UN partners, provided support to the Asia Pacific Network of People Living with HIV (APN+) to develop an advocacy agenda for adolescents living with HIV through a research initiative involving members of this group from around the region.
- b. In Latin America, UNICEF increased engagement with civil society, particularly networks of young people, to provide care and support for

PLHIV. This has taken place at the country level, especially in Brazil, Argentina and Paraguay.

- c. On elimination of mother-to-child transmission (eMTCT), UNICEF in West and Central Africa enabled people living with HIV, especially women, to participate in bottleneck analysis for developing national eMTCT plans. UNICEF also helped organize the West and Central Africa regional positive health, dignity and prevention consultation, and engaged with the Network of African People living with HIV/AIDS (NAP+), Synergies pour l'Enfance, the International Community for Women living with AIDS, the Society for Women and AIDS in Africa International, and the African Network for the Care of Children Affected by HIV/AIDS.
- d. In Eastern Europe and Central Asia, UNICEF collaborated with the EurAsian Union of People Living with HIV and AIDS to build leadership skills among PLHIV and with the Kazakh network of HIV-positive women to engage them in national policy dialogue. In Ukraine, UNICEF supported organizations of women injecting drug users to become part of a comprehensive systems approach to maternal and child health and mother-to-child transmission services for drug-using women, enabling civil society organizations to work with government-provided services and contribute outreach and referrals to build comprehensive services, including links to social and medical care.
- e. The Regional Psychosocial Support Initiative is one of UNICEF's key regional civil society partners in Eastern and Southern Africa, providing support, protection and care to vulnerable children. UNICEF provided financial support, primarily to develop training materials and curriculum to train community-level caregivers for vulnerable children.
- f. At the global level, UNICEF collaborated with the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV, and the International Treatment Preparedness Coalition to pilot the multicountry accountability project Leadership for Life to support implementation and monitoring of the *UNAIDS Global Plan towards the elimination of new HIV infections in children and keeping by 2015 and keeping their mothers alive*.
- g. Through the inter-agency task team on children affected by AIDS, UNICEF at the global level engaged with key partners, including World Vision International, International AIDS Alliance, GNP+, Care Action Network, Help Age International, Volunteer Service Overseas (VSO) and Save the Children.
- h. The inter-agency task team on young people and HIV provided technical and financial support to youth networks, such as the African Youth and Adolescent Network on Population and Development, the Alliance of Youth CEOs, Global Youth Coalition on AIDS, GNP+ (Y+) and Youth RISE. On behalf of the inter-agency task team, UNICEF commissioned a web platform to manage knowledge around young people and HIV.

WFP

As the World Food Programme (WFP) Strategic Plan (2008-2013) states, “partnerships are essential for WFP in order to accomplish its mission and achieve its objectives”. NGOs are described as “instrumental in increasing WFP’s global deep field presence” and being “essential in both short-term and long-term responses to hunger”. Particular importance has been attached to national and local communities being key actors on the front line of hunger. In 2012, WFP collaborated with more than 2,100 NGOs, of which 90% were locally or community-based, and in 67 countries. Together, these partners distributed 50% of WFP’s total food distribution for the year.

- a. WFP provides food assistance to food-insecure people living with HIV enrolled in home-based care, antiretroviral treatment (ART) and prevention of mother-to-child transmission (PMTCT) programmes.
- b. In Myanmar, NGOs such as ADRA Myanmar have helped WFP deliver support to people living with HIV and to their households, supported effective adherence to treatment, and improved treatment outcomes that mitigate HIV’s impact at the individual and household levels. In South Sudan, in addition to providing food support to people living with HIV and households, WFP has held workshops on food and nutrition awareness for people living with HIV groups. In Ghana, WFP has provided technical assistance in nutrition assessment, counselling and support for people living with HIV.
- c. WFP expanded its response to include populations at risk, such as injecting drug users and their specific nutritional needs, acting jointly with the United Nations Office on Drugs and Crime and civil society. WFP tracked the epidemic trend, promoting mitigation and safety nets for these most-at-risk populations in national action plans and poverty reduction strategies.
- d. WFP’s food support initiatives, assisted by local NGOs, target orphans and vulnerable children. WFP has supported national interventions that are HIV sensitive and inclusive of people living with HIV, children living with HIV and orphans and vulnerable children. Such interventions include school meals programmes, cash and food scholarships, productive assets and livelihood support, and the maternal and child health, and nutrition programmes.
- e. WFP and TNT, the international courier delivery services company, established North Star Alliance, an initiative to reduce the impact of HIV and other sexually transmitted illnesses on the transport sector in Africa. Roadside Wellness Centres across southern and eastern Africa enhance the AIDS response of national health-care systems. Services reach truck drivers, sex workers, border officials, dock workers, police and transport communities.
- f. World Vision International. One of WFP’s main international NGO partners, with which it collaborates on 46 projects in 33 countries.

- g. Save the Children International. Another major international partner, which works in partnership with WFP to provide technical expertise for planning, designing and implementing projects at the community level. WFP and Save the Children have built hundreds of small-scale assets through their joint operations.
- h. Asia Pacific Collaborating Centre for HIV and Nutrition (APCHIN). WFP became a founding partner of APCHIN, which focuses on the nutritional needs of injecting drug users and integrating nutrition in HIV services.
- i. Cambodian HIV/AIDS Education and Care (CHEC). WFP has collaborated extensively with CHEC to provide monthly food support to people living with HIV and other affected populations, such as orphans and vulnerable children.

UNDP

The United Nations Development Programme (UNDP) invests in enabling environments where civil society can contribute to development, and promotes citizen action for participatory governance. Promoting civic engagement is integral to UNDP's work. UNDP works with a range of formal and informal organizations engaged in development work: NGOs, community and faith-based organizations, indigenous peoples' organizations, academia, journalist associations, trade unions, women's and youth associations, networks of people living with HIV, men who have sex with men, sex workers, transgender people and people who use drugs, human rights organizations and social movements. Selected examples include:

- a. To foster policy dialogue with civil society, UNDP has in recent years promoted the establishment of civil society advisory committees to United Nations Country Teams as forums for strategic engagement by civil society in the work of the UN at the national level. At headquarters, the Civil Society Advisory Committee provides UNDP with policy advice.
- b. As part of the roll-out of the Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV, UNDP has implemented leadership development programmes for networks and associations of women living with HIV in 52 countries. The programmes succeeded in giving women and girls a voice in national policies and increased partnerships between HIV-positive women's organizations and key national stakeholders.
- c. One of the key components of the Global Commission on HIV and the Law was the consultative process of seven regional dialogues. Typically the dialogues included a combination of government and civil society participants. About 450 civil society participants were funded by UNDP to discuss HIV issues, discrimination and the law with government officials. Civil society is also engaged in follow-up activities, including helping countries to conduct national dialogues and undertake legislative reviews and legal environment assessments.

- d. UNDP, the Secretariat and the Asia Pacific Network of people living with HIV, in partnership with the AIDS Treatment Working Group (TREAT Asia, International Treatment Preparedness Coalition and Medecins Sans Frontières), UNICEF and WHO, are supporting eight countries in Asia-Pacific use Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities to access affordable antiretroviral drugs.
- e. UNDP partners African Council of AIDS Service Organizations (AfriCASO) to support community involvement in the AIDS response and provide critical analysis and advocacy platforms to improve it.
- f. Since 2003, while building grant management capacity, UNDP has served as Global Fund interim principal recipient in more than 40 countries. UNDP also engages with the Global Fund on substantive policy and programmatic issues, including promoting human rights and gender equality initiatives and ensuring financing reaches civil society and key populations.
- g. Through the Urban Health and Justice Initiative, UNDP and The United Nations Population Fund (UNFPA) work in more than 20 countries with civil society organizations as well as with key population groups to strengthen municipal action on HIV and access to justice.
- h. UNDP estimates 17% of its overall funding on HIV is channelled through national NGOs, about 7% through international NGOs, and about 23% through governments. The remaining 53% is used for a variety of purposes, in particular for purchasing commodities for HIV treatment.

UNFPA

The United Nations Population Fund (UNFPA) relies on a broad spectrum of partners to deliver its country programmes and reinforce its country-level efforts with strong global and regional policies and programmes that further the International Conference on Population and Development agenda. UNFPA's 2012-2013 business plan highlights that civil society partners are essential to UNFPA's programming. The fund engages a wide variety of civil society partners, including NGOs, members of academia and social marketing and faith-based organizations, plus community-led networks and groups of key populations, young people, people living with HIV and those engaging men and boys. In 2012, 95 UNFPA country offices reported to have provided direct financial and/or in-kind support to community-led organizations/networks.

UNFPA engages and supports participation of civil society partners at high-level events, stakeholder consultations, and technical working groups. For example, 200 young people from 54 countries around the world were empowered to effectively advocate for their issues through a knowledge and skills building preconference at the XIX International AIDS Conference organized by Advocates for Youth with financial and technical support from UNFPA and in collaboration with the Norwegian Agency for Development Cooperation and the Secretariat. The youth advocated with 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 years to reach the 2015 goals of the United Nations Political Declaration on HIV and AIDS.

A major focus of UNFPA’s work is to strengthen national capacity including the capacities of community-led organizations and networks. An example includes UNFPA’s work in Namibia where UNFPA provided financial and technical support to conducting rapid assessments on sex work and HIV in five towns. The support was in collaboration with UNAIDS in Namibia and the Society for Family Health (a Population Services International affiliate). The assessments were conducted by sex workers to emphasize their ownership and to empower sex workers. This approach has made an important contribution to supporting sex worker associations as well as generating data relevant for programming.

UNFPA estimates 16% of its 2012 core UBRAF expenditures can be considered direct financial support to civil society. An additional 11% of the 2012 core UBRAF expenditures can be classified as in-kind technical support, which includes staff time, to civil society. It is estimated that in 2012 UNFPA provided almost US\$ 12 million of its regular and extrabudgetary resources to civil society at global, regional and country level to implement programmes to reduce sexual transmission of HIV and to eliminate mother-to-child transmission. Select principal civil society networks/organizations:

- a. Global Network of Sex Work Projects (NSWP): For three years, UNFPA has provided financial support to strengthen the capacity of NSWP and its regional and country-level networks and organizations, particularly the African Sex Workers Alliance. The Global Network of Sex Work Projects is now positioned as a partner with meaningful participation in developing policies, normative guidance, tools and programmes, and in providing technical expertise in a range of UNAIDS forums. UNFPA also provided financial and technical assistance to the XIX International AIDS Conference Kolkata Hub for Sex Workers.
- b. People living with HIV networks: UNFPA adheres to the Greater Involvement of People Living with or affected by HIV/AIDS (GIPA) principle. In 2012, UNFPA supported the Global Network of People Living with HIV (GNP+) to advocate for strengthening sexual and reproductive health and HIV linkages by organizing and participating in key events (for example, the World Congress of Gynaecology and Obstetrics 2012, IAC 2012, Impact for Integration consultation Kenya), and to provide technical assistance to selected countries through site visits. In Latin America, women leaders living with HIV from 18 countries received capacity strengthening on advocacy and human rights, and for related activities on gender-based violence and sexual and reproductive health.
- c. International Planned Parenthood Federation (IPPF): UNFPA has a longstanding partnership with IPPF to strengthen linkages between sexual and reproductive health and HIV at the policy, systems, and service-delivery levels. The partnership also aims to: meet the HIV needs of women and girls and stop gender-based violence by implementing the Agenda for

Women and Girls; and help implement the rapid assessment tool for sexual and reproductive health and HIV linkages that was jointly developed by IPPF, UNFPA, the World Health Organization (WHO), UNAIDS, GNP+, the International Community of Women Living with HIV/AIDS (ICW), Young Positives and the Preventing HIV and Unintended Pregnancies Strategic Framework (eMTCT Prongs 1 and 2). By the end of 2012, 39 countries had implemented the linkages assessment tool. An impact review document has been developed on the first 20 countries to implement the tool, demonstrating increased joint planning and coordination between sexual and reproductive health and HIV services. In addition, collaborative work identified 17 indicators for possible inclusion in a linkage compendium for measuring progress.

- d. The Condom Project (TCP): the CONDOMIZE! Campaign, a joint programme of UNFPA and TCP, in partnership with governments, communities and the inter-agency task team on comprehensive condom programming, aims to reduce stigma, increase access to male and female condoms and prevent unintended pregnancies.
- e. Family Health International (FHI) 360: UNFPA has partnered FHI on many occasions, mainly to jointly develop technical guidance on HIV prevention for young people.

UNODC

In 2012, the United Nations Office on Drugs and Crime (UNODC) collaborated with more than 280 civil society organizations worldwide; almost two thirds (196 organizations) benefited from financial support in more than 100 countries. More than US\$ 3 million, 15% of the overall UNODC 2012 expenditure, was provided to civil society organizations based at the country and regional levels; 84% of resources addressed HIV and injecting drug users, and 16% HIV in prison settings.

UNODC's financial and technical support to civil society organizations could be grouped into five broad categories, namely: support to service provision (including harm reduction in the context of HIV); capacity building; support for conferences and meetings; advocacy and raising awareness; and operational research, and assessments.

The five principal civil society networks or organizations UNODC works with are: the International Network of People who Use Drugs (INPUD); Harm Reduction International (HRI); International Drug Policy Consortium (IDPC); Eurasian Harm Reduction Network (EHRN); African HIV in Prisons Partnership Network (AHPPN).

- a. UNODC developed, through a vast consultative process with civil society, 'HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of interventions', and a package of evidence-based interventions to enhance access to HIV prevention, treatment and care for vulnerable people who use stimulants.

- b. UNODC worked with Harm Reduction Knowledge Hub for Europe and Central Asia and Eurasian Harm Reduction Network (EHRN) on policy reform for HIV/tuberculosis/hepatitis B and C among drug users and in prison settings.
- c. In Indonesia, Persaudaraan Korban Napza Indonesia (PKNI), the national network of people who use drugs, received support to integrate drug overdose programmes into drug dependence treatment and in HIV prevention, treatment, and care services. Similarly, in Myanmar UNODC built the capacity of the National Drug User Network Myanmar (NDNM).
- d. In Africa, UNODC recently established the African HIV in Prisons Partnership Network (AHPPN) and continues to provide technical and financial support. The network assists prison officials, public health authorities, members of civil society and national governments to overcome the significant challenges linked to HIV in prisons.
- e. In Ukraine, UNODC, in partnership with municipal governments and local organizations, launched the Women-4-Women initiative, offering HIV services to women who use drugs, former prisoners and victims of domestic violence. The small grants initiative enabled the civil society organizations to reach more than 2300 women and their 92 children.
- f. In Afghanistan, UNODC partnered with 10 local organizations to provide evidence-based HIV prevention, treatment and care services in six major female prisons (Kabul, Herat, Parwan, Nangarhar, Badakhshan and Balkh), and five community sites (Kabul, Herat, Nangarhar, Badakhshan and Balkh).
- g. In Brazil in 2012 UNODC provided almost US\$ 240,000 to civil society organizations to protect the HIV-related human rights of key populations. This contribution represented the first tranche of a US\$ 1.5 million commitment to support civil society organizations.
- h. In Pakistan, UNODC provided grants to 10 organizations to provide comprehensive HIV services to female prisoners and female injecting drug users, reaching 5528 women.
- i. In Nepal, UNODC partnered with DRISTI Nepal, Community Support Group and Youth Vision to provide a comprehensive package of HIV services for women who use drugs.

UN WOMEN

At a strategic advocacy level, UN Women identifies key opportunities for networks of women living with HIV to facilitate qualitative engagement between civil society and government at global, regional and national levels.

Representatives of national governments and civil society organizations from the Association of South East Asian Nations (ASEAN) agreed on recommendations that will drive efforts to achieve the regional bloc's goal to reduce sexual

transmission of HIV by 50% by 2015. At country level, UN Women empowered existing networks of women living with HIV to articulate a common agenda and broaden planning and policy-making spaces for their meaningful participation in mid-term reviews of national AIDS strategies in Kenya and Rwanda, and national eMTCT planning and regional public hearings on proposed HIV legislation (Rwanda); and gain access to, and in some cases representation on, the Global Fund's Country Coordinating Mechanism (Cambodia, China, Kenya, and Senegal).

As a critical implementing partner at country level, UN Women provides financial and technical support to networks of women living with HIV and women's organizations to build their leadership and organizational capacity in advocacy, women's rights and multisectoral programming to address gender equality in HIV. In Ukraine, women now sit on six regional HIV and AIDS coordinating councils and a woman has been nominated as a member to the National Council on the Prevention of Tuberculosis and HIV as a result of leadership training by the All Ukrainian Network of People Living with HIV/AIDS, supported by UN Women. In Cambodia, UN Women's joint initiative with the European Commission, 'Supporting gender equality in the context of HIV/AIDS', enabled the Cambodian Community of Women Living with HIV/AIDS to assume leadership roles and has achieved unprecedented access to national and regional policy-making spaces, including at the 2012 Asia and Pacific high level intergovernmental meeting to assess progress against commitments in the political declaration on HIV/AIDS and the Millennium Development Goals.

UN Women estimates 40% of its 2012 HIV expenditures can be classified as direct financial support to civil society at the global level. UN Women provides financial and in-kind support to civil society as implementing partners as well as through grant mechanisms, such as the Fund for Gender Equality, the UN Trust Fund to Eliminate Violence Against Women, and through a small grants programme in sub-Saharan Africa focused on promoting the legal empowerment of women in the context of HIV and AIDS.

- a. UN Women supported networks of women living with HIV and alliances of caregivers in 26 countries to build their leadership capacities, to articulate common agendas, to define solutions that better respond to their priorities, to participate more fully in the AIDS responses and to advocate for improved quality of and access to services and greater resources.
- b. In 2012, together with the ATHENA network and other partners, UN Women organized a civil society space in the Global Village and a satellite session at the XIX International AIDS Conference, 'Women Leading, Organizing and Inspiring Change in the AIDS Response', to promote the global exchange of experiences, abilities, and knowledge, to champion the leadership of women living with HIV and to create links with other agendas advancing gender equality and women's rights in AIDS responses.
- c. In 2012, UN Women supported the Caribbean Coalition on Women, Girls & AIDS to hold policy dialogues in Grenada and Guyana to address violence against women and HIV in key policy frameworks. The coalition supported business development training for 64 women living with HIV in Haiti and Tobago to strengthen their advocacy skills and economic security.

- d. UN Women helps Huairou Commission (a global coalition of women supporting grassroots women's organizations) members participate in key global forums, such as the XIX International AIDS Conference and the 57th Commission on the Status of Women, themed on 'the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS'.
- e. Unzip the Lips: In the Asia and Pacific region, UN Women helped establish this regional advocacy platform created by the Coalition of Asia Pacific Regional Networks on HIV/AIDS to advocate for the rights and meaningful participation of key affected women and girls in the AIDS response.

ILO

In 2012, the International Labour Organization (ILO) supported more than 150 civil society organizations (excluding employer and worker organizations). This report provides a few examples of ILO support to networks of people living with HIV, men who have sex with men, sex workers, women and girls and other civil society organizations.

- a. The ILO worked with the Global Network of people living with HIV (GNP+) as a strategic partner on HIV and discrimination at work. As part of ILO capacity development efforts, GNP+ participated as a resource organization in its annual training course on HIV and social protection.
- b. The ILO collaborated with the Network of African People Living with HIV, Southern African Region (NAP+SAR). Tailored technical support was provided for workplace policies to protect against stigma and discrimination and establish linkages for referrals to HIV services for people living with HIV and workers affected by HIV.
- c. The ILO provided technical support on discrimination and employment opportunities for women to the Tajikistan Network of Women Living with HIV (TWIN+). The ILO and its partners, while building the capacity of TWIN+ members, developed a national tripartite strategy on HIV and the world of work.
- d. The ILO works closely with civil society organizations to increase access to HIV services for men who have sex with men. In Bangkok, for example, the ILO provides funding and technical support to Bangkok Rainbow Sky. Training was provided to help implement HIV workplace policies and programmes in gay saunas. Direct funding and capacity building was provided to 20 saunas in the Bangkok metropolitan area where HIV prevalence among gay men is 40%. HIV prevention services for men who have sex with men are being provided through the saunas and entertainment establishments.
- e. Empower Foundation and SWING: In Thailand and Cambodia, the ILO supported female sex worker organizations to develop workplace safety and health programmes in entertainment venues that provide sex services. The

programmes contributed to increasing access to HIV services for sex workers and creating an enabling legal and policy environment where the rights of sex workers could be respected.

- f. The ILO provides technical and financial support to the Women's Network for Unity to provide sex workers in Cambodia with knowledge and information on their rights and access to legal aid services. The ILO partnered with the Yi Ren Ping organization to establish legal aid services, which have helped reduce violence against female sex workers and in revising a protocol for managing the release of detained sex workers.
- g. The ILO is a board member and technical advisor to SAfAIDS, a regional AIDS Information and Dissemination Service Organization. With ILO technical support, the SAfAIDS task force on women and girls has scaled up the implementation of the ILO recommendation on HIV and AIDS through its extensive clientele of AIDS service organizations implementing HIV workplace policies and programmes.
- h. The ILO has provided technical support to the Zimbabwe AIDS Prevention and Support Organization, a local NGO specializing in HIV workplace policies and programmes. Support was provided to strengthen understanding of the principles of the ILO recommendation on HIV and to scale up implementation of HIV workplace policies and programmes throughout Zimbabwe.

UNESCO

The United Nations Educational, Scientific and Cultural Organization (UNESCO) collaborates with civil society networks and organizations at all levels as technical partners. For example, UNESCO is working with youth-led organizations for young people living with HIV and key populations to strengthen effective programming for these groups, which is a challenging new area for many Member States. A capacity-building workshop for UNESCO staff in November 2012 was facilitated by young leaders from Youth Rise, HIV Young Leaders Fund, the International Committee on the Rights of Sex Workers and Espolea (Mexico). In Eastern and Southern Africa, UNESCO is working with STOP AIDS NOW!, supporting collaboration between civil society and government to improve outcomes for young people's sexual and reproductive health.

In Eastern Europe and Central Asia (EECA), UNESCO worked with 50 youth organizations to enhance capacities in using the Internet and social media for HIV/sexual and reproductive health education. In Asia-Pacific, UNESCO has contributed to increasing the capacity of youth-led and youth-serving regional networks. In China, UNESCO is working with three lesbian, gay, bisexual and transgender (LGBT) organizations to strengthen their capacity to advocate for having homophobic bullying in schools addressed.

UNESCO estimates 7% of its 2012 core UBRAF expenditure can be classified as direct financial support to civil society. A further 3% was used to support civil society participate in UNESCO-organized meetings, consultations, trainings and

workshops, and an estimated 11% on in-kind technical support to civil society.

Principal civil society networks/organizations:

- a. UNESCO collaborates with the International Planned Parenthood Federation (IPPF) at all levels in comprehensive sexuality education. In the Eastern and Southern Africa region, the Federation and its member associations are key partners in strengthening curriculum development for comprehensive sexuality education. Federation affiliates participated in a training workshop on curriculum design and now form a regional hub of expert trainers and curriculum developers alongside education ministry, regional education institutions and UNESCO. In West and Central Africa, UNESCO is adapting its sexuality education review and assessment Tool (SERAT) at the request of the federation for use by civil society to assess non-formal sexuality education programmes. Federation affiliates will pilot the new CSERAT.
- b. UNESCO has a longstanding collaboration with the Global Network of People Living with HIV (GNP+) on young people living with HIV and education (mainly through the Y+ programme). In 2012, this resulted in a co-publication, Positive Learning, the first of its kind to analyze the educational experiences of young people living with HIV from a global perspective. UNESCO support in West and Central Africa enabled the regional teachers living with HIV network to provide technical assistance and share good practices with new networks in Mali and Guinea Bissau. Country-level support includes to the Tonata people living with HIV Network in Namibia to scale up positive speaking interventions in schools to address stigma and discrimination and reach young people and teachers living with HIV with positive living messages. In Kenya, as a result of UNESCO advocacy, the Ministry of Education has committed to establishing networks for young people living with HIV in educational institutions to better meet this group's needs.
- c. UNESCO collaborates with the Population Council on technical approaches to sexuality education and gender. In Eastern and Southern Africa, the Population Council reviewed sexuality education content under the regional programme implemented by UNESCO, the United Nations Children's Fund (UNICEF) and the United Nations Population Fund (UNFPA). The council also contributed an article on gender equality, HIV and education to UNESCO's Good Policy and Practice booklet.
- d. In Eastern and Southern Africa, SafAIDS is a primary implementation partner for developing and piloting technical support tools for young people living with HIV. UNESCO and SafAIDS are developing a teaching aid and learning support materials to address HIV related stigma and discrimination, based on photos and testimonies from young people and teachers living with HIV.
- e. In collaboration with the inter-agency task team 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, more than 100 young people from key populations were trained, including 25 young people through a national-level roll-out in Myanmar.

WHO

At a global level, the World Health Organization (WHO) has established a civil society reference group on HIV, comprising about 20 individuals from civil society constituencies, to advise WHO on its policies and programmes. WHO is represented on several civil society advisory bodies, such as the Living 2012 partnership and strategy development for the Global Network of People Living with HIV (GNP+).

The Pan-American Health Organization (PAHO) HIV project has civil society representation on the technical advisory committee on HIV. The committee advises the PAHO director on HIV strategic issues. In 2012, after its report *Antiretroviral treatment in the spotlight: a public health analysis in Latin America and the Caribbean* was published, PAHO organized regional and subregional discussion forums with civil society on how to optimize treatment. Civil society contributed to all regional policy guidance and tools on eliminating mother-to-child transmission of HIV and congenital syphilis. Involving civil society has also helped raise the quality of HIV services for key populations, including men who have sex with men and transgender people.

In 2012 WHO engaged civil society representatives to review and analyse national programmes in Azerbaijan, Greece, Kazakhstan and Ukraine. WHO in 2006 signed memoranda of understanding with two pan-European civil society networks, the European AIDS Treatment Group and AIDS Action Europe, outlining joint areas of work. The collaboration has been ongoing ever since. The HIV/AIDS, sexually transmitted infections and viral hepatitis programme has a dedicated technical officer to work with civil society. The programme is a permanent observer to the European Union HIV/AIDS Civil Society Forum, an informal advisory body established in 2005 by the European Commission to help NGOs and networks, including those representing people living with HIV/AIDS, to participate in European policy development and implementation as well as to exchange information.

In its Western Pacific region, WHO has involved and funded the participation of community-based organizations and key populations in technical consultations on sex work and transgender themes, among others, and in national AIDS programme managers meetings, as well as in international meetings, such as the International Congress on AIDS in Asia and the Pacific (ICAAP). WHO also provided technical assistance and funds for joint sessions with key population groups (such as the Asia Pacific Coalition on Male Sexual Health) at international meetings.

WHO provided technical and financial support to the Eurasian Harm Reduction Network (EHRN), the Eurasian Coalition on Men's Health (ECOM), the International Treatment Preparedness Coalition for Eastern Europe and Central Asia, and the European Civil Society Forum.

WHO, in collaboration with UNAIDS, UNDP and UNFPA, has provided financial and technical support to establish the regional network on HIV and men who have sex with men, namely the Eurasian Coalition on Male Health (ECOM). WHO/Europe worked closely with civil society on civil society-led monitoring of HIV drug stock-outs, HIV testing and counselling practices, and on an antiretroviral prequalification process (Ukraine).

WHO has provided technical, management and financial support to establish and strengthen the Middle East and North African Harm Reduction Association (MENAHR).

WHO seconded a senior health-sector adviser to the Asia Pacific Coalition on Male Sexual Health (APCOM) board and provided technical and financial support to APCOM to engage the health sector in the AIDS response for men who have sex with men.

WHO and the Asian Network of People who Use Drugs (ANPUD) helped develop the regional harm reduction strategy 2010–2015.

WHO in collaboration with APTN (Asia Pacific Transgender Network), Trans China and the Society of Transsexual Women of the Philippines (STRAP) assessed sexual health needs among transgender people in Asia-Pacific.

WORLD BANK

The World Bank conducts an annual civil society policy forum during the spring and annual meetings. The forum is a platform for civil society to exchange views with the World Bank, government officials, academics, and others high-level policy-makers.

Working with NGOs was the hallmark of the Multi-Country HIV/AIDS Program for Africa (MAP), the first major global response to HIV in sub-Saharan Africa. MAP funded almost 49 000 grassroots civil society organizations involved in the response to HIV and helped put in place the foundations of the response: national strategies, a governance structure, and systems for monitoring and evaluation.

To demonstrate outcomes from these relationships and global investments in local AIDS responses, the community AIDS response was evaluated jointly by the World Bank, the UK Department for International Development, and the UK Consortium on AIDS and International Development. The evaluation found that successful community responses depended on the type of HIV epidemic and the types and characteristics of community organizations, their links with government and other programmes, and the wider legal, social, and political environment. Principal civil society networks or organizations include:

- a. Act V: ‘The End of AIDS’ is engaging a new movement of partners, including the Global Fund to Fight AIDS, TB, and Malaria (Global Fund) as a lead partner, as well as UNAIDS Secretariat, Stop TB Partnership, Roll Back Malaria (RBM), the Global Business Coalition for Health (GBC Health), the MDG Health Alliance, Live Nation UK, Saatchi and Saatchi,

Friends of the Global Fund Africa, Roll Back Malaria, the Red Hot Organization, the Office of UN Special Envoy on Malaria & MDG Health Financing, the African Leaders Malaria Alliance (ALMA), and an expanding network of stakeholders in support of the EndGame Campaign.

- b. The UK Consortium on AIDS and International Development and its network (International Planned Parenthood Foundation; International HIV/AIDS Alliance; Interact Worldwide; Target Tuberculosis; Christian Aid; Mildmay International).
- c. World Bank Health, Nutrition, and Population Civil Society Consultative Group: Save the Children, Cordaid, Aga Khan Foundation, BRAC Bangladesh, Ghana Coalition of NGOs in Health, Partners in Health, Oxfam, Health Systems Action Network, International Federation of Red Cross and Red Crescent Societies, Rainbo, MediCam, PROFAMILIA, Family Care International, ChildFund International, International Planned Parenthood Foundation, Health and Happiness Project – Brazil.
- d. Africa: Centre for Health Policy and Innovation (IDRC), South Africa; Eastern African National Network of AIDS Service Organizations (EANNASO); United Republic of Tanzania; Kenya AIDS NGO Consortium Southern Africa HIV and AIDS Information Dissemination Service (SAfAIDS); The AIDS Consortium, South Africa; World YWCA Society for Family Health, Nigeria; Family Health International, Nigeria; Civil Society for HIV/AIDS in Nigeria; Communications for Development Center, Nigeria.
- e. Asia: ActionAid International, India; AIDS Alliance India; HIV + Cambodia; Technical Support Facilities; Vietnamese National Network of people living with HIV (VNP+); Japanese Organization for International Cooperation in Family Planning (JOICFP).
- f. Europe: AIDS Orphans; Egmont Trust, UK; International HIV/AIDS Alliance, UK; Save the Children International; Starfish Charity; Strategies for Hope Trust, UK; UK Consortium on AIDS and International Development; Women and Children First, UK; World Vision International.
- g. Latin America: Alliance Against AIDS, Belize; International Community of Women Living with HIV/AIDS in Latin America (ICW Latina); Latin American and the Caribbean Council of AIDS Services Organization (LACCASO).
- h. Middle East and North Africa: Islamic Relief.

UNAIDS SECRETARIAT

During the UBRAF reporting year 2012, the UNAIDS Secretariat, with its network of regional support teams and country offices, collaborated with a diverse range of civil society actors, particularly networks of people living with HIV and other key populations, to address a wide spectrum of issues related to the AIDS response.

The main type of support provided by the Secretariat, as summarized below, was technical support that was often accompanied with financial or in-kind support.

The most common support at the regional and national level was in the form of capacity strengthening for networks of people living with HIV in advocacy and communication, leadership and management development, and monitoring and evaluation (e.g., China and the Republic of Moldova). The Secretariat supported efforts to tackle HIV-related stigma and discrimination through support to national networks of PLHIV (in coordination with GNP+ and ICW at global level) in the implementation of the PLHIV Stigma Index (e.g., Burundi, Lao People's Democratic Republic, Malawi and the United Republic of Tanzania) and development of Positive Health, Dignity and Prevention guidelines (Lesotho and Myanmar).

The Secretariat supported the inclusion of civil society, in particular networks of PLHIV and key populations, in processes at all levels, in particular at national level. Furthermore, civil society organizations were supported in their engagement in the global AIDS response progress reporting, especially the national commitments and policy instrument, by providing guidelines, briefings and technical assistance.

To support access to funding for civil society, at the global level, the Secretariat played a central role in the creation of the Robert Carr civil society Networks Fund, which provides funding for regional and global networks to meet the needs of inadequately served populations. In addition, UNAIDS supported the organization of global civil society consultations on Strategic Investment Approaches in generalized and concentrated epidemics (held in Dar es Salaam, United Republic of Tanzania and Bangkok, Thailand respectively), followed up with support at country level fora.

A significant number of regional support teams and country offices worked with coalitions of women living with HIV to strengthen their leadership skills and address reproductive health rights and gender-based violence (Angola, Bangladesh, Cambodia, Ethiopia, Liberia, Namibia, Papua New Guinea, Peru, South Africa, Rwanda, Ukraine, Venezuela and the United States of America). At the Secretariat's headquarters in Geneva, the communications and rights, gender and community mobilization department worked with women living with HIV and women's groups to produce the public service announcement, *Did You Know?* and the publication, *Women out loud*.

In addition, the Secretariat formed and facilitates the Women Living with HIV Dialogue Platform, which brings together women living with HIV leaders from all regions and aims to provide guidance to UNAIDS and others on key emerging issues faced by women living with HIV. The Secretariat also provided support to networks of women living with HIV and other civil society partners to engage in the *UNAIDS Global Plan towards the elimination of new HIV infections in children and keeping by 2015 and keeping their mothers alive* at global and national levels.

Furthermore several regional support teams and country offices worked on human rights and social justice with civil society organizations to address intersections of

HIV, gender and sexual orientation, including homophobia and transphobia, as well as stigma and discrimination against sex workers. For example, punitive laws and violence against LGBT and sex workers were addressed in partnership with networks of men who have sex with men and sex workers, LGBT organizations and human rights commissions (Bolivia, Burundi, Dominican Republic, Guyana, Haiti, Jamaica, Namibia, Peru, Philippines, Rwanda, and the regional support teams for Central America, Latin America and West and Central Africa). In some regions and countries, the Secretariat also worked with activists to address such issues as harm reduction (Thailand and the regional support team for the Middle East and North Africa) as well as access to treatment (Guatemala and the regional support team for Asia-Pacific, headquarters).

In addressing the rights of people living with HIV and other key populations, partnerships with faith-based organizations were also prioritized in several regions and countries. Several regional support teams and country offices worked with faith-based organizations and religious leaders to raise awareness and provide technical support to the faith community (Bahamas, Papua New Guinea, Philippines and Trinidad and Tobago), and to address HIV and sexuality (Indonesia). At the global level, the Secretariat worked with the Ecumenical Advocacy Alliance, GNP+ and INERELA+ to develop a methodology (entitled A Framework for Dialogue between Religious Leaders and People living with HIV) for supporting inclusive, systematic and sustainable dialogue between religious leaders and networks of people living with HIV at the national level (piloted in Ethiopia and Malawi). The Secretariat continued its work as a member of the international partnership for the PLHIV Stigma Index, with GNP+ and ICW. Work in 2012 focused on the use of the evidence to inform national, regional and global policies and programmes and mobilization of resources to enhance international coordination, improve harmonization of data entry and use, and documenting lessons learned (commencing in 2013).

Partnerships with youth groups and organizations were increasingly visible in the work of the Secretariat. Some regional support teams and country offices focused on HIV prevention among young people (Belize, Guatemala and Papua New Guinea), addressed access to sexual and reproductive health services (Peru), provided leadership training for youth leaders (regional support team for Asia-Pacific) and worked with young people living with HIV (global support to Y+ programme, regional support team for Latin America). At the global level, headquarters launched the youth-led policy project Crowd Out AIDS, which aims to increase youth leadership, ownership, and mobilization in the AIDS response at the country, regional, and global levels. The Secretariat organized a global consultation for young women to discuss issues relating to vertical transmission on HIV.

The Secretariat provided technical and financial support to civil society organizations at major events, such as World AIDS Day and the XIX International AIDS Society Conference. UNAIDS Secretariat and WHO were partners in the organization of LIVING 2012: The Positive Leadership Summit. For World AIDS Day, many regional support teams and country offices provided materials and facilitated the event with the United Nations Country Teams – UNCT (Republic of Moldova and Myanmar). At the XIX International AIDS Society Conference, the Secretariat organized the Red Ribbon Awards, honouring 10 community-based

organizations for their innovative and outstanding work in the AIDS response.

Major partners include, but are not limited to, global and regional networks of people living with HIV (including the Global Network of People Living with HIV and the International Community for Women living with AIDS), men who have sex with men (including MSM Global Forum), people who use drugs (including the International Network of People who Use Drugs), sex workers (including the Global Network of Sex Work Projects) and transgender people, as well as organizations such as the International Treatment Preparedness Coalition, the International HIV/AIDS Alliance, International Civil Society Support and the International Council of AIDS Service Organizations. Faith based partners include Caritas Internationalis, The World Council of Churches, Ecumenical Advocacy Alliance, Islamic Relief and the Asian Interfaith network on AIDS. In addition, the Secretariat works closely with civil society via groups such as the UNAIDS Reference Group on HIV and Human Rights, the Women Living with HIV Dialogue Platform, the Global Coalition on Women and AIDS, the Programme Coordinating Board Non-Governmental Organizations (NGOs) and the delegations to other global health entities, in particular the Global Fund to Fight AIDS, TB, and Malaria (Global Fund).

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