



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.6 CRP3
Issue date: 23 June 2015

THIRTY- SIXTH MEETING

Date: 30 June – 2 July 2015

Venue: Executive Board Room, WHO, Geneva

Agenda item 4.1

2012–2015 Unified Budget, Results and Accountability Framework

UNAIDS engagement with civil society in a changing AIDS response

Synthesis of UNAIDS engagement with civil society in Cambodia, Zambia and the Middle East and North Africa Region

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I. INTRODUCTION

1. This document discusses engagement by the Joint United Nations Programme on HIV/AIDS (UNAIDS)¹ with civil society in three diverse contexts: the Middle East and North Africa (MENA); Cambodia and Zambia. This is the latest in a series of documents responding to a request from UNAIDS Programme Coordinating Board (PCB) for more explicit reporting on resourcing and engagement of civil society [*decision 9.6 of the 28th PCB meeting, June 2011*].
2. In 2013, UNAIDS prepared an initial working paper to highlight examples of how the Joint Programme engages with civil society.² The document facilitated ongoing dialogue with civil society, including at a UNAIDS multi-stakeholder consultation in October 2013, at which it was agreed to prepare a more in-depth review of UNAIDS engagement with civil society as part of the Mid-term review Unified Budget, Results and Accountability Framework (UBRAF) presented to the 34th PCB meeting in July 2014 as a conference room paper.³ Another conference room paper, *Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014* was presented to the PCB at its 35th meeting in December 2014.
3. This present document uses the definitions of civil society⁴ and partnership principles⁵ provided in *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*.⁶ It is based on a broad understanding of engagement, one that incorporates UNAIDS providing, facilitating and/or mobilizing different types of support (financial, political, technical, etc.) to benefit the role, resources and work of civil society, including groups by and/or for people living with HIV and key populations, including sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs.⁷
4. This document focuses on work that took place in 2014 in the three contexts mentioned (MENA, Cambodia and Zambia). It does not intend to describe the full range of civil society engagement by the UNAIDS Secretariat and Cosponsors, or the full extent of related challenges and opportunities. Rather, it focuses on key approaches to engagement of particular relevance to the changing environment and of particular use for learning across countries and regions.

¹ Throughout this case study, the term UNAIDS refers to the UNAIDS Secretariat and UN Cosponsor Organizations.

² http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_C_Sengagement.pdf

³ http://www.unaids.org/sites/default/files/media_asset/20140612_CS_Engagement_EN.pdf

⁴ The term communities and civil society refers to people living with HIV and affected by it, as well as their organizations and networks. It also includes the organizations and networks of: key populations (gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people); migrants and mobile populations; people affected by emergencies, conflicts and other humanitarian events and environments of concern; prisoners and other incarcerated populations; women and girls; young people; people living with disabilities; nongovernmental advocates for human rights; nongovernmental actors in other health and development fields; community-based organizations, networks and coalitions; nongovernmental organizations; nongovernmental civic organizations; trade unions, labour organizations and other workers' groups; and faith-based organizations and groups.

⁵ The principles include: human rights; evidence-informed and ethical responses; people living with HIV as leaders; genuine partnership; equality; country ownership; responsibility of the entire Joint UN Programme on HIV/AIDS; strategic impact; mutual respect, cooperation, transparency and accountability; recognition of the autonomy and diversity of civil society; and complementarity and cost-effectiveness.

⁶ *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, UNAIDS, 2011.

⁷ Examples of activities include UNAIDS: funding activities; mobilizing resources for the sector; facilitating meaningful involvement of the sector in decision-making; providing technical support and capacity building; advocating for communities' needs; leveraging resources for community-based services; supporting communication and consultation mechanisms for the sector; promoting the collection and use of community data; and advocating for a rights-based environment. Adapted from: *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, UNAIDS, 2011.

5. This document was prepared with guidance from the working group on civil society of the UNAIDS Cosponsor Evaluation Working Group (CEWG), which included representatives of the Nongovernmental Organization (NGO) Delegation to the PCB.⁸ The document is informed by the annual reports submitted to the PCB by the NGO Delegation addressing such issues as the impact of reduced funding for civil society⁹ and unequal access to treatment for key populations.¹⁰ It also draws on initiatives and reports relevant to UNAIDS engagement with civil society organizations, including: the Fast-Track initiative;¹¹ the Gap Report; the process to update and extend UNAIDS Strategy for 2016–2021; and the roll-out of the new funding model and development of the new strategy for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

II. OVERVIEW OF UNAIDS SUPPORT TO CIVIL SOCIETY ENGAGEMENT IN DIVERSE CONTEXTS

6. Cambodia, Zambia and the MENA region were selected as the basis for this paper so as to provide a range of contexts in terms of epidemic, civil society, resourcing and socio-political factors. The development of this paper was informed by desk reviews and missions involving interviews with a range of stakeholders. The missions were conducted by independent consultants, representatives of the NGO Delegation and UNAIDS staff.
7. Cambodia has been cited¹² as a success in the AIDS response. Incidence fell by 67% in 2005–2013, while access to antiretroviral therapy (ART) is among the highest in the Asia and Pacific region.¹³ However, new infections still occur and prevalence remains high among key populations.¹⁴ The national HIV health response is framed by the ambitious Cambodia 3.0, a strategy for eliminating new HIV infections by 2020. The country has, however, experienced a dramatic drop in international funding for HIV; its HIV grant from the Global Fund, for example, has been assessed as over-allocated and, subsequently, reduced. Civil society has been central to action on HIV, including pioneering community-based good practices, though it faces persistent challenges, such as human rights abuses against key populations that are now combined with reduced international funding.

⁸ This report was drafted by an independent consultant. Subsequent additions, modifications and editing was carried out by the UNAIDS Secretariat based on review processes among national and global stakeholders, including the CEWG.

⁹ Report by the NGO Representative, 30th Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 5–7 June 2012.

¹⁰ Report by the NGO Delegation to the PCB, 33rd Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 17–19 December 2013.

¹¹ *Fast track – ending the AIDS epidemic by 2030*, UNAIDS, 2014.

¹² In September 2010, The Kingdom of Cambodia was presented with the Millennium Development Goals (MDG) Award in the “Government” category for its outstanding national leadership, commitment and progress towards achievement of Goal 6 and particularly in working towards halting and reversing the spread of HIV. Cambodia is recognized for efforts on HIV that have contributed to a decline in HIV prevalence from an estimated 2% (among adults aged 15–49) in 1998 to 0.8% in 2008. The country has also achieved the universal access target for antiretroviral treatment, with over 90% of adults and children in need receiving treatment.

¹³ All data in paragraph from: <https://results.unaids.org/countries/cambodia>; and Cambodia commits to stopping new HIV infections by 2020, online article, UNAIDS, 9 December 2014.

¹⁴ E.g., 14% among entertainment workers who have more than seven clients per week. The term entertainment worker refers to a range of people in Cambodia who work in hotels, restaurants, guesthouses, karaoke parlours, discotheques, beer gardens, casinos and massage parlours, among other settings. It is generally recognized that the job can lead to paid sex. Data for 2010. Cambodia AIDS epidemic model: impact modelling & analysis Cambodia case study, Khieu Kimlee (national consultant) for National Centre for HIV/AIDS and STD, July–October 2014.
http://www.unaids.org/en/resources/presscentre/featurestories/2014/november/20141111_cambodia

8. The analysis undertaken on UNAIDS engagement with civil society in the context of Cambodia, focused on contributing to achieving the 3.0 framework of eliminating new HIV infections by 2020.
9. Zambia has made important progress in its AIDS response; new infections decreased by 41% in 2005–2013.¹⁵ However, prevalence remains high among the general population (12.5%) and even higher among key populations, including 33% for men who have sex with men, while little more than half of adults living with HIV have access to antiretroviral therapy. The country response is guided by the National HIV and AIDS Strategic Framework 2011–2015,¹⁶ and in 2015 Zambia signed new grants with the Global Fund. Nonetheless, overall international funding for HIV has declined. The civil society sector has been one of the most vibrant and extensive in the region but many organizations face severe cut-backs, even closure, due to the funding crisis.
10. The analysis undertaken on UNAIDS engagement with civil society in the context of Zambia focused on contributing to a sustainable AIDS response.
11. MENA is one of only two regions in the world where the HIV epidemic continues to grow, with new infections rising by 7% in 2005–2013.¹⁷ Most HIV cases are concentrated among key populations. The region has the lowest access to antiretroviral therapy in the world, at just 11%. With many countries affected by conflict, post-conflict and/or unstable political and humanitarian situations, HIV has sometimes been a low priority for national governments and regional institutions. However, in 2014 the first Arab AIDS Strategy (2014–2020) was endorsed by the Council of Arab Minister of Health, under the umbrella of the League of Arab States.¹⁸ Funding for HIV has been heavily dependent on international donors, most notably the Global Fund, and is posing increasing challenges, especially in lower middle-income and middle-income countries. Across MENA, the scale and nature of civil society varies significantly; many civil society organizations face punitive legal environments and unsupportive sociocultural norms. In this context, regional civil society networks play a critical role in advocacy and in developing programme models for key populations.
12. The analysis undertaken on UNAIDS engagement with civil society in the context of MENA focused on building an enabling environment for the response to HIV in the region.

III. KEY APPROACHES TO ENGAGE WITH CIVIL SOCIETY

13. This section focuses on eight approaches used by UNAIDS to engage with and support civil society in the changing environment for AIDS responses:

1. **Build a supportive and sustainable political environment**

¹⁵ All data in paragraph from: Fact sheet: Zambia, UNAIDS, 2014; and *The gap report*, UNAIDS, 2014.

¹⁶ *National Aids Strategic Framework 2011–2015 Towards improving the quality of life of the Zambian people*, National HIV/AIDS/STI/TB Council, November 2010.

¹⁷ All data in paragraph from: Middle East and North Africa fact sheet 2014, UNAIDS, 2014; and *The gap report*, UNAIDS, 2014.

¹⁸ Arab Strategic Framework for the Response to HIV and AIDS (2014–2020), Social Affairs Sector – Directorate of Health and Humanitarian Aid Technical Secretariat of the Council of Arab Ministers of Health, League of Arab States, March 2014.

²³ Arab Strategic Framework for the Response to HIV and AIDS (2014–2020), Social Affairs Sector – Directorate of Health and Humanitarian Aid Technical Secretariat of the Council of Arab Ministers of Health, League of Arab States, March 2014,

2. Foster an enabling policy and social environment
3. Strengthen civil society architecture and leadership
4. Promote and protect universal human rights and gender equality
5. Prioritize key populations with no one left behind
6. Reinforce/innovate community-based service delivery
7. Mobilize sustainable and innovative financing for civil society/communities
8. Advance integration and sustainability in the post-2015 agenda

14. Each approach is illustrated by selected examples of engagement from Cambodia, Zambia and MENA, outlining what was involved, what was achieved and the challenges experienced.

1. Build a supportive and sustainable political environment

15. Building a supportive political environment for AIDS responses is a central pillar of UNAIDS work and a prerequisite for meaningful engagement of civil society.

16. In Zambia, UNAIDS has taken steps to integrate and strengthen leadership and ownership of AIDS responses at all levels of the political system, from district to provincial to national. In 2014, it continued its collaboration with the Alliance of Mayors and Municipal Leaders on HIV and AIDS (AMICAALL), a programme of the Local Government Association of Zambia (LGAZ). UNAIDS and UNDP gave AMICAALL financial and technical support to develop a manual and implement a capacity-building programme for councillors, council officials and district stakeholders.¹⁹ This was informed by consultations with traditional leaders and the Zambian Network of People Living with HIV (NZP+) and piloted in five districts. It covered areas such as human rights, gender equity and decentralized programme planning to foster leadership and good practices for local responses.

Sustaining the municipal AIDS response, Zambia

“AMICAALL’s work is now about ensuring that the issues related to HIV are entrenched in all the work of local authorities ... Support from the UN Joint Team is not so much about money; it’s about helping us with workplans, providing guidelines and giving technical support for training manuals. Knowledge and capacity is more sustainable; it will still be there when the money has gone.”

– Maurice Mbolela, executive secretary, LGAZ

17. AMICAALL was also supported to successfully advocate for District AIDS Coordination Advisers (DACAs) in Zambia, which are critical posts at district level. These posts, previously funded as UN volunteers through UNDP and then by the National AIDS Council through a Global Fund grant, will from 2016 become permanent positions paid for by local authorities. This will enhance their financial sustainability and provide more structured access to decision-makers. UNAIDS work in cities has included support to develop HIV investment plans, providing strategies based on the local context and also owned by the local authority.

18. At the national level, UNAIDS Secretariat and UNDP have worked with the Zambia National AIDS Council to ensure its political sustainability as a national coordination mechanism rather than being subsumed within wider government health structures.

¹⁹ *Facilitators manual: good governance and leadership development programme for enhanced service delivery at local level*, LGAZ, AMICAALL in partnership with the NAC and UNAIDS.

This has included using the Three Ones principles²⁰ to advocate for a strengthened council to lead national coordination. Financial sustainability has been enhanced by staff salaries at the council, previously heavily dependent on international resources, being funded by the Ministry of Health.

19. In MENA, significant progress was achieved through the Arab AIDS Strategy (2014–2020). This ground-breaking initiative, endorsed by the Council of Arab Ministers of Health, provides a framework for a consensus-driven and coordinated response in the region. The strategy is based on a set of principles that address many priorities for civil society, such as human rights, gender sensitivity and the involvement of civil society and people living with HIV.²¹ Its 10 goals are aligned to the United Nations Political Declaration on AIDS (2011) and include reducing HIV incidence among key populations at higher risk of infection by more than 50%, as well as addressing stigma and discrimination, and the special vulnerability of women and girls.
20. An annex of the Arab AIDS Strategy delineates the roles and responsibilities for promoting the strategy. UNAIDS supported civil society leaders, notably the Regional/Arab Network against AIDS (RANAA), to involve civil society throughout the development of the strategy. RANAA has signed a memorandum of understanding with the League of Arab States to work together toward closer government/civil society collaboration, improved policy environments, enhanced domestic financing and scaled-up programmes for key populations.²²
21. Since its endorsement, the Arab AIDS Strategy has served as a powerful tool for political advocacy at regional and national levels. The first step in putting it into operation was a high-level meeting of women leaders convened jointly by UNAIDS, the League of Arab States, UN Women and the Government of Algeria. Participants included parliamentarians, staff from UN agencies, civil society leaders and representatives of key populations. At the end of their meeting in Algiers, leaders called on governments and intergovernmental bodies to end HIV within the post-2015 agenda through rights-based and gender-transformative action.²³ It also committed to strengthening legal frameworks and reviewing discriminatory laws to address gender inequalities.

²⁰ 1. One agreed AIDS Action Framework that provides the basis for coordinating the work of all partners – the National AIDS Strategic Framework; 2. One National AIDS Coordinating Authority, with a broad-based multisectoral mandate – the National HIV/AIDS/TB/STI Council; 3. One agreed country-level Monitoring and Evaluation System – the National M&E Framework.

²¹ The principles are: *Appropriate and culturally sensitive: leverage the constructive roles of culture and religion in shaping the HIV response at the national and regional levels. *Evidence-based: make the best use of the available information to identify strategic priorities. *Comprehensive coverage: promote universal access to prevention, treatment, care and support services. *Human rights-based: ensure full rights to HIV prevention, treatment, care and support services for people living with HIV and key and vulnerable populations. *Broad and multisectoral participation: ensure the full involvement of civil society, people living with HIV and all the concerned sectors, including health, education, labour, finance, youth and media, in the implementation of the strategy. *Respect diversity and enhance adaptability: consider the diversity of the HIV situation and response within different Arab countries, including the varied epidemiological, political and legal environments, while fostering the application of common and adaptable approaches. *Collaboration and knowledge sharing: promote intercountry collaboration and exchange of experiences and best practices. *High-quality services and interventions: ensure services are efficient, effective and sustainable and of a consistently high quality. Services and interventions should also be accessible, affordable and acceptable to the concerned populations. *Integrative: interventions should enhance the integration of HIV services within multisectoral development and public health programmes. *Gender-sensitive: ensure women and men have equal access to HIV services. *Strengthen national capacities: build national capacities throughout the region. *Shared responsibility and regional solidarity: promote intercountry collaboration and cooperation for improved financing and leadership of the HIV response.

²² RANAA signs a memorandum of understanding with the League of Arab States on World AIDS Day, news article, 5 December 2014; <http://www.menahra.org/en/menahra-resources/external-publications/548-ranaa-signs-a-memorandum-of-understanding-mou-with-the-league-of-arab-states-on-world-aids-day>

²³ Algiers call for action, high-level meeting of women leaders in the Middle East and North Africa, Arab AIDS Strategy and the Post-2015 Development Agenda, Algiers, 10–11 November 2014.

22. Challenges include how UNAIDS can further engage with civil society to ensure political frameworks such as the Arab AIDS Strategy are used to hold governments to account for concrete improvements at the national level.

2. Foster an enabling policy and social environment

23. Engagement with civil society has also sought to build an enabling policy and social and cultural environment for the response to HIV, in particular for key populations. This work has taken a variety of forms, targeting national and regional stakeholders.

24. In MENA, in a context of strong sociocultural norms, building support for action on HIV among religious leaders has been emphasized. This work took place in UNDP's HIV/AIDS Regional Programme in the Arab States (HARPAS)²⁴ and included the development of CHAHAMA, a regional network of faith-based individuals and organizations concerned about HIV. CHAHAMA has been supported to carry out capacity building, facilitate regional workshops and develop technical resources, such as training kits, with references to the Qur'an and the Bible that can serve as advocacy and preaching tools in mosques or churches. HARPAS training has benefited thousands of religious leaders who, in turn, have reached local communities in multiple countries. UNDP has supported CHAHAMA to focus on the wider, societal issues raised by HIV, such as stigma and human rights, shifting the dialogue from one characterized by judgement to one focused on compassion.

Maximizing the positive role of religious leaders, MENA

"CHAHAMA means 'able to give' in Arabic and we need the support of all leaders in Islam and Christianity in all countries in the region. Through our work, I have learned to look at people affected by HIV from a humanitarian perspective and to talk about love for everyone in our community. In the future, we need to go beyond HIV, to talk about other important issues such as gender-based violence and poverty reduction. We have only just begun to tackle the issues that matter."
– Sheikh Ahmed Turki, focal point in Egypt, CHAHAMA

25. Collaboration and coordination has ensured MENARosa, the only network specifically for and by women living with HIV in MENA, is systematically integrated into wider regional initiatives. This proved to be an effective strategy to mobilize the women and gender movements in the region to understand the relevance of HIV, and start making relevant policy connections, such as to agendas relating to gender-based violence or processes such as Beijing +20.

26. Other examples of building cadres of support for an enabling environment included UNAIDS partnership with the Southern Africa Litigation Centre in Zambia to organize a capacity-building programme for magistrates and judges on human rights, as well as a visit facilitated by UNDP and UNAIDS Secretariat that brought a team

Leveraging unique role of the United Nations, Zambia

"The UN has important convening power that, if used strategically, can make a huge difference. In recent years, we've seen prison doors open to a range of organizations and civil society organizations get access to funding for work with those communities. That wouldn't have been thought possible some years ago."

– Sharon Nyambe, UNODC

²⁴ Unless stated otherwise, all information in section reference health, HIV and development – HHD practice in the Arab to achieve results in the HIV response: religious leaders and UNAIDS.

including representatives of the Zambian Ministry of Home Affairs, police and the National AIDS Council to Kenya to see first-hand another country's experience in providing evidence-informed programmes for key populations, even in a restrictive policy environment.

27. UNODC collaborated with the Zambia Prisons Service and National AIDS Council to shift the political agenda towards better support for prisoners, among whom HIV prevalence is 27.5%, double the national average. In 2014, this included coordinating high-level meetings bringing together government ministries, parliamentarians and civil society organizations, and providing technical and financial support to civil society organizations such as In But Free, which conducted a review of HIV services in prisons to inform national advocacy work. UNODC also facilitated a meeting between the two ministries responsible for health, resulting in a communique committing them to work more closely on evidence-informed programming.
28. In Cambodia, ILO provided vital support for the development of a Prakas (proclamation) covering the working conditions, occupational safety and health rules of entertainment service enterprises, establishments and companies, which was endorsed by the Ministry of Labour and Vocational Training in 2014.²⁵ This landmark regulation, the first of its kind in the Asia and Pacific region, resulted from a partnership fostered by ILO with its tripartite partners (the ministry, worker and employer organizations, trade unions and civil society organizations, including those by and/or for entertainment workers). It clarifies the labour law for entertainment workers, providing a tool to alert them to their rights and improve their relations with employers. The proclamation addresses a range of issues, emphasizing some of high relevance to HIV, such as gender-based violence and access to services.
29. Also in Cambodia, UNDP and UNAIDS Secretariat engaged with civil society on issues relating to Trade-Related Aspects of Intellectual Property Rights (TRIPS) to provide a more enabling environment for access to affordable treatment. In 2014 this included a civil society workshop to build the sector's understanding of how, for example, intellectual property rights relate to human rights, and how to identify the next steps for advocacy. The workshop was attended by people living with HIV, key populations and other community representatives working in health and development. UNAIDS also provided technical expertise to draft a law on compulsory licensing for public health that will allow Cambodia to continue accessing generic drugs. The draft is being reviewed by the Council of Ministers.
30. While progress has been achieved in terms of building support and ensuring supportive frameworks, many national laws remain punitive and harmful cultural norms subsist. In practice, community members, especially those from key populations, often lack access to critical services, underscoring the need to continue to strengthen work in this area.

3. Strengthen civil society architecture and leadership

31. UNAIDS has engaged with civil society to build its infrastructure and leadership to increase its political impact, for example by facilitating joint advocacy positions and enhancing financial sustainability and effectiveness.
32. In Cambodia, UNAIDS Secretariat provided technical and financial support to develop the Forum of Networks of People living with HIV and Most-at-Risk Populations. The

²⁵ Prakas on working conditions, occupational safety and health rules of entertainment service enterprises, establishment and companies, Ministry of Labour and Vocational Training, Kingdom of Cambodia, August 2014.

forum provides a shared platform for networks of people living with HIV and key populations, which previously worked in isolation. It provides a means for members to discuss cross-cutting issues affecting their communities and to work together through capacity building and advocacy. UNAIDS supported the forum to engage in national strategy-making processes, including those related to the Global Fund, the post-2015 agenda and the Cambodia 3.0 mechanism, and to develop a community mobilization plan to expand beyond the national level. In 2014, with UNAIDS funding and support, the network formed 20 local peer support groups and five community forums.

33. In MENA, UNAIDS has emphasized the critical role of regional networks, such as RANAA and MENAHRA). These organizations are best placed to assess the issues and needs affecting key populations across countries in the region, provide technical training, promote best practices and facilitate south-south collaboration. They are also well placed to carry out regional advocacy on issues that may be too sensitive for national civil society organizations.

34. UNAIDS also fostered emerging networks in MENA, including MENARosa. Support included facilitating their connection to the Ford Foundation (which is now providing its third grant to MENARosa) and providing technical guidance for evidence-gathering, and supporting political involvement regional processes related to the Global Fund and Arab AIDS Strategy. UNAIDS has collaborated with RANAA to provide MENARosa with a small grants programme and to improve its organizational capacity building through training workshops and mentoring, resulting in a first strategic plan and expansion of its core membership to 24 women across 12 countries.

Achieving change for women living with HIV, MENA

“HIV has been put on the back row in our region. No matter how much we, as women living with HIV, shout, it’s not enough if we don’t have UN bodies to put pressure on governments. Without their support, HIV will be under-budgeted, not be a priority and people, especially women, will be left behind.”

– Rita Wahab, regional coordinator, MENARosa

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35. In Zambia, UNAIDS Secretariat and UNDP supported self-coordination among a broad and diverse civil society sector that has experienced fragmentation and increasing financial pressure. This support helped develop a leadership framework based on clusters of civil society organizations, each with a facilitator and focused on a theme or community, such as people living with HIV.

36. The challenges in this area include the degree to which such civil society strengthening actions builds sustainability. There are challenges related to independence and the extent to which mechanisms that receive significant support from UNAIDS can function autonomously. A further concern of civil society is that members of joint forums should not feel pressure from any stakeholders to compromise on the issues of their individual communities. This can be challenging in a context where civil society organizations have little choice but to compete with each other for dramatically reduced funding. There can also be tensions between different members and/or constituencies of civil society, as well as between national intermediary nongovernmental organizations and small-scale community groups.

4. Promote and protect universal human rights and gender equality

37. A vital area of UNAIDS engagement, appreciated by civil society, is to promote a human rights-based approach to HIV.
38. In 2014, this included engagement at a policy level. In MENA, UNAIDS and civil society advocacy contributed to the Arab AIDS Strategy citing human rights and gender equality as both a guiding principle and a goal (“eliminate stigma and discrimination against people living with and affected by HIV by reviewing and updating laws and policies that ensure full realization of all human rights and fundamental freedoms”).²³ UNDP, UNAIDS Secretariat and the League of Arab States in collaboration with civil society organizations continued regional and national advocacy to ratify the 2012 Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV.²⁶
39. During the year, UNAIDS work included developing tools and building capacity on human rights. In Cambodia, UN Women has ensured the perspectives of women and girls affected by HIV/AIDS will be included in the reporting process of the Committee on the Elimination of Discrimination against Women (CEDAW). This has led the CEDAW committee to urge state parties to take specific steps to address violations against the rights of women and girls affected by the epidemic. UNAIDS also helped develop a toolkit on legal services in the context of HIV, organized a training workshop on human rights and developed a tool to document human rights violations jointly with key populations. In MENA, UNAIDS collaborated with the International Development Law Organization (IDLO) and civil society on a programme focused on Egypt, Jordan, Lebanon, Morocco and Tunisia. This brought together lawyers and community activists to document abuses and provide legal services for key populations experiencing unlawful arrests or other human rights violations. The work increasingly focused on police actions, such as harassing people who inject drugs and carry syringes. The fourth Regional Consultation on HIV-Related Legal Services and Rights was held in Egypt, with UNAIDS bringing in stakeholders from key population groups MENARosa.
40. In several contexts, UNAIDS has spoken on the most sensitive areas of human rights, notably for lesbian, gay, bisexual, transgender and intersex (LGBTI) communities. In Zambia, UNAIDS made public statements and staff provided moral support at court sessions for those defending the human rights of the LGBTI community. UNAIDS emphasized the universality of human rights as cited in international commitments endorsed by the Government. In Cambodia in 2014 the first national consultation on LGBTI issues was held. The event was hosted by the Office of the High Commissioner for Human Rights (OHCHR) as part of the Being LGBT project funded in eight countries by UNDP and the United States Agency for International Development (USAID).
41. While UNAIDS work to uphold human rights and, in particular, support the creation of enabling environments for lesbian, gay, bisexual and transgender communities is much appreciated, civil society has, at the same time, noted that further action is needed, particularly to ensure that where frameworks exist to support human rights they are rolled out to the local level, bringing tangible benefits to community members.

²⁶ Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV with HIV/AIDS, Arab Parliament, 2012.

5. Prioritize key populations with no one left behind

42. Another key theme is the importance of prevention, care, support and treatment interventions for key populations, using appropriate programme models, to ensure no one is left behind in the next era of national and regional AIDS responses.
43. UNAIDS supported civil society to advocate for key population programmes to be included in Global Fund concept notes. Efforts were backed through an increasing evidence base for such work. In Zambia, for example, UNAIDS supported PANOS and the Population Council to conduct population studies among men who have sex with men and people who inject drugs, gathering critical data for advocacy with national stakeholders.
44. In MENA, UNAIDS supported regional civil society networks to be unique enablers and intermediaries for advocacy and programming for key populations. The proposal by RANAA and the Middle East and North Africa Harm Reduction Association (MENAHRRA) to the Global Fund addresses multiple countries and will include programme packages to reduce stigma and discrimination and new HIV infections among sex workers and men who have sex with men.
45. UNAIDS also supported MENAHRRA's work to promote and scale up harm reduction for people who inject drugs. In 2014 MENAHRRA and UNODC organized a regional conference on opioid substitution therapy (OST) and needle and syringe programmes (NSPs) in Morocco. This brought together more than 40 participants from government organizations, civil society organizations, UN agencies and IDLO, showcasing good practices and sharing expertise. It served as an important step towards building a critical mass of regional capacity to advocate for OST and NSP as priorities within comprehensive harm reduction services.

Why civil society matters, MENA

"We have a complex civil society in a complex region. People talk about no one left behind. Well here, without involving and supporting key populations – and the groups that work with them – the epidemic will increase even more and the response will fail. UNAIDS has a critical role in that involvement and support."
– Golda Eid, executive director, Regional Arab Network Against AIDS

46. In Cambodia, under the new funding model, Cambodia's Global Fund contribution for HIV was assessed to be significantly over-allocated. This required funding planned for 2014–2015 to be reallocated over four years, until the end of 2017, and implied a need to prioritize interventions, reduce management costs and urgently mobilize domestic funding. Within the prioritization process, key populations were engaged in country dialogue for the HIV concept note and to help develop the national HIV strategic plan 2015–2020. In addition, to ensure no one is left behind, UNAIDS engaged with civil society to focus on the most marginalized members of key populations. For example, UNFPA supported SmartGirl, a holistic HIV prevention, sexual and reproductive health and empowerment programme, to identify entertainment workers who are at higher risk, such as those having high numbers of sexual partners or who are hard to reach because they are freelance. This support included help to design a tool for peer outreach workers to categorize risk, based on four key questions. The answers trigger different levels of support, with the most intensive support made available to those at highest risk.
47. UNFPA also supported SmartGirl to identify ways to reduce the loss to follow-up of entertainment workers who test HIV-positive by enabling them to receive and adhere to

antiretroviral therapy. Strategies included using a unique identifier code to maintain confidentiality, clearer data collection, and strengthening coordination among service providers in different provinces to build a continuum of care for sex workers who migrate.

48. In 2014, UNODC continued to support community outreach services for people who inject drugs in the West Bank and East Jerusalem through Al Maqdese nongovernmental organization. This included supporting the drop-in centre, community outreach, condom distribution, and needle and syringe services. During 2014, 27,795 needles and 4,886 condoms were distributed to registered clients. In Palestine, UNODC helped build capacity, conducting training sessions on providing harm reduction services for professional staff at Al Maqdese, Caritas, Friends of Life and al-Sadiq al-Tayeb civil society organizations
49. According to stakeholders, the most persistent and significant challenges in this area are the punitive policy environments in which key populations live and civil society organizations function, fuelled by the hostile attitudes of some law enforcement officials and authorities. UNAIDS can play a stronger brokering role, using its high-level access to national and regional stakeholders to advocate for evidence-informed and human rights-based programmes to support key populations.

6. Reinforce/innovate community-based service delivery

50. As part of efforts to recognize the critical role of communities, and build the cost-efficiency and sustainability, UNAIDS has engaged with civil society to strengthen community-based delivery models and promote innovative interventions.
51. In Cambodia, one example is the technical input provided by WHO and UNAIDS Secretariat to the Khmer HIV/AIDS NGO Alliance (KHANA) and USAID to streamline the Community-Based HIV Prevention, Care and Support Model.²⁷ This model had evolved over many years and, although held as good practice, it was assessed to be resource-intensive and not sustainable. The model is now being adapted to focus on the approximately 30% of people living with HIV who are in greatest need, for example those from a key population or in treatment for under 24 months, providing them with more specific services and active case management. The approximately 70% of stabilized people living with HIV will receive minimal routine care and support, and their medical needs will be integrated into the wider health and social protection system. The main responsibility for supporting people living with HIV will be shifted away from nongovernmental organizations to Mondul Mith Chouy Mith (MMMs), peer support groups of people living with HIV based in pre-antiretroviral (ART) or ART clinics. To support this process, UNAIDS has a vital role to play in advocating for the Government to adopt the model, provide funding and work with the Cambodia Network of People Living with HIV (CPN+) for adequate financial and technical support for MMMs, including an understanding of the specific needs of key populations living with HIV.
52. Also in Cambodia, UNFPA's support for the SmartGirl programme (described earlier) introduced an innovative approach to finger-prick testing for HIV and syphilis screening. Tests are carried out by peer outreach workers and gives rapid results, reducing the social and practical barriers to marginalized workers knowing their status. The approach, endorsed by the national programme and implemented by various

²⁷ Draft concept paper: streamlining the community-based prevention, care and support (CBPCS) model for people living with HIV in Cambodia, 2014.

nongovernmental organizations and also supported by WHO and UNAIDS Secretariat, enabled more than 24,000 people from key populations to know their HIV status in its first year of implementation.

53. A further example of innovation in Cambodia is the work of WHO and UNAIDS Secretariat with the Mental Health and Substance Abuse Department of the Ministry of Health to identify more effective and cost-efficient models for needle and syringe and methadone programmes in collaboration with harm reduction nongovernmental organizations. New approaches include distributing needles and syringes through local pharmacies and street vendors, and new satellite sites for delivering methadone service.

54. In Zambia, UNAIDS supported civil society organizations to showcase their innovative practices to donors and partners. The End AIDS Portal, for example, run by the Treatment Advocacy and Literacy Campaign (TALC), was piloted in three districts and enables people to send anonymous SMS questions on subjects such as HIV testing and counselling and adherence to treatment to trained health staff. In 2014, an external evaluation found the portal to be a highly relevant intervention, with positive changes for users that were likely to be sustained.²⁸ The Tendai Project, meanwhile, enables trained community members to use mobile phones for real-time reporting on the price and availability of medicines at sites in Zambia and other ESA countries.²⁹

55. UNAIDS also promoted the role of community-based interventions in access and adherence to HIV treatment. In Cambodia, WFP developed a Good Food Toolkit in partnership with CPN+, KHANA, Catholic Relief Services and the non-profit FHI 360, among other national entities, to integrate HIV-related nutrition counselling into the work of home-based care workers. In MENA, WHO worked with networks such as the International Treatment Preparedness Coalition (ITPC-MENA) and involved them in regional forums, such as the National AIDS Programme Managers Meeting, that made recommendations to involve people living with HIV and civil society organizations in treatment initiatives. ITPC-MENA also took part in the regional consultation meeting on retargeting universal access to ART in MENA, organized by UNAIDS and involving Ministries of Health, national AIDS programmes, civil society organizations and people living with HIV. The meeting in Casablanca, Morocco, called for actions to meet the revised treatment targets outlined in the Arab AIDS Strategy: 80% ART coverage and elimination of mother-to-child transmission by 2020.³⁰ It emphasized the role of people living with HIV and civil society organizations in mobilizing and delivering community-based testing and treatment.

56. Civil society has noted the importance of UNAIDS strong advocacy for the value of community-based or community-led models, including innovative approaches, and for these interventions to be adequately funded. They have noted the need to dispel the presumptions among some policy-makers that community groups could or should provide their services for free or for token payments.

²⁸ End AIDS Portal: external evaluation of the pilot phase, March 2013–November 2014, CODA International for TALC, December 2014.

²⁹ Tendai, Southern African Regional Programme on Access to Medicines and Diagnostics; <http://www.sarpam.net/about-sarpam-2/pacts/civil-society/tendai>

³⁰ Calls on governments to achieve the targets set out in the Arab AIDS Strategy – of 80% coverage of ART and elimination of mother-to-child transmission by 2020. Call for action on universal access to HIV testing and treatment in the MENA region, Casablanca, Morocco, 25 April 2014.

7. Mobilize sustainable and innovative financing for civil society/communities

57. Possibly the strongest theme which emerged from the three studies was the urgent need for UNAIDS to further engage with civil society to address decreased international funding for HIV. Such engagement should aim to ensure access to available resources, while also identifying innovative and sustainable sources for the future.

Addressing funding gap for communities, Zambia

“The community response to HIV in Zambia is dying ... UNAIDS should find it imperative that civil society remains resourced. It must advocate for why our organizations matter. Without addressing this, there will no longer be a community response to AIDS in Zambia. All the gains to date, which have been largely down to community groups, will be lost.”

– Felix Mwanza, Treatment Advocacy and Literacy Campaign

58. The PCB, at its 30th meeting in December 2012, requested UNAIDS to advocate for existing funding for civil society to be continued and expressed that mechanisms for civil society support and accountability should be enhanced within the new Global Fund to Fight AIDS, Tuberculosis and Malaria architecture. Examples of actions undertaken by UNAIDS to ensure funding allocations for civil society in national plans and Global Fund grants are documented in the conference room paper, *Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014, presented at the 35th PCB meeting in December 2014.*

59. In Zambia, some civil society organizations have already been forced to close due to lack of financial support. In Cambodia and MENA, many organizations that are critical to proven and life-saving interventions face severe budget restrictions, with their future viability uncertain. The situation is especially challenging for groups working with key populations, who are routinely the subject of underinvestment, and for small, community-based groups that lack the capacity or eligibility to apply for funding streams.

60. In all three contexts, UNAIDS has played an important role in ensuring a place at the table for civil society in processes for the new funding model of the Global Fund. In Cambodia, UNAIDS Secretariat helped involve key population organizations in country dialogues and supported efforts to develop concept notes to refocus the country's HIV grant. Such efforts included convening over 10 focus group discussions with people living with HIV and key populations in different regions, a meeting with civil society involving 150 representatives from 20 provinces, and interviews with people living with HIV and key population leaders.

61. In Zambia, advocacy by UNAIDS and others to include civil society organization representatives in the drafting group for the concept note to the Global Fund contributed to an increase in the funding allocation for civil society interventions from the original US\$ 1.2 million to US\$ 3.2 million. In MENA, UNAIDS supported two leading networks, RANAA and MENAHRA, to start developing a regional civil society concept note, focusing on programme packages for key populations with regional advocacy and information-sharing.

62. While UNAIDS efforts were welcomed, some civil society stakeholders have expressed that the consultations would have been even more valuable if they had further included members of civil society organizations that do not typically have access to such forums (besides the larger civil society organizations and networks that already have a degree of access to decision-making). They also had concerns about the extent to which civil

society's stated priorities were reflected in the final texts of concept notes and allocation of resources within grants.

63. In some contexts, UNAIDS has engaged with civil society to develop innovative financing initiatives. In Zambia, UNAIDS Secretariat and UNDP collaborated with the National HIV/AIDS/STI/TB Council (National AIDS Council, or NAC) to better integrate HIV into environmental impact assessments (EIAs), which assess and mitigate the social and health effects of large-scale capital schemes on local communities, such as road building. As a result of this collaboration, 8% of the mitigation funds will be earmarked for community groups responding to HIV. The funding is potentially significant, with 33 assessed schemes giving a total of more than US\$ 1.1 million to HIV interventions. New EIA guidelines are being rolled out in collaboration with the Zambian Network of People Living with HIV (ZNP+) and multi-sectoral District AIDS Task Forces.

64. In Zambia, UNAIDS has supported the National AIDS Council to set up a community granting mechanism (CGM), specifically for high-impact interventions carried out by community groups that lack access to other funding opportunities (those too small or seen as too high-risk as a result of their low financial capacity). The grants are channelled via district authorities, supporting decentralization and maximizing the role of local stakeholders. The CGM pilot targeted the four districts with the highest HIV prevalence, supporting groups to create demand for HIV counselling and testing, voluntary male medical circumcision (VMMC) and prevention of mother-to-child transmission. A total of 35 one-year grants were awarded, each averaging US\$ 5,000. UNAIDS' role included mobilizing the initial funding from the United Kingdom's Department for International Development (DfID), and supporting the conceptualization and development of guidelines for the mechanism.

Supporting the critical role of communities, Zambia

"The [community granting] mechanism has shown that, if you invest where the problem is and with the people who can do the job, you're most likely to get the returns you need. It is based on local needs and local structures, so it will support sustainability. We've shown that it works, so it provides a system that could now be used by other donors."

– Jabbin L Mulwanda, director general, National HIV/AIDS/STI/TB Council

"We go door-to-door, sometimes walking 10km to reach people. We talk about the benefits, such as of male circumcision and prevention of mother-to-child transmission, and encourage them to go to the clinic. Some people are open to receiving the messages, but others are not, so we sit down and they ask us questions and we give them information. We don't just go for five minutes. It all takes time. People in our communities listen to us because we live alongside them."

– Lilian Kakinga, chairwoman, Lushomo Community Based Organization, Livingstone, recipient of community granting mechanism

65. Many civil society organizations lack the opportunity to improve their financial capacity; in developing resource mobilization strategies or building skills in innovative funding, for example. They highlight how securing sustainable funding is especially urgent and challenging in lower middle-income and middle-income countries where epidemics are concentrated among key populations, and which have in the past been dependent on international funding but are now ineligible for the Global Fund. UNAIDS could play an even stronger role in advocating for the needs of civil society organizations, particularly those supporting key populations, in processes for domestic funding that often neglect them.

66. Work in these three settings emphasizes the need for UNAIDS to help pilot new funding mechanisms for civil society, such as the CGM in Zambia, and to ensure efforts are sustained and scaled up through long-term domestic financing.

8. Advance integration and sustainability in the post-2015 period

67. In Cambodia, Zambia and MENA, UNAIDS engagement has contributed to civil society preparing for and positioning itself in the post-2015 era. This includes identifying opportunities to integrate relevant issues within wider areas of health and development, potentially enhancing the effectiveness and sustainability of the AIDS response.

68. In all three contexts, UNAIDS supported civil society organizations to engage in national/regional dialogues to shape the post-2015 agenda. In Zambia, UNAIDS Secretariat, UNESCO and UNICEF supported civil society organizations, such as Restless Development, which acts as the country lead for Act!2015³¹. In MENA, UNAIDS supported the RANAA to coordinate civil society input, including that of key populations in the region's discussions on post-2015.³²

69. In Zambia, UNFPA and UNESCO supported the Planned Parenthood Association of Zambia (PPAZ) to integrate HIV into existing sexual and reproductive health services for young people and key populations. The two Cosponsors played an important support role, convening initial meetings and providing core materials and capacity building.

70. In Cambodia, UN Women, UNDP and UNAIDS Secretariat engaged with the Gender and Development Network (GADNet) and other civil society organizations to incorporate HIV into the gender and gender-based violence agenda. For example, to mark Beijing +20, UNAIDS Secretariat and UN Women supported GADNet, the Committee to Promote Women in Politics (CPWP), Cambodian Women's Caucus and Cambodian NGO Committee on CEDAW to produce an advocacy tool. This tool focused on four priority areas, including the rights of the lesbian, gay, bisexual and transgender community and women living with HIV.³³ The tool helped shape Cambodia's contributions to the Asia and Pacific Conference on Gender Equality and Women's Empowerment: Beijing +20, the region's largest ever intergovernmental meeting on women's rights, which was held in November 2014.³⁴ Thanks to continued advocacy by UN Women, UNAIDS Secretariat and civil society organizations, HIV and key population issues are reflected in the National Strategic Plan for Gender Equality and Women Empowerment for 2014–2018.

71. UNDP, ILO, UNICEF and UNAIDS Secretariat were engaged in efforts to achieve HIV-sensitive social protection in Cambodia as a potential means to provide more sustainable support for people living with HIV and key populations. Emphasis was placed on the Health Equity Fund, which provides free health care and related costs for poor community members assessed at hospitals or those who hold an identification of poor households (ID Poor) card. The work was carried out in partnership with the Cambodian Network of people living with HIV (CPN+), prioritizing the needs of people living with HIV, who experience disproportionate levels of poverty (30% compared with

³¹ A movement that aims to secure a post-2015 development framework that advances the sexual and reproductive health rights and the HIV response for young people; <http://www.crowdoutaids.org/wordpress/>

³² Position statement on the post-2015 agenda, prepared and submitted by heads of national networks, associations and support groups of PLHIV in MENA, Amman, Jordan, RANAA, July 2013.

³³ Key messages from civil society in Cambodia: Beijing + 20 Review.

³⁴ Civil society steering committee statement on the Asian and Pacific ministerial declaration on advancing gender equality and women's empowerment, Asia Pacific Civil Society Forum on Beijing + 20, 15–16 November 2014.

the national average of 19% in 2010) and often lack access to wider health and social support. Social protection mechanisms, if made HIV-sensitive and extended throughout the country, could provide a means to address such gaps and improve ART retention and health outcomes for people living with HIV and key populations.

“The UNAIDS workshop built our knowledge about social protection. It also gave us an opportunity to share the specific needs of transgender people and the many barriers that they face to accessing the help that, in theory, is available to them.”

– Pich Sochea, transgender representative, Women’s Network for Unity, Cambodia

72. In 2014, UNAIDS supported a national workshop in Cambodia on HIV-sensitive social protection. The first day focused on civil society. The workshop, led by CPN+ and the Forum of Networks of People Living with HIV and Most-at-Risk Populations, brought together 60 representatives of people living with HIV and key populations to develop joint advocacy demands and supporting evidence, which were then introduced to government officials and other stakeholders. As a result, HIV-sensitive social protection was included in the country’s concept note for the Global Fund, as well as the Health Sector Strategic Plan for HIV.
73. In Zambia and Cambodia, UNESCO and UNFPA supported the roll-out of comprehensive sexuality education within the national school curriculum. In Zambia, this included assisting the Southern Africa HIV and AIDS Information Service (SAfAIDS) to pilot training for teachers. In Cambodia, the two Cosponsors supported the implementation of the approved Life Skills Curriculum on Sexuality and HIV Education as part of the Government’s Education Strategic Plan (2014–2018). The curriculum was developed under the leadership of the Inter-Departmental Committee on HIV/AIDS and Drugs of the Ministry of Education, Youth and Sport, with significant contributions from the Khmer HIV/AIDS NGO Alliance (KHANA), nongovernmental organizations and community groups, and piloted in collaboration with teachers, parents and students. It has been implemented by many civil society organizations, including the Reproductive Health Association of Cambodia, the INTHANOU Association that provides an AIDS counselling hotline, People Health Development Association, OneWorld UK and Child Fund Cambodia, and within different platforms to reach young people in and out of school.
74. Civil society stakeholders have expressed the importance of UNAIDS continuing to advocate for specific HIV-related issues and needs of groups such as people living with HIV and key populations to be monitored and addressed. They have also noted the importance of putting systems in place to maintain the quality and breadth of work informed by communities, such as the roll-out and scale-up of comprehensive sexuality education.

IV. CONCLUSIONS AND WAY FORWARD

75. As noted in the introduction, this paper does not aim to provide a comprehensive overview of UNAIDS engagement with civil society, listing the work of each Cosponsor or achievements according to all 10 goals of the UNAIDS Strategy. Rather, it focuses on selected examples of approaches, results and challenges of particular relevance to the changing environment for AIDS responses.
76. UNAIDS remains deeply committed to supporting civil society engagement as a Joint Programme, with work by individual organisations (in line with the Division of Labour) complemented by collaboration on specific themes. While significant progress has been made through UNAIDS support to civil society engagement, civil society stakeholders have also underscored the importance of all Cosponsors being fully engaged.
77. UNAIDS Secretariat and Cosponsors face their own budgets, and the subsequent need to prioritize work to do more with less. UNAIDS continues to invest significantly in leveraging and influencing evidence-informed allocation of resources for civil society, for example through the Global Fund, bilateral programmes and foundations.
78. **The role of civil society is critical to maintain the gains, achieve further progress and ensure that no one is left behind in the AIDS response.** UNAIDS must stay true to its long-standing commitment to civil society and the principle of greater involvement of people living with HIV (GIPA), prioritizing engagement at all levels of the Joint Programme, championing the role and needs of civil society at global, regional, national and sub-national levels, and documenting good practices by civil society organizations to successfully adapt to the changing environment.
79. **UNAIDS has an important dual role as a supporter of civil society and as a broker between the sector and other stakeholders.** Promoting opportunities for involvement and capacity building of civil society remains a vital function of UNAIDS, and UNAIDS must be a strong advocate with governments and other partners, documenting and arguing the critical role of civil society in all aspects of the AIDS response, from policy setting and planning to implementation and monitoring and evaluation.
80. **In a changing response to AIDS, which in some cases includes increased emphasis on biomedical approaches, UNAIDS engagement with civil society must continue to address the critical enablers of effective action on HIV.** This includes continued engagement to secure a supportive legal, policy and social environment for civil society organizations and the communities they support. The Joint Programme should continue to boldly defend and promote universal human rights, gender equality and women's empowerment.
81. **Despite welcome engagement in national processes, the work of many civil society organizations, particularly those working with key populations, remains challenged by persistent and systemic barriers imposed by punitive legal environments.** While promoting the establishment of supportive frameworks is important, continued support from UNAIDS can help to address daily challenges on the ground. Such support includes working more closely with law enforcement agents and promoting access to legal services.

82. **While all aspects of engagement are important, civil society's most urgent need is for support to help organizations adapt to the changing financial environment and secure sustainable funding.** UNAIDS can support civil society by advocating for investments in and through civil society from national budgets, and making the case for the return on investments of community-based and community-led models.
83. **In a rapidly changing environment, UNAIDS engagement with civil society needs to be strategic and flexible.** Action is needed at all levels, from sub-national to national to regional to global level, and among a diverse range of civil society stakeholders. Investing in the leadership and engaging people living with HIV, key populations, young people and women and girls is also vital to ensure they are institutionally strong and can voice their needs and concerns.

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