1. Status of UNAIDS’ commitment to human rights

The Reference Group was very gratified that UNAIDS has, since its last meeting, made major commitments to advancing human rights and gender equality as set forth in the UNAIDS vision, mission statement and strategy (2010-2015). It also was pleased to hear of major activities concerning human rights as reported by the UNAIDS Secretariat and UNDP in their updates to the group. However, the Reference Group observed a disconnect between the Joint Programme’s extensive and commendable body of work on human rights at global level and the need for consistent and tangible results and impact of this work at the country level. Members suggested this may be because, though UNAIDS appears to be taking forward major global strategic efforts, it does not have a strategy for making concrete human rights gains in particular countries. Rather at country level, it often appears to be reactive. This perception may also be a consequence of lack of regular and strategic reporting from UNAIDS, countries and regions on human rights strategies/commitments.

Recommendations

1. The Reference Group strongly recommends that UNAIDS develop a specific human rights strategy to translate the UNAIDS Strategy and its global human rights goals and activities into country-level impact. This strategy could include:

   1.1 a strategy for strengthening accountability and capacity of country and regional staff on human rights, including through training, performance evaluation, partnerships with local civil society HIV and human rights organizations, organizations representing key populations, and other international organizations working on HIV and human rights in the same countries as UNAIDS;

   1.2 the appointment of regional human rights advisors in the Secretariat Regional Support Teams to provide strategic direction on what UNAIDS can achieve on human rights in particular regions and to connect the work of UNAIDS to the local level;

   1.3 an analysis of what circumstances give rise to HIV-related human rights violations in particular priority countries, and how UNAIDS will address these circumstances;

   1.4 using the Secretariat and Cosponsor convening power and leadership on human rights more holistically and strategically;

   1.5 more strategic engagement with other human rights and health movements, particularly at country and regional levels.

2. The Reference Group requests that at future meetings, the Secretariat and invited Cosponsors provide updates not only about particular human rights activities occurring at the global level, but about overall progress in advancing human rights at the country level. In its coordination role, the UNAIDS Secretariat update/progress report should also include reporting of key human rights
activities and progress achieved by other Cosponsors. These updates should be circulated prior to the meeting, so that Reference Group members can formulate questions for discussion and the co-chairs can use the updates and questions to develop the meeting agenda.

1.3 Consideration should also be given to the inclusion of country and regional level staff in the meetings of the Reference Group.

The Reference Group will consider including in its future meeting agendas an analysis of how UNAIDS addressed specific human rights situations, with a view to drawing lessons from those experiences for future action.

2. The 2011 General Assembly High-Level Meeting on HIV/AIDS

The Reference Group concurred with senior UNAIDS staff that the 2011 General Assembly High-Level Meeting (HLM) is a critical and decisive moment in the global HIV response, particularly given the retreat by some donors from funding for HIV treatment and backtracking by several countries on human rights.

**Recommendations**

2.1 The Reference Group urges UNAIDS to use the HLM as an opportunity to affirm the necessity of human rights approaches to sustaining the HIV response and to advancing global health and development generally. To this end, the Reference Group will develop a set of talking points, guiding principles or non-negotiable “asks” on human rights for this stage in the epidemic, including for use by various people involved in the political declaration and planning the HLM. The statement will include a strong reference to international cooperation on health, including but not limited to HIV, as a human rights obligation. A draft of the statement has been prepared by Reference Group Member Michael Kirby and will be circulated for further comment with the aim of finalizing it by April 5.

2.2 The Reference Group requests that UNAIDS assist with the wide dissemination of the statement. The statement should be shared with all the civil society speakers and panelists prior to the civil society hearing on April 8, be available for discussions as people prepare their sessions, and shared with the two co-chairs of the HLM and the governments that will be negotiating the outcome document.

2.3 The Reference Group requests that UNAIDS assist in making arrangements for members of the Reference Group to brief the facilitators and the president of the General Assembly prior to the HLM.

3. Interaction with other bodies

**Commissions on HIV and the Law, Prevention and Drug Policy**

The Reference Group expressed concern about the lack of overall coordination of the work of the Global Commission on HIV and the Law, the Prevention Commission, and the more recent Global Commission on Drug Policy (though it recognized this is not a UN-supported Commission).

The Reference Group decided it should comment on the statement of the Prevention Commission, which does not adequately reflect human rights issues. The Reference Group further decided that: (1) before the third meeting of the Technical Advisory Group (TAG) of the Global Commission on HIV and the Law, it may issue a statement on the right to health and the right to development and how this is related to HIV; (2) it may reach out to the Commission on Drug Policy to raise relevant human rights issues, if appropriate and necessary.
WHO HIV/AIDS Department

The Reference Group met the new head of the World Health Organization HIV/AIDS Department, Gottfried Hirnschall, for the first time during its session on Treatment 2.0 (see below). Dr. Hirnschall emphasized the importance of the feedback that WHO is getting from the Reference Group and said he is very receptive to hearing any concerns the Reference Group may have. He stated that human rights issues generally are very important and specifically that human rights need to underpin all the work on Treatment 2.0. The Reference Group co-chairs accepted his invitation to meet with him separately and look forward to working closely with WHO.

UN Women

The Reference Group looks forward to engaging directly with UN Women at the earliest opportunity, in the context of UN Women’s evolving engagement with UNAIDS.

NGO delegation to the PCB

The Reference Group looks forward to working more closely with the NGO delegation to the PCB, specifically by providing any useful input into the development of its report on the impact of criminalization on HIV for the December PCB meeting and strategizing about taking forward decision points of the PCB related to human rights.

Recommendations

3.1 UNAIDS Secretariat and UNDP should further increase their efforts to ensure that the Global Commission on HIV and the Law and the Prevention Commission work closely together during the remaining periods of their mandates, to ensure their messaging on human rights, law and prevention (and treatment as a necessary component of prevention) will be complementary and consistent.

3.2 UNAIDS Secretariat and UNDP should continue to reach out to the Global Commission on Drug Policy and enhance coordination of efforts, for example by having Commissioners exchange views or participate in each others’ processes.

3.3 UNAIDS Secretariat and UNDP should provide the Reference Group with opportunities to input into the work of the Prevention Commission and Global Commission on HIV and the Law. For example, the Global Commission on HIV and the Law should invite RG members to participate in Regional Dialogues and the technical review of key documents.

3.4 The Global Commission on HIV and the Law should prominently reflect the need for a plan on expanded access to legal services and justice in its reports.

3.5 UN Women should be encouraged to address the sexual and reproductive health and rights of women living with HIV, in strong partnership with networks of women living with HIV.

4. Towards a Framework Convention on Global Health

The Reference Group draws the attention of the Joint Programme to the discussion and process that has started around a possible Framework Convention on Global Health (FCGH) and the relevance of these discussions to UNAIDS’ own strategy of “AIDS+MDGs” and of locating the AIDS response more squarely within other campaigns and movements for health, human rights and development.

In the short term, as noted above, the Reference Group will advocate for language in the HLM outcome document related to the new context of the AIDS response, the centrality of the right to health to the AIDS response, and the importance of applying the successful human rights-based response to HIV to global health generally.

The Reference Group will establish a sub-committee to do further background work and develop concrete recommendations on the FCGH for its next meeting. External experts will be invited to join the work of the sub-committee.
5. Human rights in the new UNAIDS Strategy and Unified Budget, Results and Accountability Framework

The Reference Group strongly welcomed the inclusion of a dedicated strategic direction on human rights and gender equality in the 2011-2015 Strategy and Unified Budget, Results and Accountability Framework (UBRAF), putting human rights on an equal footing with HIV treatment and prevention. At the same time, it expressed the following concerns:

- Human rights should not be relegated to the third strategic direction but should be a vital and practical force throughout the roll out of all aspects of the Strategy and UBRAF. In particular, human rights should not be equated solely with removing punitive laws and travel restrictions.

- Human rights issues do not appear explicitly enough in the treatment and prevention pillars, which could weaken the case for human rights and could become the basis for ignoring the human rights issues that are central to treatment and prevention, and treatment as prevention.

- The UBRAF does not articulate a strategy for addressing the current pushback against human rights approaches to HIV coming from many quarters, including the UN Human Rights Council.

- The UBRAF appears silent on the issue of diminishing donor commitment to scaling up availability of antiretroviral therapy, even though this is the human rights issue that arguably affects more people than any other, including issues, such as HIV-related travel restrictions, that appear in the strategic direction on “human rights.”

The Reference Group decided to submit comments to UNAIDS on the general text of the UBRAF as well as on four specific goals cutting across all three strategic directions to reflect the above concern:

- Goal 3 under strategic direction 1 (prevention: all new HIV infections prevented among people who use drugs);

- Goals 1 and 2 under strategic direction 2 (treatment, care and support: 1. universal access to antiretroviral therapy for people living with HIV who are eligible for treatment; 2. TB deaths among people living with HIV reduced by half);

- Goal 1 under strategic direction 3 (human rights and gender inequality: countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half).

Reference Group members worked in small groups to suggest more appropriate text under each of these objectives, which will be finalized and provided to UNAIDS, together with suggested revised text for the introductory sections on all strategic directions. The deadline for written comments on the UBRAF is April 18.

The Reference Group will also make comments on a number of operational issues and address higher level concerns in the statement that will be prepared for the HLM.

**Recommendations**

5.1 As it moves to implement the UBRAF, the Reference Group recommends that UNAIDS:

5.1.1 ensure that the human rights/gender equality strategic direction get as much attention and budgetary support as the prevention and treatment strategic directions, including a “branding” of human rights/gender equality;

5.1.2 as noted above, develop a specific strategy for implementation of its objectives on human rights at country level and communicate this strategy to its staff;

5.1.3 develop indicators that reflect tangible change on the ground, not simply changes to laws and policies;
5.1.4 address capacity issues that will enhance human rights action, for UNAIDS Secretariat and 
cosponsor staff, at global, regional and country level; and

5.1.5 reallocate resources appropriately towards these ends.

5.2 In addition, in this context, the Reference Group refers back to the recommendations in the 
January 2009 “Recommendations Brief to Michel Sidibé”, many of which have not been 
implemented and remain relevant.

6. Treatment 2.0 and human rights

The Reference Group welcomes Treatment 2.0 as a human rights imperative to help remedy the differential 
and inequitable standard of HIV care in high-income and low-income countries. The majority of people living 
with HIV in high-income countries already have access to simplified HIV regimens and are starting to reap the 
prevention benefits of treatment. People in low-income countries deserve no less.

The Reference Group emphasized that in order for the Treatment 2.0 agenda to succeed, UNAIDS and WHO must 
provide strong leadership on three “make-or-break” factors identified by civil society representatives at a recent 
meeting convened by the International Treatment Preparedness Coalition: community mobilization, an enabling 
human rights environment, and affordability of first and second-line medicines.

The Reference Group appreciates that UNAIDS and WHO staff strongly agreed with these factors during the 
meeting, and welcomes the invitation to provide ongoing input and suggest concrete language as UNAIDS and 
WHO continue to develop messaging and strategy for Treatment 2.0 and related issues, including the investment 
framework that is under development. However, the Reference Group remains concerned that this agreement is 
not backed up by action. For example:

• The strategy on Treatment 2.0, outlined by UNAIDS in Treatment 2.0 – Is this the Future of Treatment?, the 
  new UNAIDS strategy, and Michel Sidibé’s Letter to Partners do not recognize human rights, community 
mobilization and affordability of medicines as equally important and overlapping considerations in the 
success of Treatment 2.0; in fact, these key documents do not mention human rights issues at all.

• The community mobilization and human rights component of Treatment 2.0 appears to be limited to a 
  small contract with the International Treatment Preparedness Coalition (co-funded by the Open Society 
  Foundations) to convene community dialogues about Treatment 2.0. The UNAIDS/WHO working group on 
  Treatment 2.0, which met on 7 February 2011, has thus far not included either the Reference Group or the 
  Secretariat’s Human Rights and Law Team, and has emphasized the drug and diagnostic development aspects 
  of Treatment 2.0.

• The Reference Group is concerned that by not adequately reflecting its commitment to human rights in its 
messaging and work plan related to Treatment 2.0, UNAIDS and WHO are making a strategic mistake. 
Among the potential consequences are that governments will conduct large-scale HIV testing campaigns 
without informed consent and without linking those testing positive to quality care and treatment, as needed 
for good outcomes; or that so-called “human rights arguments” will be misleadingly deployed against scaling 
up HIV treatment to the exclusion of other disease interventions.

Recommendations:

6.1 UNAIDS and WHO should issue a strong statement that Treatment 2.0 is a human rights 
imperative that will not succeed without an enabling environment in which basic human rights 
relating to HIV are respected, and should revise its documents and activities and work plans on 
Treatment 2.0 to place human rights, community mobilization and affordability of medicines on 
an equal footing as necessary pre-conditions for the success of Treatment 2.0.

6.2 UNAIDS and WHO should consider adding an additional institutional partner with a strong track 
record on human rights to the Treatment 2.0 Working Group. This partner could, among other 
things, assist with human rights messaging on Treatment 2.0 and help to identify the priority 
elements of the enabling human rights environment for Treatment 2.0’s success.
6.3 UNAIDS and WHO should closely study the recent experience in South Africa with a large-scale HIV testing campaign and incorporate lessons from that campaign into its work on Treatment 2.0, particularly in relation to simplified HIV testing procedures.

6.4 The Executive Director of UNAIDS and the Director General of the WHO should devote urgent attention to trade and anti-counterfeit agreements, including the EU-India Free Trade Agreement and the Anti-Counterfeiting Trade Agreement, that threaten to hinder access to treatment and thus undermine the success of Treatment 2.0.

Finally, the Reference Group urged UNAIDS and WHO to move away from a sole focus on the need to do things “differently” and “more efficiently” at this time in the epidemic, to also emphasizing the need for, and the moral and human rights imperative of, ongoing assistance to low-income countries. It is necessary, but insufficient, to do things differently and more efficiently. Both high-income and low-income countries have human rights obligations to which they must be held accountable, as the Reference Group will make explicit in its statement to the HLM.

7. Human Rights, HIV and Compulsory Drug Detention Centres

The Reference Group expressed serious concern about the many human rights violations occurring in compulsory drug detention centres (CDDCs), including the denial of effective HIV prevention and treatment, care and support in many of the centres. It agreed that UNAIDS and other UN agencies should pursue a strategy aimed at closure of the centres, as soon as possible, while continuing to work to secure protections against abuses until the centres are closed. Members emphasized that CDDCs exist for a number of reasons, including for financial reasons (as “moneymakers”), to get “undesirable” people off the streets, to uphold “morality” and to deal with what are considered as “social evils”. The Reference Group expressed concern that UN efforts in South-East Asia currently seem to focus nearly exclusively on helping countries develop treatment alternatives, neglecting to address the other reasons why these centres exist and neglecting to highlight, in the report of the latest UNAIDS Secretariat/UNODC sponsored roundtable with governments, the serious human rights violations occurring in the centres. They urged UNAIDS and UNODC never to be silent about the human rights abuses in the centres since such silence comes dangerously close to being complicit with the centres. The Reference Group asked that a more comprehensive strategy be developed urgently and that UN agencies devote adequate staff time and resources to implementing this strategy.

The Reference Group heard that UNODC, WHO and UNAIDS Secretariat are in the process of developing a joint position on CDDCs and welcomed this. However it expressed concern that this position was way too slow in coming, that other relevant UN agencies are not part of this initiative and that the UNAIDS Secretariat Human Rights Team has not been asked to provide input.

More broadly, the Reference Group stressed that changes in criminal law are unlikely to resolve all problems related to drug detention, since detention of people who use drugs is often on administrative grounds and without a court appearance. However, it highlighted that police and public security should not make decisions about compulsory drug detention without consultation with medical professionals and judicial process. In no circumstances should extrajudicial detention be permitted. Further, where such detention does occur, qualified professionals—rather than guards or public security personnel—should ensure access to and deliver needed testing and treatment, in accordance with human rights principles and sound medical practice.

**Recommendations:**

**Consistently and clearly supporting closure and protections against abuses until centres are closed**

7.1 The UNAIDS Executive Director and the other heads of agencies, as well as all staff of UNAIDS Secretariat and Co-sponsors, should consistently and clearly speak out about compulsory drug detention centres (including centres for sex workers and transgender people), calling for their closure, condemning the severe human rights abuses, including but not limited to those leading to greater risk of contracting HIV and other infections or developing illness in the centres, asking that the centres be replaced by drug treatment approaches that are effective and respect and...
7.2 UN country staff should speak out (about the abuses and the need for closure and protections in the interim) during meetings of Country Coordinating Mechanisms when these consider funding proposals that include drug detention centre components.

7.3 The UNAIDS Executive Director should bring the issues related to CDDCs to the attention of the United Nations Secretary-General and suggest that he join the call for closure of the centres.

**High-level engagement with UNODC, other co-sponsors, and other organizations**

7.4 The UNAIDS Executive Director should meet with the head of UNODC, Mr Yury Fedotov, to highlight the need for a human rights-based approach to HIV and drug policy and for much greater, evidence- and human rights-based action on HIV among people who inject drugs, including those deprived of liberty in drug detention centres as well as pre-trial detention and prison. Specifically, he should discuss with Mr Fedotov his position and that of WHO and the Global Fund on compulsory drug detention centres and how UNAIDS and UNODC, with others, can support countries to close the centres as soon as possible and to provide due process and minimum standards until they are closed. He could further ask whether UNODC would be open to supporting, under the leadership of UNAIDS and with the collaboration of the Office of the High Commissioner for Human Rights, the development of guidelines on HIV, human rights and drug policy.

7.5 UNAIDS should engage WHO to support closure and to develop clear guidelines, with UNODC and UNAIDS, that detail not only good drug treatment practice, but also make explicit that practices such as chaining, flogging, and forced labour do not constitute drug treatment.

7.6 UNAIDS should engage the ILO to support closure in the context of forced labor occurring in detention centers.

7.7 UNAIDS should engage UNICEF to support closure in the context of children in detention centers facing heightened risk of HIV exposure and denial of effective HIV and drug treatment.

7.8 UNAIDS should engage UNDP and UNFPA to support closure, including in the context of sex workers and transgender people facing heightened risk of abuse, heightened HIV exposure and denial of effective HIV care and treatment in centres.

7.9 UNAIDS should bring the human rights violations and their impact on HIV in the region to the attention of the ASEAN Human Rights Commission.

**A Joint policy position on Compulsory Drug Detention Centres**

7.10 UNODC, WHO and UNAIDS should invite the other UN agencies mentioned above to participate in the development and ultimately co-sign a joint statement on CCDCs. Great care should be taken to highlight not only the public health arguments against CCDCs, but also the human rights arguments.

7.11 The joint UN position should be developed without further delay and distributed to relevant government and civil society partners at country level.

7.12 The Reference Group should be provided with an opportunity to comment on the current draft, as well as future versions.

**Providing technical assistance with establishment of effective community-based drug treatment while developing a broader, strategic approach addressing the multiple reasons why centres exist**

7.13 UN agencies, and specifically UNAIDS and UNODC, should develop a more strategic approach aimed at more comprehensively addressing the various reasons why compulsory treatment centres have been and continue to be established. This should include increasing the number of staff dedicated to addressing the issues related to the centres.
7.14 As one part of more comprehensive efforts aimed at closing the centres, UN agencies, and specifically UNODC, should pro-actively provide countries that employ compulsory drug detention centres with increased technical assistance to enable them to close the centres and rapidly expand effective community-based drug treatment. Efforts should not build the capacity of illegal and abusive institutions.

**Guidelines for donors**

7.15 Donors, including the Global Fund, should articulate ethical guidelines for engagement with drug detention centers. Specifically, donors should ensure safeguards against use of their support to publicly legitimize compulsory drug detention, and ensure that where urgent HIV prevention and treatment is supported, these programmes adhere to human rights principles. No support should be used to build detention centres, to perpetuate forced labour, torture, or other practices commonly reported in them, or to train those committing such abuses. When support is provided, close monitoring is required and there is an obligation to investigate and report on conditions in detention settings, as well as to establish an explicit timeline for phasing out support and transition to community-based alternatives.

**Removal of police and public security from decisions about health service delivery and from service delivery itself**

7.16 UN agencies, and specifically UNAIDS, WHO and UNODC, both at the international and at country level, should advocate for the removal of police and public security from any decisions about health service delivery and from service delivery itself in closed settings.

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**Reference Group Issues**

**Vision of what the Reference Group should do or focus on**

The context for the work of the Reference Group on HIV and Human Rights has changed dramatically since its creation in 2002. For the first time, human rights represents a pillar of the UNAIDS strategy, as well as a key component of the HIV/AIDS strategy of the World Health Organization and the draft strategic plan of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The inclusion of a strategic direction on “advancing human rights and gender equality” in the *UNAIDS 2011-2015 Strategy: Getting to Zero* provides an unprecedented opportunity for the Reference Group to advise the UNAIDS Secretariat and Joint Programme on how to translate that commitment into tangible advocacy and programmes at the country level.

In light of this new reality, members agreed to refine the original ten objectives of the Reference Group into three priority areas of focus that reflect the current context:

1. To provide UNAIDS with ongoing and practical advice on the implementation of the human rights elements of all three strategic directions in the UNAIDS 2011-2015 Strategy
2. To highlight and catalyze action by UNAIDS on pressing and neglected issues that are not adequately addressed in its Strategy
3. To keep UNAIDS abreast of emerging human rights developments at the local, national and international level that affects its work and the response to HIV

In addition to focusing its work on these objectives, the Reference Group will continue:

4. To participate in the development of and/or review of UNAIDS policy, strategy and advocacy documents
5. To speak and act publicly in an independent capacity in a way which may not reflect the views of UNAIDS, after having informed the UNAIDS Secretariat and UNDP beforehand that it intends to do so and having engaged in dialogue with the UNAIDS Secretariat and UNDP on the relevant issues.

The Reference Group will move away from dealing with a large number of substantive issues at each of its meetings, recognizing in part that other commissions or advisory groups now exist that cover a number of the...
issues to which the Reference Group has traditionally provided input. Instead, the Reference Group will focus on providing ongoing and practical advice on the implementation of the human rights elements of the new UNAIDS Strategy; highlighting pressing and neglected issues; and keeping UNAIDS abreast of emerging issues.

Revised terms of reference, reflecting these changes, were approved.

**Member engagement and size of the Reference Group**

Members acknowledged that some members have missed a number of consecutive meetings and that, in-between meetings, few members remain engaged and comment on the documents sent to them. They agreed they should remain more engaged between meetings and suggested that efforts to obtain their feedback on particular issues should be more targeted and specific. They also agreed to self-evaluate their participation and, if they cannot fulfil their obligations, as spelled out in the Reference Group’s terms of reference, to resign.

Members discussed the size of the Reference Group and decided that the number of Reference Group members should be reduced from currently 20 to 15 or 17 members. One or a couple of external experts should be invited to a particular meeting, to supplement existing expertise on the Reference Group when necessary.

**Sub-committees**

Members and the UNAIDS Secretariat felt that sub-committees have been useful and that the Reference Group should continue establishing sub-committees whenever follow-up on a particular issue discussed at a Reference Group meeting is required, to undertake further analysis and/or develop an issue paper or recommendations for discussion at the next Reference Group meeting.

**Is the Reference Group a priority for UNAIDS?**

Reference Group members expressed a concern that the Reference Group is not (enough of) a priority for staff and senior management at UNAIDS Secretariat and even less so among Cosponsor management and staff. At every meeting, there is dissatisfaction that UNAIDS Secretariat is very engaged “when the Reference Group is in town”, but then takes a long time to respond to recommendations and ultimately often fails to listen to the Reference Group. This issue was picked up again later in the course of the meeting, during the presentation of the group’s recommendations to the UNAIDS Deputy Executive Director (see below). Susan Timberlake assured Reference Group members that senior management values the Reference Group, but added that she does not yet know what will ultimately happen to the Reference Group as UNAIDS is not only reviewing all reference groups, but resources and staff may be reduced, which ultimately could also affect the Reference Group.

The Reference Group decided to be more proactive and seek to identify for itself the key activities, documents, strategies and events that UNAIDS Secretariat is involved in any given year and proactively provide input. Finally, the Reference Group decided to ask Michel Sidibé to actively participate in a “relaunch” of the Reference Group, and to ask him to meet with the Reference Group co-chairs in-between the meetings, particularly when he is unable to attend a meeting himself.

**Secretariat**

Members agreed that, given that it is difficult to find persons and/or institutions with the time and the expertise to support the Reference Group, it would be a mistake to require that the Secretariat be changed regularly, every few years. However, they also agreed that a transparent appointment process should always be required.

**Relationship/interface with other co-sponsors (and with the Global Fund)**

With the new role of the UNAIDS Secretariat to provide (a) leadership, including strategic information; (b) coordination; and (3) accountability of the Joint Programme toward rights-based and gender-sensitive HIV responses, the Secretariat has the role of monitoring, coordinating, and creating/supporting accountability for human rights across the Programme. Susan Timberlake pointed out that this role gives the UNAIDS Secretariat a much more explicit direction to use the Reference Group to influence the entire Programme. Members acknowledged the importance of clarifying whether the Reference Group should continue providing advice to the entire Programme, which could overwhelm the Reference Group, or focus more narrowly on the Secretariat. While the issue was not discussed extensively and no final decision was taken, the general sense was that the
Reference Group should continue inviting co-sponsors to certain of its meetings based on the relevance to the Cosponsors and timeliness of the issues for consideration.

**Reference Group communications**

Reference Group members agreed that an independent Reference Group website (ideally not only in English, but also in a few other languages) should be created and asked the UNAIDS Secretariat to identify what resources are available for such a website. In addition, the Reference Group asked UNAIDS Secretariat that the Reference Group website be “anchored” with a box on the UNAIDS website and that “stories” about the Reference Group meetings and its other activities be regularly solicited for publication on the UNAIDS website.

Members noted the importance of making at least some of the Reference Group issue papers available publicly, in multiple languages.

**Presentation of recommendations to UNAIDS Deputy Executive Director, Jan Beagle**

Jonathan Cohen and Michaela Clayton summarized the main outcomes of the meeting, highlighting that the Reference Group was very appreciative that the new UNAIDS strategy, with its human rights pillar, provides the Reference Group a renewed mandate to provide UNAIDS with advice. They noted that the other two pillars also contain burning human rights issues and that the Reference Group therefore will not limit its advice to the human rights pillar. They asked Jan Beagle to ensure that all staff at the Secretariat, in Geneva and in countries, understand that human rights are not sequestered in the third pillar of the strategy, but need to be taken into account in the operationalization of the other pillars as well.

Cohen and Clayton said that the Reference Group still struggles with how to be most useful to UNAIDS and how to hold it accountable to its bold strategy. They asked whether the Group is a priority for UNAIDS. They noted that the Group had not been able to meet with the Executive Director and that a letter sent to him, on his request, after a meeting with him in Vienna during AIDS 2010, has remained unanswered.

Beagle conveyed Michel Sidibé’s regrets for not being able to meet with the Reference Group, and noted that his absence should in no way be taken as an indication of a lack of commitment on his part. She emphasized that “this is the time when we need the Reference Group and your expertise more than ever”.

During the question and answer period, members expressed their concern about potential cuts to staff and budgets affecting the work on human rights, at a time when that work is extremely important and when budgets for this work should be strengthened rather than weakened. In response, Beagle said that no decisions had yet been taken about where cuts will be made and reassured members that human rights are a clear priority for UNAIDS, but emphasized that UNAIDS is facing declining resources and needs to make difficult decisions.