

# UNAIDS STRATEGY DEVELOPMENT

Report of the Consultation meeting on **Progress, Challenges and Opportunities: Adolescent Girls and young women in all their diversity**<sup>1</sup> a discussion that will feed into and inform the development of UNAIDS next strategy.

Organizer: UNAIDS Geneva/Caprisa

Date: 20.07.2020

Meeting Moderator: Professor Quarraisha Abdool Karim, Chair of the Sub Committee of the UNAIDS Advisory Group, on Adolescent Girls and Young Women.

This meeting brought together about 25 participants from networks representing and working on adolescent girls and young women in all their diversity, several members of the UNAIDS Advisory Group<sup>1</sup> who are also members of a special sub- committee on adolescent girls and young women and HQ UNAIDS staff from the Prevention and Gender and Human Rights teams.

The rich insights from the meeting are organized within a slightly adapted generic template prepared by the UNAIDS strategy team to ensure efficient integration of the insights coming in from the diverse focus group discussions being held across the globe.

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## Key Questions and Reflections from the Consultation Process

- ❖ *How will we break down vertical silos to respond to the different intersecting needs of AGYW in all their diversity?*
- ❖ *How can men and boys become integral partners in this transformative journey?*
- ❖ *How do we exponentially increase resources and coordination for transformative integrated programming on AGYW from across sectors?*
- ❖ *How do we bring AGYW front and centre so that nothing for them is without them leading?*
- ❖ *How do we systematically institutionalize a human rights approach that recognizes AGYW in all their diversity without discrimination?*
- ❖ *How do we embrace a life course approach to sexual health and well-being to include minors, young adolescents and elderly women and men in all their diversity?*
- ❖ *How do we leverage the power and experience of context specific interventions that work at scale?*
- ❖ *How do we systematically address persistent blind spots such as disability across AGYW?*
- ❖ *How do we amplify the diversity of voices, participation and leadership of AGYW bringing new, unheard and unseen faces and voices into the conversation continually?*
- ❖ *What are the systemic and structural issues that need to be acknowledged, addressed and changed forever in order to build a safe present and future for AGYW?*

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<sup>1</sup> <https://www.unaids.org/en/whoweare/UAG>

This report aims to capture the voices, passion, experience, insights, advice and commitments of all the participants at the meeting.

**Progress, Challenges and Opportunities reaching Adolescent Girls and Young Women: A discussion to inform UNAIDS strategy development process.**

**A. REACHING adolescent girls and young women in all their diversity**

*Challenges, opportunities, particular concerns and lessons*

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| <p><b>How do we see the current situation?</b></p> | <ul style="list-style-type: none"> <li>• Minorities are missing from the HIV response, including but not limited to young women with disabilities.</li> <li>• Many AGYW are criminalized and face stigma and discrimination including sex workers, those living with HIV, transgenders and those who use drugs. They are unable to access services and Covid-19 is only creating more barriers for them.</li> <li>• In Africa, HIV is seen as related to sex and not drugs and hence there is insufficient attention to young people who use drugs who are detained for long durations while awaiting trials and denied access to information and services.</li> <li>• Marginalized populations, young people in refugee camps and displaced situations, and those who are on the move feel excluded. They want to be part of the conversation on future initiatives and action.</li> <li>• COVID has further excluded many young people, particularly those in vulnerable situations. They feel digitally marginalized and isolated as they can't access the ICT platforms on which their issues are discussed.</li> <li>• Organizations and initiatives for and by AGYW are under resourced.</li> <li>• Inadequate HIV prevention, testing, treatment and care programming on the ground, lacking the layered approach addressing the diversity and different needs of AGYW.</li> </ul> |
| <p><b>What is working well?</b></p>                | <ul style="list-style-type: none"> <li>• Pushing for leadership and mentorship (including across generations) of AGYW in all their diversity and building the capacities in the areas of proposal writing, strategic planning and implementation, SRHR, knowing their rights and how to defend them, and in advocacy across issues of gender equality, HIV, gender based violence, women's rights, and SRHR.</li> <li>• Creating a pool of empowered young women across different regions who can amplify young women's voices, make them feel appreciated and their leadership valued, and who are able to access their peers.</li> <li>• Peer to peer engagement and outreach works, particularly among women from key populations like sex workers, women who use drugs, transgender women.</li> <li>• Mobilizing jointly and advocating on gender equality, HIV, SRHR, etc.</li> <li>• Adopting a human-centered, bottom - up approach where the high level policy environment is shaped by the views of young people by ensuring participation and meaningful engagement of AGYW in platforms where decisions affecting their lives are made and their involvement in interventions to improve their lives.</li> </ul>                                                                                                                                                               |

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|                                                                                                      | <ul style="list-style-type: none"> <li>Engaging young women in global Ministerial meetings has been key to providing the space for young women leaders to interact with decision makers they are not able to access at country level. The participation of young women in the Global Prevention Coalition (GPC) meeting in Nairobi in November 2019 enabled them to meet with their country ministers and decision makers, following which they were able to carry out advocacy campaigns at country level that were successful for HIV and SRHR advocacy and how countries can meet their prevention targets.</li> <li>Leveraging the use of social media to have conversations with young women as lots of them spend significant time online. Covid-19 has reinforced an important shift to social media. Having platforms where AGYW could access information, discuss their challenges, and receive peer counselling has been instrumental in reaching members of this population and transformed how to do advocacy.</li> <li>Programmes that provide a variety of interventions when they address AGYW needs.</li> </ul> |
| <p>What are some key concerns in reaching AGYW in all their diversity?</p>                           | <ul style="list-style-type: none"> <li>The limited information available for AGYW or the dissemination of information in ways or in language that AGYW don't understand.</li> <li>The existence of a massive digital gap, based on class and remoteness of location, posing a barrier for some young people in terms of access to digital services and their ability to act and mobilize using online platforms.</li> <li>Participation and inclusion of young people in the international agenda is obstructed by the language barrier as not everybody is English fluent.</li> <li>The same young people who have been trained are the ones always attending meetings and going to the same capacity building trainings.</li> <li>Harm reduction services are traditionally very masculinized and may be unsuitable for women, especially young women and non-conforming people.</li> </ul>                                                                                                                                                                                                                                   |
| <p>What are some challenges, barriers, blockages and limitations we face in achieving our goals?</p> | <ul style="list-style-type: none"> <li>Addressing harmful gender norms that increase vulnerability to GBV, sexual harassment and violence against AGYW are not addressed from an early enough age.</li> <li>CSE and community based programmes are not systematically available or of adequate quality.</li> <li>Organisations working on AGYW are severely underfunded.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>Recommendations</b></p>                                                                        | <ol style="list-style-type: none"> <li>1. Adopt a <b>peer to peer approach</b> for addressing AGYW issues. Young women feel more comfortable to work on their issues and problems with each other.</li> <li>2. <b>Increase funding</b> to support youth organizations and grass roots activism. AGYW should have access to resources to implement and continue to mobilize at country level.</li> <li>3. <b>Focus on AGYW friendly interventions at the grass root level, speaking the language adolescents understand</b> using different channels and platforms to reach the diverse categories of AGYW as appropriate including through chats, virtual consultations, online advocacy, etc.</li> <li>4. <b>Deliver the message on the needs of AGYW in innovative ways</b> including through animations, stories, etc. to unpack messages that are for</li> </ol>                                                                                                                                                                                                                                                            |

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|                                                                                                                                                                                                                                                                                                                 | <p>everybody's consumption and that are palatable for different users including for parents.</p> <p><b>5. Systematically increase the participation of and protection for people living with disabilities.</b></p> <p><b>6. Provide safer spaces where intersectionality can be addressed as a priority.</b> Safe spaces for women and gender non-conforming people are low threshold and help counteract structural violence and strengthen follow up adherence to holistic treatments.<sup>2</sup></p> <p><b>6. Widen the pool of trained and empowered activists and young leaders</b> by Instituting mentorship programs where trained young people link with and build the capacity of other young people.</p> <p><b>7. Close the digital gap.</b> This could transform unequal power relations among different players and stakeholders.</p> <p><b>8. Collect and apply lessons learnt from the response to Covid-19 among AGYW</b> and tap into the experiences and wisdom developed in terms of peer-to-peer support and trainings, protecting mental health, provision of services, and communicating in novel ways to increase access to rights, services and support.</p> <p><b>9. Develop a comprehensive intersectional approach that includes gender expression and diverse identities, violence, people with disabilities, or in refugee settings, etc.</b> to reach AGYW in all their diversity.</p> <p><b>10. Listen to, recognize and consult adolescent girls and young women as a unique population in their diversity.</b> They must be involved as technical experts and program developers and implementers as too often they don't fit under mainstream CSOs, under women or youth-led organizations.</p> |
| <p style="text-align: center;"><b>The HIV response and AGYW in all their diversity</b></p> <p style="text-align: center;"><i>Services for HIV prevention, testing, treatment and care programmes including SRHR and GBV that are accessible, appropriate, affordable, respectful and adequate for AGYW.</i></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>How do we see the current situation?</p>                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>• Poor linkages between integrated SRH and HIV services and primary and secondary education that includes CSE.</li> <li>• The multiple intersecting needs and intersectionality of AGYW is not being addressed. (AGYW with disabilities, displaced persons and refugees, different gender identities, AGYW engaged in sex work, young women using drugs, etc.).</li> <li>• Inadequate programming for AGYW, as the coverage of programmes is far too low as compared to the need.</li> <li>• COVID has highlighted how the digital divide can further marginalize the engagement of many groups of young women.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

<sup>2</sup> Metzineres in Barcelona, Spain provide specific spaces for women and non-binary people. This project is rights orientated, intersectional and peer-led.

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| <p>What is working well?</p>                                                                         | <ul style="list-style-type: none"> <li>• Programmes that have been looking at women’s multiple needs and vulnerabilities and how to address them in an integrated manner. Vulnerability to HIV is rooted in factors beyond HIV wherein multiple needs and disadvantages intersect, calling for a convergent approach to programming that brings different sectors together. This intersectionality cannot be effectively addressed purely through government action.</li> <li>• Coalitions and people working together and programmes that are designed to respond to specific contexts and that tease out the factors affecting vulnerability in that particular context.</li> <li>• Covid-19 revealed once again that community led services are more important than ever.</li> <li>• Keeping girls in school. There is compelling evidence that supporting girls to expand their number of years in education is effective in reducing risk to HIV and pregnancy. Not only is getting an education important reducing HIV risk and vulnerability but it can also address the structural barriers putting young women at risk.</li> <li>• Engaging with young men, including in schools, to change harmful gender social norms and toxic masculinities has shown positive results.</li> <li>• The collective support of young feminist networks in providing CSE, prevention, testing and treatment to different groups in need including AGYW living with HIV, those without insurance, legal status etc.</li> </ul> |
| <p>What are our key concerns?</p>                                                                    | <ul style="list-style-type: none"> <li>• Programmes are piecemeal and not integrated across critical sectors such as education, nutrition and health.</li> <li>• They are not adequately resourced to achieve any meaningful scale.</li> <li>• AGYW are often seen as a homogenous group without sufficient attention, to age, disability, identity, socioeconomic circumstance, location, occupation, access to information, etc.</li> <li>• People who are assigned female at birth are more vulnerable to HIV infection, bearing a disproportionate burden of the effects of the HIV and AIDS epidemic, including care and support for people living with HIV and AIDS as available resources are markedly androcentric and masculinized, often not adequate to meet our necessities, interests and expectations.</li> <li>• Girls are afraid to disclose testing results because of fear of stigma at home, school and within their networks.</li> <li>• Women who inject drugs have a higher prevalence of HIV, hepatitis C and other sexually transmitted diseases than men but women who use drugs rarely appear in data. They right to health and to live free from any form of discrimination, including the internalization of stigma must be realized.</li> </ul>                                                                                                                                                                                                                                            |
| <p>What are some challenges, barriers, blockages and limitations we face in achieving our goals?</p> | <ul style="list-style-type: none"> <li>• While we know what works, particularly prevention programme coverage is too low to have large scale impact. And at the same time lots of investment is going to programmes that do not necessarily have the most impact.</li> <li>• There is insufficient political will to move the needle. We need to ensure that political will is mobilized in this challenging environment.</li> <li>• A one size fits all HIV response does not exist. Adolescent girls and young women are diverse and vulnerabilities depend on the context within which they live. To be more effective, we need to contextualize</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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|                               | <p>programming and adopt a localized approach that taps into a very granular understanding of the context.</p> <ul style="list-style-type: none"> <li>• Covid-19 has exacerbated the political, economic and social challenges faced by adolescent girls and young women, impacting their livelihood and increasing their vulnerabilities. With Covid-19 we are seeing more poverty, GBV, and the halting of services including reproductive health services.</li> <li>• Only 8% of programmes engaging men and boys had gender transformative components.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>Recommendations</b></p> | <ol style="list-style-type: none"> <li>1. Introduce <b>quality comprehensive sexuality education in school for all adolescents.</b></li> <li>2. <b>Continue advocating for social and behavioural change programmes</b>, CSE in schools, rights and gender equality.</li> <li>3. Push for a <b>multi-pronged approach to SRHR</b> which integrates HIV prevention, testing, treatment and care.</li> <li>4. <b>Bring services to where they are needed and to who needs them regardless of the combination of sectors involved in this.</b> A range of development partners and young people themselves need to be engaged.</li> <li>5. <b>Learn lessons from PEPFAR DREAMS and the Global Fund.</b> What worked in a particular context? What were the tools needed to reach AGYW effectively and how were they adapted in that context?</li> <li>6. Work smarter and better and <b>co-opt some of the opportunities, platforms and new initiatives to advance the AGYW agenda by building new and unusual partnerships.</b></li> <li>7. <b>Exploit all opportunities to identify and leverage resources from outside for AGYW.</b></li> <li>8. <b>Continue rights-based and evidence informed advocacy and programming for AGYW.</b></li> <li>9. <b>Recognize and embrace the additional challenges</b> posed by Covid-19 including food security, more social protection, the digital divide, etc.</li> <li>10. <b>Integrate HIV and SRHR policies, programmes and/ or interventions at community, national and regional level.</b></li> <li>11. <b>Expand services and healthcare interventions</b> (PEP and PrEP, for example) <b>to more key populations</b> besides MSM to women who use drugs, sex workers and other relevant groups.</li> <li>12. <b>Recognize the need for tailored interventions that support the most discriminated against and marginalized groups such as</b> women who use drugs, women and young women living with HIV, women who use sex for survival; women sex workers; homeless women; trans women; older women; AGYW in prison; indigenous</li> </ol> |

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|                                                                                                                                                                                                                                                                                                                      | <p>women; younger women; women with reduced capacity; women escaping from sexual violence.</p> <p><b>13. Provide a clear roadmap for mobilising resources and increasing investment in order to scale integrated interventions on HIV and SRHR.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <p style="text-align: center;"><b>B. CONTEXTUAL ENVIRONMENT</b></p> <p style="text-align: center;"><i>The political, social and economic environment, legal and regulatory backdrop and environment, governance and accountability mechanisms, financing and resources.</i></p> <p style="text-align: center;">-</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p>How do we see the current situation?</p>                                                                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>• Covid-19 has exacerbated the political, economic and social challenges faced by adolescent girls and young women, impacting their livelihood and increasing their vulnerabilities. With covid-19 we are seeing more poverty, GBV, and the halting of services including reproductive health services.</li> <li>• There is a lack of investment in and funding for AGYW organisations and programmes.</li> </ul>                                                                                                                                                                                                                                                                       |
| <p>What is working well?</p>                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Engaging with parents and communities. This is critical to facilitate the transformation of social norms and to address the structural drivers that prevent AGYW from accessing the services they need. This must be built into school and health systems.</li> <li>• Strategic litigation and advocacy to change harmful laws and policies works. Several countries have passed progressive laws or overturned harmful ones, but it takes time. Important examples include: i. Decriminalization of consensual sex between adolescents of the same age ii. Laws requiring parental consent for SRHR services are being changed and/or relaxed in several countries.</li> </ul>       |
| <p>What are our key concerns ?</p>                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>• AGYW living with HIV are victims of GBV, criminalization, stigmatization and exclusion. Key populations within AGYW are worst affected.</li> <li>• Scarce resources may reduce further as a result of COVID</li> <li>• An unwillingness to entrust AGYW with responsibility and leadership</li> <li>• Vertical, siloed approaches that do not fit with young people’s lives. AGYW need services, regardless of which sector they are from. There is currently inadequate integration between CSE and SRHR work for example.</li> </ul>                                                                                                                                                |
| <p>What are key challenges, barriers and obstacles we face in achieving our goals?</p>                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Harmful gender norms that increase vulnerability to GBV, sexual harassment and violence against AGYW and the lack of health services for victims of violence.</li> <li>• The criminalization of sex workers, LGBTI and drug users and the stigma and discrimination faced by those accessing services.</li> <li>• Parental consent laws which inhibit access of AGYW to services.</li> <li>• Governments tend to work and get funded in silos. It is difficult to facilitate integration across public sector departments.</li> <li>• The lack of data on the magnitude of the population that should be reached is used as an excuse not to make investments. Situational</li> </ul> |

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|                        | <p>data is needed to assist in prioritization and resource allocation in favour of scaled up programmes for AGYW.</p> <ul style="list-style-type: none"> <li>• Insufficient measurement of comprehensive programming to hold governments accountable.</li> <li>• There is no systematic funding for measurement and there are missing opportunities to leverage data from across sectors and pull this data together in an understandable way.</li> <li>• Intergenerational violence including for boys with severe childhood adversities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                        |
| <b>Recommendations</b> | <ol style="list-style-type: none"> <li>1. <b>Communicate</b> systematically what we are <b>learning</b> from how AGYW are affected by the COVID situation but also innovative positive interventions supporting them successfully in different contexts.</li> <li>2. <b>Train staff at all levels of the health system on human rights and gender</b> so that they honour the rights, diversity and entitlement to quality care of all AGYW with confidentiality and respect.</li> <li>3. <b>Expand litigation on strategic issues</b> (such as repealing of parental consent laws, abortion, same sex relations between consenting adults of the same age, etc.) exponentially.</li> <li>4. Build <b>awareness of rights and entitlements</b></li> <li>5. Hold <b>duty bearers accountable</b> – engaging across communities with parents, children and opinion makers, but also with the media.</li> </ol> |

### KEY RECOMMENDATIONS

#### What does ‘business unusual’ mean for AGYW?

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| What are the key recommendations back to UNAIDS in terms of the strategy specifically? |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>CONTINUE</b>                                                                        | <p><i>What is working that we must continue to do?</i></p> <ol style="list-style-type: none"> <li>1. <b>Putting young people front and centre, with their meaningful engagement in decision making</b></li> <li>2. <b>Following the strong human rights based approach from the 2016 strategy and further integrate gender analysis and action including addressing GBV and HIV with measurable programming targets.</b></li> <li>3. <b>Ensuring context-specific, analysis/evidence-driven responses that are addressing the populations and locations of greatest vulnerability</b></li> <li>4. <b>Ensuring increase in coverage of the right combination HIV prevention, treatment and care programmes to the most vulnerable wherever they are.</b></li> <li>5. <b>Addressing the multiple needs of adolescents -- with keeping girls and boys in secondary school as the most important -- through new partnerships between HIV prevention, treatment and care and SRHR and broader health programs, education initiatives, and economic empowerment programs;</b></li> </ol> |



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| <p><b>STOP</b></p>                                                                                 | <p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ol style="list-style-type: none"> <li>1. Leaving AGYW out – spaces, voices, participation, insights and engagement.</li> <li>2. Continue working in vertical silos</li> <li>3. Isolating HIV from the wider development discussion</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <p><b>START</b></p>                                                                                | <p><i>What are we not doing that we have to start doing?</i></p> <ol style="list-style-type: none"> <li>1. Leverage the new digital opportunity ensuring no one will be left behind.</li> <li>2. Make resources -- funds and technical resources, as well as platforms for convening and strategizing together -- available to youth and grassroots organizations that are providing the services, advocating for change and reaching young people where they are.</li> <li>3. Invest in broader partnerships (SDG 17: PARTNERSHIPS) is core, new strategic partnerships and community based services are more critical than ever and need to be adequately funded.</li> <li>4. Enhance accountability: ensure measurable targets at programme and outcome and impact level with clear accountability mechanisms established.</li> </ol> |
| <p><b>What are the top key recommendations you want to reiterate for strong consideration?</b></p> | <ol style="list-style-type: none"> <li>1. Focus on a rights based approach for AGYW in all their diversity including their right to participation.</li> <li>2. Scale up integrated programmes to ensure access to testing, prevention, treatment and care, responding to the different needs of AGYW</li> <li>3. Promote gender equality throughout the strategy taking intersectionality on board</li> <li>4. Address structural barriers including the policy and legal environment that hinders access to services</li> <li>5. Diversify the investment in the HIV response building partnerships to ensure comprehensive programmes including fully funded public health services as the cornerstone of a justice based HIV response</li> </ol>                                                                                      |

## RESOURCES SHARED BY PARTICIPANTS

1. Sexual and Reproductive Health and Rights: an essential element of UHC. <https://www.unfpa.org/featured-publication/sexual-and-reproductive-health-and-rights-essential-element-universal-health>

This background document for the Nairobi Summit on ICPD25 defines and describes the key components of a comprehensive live course approach to SRHR and how countries can move towards universal access to SRHR as an essential part of UHC.

**2. Supplement to Background paper on Sexual and Reproductive Health and Rights: An Essential element of Universal Health Coverage.** <https://www.unfpa.org/resources/supplement-background-paper-sexual-and-reproductive-health-and-rights-essential-element>

Presents evidence supporting the need for and cost-effectiveness of interventions defined by the Guttmacher-Lancet Commission which was the basis, while not exhaustive, of the reflection leading to the Background document for the Nairobi Summit on ICPD25.

**3. UNFPA Adolescent and youth dashboard:** <https://www.unfpa.org/data/dashboard/adolescent-youth>. The dashboard contains data covering a range of issues that affect the rights, welfare and reproductive health of young people, with a special focus on vulnerable girls. The current version cover 24 countries for which comparable data are available.

**4. My Body My Life My World: A global strategy for adolescents and youth.**  
<https://www.unfpa.org/youthstrategy>

**5. COVID 19: Working with and for young people.** Compact for youth people in humanitarian action.  
<https://www.unfpa.org/sites/default/files/resource-pdf/COMPACTCOVID19-05.pdf>

This guidance note is meant to assist humanitarian actors, youth-led organizations, and young people themselves across sectors, working at local, country, regional, and global levels in their response to the novel coronavirus pandemic. It begins diagnostically, exploring the impacts of coronavirus disease (COVID-19) on young people. It then proposes a series of actions that practitioners and young people can take to ensure that COVID-19 preparedness, response plans and actions, are youth-inclusive and youth-focused – with and for young people.

#### DOCUMENTS SHARED BY UNAIDS BEFORE THE MEETING

*Global Report: 2020 Global AIDS Update — Seizing the moment — Tackling entrenched inequalities to end epidemics* [https://www.unaids.org/sites/default/files/media\\_asset/2020\\_global-aids-report\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_global-aids-report_en.pdf)

2025 AIDS Targets: The development of updated HIV targets and estimates of the resources needed for the global AIDS response up to 2030 is ongoing. The outputs from the process will guide the global AIDS response from 2021 to 2030 by informing the decision-making of major global partners and national target-setting and strategic planning. Publicly available reports can be accessed:

[https://www.unaids.org/en/topics/2025\\_target\\_setting](https://www.unaids.org/en/topics/2025_target_setting)

We've got the power — Women, adolescent girls and the HIV response  
[https://www.unaids.org/sites/default/files/media\\_asset/2020\\_women-adolescent-girls-and-hiv\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2020_women-adolescent-girls-and-hiv_en.pdf)

*Actions for improved clinical and prevention services and choices: Preventing HIV and other sexually transmitted infections among women and girls using contraceptive services in contexts with high HIV incidence* [https://www.unaids.org/sites/default/files/media\\_asset/preventing-hiv-sti-among-women-girls-using-contraceptive-services\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/preventing-hiv-sti-among-women-girls-using-contraceptive-services_en.pdf)

To read more on the UNAIDS strategy development process:  
[https://www.unaids.org/en/Global\\_AIDS\\_strategy](https://www.unaids.org/en/Global_AIDS_strategy)

# Annexes

1. Meeting Agenda
2. List of participants
3. Participant Bios

## Meeting Agenda

| Time (CET)  | Session                                                                                                                 | Lead                                                  |
|-------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 12.45-13.00 | Participants join Zoom Link<br><br>Review meeting material on AGYW                                                      | GSD/UNAIDs Team                                       |
| 13.00-13.05 | Welcome & Introductions                                                                                                 | Chair & Meeting Moderator:<br>Quarraisha Abdool Karim |
| 13.05-13.10 | Meeting Rules and House keeping                                                                                         | Ibrahim Diop                                          |
| 13.10-13.55 | Discussion 1: <i>What has worked well?</i><br><br>Civil Society Organisations<br><br>UNAIDs Advisory Group              | Chair                                                 |
| 14.00-14.45 | Discussion 2: <i>What needs to be done differently?</i><br><br>Civil Society Organisations<br><br>UNAIDs Advisory Group | Chair                                                 |
| 14.45-15.15 | Discussion 3: <i>Gaps, Challenges and Opportunities</i><br><br>Civil Society Organisations<br><br>UNAIDs Advisory Group | Chair                                                 |
| 15.15-15.30 | Wrap Up and close                                                                                                       | Chair                                                 |

## List of Participants

| Name                       | Organisation                 |
|----------------------------|------------------------------|
| Quarraisha Abdool Karim    | CAPRISA                      |
| Oluwafisayo Alao           | YOUTH RISE                   |
| Paula Auberson-Munderi     | UNAIDS                       |
| Elizabeth Benomar          | UNFPA                        |
| Luisa Cabal                | UNAIDS                       |
| Joana Canedo               | YOUTH RISE                   |
| Christopher Castle         | UNESCO                       |
| Maria Jose Alcala Donegani | UNAIDS                       |
| Ibrahima Diop              | UNAIDS                       |
| Keren Dunaway              | ICW Argentina                |
| Eunice Leyva Garcia        | Human Rights Lawyer          |
| Geeta Rao Gupta            | UN FOUNDATION                |
| Eszter Kismodi             | HUMAN RIGHTS REFERENCE GROUP |
| Lynn Ngugi                 | HUMAN RIGHTS SPECIALIST      |
| Alessandra Nilo            | GESTOS                       |
| Ikka Noviyanti             | YOUTH LEAD                   |
| Helena Nygren-Krug         | UNAIDS                       |
| Kerigo Odada               | YOUTH COALITION FOR SRHR     |
| Irene Ogeta                | ATHENA                       |
| Souad Orhan                | UNAIDS                       |
| Yana Panfilova             | TEENERGIZER                  |
| Archana Patkar             | UNAIDS                       |
| Nyasha Phanisa Sithole     | ATHENA                       |
| Elhadj As Sy               | KOFI ANNAN FOUNDATION BOARD  |
| Sara Thapa                 | ICW Nepal                    |
| Hege Wagan                 | UNAIDS                       |
| Damilola Walker            | UNICEF                       |

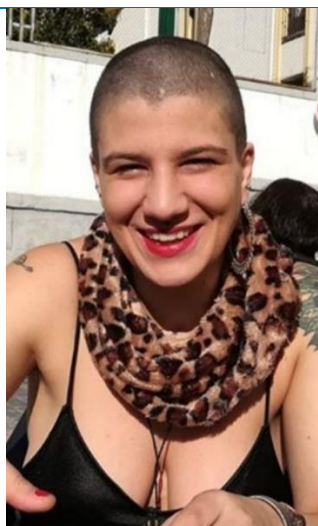
# Participant Biographies

## Network Representatives



### **Oluwafisayo Alao - YouthRISE**

Oluwafisayo Alao is currently the Gender Advisor at YouthRISE Nigeria, a non-governmental organization with a mandate to promote access to quality health and rights for young people and most vulnerable communities in Nigeria. Oluwafisayo holds a first degree in Bio-chemistry from Ekiti State University, Nigeria. Her passion for the health and rights of young people particularly women and young girls has inspired her to work on many developmental projects in the area of HIV/AIDS, Sexual and Reproductive Health and Rights and economic empowerment. She is currently managing YOUTHRIFE Nigeria Drop-In-Centre which caters for adolescent girls and young women vulnerable to drug use in Nigeria. She has been opportuned to share her work in many international platforms. Oluwafisayo engages with young people by providing clinical care and support, counselling, and generation of evidence through research to inform policy and practices.



### **Joana Canedo – Group on Activista (GAT)**

Working with people who use drugs within the first supervised mobile consumption van in GAT, the Group of Activista in Treatment. Year before worked with women and non-conforming gender people who use drugs in Metzineres, Environment of Shelter for WWUD surviving to múltiple violences. Member of the International Working Group of Youth Rise, as youth activist and YPWUD. Worked in advocacy and public policies at a Portuguese NGO'D - APDES on the empowerment of vulnerable publics and at a representative/ institutional level integrating SC Forum on Drugs and National Foruns on HIV, HEP C and Tb and doing community research. Bachelor in Political Science and International Relations and master in Economics and Public policies, specifically focused on drug policies decriminalization vs. legalization [Portugal/ Uruguay]. Activist at Global March for Cannabis and passionate by Harm Reduction and Drug Policies!

### **Keren Dunaway – ICW Argentina**

Keren is a 24-year-old Honduran who was born with HIV. She comes from an activist household, being the first and only family to disclose their diagnosis publicly in Honduras and founded in the organization, Fundación Llaves in 1999.

Since the age of nine, she has been an activist to achieve the goal of having a comprehensive and healthy childhood and adolescence, free of stigma and discrimination and having them integrated into public policies. She was the editor of the Llavectitas Children's Informational Magazine and also the host its radio format. In addition, she has been a member of ICW Latina since 2006 and was part of the founding team of the Youth Area in 2017.



Her professional development has been shaped by the need to claim the rights of girls, adolescents and young people, to be included in public policies, and create affirmative action for the well-being of this population.

She is currently a college senior studying political science with a minor in international relations at the University of Buenos Aires, centering on the fact that political advocacy needs a solid base of research evidence. As a future political scientist, she is aware that it is necessary for our professional work to be carried out in an increasingly interdisciplinary environment, in order to propose precise, effective and transformative public policies that have a long-term impact on the population.



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### **Eunice Leyva Garcia – Human Rights Lawyer**

Eunice Leyva Garcia is a Mexican human rights lawyer based in Montreal, Canada. She has over 8 years of experience working for access to justice of minorities, women's rights, including women with disabilities, and sexual and reproductive rights and health from different fronts including research, advocacy and strategic litigation. She has experience litigating before the Inter-American and UN systems of human rights. In the past, she has collaborated with different human rights organizations, including International Disability Alliance and Women Enabled International. She was awarded the Disability Rights Scholarship by Open Society Foundations and the O'Brien Fellowship by the Centre for Human Rights and Legal Pluralism of McGill University's Faculty of Law. She is very passionate about working with grassroots organizations and designing advocacy strategies.



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### **Onche Inalegwu – The PACT**

Onche from Nigeria is a member of Member Engagement working group of The PACT. He has years of experience as a youth SRHR advocate, content creator and digital marketing particularly in digital media content creation, website management, and social media. He is eager to apply the fundamentals of the new media for global good particularly in HIV

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### **Sara Thapa Magar – ICW Nepal**

Sara is a young activist from South Asia advocating for the needs and rights of key affected population in National and International platforms. She is the board member of International Community of Women living with HIV in Asia and Pacific (ICWAP) and President of National Federation of women living with HIV and AIDS (NFWLHA) in Nepal. She developed an early interest in social issues related with women, Children's and Young women living with HIV. Due to this, she decided to take course that is related to her interest. She is doing her bachelor final year from Kadambari Memorial College, Nepal School of social work in Kathmandu,

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Nepal. Sara has of experience working in HIV related issues. She considers herself as a strong team player with commitment and motivation ability to learn new things and bring them to practice.



### **Ikka Noviyanti – Youth LEAD**

Ikka Noviyanti is from Indonesia and is the Advocacy Officer at Youth LEAD. Ikka joined Youth LEAD in 2018 after working for OPSI, the national network of sex workers, Indonesia. Ikka has experience working with key populations networks at both national and regional levels. In her role as the Advocacy Officer, Ikka is responsible for managing the RCF Small Grants Program for Indonesia, China, Viet Nam, Mongolia and Sri Lanka. Ikka represents Youth LEAD at various workshops, consultations and forums to ensure the needs of YKPs are being met. She also provides technical support to country-partnered organisations and ensures meaningful engagement of Youth LEAD’s focal points. Ikka was involved with the Global Fund as the Youth Adviser member for the Point 7 constituency.



### **Kerigo Odada Youth Coalition for SRHR**

Kerigo Odada is a human rights lawyer based in South Africa specialising in Sexual and Reproductive Health and Rights in Africa. She has over 5 years of experience working with the adolescent girls and young women nationally, regionally and internationally. She currently serves as a Board Member of The Youth Coalition for Sexual and Reproductive Rights. Kerigo has in-depth understanding of the nexus between law, society and human rights, and is keen on using this knowledge in advocating for more human-centred design approach in initiatives focusing on adolescent girls and young women’s SRHR.

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### **Irene Ogeta – Athena Global network**

Irene Ogeta, a young women leader and a feminist who passionately advocates for young women’s well-being and inclusion in leadership spaces. Irene works on issues of SRHR, menstrual health, women’s rights advocacy, child protection and advocating for girl child’s education in Kenya. She has been serving as a board member of the Positive Action for Adolescent Girls and Young Women at ViiV Healthcare International since 2018 to date and was recently selected in the Organizing Committee of the HIV & Adolescent workshop 2020 and the Youth Reference Group. Irene was recently selected to the Technical Advisory Committee at ViiV Healthcare and currently serves as the Associate Program Officer; Young Women’s Advocacy at Athena.

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## **Nyasha Phanisa Sithole – Athena Global network**

Nyasha Phanisa Sithole is an evolving and highly dynamic 28 year old young woman leader, and an advocate on Sexual and Reproductive Health, HIV and AIDS, Gender Equality with a special interest in Girls and Womens Health and Community Development. Her key areas of strength are community capacity building, mobilization, training and process facilitation for girls and women development and advocacy. Nyasha is the co-founder and trustee of a youth led organisation focusing on youth developmental issues called My Age Zimbabwe Trust operating in Masvingo and Mashonaland East Provinces in Zimbabwe. And she also specifically manages the Gender Programmes within the organisations. Nyasha holds a Bachelor of Science Honours Degree in Sociology and Gender Development studies to further enhance her passion. Nyasha is also working with Athena Global Network as a National Trainer for Ready To Lead project aimed at improving leadership skills. She has worked tirelessly on the Zimbabwe Youth Empowerment Strategy which focuses on youth development and the demographic dividend in Zimbabwe. She is part of the Next Generation Zimbabwe Youth Task Force convened by the British Council in Zimbabwe. Nyasha holds various voluntary leadership positions including member of the Young Peoples Network on Sexual and Reproductive Health HIV and AIDS, affiliate to AFRIYAN, Chair of the Comprehensive Sexuality Education Thematic in the AfriYAN regional network in Eastern and Southern Africa, Global Ambassador and country team leader Milky way Youth Movement, National representative of the Ignite Youth Africa Movement, Global advocate- ACT2015! Have you Seen My Rights, Millennium Campus Conference on International Development-Campus Ambassador 2015 Global Youth Power Leader 2017-2018. Nyasha has served also as the Interim Deputy Executive Chairperson of the African Youth Commission and Secretariat of the African Youth Network on Population and Development in Eastern and Southern Africa

## **Chair of UAG AGYW Sub Committee and Meeting Chair**



## **Quarraisha Abdool Karim - CAPRISA**

PhD, DSc(hc), is a South African infectious diseases epidemiologist, who is Associate Scientific Director of CAPRISA, Professor in Clinical Epidemiology, Columbia University, USA and Pro Vice-Chancellor (African Health), University of KwaZulu-Natal (UKZN), South Africa. She is the UNAIDS Ambassador for Adolescents and HIV and co-chairs the UNAIDS Advisory Group to the Executive Director. She is a member of the US National Academy of Medicine and Fellow of the Royal Society of South Africa, the Academy of Science of South Africa, the African Academy of Sciences, and The World Academy of Sciences (TWAS). She has made pioneering contributions over the past 30 years to understanding the evolving HIV epidemic, HIV prevention in adolescent girls and young women including the landmark CAPRISA 004 trial that demonstrated for the first time that anti-retrovirals can prevent acquisition of HIV through sex, the timing of ARV initiation in HIV-TB co-infected patients; and in research training and capacity building.

## UNAIDS Advisory Group Members of Sub Committee on Adolescent Girls and Young Women



### **Elizabeth Benomar - UNFPA**

Elizabeth Benomar is the UNFPA Global Coordinator on HIV/AIDS and senior technical adviser, Sexual and Reproductive Health Branch, Technical Division. She also serves as the co-chair of the Global Prevention Working Group an advisory body to the Global HIV Prevention Coalition which UNFPA co-convenes with UNAIDS. She has been working in HIV within the UN system for over two decades joining UNFPA in 2001 holding positions of UNAIDS Liaison and Focal Point, technical adviser on HIV/AIDS, deputy and acting chief of HIV. She has served as the Global Coordinator since 2012. Prior to joining UNFPA she worked in the UNAIDS Secretariat creating the Best Practice Collection and what is now the UNAIDS Unified Budget Results and Accountability Framework harmonizing the work of the Secretariat and 11 Cosponsoring agencies. Prior to working in the UN, Ms Benomar was the Deputy Director of the International Medical Institute in Atlanta Georgia which focused on expanding availability of affordable telemedicine. Ms Benomar holds a Bachelor of Science degree in Business Administration from the University of North Carolina – Chapel Hill and a Masters degree in Business Administration from Georgia State University.



### **Geeta Rao Gupta – United Nations Foundation**

Senior Fellow at the United Nations Foundation and Founder and Executive Director of the 3D Program for Girls and Women. She is also a member of the WHO Independent Oversight and Advisory Committee for health emergencies, serves on the Board of Merck for Mothers, Chairs the Advisory Board of WomenLift Health, a new initiative to promote women's leadership in global health, and in 2019 was a lead author for the Lancet Series on Gender Equality, Norms and Health. From 2011 to 2016, Ms. Rao Gupta served as Deputy Executive Director at UNICEF and from 2010 to 2011 was a senior fellow at the Bill and Melinda Gates Foundation. Prior to that, for over a decade, Ms. Rao Gupta was the president of the International Centre for Research on Women (ICRW), a non-profit based in Washington, D.C., dedicated to using research to shape international development policies and programs to empower women and girls. Over the course of her career, Ms. Rao Gupta has served on several boards, such as the Global Partnership for Education, GAVI, the Partnership for Maternal, Newborn and Child Health and the MAC AIDS Fund. Ms. Rao Gupta earned a Ph.D. in Social Psychology from Bangalore University and an M.Phil. and M.A. from the University of Delhi in India.



### **Eszter Kismödi**

Eszter Kismödi JD. LL.M. is an international human rights lawyer. For the past 19 years her work has focused on developing ways in which human rights can be integrated into legal and policy development, advocacy, programming and research in relation to sexuality, gender and sexual and reproductive health. She worked as a human rights adviser at the World Health Organization, Department of Reproductive Health and Research for ten years (2002-2012). She also worked as a patients' rights lawyer in Hungary (1997-2001) and was a research fellow at the Ben Gurion University of the Negev, Faculty of Health Sciences (1999-2000).



### **Lynn Ngugi**

Seasoned Humanitarian and human rights specialist with over 20 years working with the UN in diverse situations globally including conflict situations, refugees, IDPs, statelessness in varying capacities. Lynn also worked as a Senior Regional Global Advisor for Women and Children covering countries in the Great Lakes, Horn of Africa and the East African regions. She is an aspiring Ashoka Fellow through their visionary leader program. Ms. Ngugi will address the challenges faced by marginalized women and girls and opportunities to better include them in global gender equality and development efforts.



### **Alessandra Nilo - GESTOS**

Journalist specialized in Communication & Health and with a graduate degree in diplomacy. She is co-founder and general coordinator of Gestos- HIV and AIDS, Communication and Gender, an NGO created in 1993 in Brazil, which has ECOSOC status from the UN. She is Regional Director of LACCASO, the Latin American and Caribbean Council of AIDS Organizations and represented the NGOs from LAC at the UNAIDS Program Coordinating Board until December 2019. She dedicates her career to increasing the influence of civil society in decision-making processes at local, national and international levels and to demand the full implementation of government commitments in the fields of health, gender and economics. She used the UN resolutions on HIV as a tool to monitor and evaluate the implementation of national AIDS policies and in 2003 she created the UNGASS-AIDS Forum in Brazil, a platform that was expanded for 15 countries for monitoring, knowledge production and political advocacy and to link national and international policies in the fields of sexual and reproductive rights and HIV.

### **Yana Panfilova - Teenergizer**

Head of Board Union of adolescents and youth "Teenergizer" since 2015. She has been working in the field of support and protection of the rights of vulnerable adolescents for seven years in the Eastern Europe and Central Asia region. She is the author of the



report “Key barriers to HIV testing for adolescents in EECA” (Ukraine, Russia and Georgia).

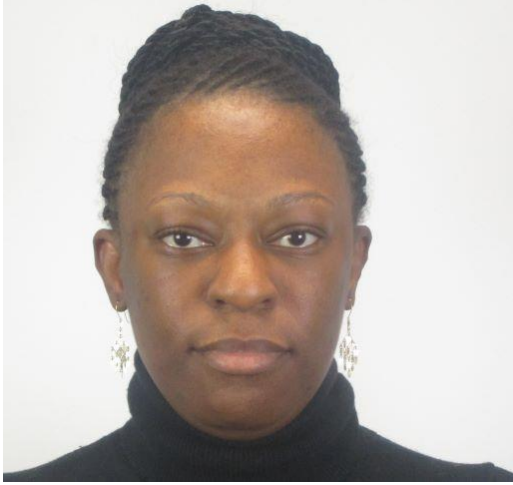
Yana was born with HIV. When she was 10, she discovered her HIV status. At 13, she spoke openly at the International Conference “Children and HIV” on behalf of adolescents living with HIV in Eastern Europe and Central Asia. Also, as a result of speaking openly about her HIV status in Moldova and of advocacy in June 2013, the Ministry of Health introduced disability benefits for all HIV+ children. In addition, as a result of speaking openly at the expanded meeting of the Coordinating Committee of HIV prevention in Sverdlovsk region in Russia in December 2013 and further advocacy; a decision was taken by the government structures to pay special attention to youth living with HIV. She also spoke about HIV+ teenagers from the EECA region at High-Level meeting on HIV/AIDS UN General Assembly in 2016 and 2018. She was a panellist at the 22nd International AIDS Conference in Amsterdam in 2018 and was a speaker at the first panel at Global Primary Health Care Conference in Astana, Kazakhstan. She holds a Bachelor’s degree in Social Work, Academy of Labour, Social Relations and Tourism. Yana is 22 years old and she is from Kyiv, Ukraine.



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### **Elhadj As Sy – Kofi Annan Foundation Board**

Chair of the Kofi Annan Foundation Board. With extensive experience in leadership roles in the humanitarian sector, Mr. Sy has previously served as the Secretary General of the IFRC. He has also served as senior levels with UNICEF, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other agencies for more than 25 years. Before joining the IFRC - the world’s largest humanitarian network - Mr. Sy was UNICEF’s Director of Partnerships and Resource Development in New York. He has also served as UNICEF Regional Director for Eastern and Southern Africa and Global Emergency Coordinator for the Horn of Africa. From 2005 to 2008, Mr. Sy was Director, HIV/AIDS Practice with the United Nations Development Programme in New York. Before that, he worked with the Global Fund to Fight AIDS, Tuberculosis and Malaria as its Africa Regional Director and later as Director of Operational Partnerships and Country Support in Geneva. Mr. Sy has also held the position of UNAIDS Representative in New York and Director of the New York Liaison Office.



### **Damilola Walker - UNICEF**

Damilola ('Lola) Walker, Senior HIV/AIDS Advisor leads the global adolescent and HIV portfolio for UNICEF New York Headquarters, in an effort to accelerate results for adolescents in all their diversities. 'Lola assumed this role with UNICEF in 2018, and provides leadership on UNICEF's Global Adolescent HIV portfolio, to translate scientific evidence into effective programmatic responses to the crisis of HIV in adolescence, working to intensify tailored adolescent programming across UNICEF's key geographic units. Before joining UNICEF, she worked on pediatric and adolescent HIV programming across various roles with the US Agency for International Development, the Elizabeth Glaser Pediatric AIDS Foundation, and grassroots entities in Uganda and Nigeria. Lola has a Master's Degree in International Health from the Johns Hopkins Bloomberg School of Public Health, with foundational training as a Cellular and Molecular Biologist.



### **Christopher Castle – UNESCO**

Chris Castle is UNESCO's Global Coordinator for HIV and AIDS, and the Chief of the Section of Health and Education, in UNESCO's Education Sector, based in UNESCO Headquarters in Paris, France. Mr. Castle has more than 25 years of development experience in the areas of education and health. His most recent position before joining UNESCO in 2004 was as a Research Associate at the Horizons Programme, led by the Population Council, managing operations research in the areas of HIV prevention, treatment, care and support. Mr. Castle holds a BS in International Studies and French from The American University, and an MSc in International Relations from the London School of Economics

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## **UNAIDS Secretariat**

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### **Maria Jose Alcalá Donegani**

María José joined UNAIDS as Senior Adviser on Gender Equality in 2019. She brings over 25 years' experience working on SRHR,



women's rights and gender equality, with emphasis on adolescents and youth and ending gender-based violence. Her most recent positions include serving as Head of the UN Secretary-General's Independent Accountability Panel for Every Woman, Every Child, Every Adolescent Secretariat, based at WHO HQ; and Director of the High-Level Task Force for the ICPD Secretariat, focused on securing political commitments to SRHR, gender equality, violence against women, and adolescents throughout the SDGs, Cairo+20 and Beijing+20 and related UN negotiation processes. She was the founding Chief and Senior Advisor of UN Women's Ending Violence against Women Section, while heading the General Assembly's UN Trust Fund to End Violence Against Women. She held various posts at UNFPA, including in technical posts and as lead author and researcher of State of the World Population Reports (on international migration and women, and on gender equality, reproductive health and the MDGs).

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### **Paula Auberson-Munderi**



Coordinator, Global HIV Prevention Coalition

Prior to joining UNAIDS Paula Munderi served as Vice President for Programs with the International Association of Providers of AIDS Care (IAPAC), mainly overseeing IAPAC's support to urban HIV responses of several African cities in the Fast-Track Cities Initiative. Earlier she was based at the Uganda Virus Research Institute where she led the establishment of a Program in HIV Care Research for the Medical Research Council (UK). In this position, she was principal investigator on several multinational studies on HIV treatment strategy including the DART trial, the landmark START trial that paved the way for our present-day policy of offering treatment to asymptomatic HIV infected persons in the interest of their individual health, and the East African Chronic Disease research project that investigated the combined care of chronic diseases and HIV in primary care settings in South West Uganda. She also served for 4 years as a technical officer in the HIV and the Essential Medicines departments of the World Health Organisation in Geneva, and before that, was a member of faculty in Department of Medicine at Makerere University Medical School in Kampala. She graduated in Medicine from Makerere University. Following clinical experience and training in Uganda and in Kenya, she gained admission to the Royal College of Physicians of the UK in 1994. She was elected a Fellow of the Royal College of Physicians (Edin) in 2011.

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## Luisa Cabal



Director a.i. of the Community Support, Social Justice and Inclusion Department.

Luisa Cabal has led the global human rights and gender portfolio at UNAIDS since 2015. She oversees technical support to countries to ensure HIV responses are rights-based and gender transformative; she works to support communities and engage different stakeholders to advance gender equality and the application of human rights standards in United Nations, regional and national HIV-related policies.

Until 2014, she worked for 15 years at the Center for Reproductive Rights, where as Vice President of Programs she was responsible for global legal and advocacy efforts. Her portfolio included national-level advocacy and policy development, UN and regional advocacy on sexual and reproductive health and rights, human rights fact-finding reporting and litigation which advanced health- and rights-related laws, policies, standards and jurisprudence at global, regional and national levels.

From 2011 through 2014 she was a lecturer-in-law at Columbia University School of Law, where she taught comparative and international reproductive rights law. She was a member of the Lancet Commission on Global Health and the Law and she served as co-chair of the World Health Organization's Reproductive Health Department's Gender Advisory Panel.

Ms Cabal graduated from the Universidad de los Andes in Bogotá, Colombia. She received her Master of Laws from Columbia University School of Law.

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## Ibrahima Diop



Ibrahima Diop is a JPO from Luxembourg working on Gender and Human rights team in the Community Mobilization, Social Justice and Inclusion department at Unaid. He holds a degree in Philosophy as well as a Masters in International Studies from the Graduate Institute in Geneva. He speaks 7 languages including French, German and Portuguese. He has experience in International Development and Diplomacy having worked for the European Parliament, the Luxembourg Development Agency and the Ministry of Foreign Affairs of Luxembourg.



## Helena Nygren-Krug

Helena Nygren-Krug is a senior advisor on human rights and the law in the executive office of UNAIDS (the UN program on HIV/AIDS), which she joined in 2013. From 1999 to 2013, she led work on health and human rights at the World Health Organization. Prior to that, Nygren-Krug worked at the Carter Center as human rights consultant, Emory University Law School as an adjunct professor, the UN Office of the High Commissioner for Human Rights, and the Red Cross. She has authored numerous publications on the right to health and developed tools and training materials to operationalize human rights in the context of a variety of health challenges.



## Archana Patkar

### **Senior Programme Coordinator, Gender, Human Rights and Community Engagement, UNAIDS**

Before joining UNAIDS in May 2020, Archana worked as an independent adviser with UNAIDS, WHO and a range of civil society organisations on policy and programmes linked to gender inequality and rights across the life course including menstrual health, disability, old age, FGM, fistula, cervical cancer and HIV. Her key research interests during this period have included the evolution of menstrual health policy, links with the environment and the circular economy. From 2010 until April 2018 she led the Policy Advocacy department at the Water Supply and Sanitation Collaborative Council (WSSCC), United Nations in Geneva. From 2000 to 2010 she co-founded and managed Junction Social, a development consulting firm, based in Mumbai, firm offering advisory services in social development including gender training, advocacy and policy and programme support across health, education, livelihoods, urban and rural development in Asia and Africa for governments and development partners such as ADB, AfDB, DFID, GTZ, IDRC, USAID and the World Bank. A native of Mumbai, India. Archana is bilingual (English-French) and holds Masters degrees from the London School of Economics and Political Science (UK), New York University (USA) and Jawaharlal Nehru University (India).



## Hege Wagan

Senior Adviser in UNAIDS working on HIV Prevention with a focus on Adolescent Girls and Young women.

Hege joined the prevention team in 2018, coming from a Senior Adviser position on Gender Equality and Diversity where she led UNAIDS engagement with young women around HIV prevention. Prior to working in UNAIDS HQ, she led the Latin America Regional office work on Gender Equality and Human Rights where she established an important partnership with InterAmerican Human Rights Commission and key population groups to address rights violations creating barriers to accessing health. She has



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also worked in Zimbabwe for 7 years, being responsible for civil society and government partnership. Before joining UNAIDS she led the work of a civil society organisations in Norway focused on local development and social justice in Latin America.

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## Souad Orhan



Technical Officer in UNAIDS working on HIV Prevention with a focus on Adolescent Girls and Young Women and advocacy for HIV and SRHR integration.

Souad first joined UNAIDS prevention team in August 2013 as the focal point for key populations, innovations and new media technologies. Prior to working in UNAIDS HQ, Souad has worked with UNAIDS Regional Support Team for the Middle East and North Africa as a programme officer, where her responsibilities included the provision of technical assistance to country and regional programmes on HIV prevention and vulnerability, with particular focus on men who have sex with men. She has also been substantially involved in coordinating the work of cosponsors at regional level, particularly regarding development of regional workplans, accountability frameworks and coordination mechanisms. Souad's background is in Political Science with a master's degree in Sociology/Anthropology.