



UNAIDS ADVISORY GROUP (UAG)

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Summary Meeting Report

28–29 February 2020

**Johannesburg,
South Africa**

the 1990s, the number of people in the UK who are aged 65 and over has increased from 10.5 million to 13.5 million, and the number of people aged 75 and over has increased from 4.5 million to 6.5 million (Office for National Statistics 2000).

There is a growing awareness of the need to address the needs of older people, and the need to ensure that the health care system is able to meet the needs of older people. The Department of Health (2000) has published a strategy for older people, which sets out the government's commitment to older people and the need to ensure that the health care system is able to meet the needs of older people.

The strategy for older people is based on the following principles:

- Older people should be able to live in their own homes for as long as possible.
- Older people should be able to live independently and be able to take part in the community.
- Older people should be able to live in a safe and secure environment.
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BACKGROUND

The UNAIDS Advisory Group (UAG) was set up in February 2020, to advise Winnie Byanyima, Executive Director, UNAIDS, over a transition period of 18 months. Quarraisha Abdool Karim, Associate Scientific Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Rico Gustav, Executive Director of the Global Network of People Living with HIV (GNP+), and Matthew Kavanagh, Global Health Professor at Georgetown University, have been appointed to serve as the co-chairs of the UAG.

The first meeting of the UAG was held 28-29 February 2020, in Sandton, Johannesburg, South Africa. The goal of the meeting was to contribute to the future of UNAIDS as well as to identify concrete opportunities ahead on programmatic priorities, institutional transformation, and the development of a new strategy for the global AIDS response.

This summary meeting report highlights some key messages that emerged from what was a rich discussion among UAG members and resource persons.*

INTRODUCTION

From the outset of its first meeting, the UAG recognized that Winnie was starting her term as Executive Director of UNAIDS at a particularly challenging moment in history. The HIV epidemic has shifted to being mostly among key populations, funding and support for the HIV response has slackened and multilateralism is under threat. Moreover, the UNAIDS secretariat is still in its recovery phase, having undergone an internal crisis.

The meeting explored the future of UNAIDS and the global AIDS response with discussions centering around three broad and interrelated themes:

- 1) framing and messaging around HIV and the AIDS response;
- 2) emerging priorities for action, including those set out by Winnie at the 45th UNAIDS Programme Coordinating Board (PCB) as follows: adolescent girls & young women (AGYW) in Africa; key populations and human rights; finance and economics; and innovation and access to science;
- 3) institutional transformation of UNAIDS with a focus on the UNAIDS Secretariat.

**Disclaimer: This informal summary meeting report reflects notes and highlights for the first meeting of the UAG. It does not purport to reproduce in extenso all debates and interventions. None of the messages or suggestions conveyed in this report may in any way be interpreted as stating an official position of UNAIDS.*

Below is a synopsis of key messages that emerged under each of the themes:

1) Framing and messaging around HIV and the response:

- Take stock of progress made so far and explore why many of the 2020 targets will not be reached by the end of the year. In communicating the findings, use data to convey the actual impact that AIDS is having on people's lives and bring back a sense of outrage about persistently high AIDS-related mortality rates.
- Mobilize around the Decade of Action with a clear plan for reaching the end of the AIDS epidemic by 2030. Link to other SDGs, allowing for greater engagement with wider networks, partners, and leaders beyond the health sector.
- Frame HIV and AIDS around inequality and articulate how this is driving the epidemic and continuing deaths.
- Demonstrate how investments in the HIV response bring down HIV incidence and call for urgent action on addressing upstream structural and root causes of marginalization.
- Step up engagement in digital spaces and communicate to wider constituencies, including by using platforms to reach young people e.g. Snapchat, Tik Tok, Instagram, YouTube.

2) Exploring programmatic priorities:

- Sharpen focus on populations, and populations in locations, being left behind. This includes a regional focus, as necessary, for example West and Central Africa where user fees are hampering access to affordable services.
- Strengthen work on intersectionality and multisectoral approaches as well as improved and standardized data and monitoring including on stigma and discrimination and fill data gaps to address effectively the rights and needs of the most vulnerable or marginalized, including key populations and adolescent girls and young women, prisoners and migrants.
- Boost prevention efforts, including through providing a stronger evidence base, and break down the dichotomy between treatment and prevention.
- Scale-up work to ensure protective and enabling environments for young people. Support adolescent girls and young women in asserting their human rights and engage with decision-makers to effectuate the necessary changes across laws, policies and practices. Use data to help tear down myths around purity and virginity as rewards for higher social status. Address toxic masculinities and harmful gender norms and engage more with young men and boys.
- Be a leader for innovation, bringing partners together about what to do differently to solve problems (e.g. foster fresh ideas on how to tackle recalcitrant HIV epidemics, move HIV care out of healthcare to households, end stigma and discrimination.)
- Push, and translate, scientific innovations into programmes for the benefit of the most marginalized and vulnerable populations (e.g. access to rapid HIV tests).

- Step up support to countries on finding pathways out of dependency with robust transition plans that address domestic resource mobilization and the need for fiscal space in the wider contexts of the aid-for-trade agenda, debt, privatization and progressive taxation.
- Strengthen engagement with the Global Fund and PEPFAR by clearly articulating the role of UNAIDS, including in relation to monitoring investments by donors; supporting communities and civil society to meaningfully engage in Global Fund and PEPFAR processes; ensuring that key populations and human rights form part of the applications; and reviewing national policies on PrEP to bring interventions to scale.
- Ensure that scientific evidence is heard and acted upon; and that the quality of HIV products and services is non-negotiable. Monitor how countries are following state-of-the-art guidelines and call out those who are not (e.g. expose how harm reduction, the most cost-effective intervention for preventing HIV among people who inject drugs, is often excluded in terms of specific interventions such as needle exchange programmes).
- Help resolve situations when national policies raise human rights concerns, for example, by convening stakeholders and developing appropriate normative guidance (e.g. information technology surveillance that invades privacy.)
- Strengthen the engagement of the HIV response with the roll out of Universal Health Coverage (UHC) in countries to ensure that mechanisms and movements already existing for addressing HIV are built upon.
- Support countries on ensuring access to medicines including in relation to intellectual property regimes, price transparency, quality of medicines and supply chains.
- Advocate for local production of health commodities and medicines with relevant stakeholders such as the African Union and with government sectors such as treasury, ministries of finance and economic development using arguments also beyond health, such as manufacturing opportunities and job creation.

3) Institutional transformation

- Step up as thought leader and be innovative, disruptive, and bold.
- Stand firmly against injustice and for human rights. Ensure that human rights capacity for advocacy and programming permeates across all levels and activities.
- Be a pathfinder for true inclusivity in the UN, ensuring strong representation of people living with HIV and other key populations and young people, particularly young women.
- Review collectively with cosponsors how to work more strategically as a Joint Programme by: considering core capacities of the Secretariat at different levels (HQ; RST, UCOs) and what cosponsors could bring in; forging “coalitions” around select initiatives; leveraging expertise across cosponsors to design tailor-made strategies in response to country epidemics; and redefining how we value “success”, minimize duplication, and prioritize programmatic interventions.

CONCLUSION AND NEXT STEPS

Since this first meeting, the COVID-19 pandemic has underscored the urgency of many of the issues that were being discussed, from the importance of publicly financed health systems to reaching people with accurate and accessible health information.

Recommendations that emerged from the meeting will now be explored through UAG break-out groups, which will be expanded to include not only UAG members but also UNAIDS secretariat and cosponsor staff and external experts. Linkages between the break-out groups and the UNAIDS Strategy development process will be forged to leverage requisite internal and external expertise, avoid duplication, and ensure maximum synergy.

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