



UNAIDS ADVISORY GROUP (UAG)

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Summary Meeting Report

2nd Meeting Report

4 September 2020

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BACKGROUND

The UNAIDS Advisory Group (UAG) set up to advise Winnie Byanyima, Executive Director of UNAIDS, over the transition period, met for the first time shortly after its establishment in Johannesburg, South Africa, 28-29 February 2020. A series of recommendations were issued, many that have been acted upon (see below). Since its first meeting, moreover, UAG break-out groups have been formed around priority themes to help further identify short and long-term programmatic priorities as well as feed into the development of the [global AIDS strategy beyond 2021](#).

The second meeting of the UAG provided an opportunity to consider new challenges and opportunities, given the changed environment of the COVID-19 pandemic; to take stock of progress made since its first meeting; and to input into the global AIDS strategy development process. This summary meeting report highlights key points that emerged from the four-hour online discussion on 4 September.*

INTRODUCTION

At the outset of the meeting, it was noted that several recommendations made by the UAG at its first meeting have already been implemented. Importantly, a more realistic, narrative about the challenges to making progress towards ending the AIDS epidemic as a public health threat has reverberated throughout UNAIDS communications and publications, including [EXD's last report to the PCB](#) and [the 2020 Global AIDS Update](#). Moreover, concrete steps have been taken to step up the commitment to human rights, particularly in relation to key populations, as exemplified by the recent UNAIDS report [Rights in a Pandemic](#).

Another area of work that has been strengthened, since the first UAG meeting, is UNAIDS support for country applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria with over 82% of countries getting enhanced UNAIDS support this year. A range of additional concrete actions have been taken across the UNAIDS secretariat in response to UAG recommendations such as a renewed focus on young people, including adolescent girls and young women in sub-Saharan Africa, and strengthened work on access to health technologies and on HIV (and health) financing.

In addition to progress made on programmatic priorities, the UNAIDS organizational transformation work is underway and has been deepened and expanded to include anti-racism efforts, pioneering efforts for the wider UN system in this regard.

**Disclaimer: This informal summary meeting report reflects the discussions at the second 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.*

COVID-19 AND THE HIV RESPONSE

Suggestions made to strengthen the work of UNAIDS in the context of COVID-19:

- **Apply lessons learned from the HIV response to COVID-19**, including how to secure access to requisite health technologies.
 - Call for vaccine nationalism to give way to global solidarity in the manner that the Global Fund to Fight AIDS, Tuberculosis and Malaria was created in 2002.
 - Push for fair allocation among and within countries of vaccines and other relevant commodities for COVID-19.
- **Seize the urgency of the COVID-19 response to leverage the HIV response** as a transformative and whole-of-society approach, working across sectors. Indeed, those countries responding better to COVID-19 across Africa are those where structures and systems set up for HIV, and the intertwined epidemics of HIV/TB, have been utilized.
 - Articulate the role of UNAIDS and its value-added in the context of the ongoing review of the COVID-response and the underpinning global health architecture.
- **Advocate for sustainability and continued investments for HIV/TB** in the context of COVID-19 along with greater investment into communities and wider systems for health, with a view to building resilience against future outbreaks.
 - Strengthen work on HIV (and health) financing to support governments in creating fiscal space for health and engage in the debate about wider reforms of the international financial architecture to make societies and economies more crisis-resilient in the long-run.
- **Protect the space for science and evidence-based programming.** Accurate information builds trust and is the foundation for good community engagement.
 - Step up support for communities, particularly in those countries where recalcitrant leadership is ignoring science and public health guidance and/or limiting the ability of civil society to mobilize.
- **Galvanize a stronger and unified movement against inequality and for the right to health** by harnessing the interest that COVID-19 has generated around health and social justice.
 - Address the worrying trend of widening inequalities within and between countries along with, in many places, untransparent, exclusive structures and practices set up or being used to address COVID-19.
 - Tackle forceful policing and criminalization which are often being justified by the COVID-19 emergency in many countries.
 - Bring forward the experiences of those who have survived COVID-19 and ensure that their voices are heard (in line with the principle of “nothing about us, without us”).

SPECIFIC INITIATIVES AND AREAS OF INTEREST:

The meeting served to highlight a recent initiative, as outlined below, along with three ongoing areas of work of the UNAIDS secretariat, as follows:

The Education Plus Initiative (2021-2025) Empowerment of Adolescent Girls and Young Women in sub-Saharan Africa: Co-led by the heads of UNAIDS, UNESCO, UNICEF, UNFPA and UN Women, this [Initiative](#) is particularly relevant given deepening gender inequality due to COVID-19 both in access to, and in quality of, education. UAG members made a range of suggestions to expand and strengthen the Initiative, including to extend it beyond the African region and to build on existing commitments to integrate health and education at regional levels.¹

Science, innovation, and strategic information: The UAG urged UNAIDS to be a stronger voice for science, including in the field of implementation science. It also urged UNAIDS to play a greater role in helping to translate complex scientific information so that it is widely available as well as easily accessible. In times of crisis, people often resort to social media where an abundance of information can create confusion among the public as well as undermine public health efforts.

Inequality: Differences in wealth, age, education, location, gender identity, sexual orientation, nationality, and other status affect HIV risk and access to services while, at the same time, new inequalities emerge such as the digital divide. The UAG urged UNAIDS to strengthen its work on inequality and put forward a range of suggestions as exemplified below:

- **Move the focus, including around HIV financing, from countries to populations** by using an inequality lens that allows the discussion about HIV and resourcing to disconnect from country income level.
- Review Demographic and Health Surveys (DHS) and other data **to identify specific vectors of inequality in countries.**
- **Strengthen the capacity of UNAIDS country offices to address inequalities** beyond laws and policies to include informal and often invisible dimensions embedded in culture and social norms.
- **Forge new partnerships around the intersectionality** of HIV, COVID-19 and other disease vulnerability (e.g. groups working on climate change and structural racism), allowing for a more holistic approach to inequality.
- **Support affected communities to claim human rights**, including by making available data that exposes violations of the right to equality and by assisting them in accessing relevant national, regional and international accountability mechanisms.
- **Address inequality in global health influencing and decision-making**, including in the context of HIV. Monitor progress in shifting power to people with focus on affected communities through indicators and targets (e.g. how many grantees are INGOs

¹ E.g. [The Ministerial Declaration “Preventing through Education”](#) approved in Mexico City in the framework of the 1st Meeting of Ministers of Health and Education to Stop HIV in Latin America and the Caribbean (2010).

rather than national or local, how far UNAIDS projects and programmes expand local and national capacity, and the extent that affected communities are represented among UNAIDS staff and on decision-making bodies).

Access to health medicines and technologies: COVID-19 has raised awareness about many systemic failures, from the R&D cycle to the service delivery end. Building on lessons learned and activism of the AIDS response, UNAIDS is:

- Calling for a **People's Vaccine for COVID-19**, demanding that everyone can access, wherever they live, free of charge.
- Supporting efforts to ensure the **sustainability of HIV treatment programmes**, inter alia, by fostering and brokering technical support to countries, mitigating the impact of COVID-19 on access to HIV services; supporting middle-income countries as they transition away from donor support; and fostering local production as a means to scale-up access to health technologies, including regulatory and production capacities and collaboration (south-south/north-south).

THE GLOBAL AIDS STRATEGY DEVELOPMENT

A review of the evidence on the implementation of the current [2016-2021 UNAIDS Strategy: on the Fast-Track to end AIDS](#) has underscored the importance of moving away from a one-size-fits-all approach and towards increased granularity (e.g. more detailed targets, and prioritization) to allow countries to address what is most relevant and pressing, given the nature of their HIV epidemic.² The UAG called for in-depth analysis at various levels, including through national programmes and in partnership with CBOs and NGOs, to shift attention and resources towards people-centred and differentiated HIV responses.

The UAG also urged UNAIDS to step up its support and engagement with fragile movements and communities, including those in humanitarian settings and unstable democracies. Moreover, it urged UNAIDS to amplify the voices of young people and ensure their inclusion in national HIV strategies and the global HIV response.

Leveraging greater political leadership and financing is critical as current domestic resource mobilization does not match the level of support required for the HIV response. A priority in the context of COVID-19 will be to protect existing "HIV funds" while using them more strategically to reach key and other marginalized populations. The UAG also called on UNAIDS to step up its engagement on the question of how HIV prevention, treatment, care, and support are being addressed in the context of Universal Health Coverage (UHC). Insurance schemes tend to exclude the most vulnerable segments of the population, including key populations. Finally, on financing, UNAIDS was urged to engage in the macro-economic agenda and step-up support to countries in increasing revenues, including through progressive taxation, and addressing the unsustainability of an increasing debt burden.

² The Evidence review - Implementation of the 2016–2021 UNAIDS Strategy: on the Fast-Track to end AIDS available at https://www.unaids.org/en/Global_AIDS_strategy

CONCLUSION AND NEXT STEPS

The current context of the colliding epidemics of COVID-19 and HIV and its implications for the HIV response and UNAIDS was a central theme throughout this meeting. Other issues discussed were progress made since the 1st UAG meeting to strengthen the work of the UNAIDS secretariat around programmatic priorities and specific challenges and opportunities relevant to the global AIDS strategy development process.

Following this meeting, UAG break-out groups will deepen discussions around many of the issues raised and UAG members will remain engaged on the global AIDS strategy development process and continue to provide guidance and feedback in the run-up to its adoption by the PCB planned for March 2021.

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