



UNAIDS ADVISORY GROUP (UAG)

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Summary Report
24 June 2021

1:00-5:00 p.m. CEST

Acknowledgements

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BACKGROUND

The UNAIDS Advisory Group (UAG) has been set up to advise Winnie Byanyima, Executive Director of UNAIDS, over the transition period. A series of recommendations have been issued by the UAG, including through its break-out groups, which have helped to shape the global AIDS strategy and to identify short and long-term programmatic priorities. This fourth meeting of the UAG provided the opportunity:

1. To take stock of the High-Level Meeting on AIDS (HLM) and to strategize **how to leverage the momentum of the HLM** going forward to effectively implement the global AIDS strategy in the context of competing priorities.
2. To **review guidance provided by the UAG and its breakout groups over the transition period** and the broad strategic directions going forward in the context of the ongoing alignment process of UNAIDS.
3. To identify any additional or outstanding **issues that require the attention of the UAG before it wraps up in early fall.**

This summary meeting report highlights key points that emerged from the four-hour online discussion on 24 June.*

INTRODUCTION

At the outset of the meeting, it was recognized that a major milestone had been crossed with the High-Level Meeting on AIDS (HLM) that took place 8-10 June, 2021, and with the adoption of a new and strong Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 that sets out ambitious targets and commitments.

The message that viruses- HIV, COVID-19, and others— feed on inequalities has captured the world's attention. This momentum is supported by the global AIDS strategy which provides a road map ahead to tackle the drivers of inequality. At the same time, the challenges are tremendous with gaps widening as COVID-19 rages across regions, decimating health workers and collapsing health systems.

The UAG was invited to share ideas and tactics on how to support countries and communities to implement the global AIDS strategy and how to hold governments accountable so that commitments made at the HLM translate into meaningful improvements in people's everyday lives.

** Disclaimer: This informal summary meeting report reflects the discussions at the fourth meeting of the UAG and does not purport to reproduce in extenso all debates and interventions.*

LEVERAGING THE MOMENTUM OF THE HLM

The HLM, held against the backdrop of the COVID-pandemic which is marked by inequitable access to vaccines and other relevant health technologies, echoes the injustices that haunted the first special session of the UN General Assembly on HIV/AIDS that was held in 2001, with “the patients in the South and the HIV medicines in the North”.

An important lesson from the past is that progressive leaders need support with accessible evidence and facts to inform and support their decisions. Another, more unfortunate, lesson learned is that many commitments and promises are broken by the same governments who make them. Moving ahead, therefore, opportunities to enhance not only leadership but also accountability, underpinned by engaged citizenship and activism, are required.

UNAIDS can help by providing more granular data and supporting greater community engagement underpinned by community-led systems for health. Its advocacy needs to shift from generic and overarching messages to a more targeted approach along with an intersectional lens. In other words, we need “diverse responses to address diversity”.

It was suggested that UNAIDS set out concretely what people, countries and institutions need to do, targeting specific places and players to “finish the work on HIV.” In other words, UNAIDS could articulate specifically what systems, countries and institutions need to do to implement the global AIDS strategy and the commitments of the Political Declaration.

UPDATE ON THE ALIGNMENT PROCESS AND UNAIDS CULTURE CHANGE

UNAIDS is undergoing an institutional transformation to ensure that its resources – both human and financial – are sufficient and optimally deployed, and that empowered staff perform the right functions, in the right places. Overall, the organizational alignment is aimed at ensuring that UNAIDS is:

- Aligned with the new global AIDS strategy and achieving its highest impact,
- Financially sustainable and more cost effective,
- Diverse and inclusive and therefore credible and legitimate,
- A knowledge-driven secretariat that optimizes UNAIDS’ world-wide expertise and staff through the use of digital technologies in its work, and that UNAIDS is
- Aligned with UN Reform including in its work on pandemic preparedness.

The discussion around alignment raised several questions, including how to address inequality embedded within the system, structures, and ways of working; how community engagement sits within the alignment process; how to strengthen the work on access to health technologies; and the importance of ensuring synergy and coherence within and among the senior leadership of UNAIDS so that it, collectively, steers the overall direction of the organization. Finally on the question of culture change, the UAG was invited to develop a shared narrative of UNAIDS, who we are, and the values we stand for.

OVERVIEW OF KEY RECOMMENDATIONS FROM SELECT BREAKOUT GROUPS:

The UAG break out group on West and Central Africa (WCA) and humanitarian issues chaired by Elhadj As Sy set out to explore the strategic direction for UNAIDS beyond 2021 to accelerate national responses to HIV in WCA.

- A series of recommendations emerged aimed at **repositioning and empowering communities as a central pillar of a multisectoral response to HIV**. These build on the resourcefulness of communities by facilitating task-shifting; ensuring that more funding goes to local groups for both advocacy and service delivery; supporting countries in designing health systems that link with communities in the context of ongoing health systems reform, recognizing the need to decolonize and decentralize the health system in the region; and supporting communities to demand that their leaders live up to their commitments and human rights obligations.
- Other recommendations aim at **expanding and ensuring access to inclusive HIV services for all populations, including persons on the move**, by addressing barriers such as user fees; promoting accountable and sustainable HIV responses that are nationally owned, *inter alia*, by reducing donor dependence and increasing investments in health; and revitalizing multidimensional, integrated and rights-based approaches. The importance of engaging opinion shapers and influencers, such as religious and traditional leaders by reinvesting in media training and other capacity building exercises, was emphasized in this context.

The UAG break-out group on AIDS Response Financing chaired by Christoph Benn focused on what could be the role of UNAIDS in HIV (and health) financing given its comparative advantage and value-added.¹ Key recommendations to UNAIDS were as follows:

- **Protect funding for HIV**, given the economic impacts of COVID-19, while recognizing that HIV financing must be addressed in the wider context of broader health financing and health systems strengthening.
- Seize the opportunity of health being front and centre of discussions among political leaders to **fuel a movement around equitable health financing** by spearheading a coalition and campaign for financing the realization of the right to health.
- Be part of the **just recovery space, pushing for a more people-centered and equitable approach to HIV and health financing** by exposing the harm caused by regressive health financing policies.
- **Leverage political leadership for domestic resource mobilization** which currently does not match the level of support required for the HIV response while, at the same

¹ The BoG divided into two subgroups led by:

- Chris Collins (Political leadership, social mobilization and donor engagement)
- Anna Marriott and Jaime Atienza (Increased equitable financing for HIV and health financing, including by mobilizing domestic revenues and overcoming macro-economic challenges).

time, use HIV funds more strategically to reach key and other marginalized populations.

The UAG break-out group on key populations, co-chaired by Jules Kim and Maureen Milanga, was established through a consultative process.² The focus of the discussions was on five UNAIDS-defined key population groups.³ The recommendations to UNAIDS included the following:

- **Step up support for key populations, particularly at country level** through its UCO presence. Underscore the urgency of supporting key populations who are disproportionately affected by HIV, recognizing how COVID-19 has affected HIV service delivery for key populations.
- Strengthen **HIV prevention** for key populations, including through the Global Prevention Coalition, and expand countries and participation of key populations in the Coalition.
- Develop a strategy to promote the **human rights of key populations** and the dismantling and reform of punitive laws, including through decriminalization, to reach the 10-10-10 targets of the Political Declaration and the global AIDS strategy.
- Ensure **more and better data on key populations**, including breakdowns on different communities and subpopulations. Complement reports from key populations on the ground with available data systems coming out of the GAM or the UBRAF framework to ensure adequate measurement of the 10-10-10 targets.
- **Enhance accountability for the implementation of commitments to address key populations** as set out in the global AIDS strategy and the Political Declaration. This can include ensuring support for shadow reporting by CSOs, such as the mechanism available under the prevention coalition official [website](#).

CONCLUSION AND NEXT STEPS

The guidance of the UAG has been instrumental in shaping thinking around critical issues such as inequalities, key populations, financing, law and policy reform, as well as science and innovation. The UAG has also helped UNAIDS to elevate these issues in the new global AIDS strategy and to provide direction for the Political Declaration.

To support the wrap up of the transition process, the mandate of the UAG has been extended to early fall with a final meeting expected to be held in October. In the meantime, the UAG will continue to work on select issues and has been specifically invited to engage deeper in the culture change process as part of the wider institutional transformation.

² Six topics were covered: Prevention, treatment and retention; Criminalisation; Community led research, monitoring and accountability; Country action to support Key populations; Data and research (including community led research); and financing and funding.

³ These are sex workers; gay men and other men who have sex with men; people who use drugs; transgender people and people in closed settings with attention to inclusion of women, young people, and people living with HIV from these key populations. In addition, the specific vulnerabilities of young people as well as indigenous populations were highlighted as were the information and access barriers faced by people in rural settings, calling for culturally sensitive and population-specific approaches.

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