

**UNAIDS PROGRAMME COORDINATING BOARD WORKING GROUP**

**THEMATIC SEGMENT:**

***COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses***

**MEETING SUMMARY: FIRST MEETING OF THE WORKING GROUP**

DATE: Monday 26 April 2021

**MEETING AGENDA**

- Welcome and introduction
- Presentation of the draft outline of the Background Note on “COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses”
- Discussion on the draft outline of the Background Note
- Next steps, and
- Any other business

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## SUMMARY

### 1. WELCOME AND INTRODUCTION

Ms. Samia Lounnas, Senior Advisor in Governance and Multilateral Affairs, UNAIDS Secretariat, welcomed the PCB working group to its first meeting for the preparation of the thematic segment of the 48<sup>th</sup> PCB on “COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses”.

The Secretariat said they looked forward to the working group members’ comments and input on the draft outline and looked forward to receiving further written comments in the coming days.

The Secretariat highlighted that the thematic segment focuses on a critical issue with the world currently striving to beat the COVID-19 pandemic. The topic also has relevance for the implementation of the Global AIDS Strategy as part of Result Area 10 showing the importance of a “fully prepared and resilient HIV response that protects people living with, at risk of and affected by HIV in humanitarian settings and from the adverse impacts of current and future pandemics and other shocks”.

The Secretariat reminded participants of the virtual nature of the PCB and the challenges it poses, as well as the need to have an interactive, lively and informative discussion during the thematic segment. Ms. Lounnas reminded participants of the successful thematic segment at the 47<sup>th</sup> PCB meeting on HIV and cervical cancer which was the first time it has been done virtually. She said suggestions from the working group members on how to make the segment as engaging as possible in a virtual format were welcome.

### 2. PRESENTATION OF THE DRAFT BACKGROUND NOTE FOR THE THEMATIC SEGMENT

Nertila Tavanxhi, UNAIDS COVID-19 and HIV Coordinator, Fast Track Implementation Department, introduced the outline of the background note for the thematic segment. Ms Tavanxhi explained that the outline has benefited from brainstorming closely with WHO as the Chair of the Committee of Cosponsoring Organizations (CCO) and as the organization that leads the response to COVID-19.

The background note would start with an *ad memoriam* for all HIV activists, community members, scientists and leaders who we have lost in the fight against COVID-19. A list was currently being drawn up. The working group members will be reached out to in order to check that nobody has been forgotten, from the global, regional and country levels. .

Ms Tavanxhi said that the background note will include an executive summary which will contain the main highlights of the paper. She proposed that the background note be composed of three main parts:

- 1) Impacts and interlinks between COVID and HIV: key figures, vaccine availability, socio-economic impact.
- 2) How COVID affects HIV in all aspects of the response. There would be 3 sub-chapters:
  - a. Access to HIV and Covid services
  - b. Leveraging HIV leadership and platforms
  - c. Socio economic impact

- 3) The last part would be entitled “looking forward” and would focus on the funding situation and make a call for adequate funding for HIV and COVID-19. It would also look at how to use funding in an intentional way to build a better HIV response. There would also be three parts:
  - a. Funding
  - b. Pandemic preparedness and strengthening – public good investment (example of HIV)
  - c. HIV response setting the foundation of “building back better”

At the end of the background note, there would be a table of activities of all contributors to both diseases.

Ms Tavanxhi then explained in more detail the content of each chapter, highlighting information, data and studies that are available and could be used for the background note.

### **1) Impacts and interlinks between COVID and HIV**

- Cumulative cases of Covid-19 have increased 3-fold between October 2020 and April 2021 with countries and regions going through consecutive waves
- More research needed on HIV as a risk factor for health outcomes due to Covid-19. Increased understanding that HIV comorbidities are a risk factor for worse outcomes and increased mortality due to Covid-19.
- HIV services have been impacted, including prevention services for key populations across the board. HIV testing and initiation of treatment has also decreased.
- Health services interruptions beyond COVID-19 – 44% of lower middle-income countries report 75% interruptions of essential health services
- Access to commodities – disruptions bigger in key population epidemics countries with low or no donor assistance
- Inequality in access to vaccines and other related commodities
- COVID-19 double shock – economic recess and expected decreases on health spending and possibly a dip in international assistance for health (and HIV).

### **2) Impacts of COVID-19 on the HIV response**

#### **a. Continuation of services:**

- 55 additional countries report implementation of multi-month dispensing (MMD) for treatment and prevention commodities
- 69% have established national community ARV distribution
- 72% of service innovations at community level
- Catch up strategies for people lost to prevention and treatment
- Prioritization of vaccination for PLWHIV
- Examples – virtual platforms in Asia Pacific (WHO&UNAIDS), Search and Rescue campaign in Sudan (WHO& UNAIDS) – 66% of persons LTFU of which 94% to treatment

#### **b. Leveraging lessons learnt and HIV infrastructure:**

- PLWHIV and key population assessments – 50 concluded and 40 ongoing
- Community led responses – key to the HIV response and have been used outside of the response as well – however while they are respected, communities are not always involved in COVID-19 response planning, not enough financial support

- Involvement of AIDS experts and leaders in COVID-19 planning and response
- Utilization of AIDS infrastructure – labs, health information systems
- Example – the role of NAC in Kenya in the COVID -19 response – leading the Resource mobilization component; HIV communities in support of ACDC PACT and AVDA initiative (UNAIDS and German MOH)

**c. Socio-economic response:**

- UN country teams mobilized 5 bill USD to COVID-19 SE response – 3 billion USD repurposed and 2.18 billion USD additionally mobilized
- 263 million children supported with home and distance learning; 86 countries with inclusion of interventions to address GBV as part of SERPS, 120 million benefited from social protection schemes, 25 million members of communities benefited from community resilience programmes
- Examples: UNAIDS and WFP pilots in cash transfers to mitigate COVID-19 economic impact in PLWHIV, UNAIDS support to women living with HIV in EECA

**3. Looking forward**

- Adequate funding for health and HIV as a means to recovery
  - a. WB call for 11% increase of health funding compared to pre COVID-19 funding on average and 20% increase in LIC to bring the pandemic under control and protect UHC gains
  - b. 3,5 billion USD emergency funding for GFATM as opportunity to innovate and adapt HIV services as well as build resilient health infrastructure
- Pandemic preparedness and response – building systems by intent – community led responses as a cornerstone for health systems for the future
- Pandemic Preparedness as a public good – how the case of HIV as a public good can be leveraged for stronger and fairer health systems and UHC

**4. DISCUSSION ON THE OUTLINE ON COVID-19 AND HIV**

The PCB working group welcomed the annotated outline. Specific comments included the following:

**Member States**

- Asked to take a step back to identify the key questions we are trying to address in the background note.
  - To what extent was the HIV community better or worse, or less well prepared than other communities and what does that tell us about how we respond to future pandemics?
  - What role did equality and other factors play in the COVID-19/HIV interface?
  - What can we learn from the impact COVID-19 had on HIV vis-à-vis other diseases?
  - What do we mean by “building back better”?
  - What did we find in our response that really works or what is really missing?
- Pointed to the importance of inequalities, real-time data, resilient health systems, and interconnectedness of the world and what that means to mobilize the responses.
- Highlighted that in some countries, MSM might have had less exposure to HIV during the COVID-19 waves, but higher drug consumption and higher mental health pathologies' risk, related to the socio-economic impact of COVID-19. This could be mentioned in the background note, it might be taken into consideration for “building back better”.

## **Cosponsors**

- Asked where digital health would feature in “looking to the future” and the importance of digital mechanisms to maintain the continuity of services.
- Emphasized to look at what could have done better, what has been working, and finding out whether there has been a loss to HIV.
- Stressed the importance of not offering up more HIV assets for other pandemics without understanding the long run implications, especially for communities that are over-burdened, without more investment.
- Said that the innovations piece on COVID-19 was key and the need to think about what that means for HIV. Exciting news about the potential of the RNA vaccines for HIV- if that becomes viable, how do the HIV community and the Joint Programme respond to that opportunity?
- Underlined that it is good to start with a tribute and the International AIDS Society could be drawn on as a resource which could contribute to the list of names.
- Highlighted gender dimensions of the chapter on impact and to see how gender equality issues have worsened and impacted the ability of women to prevent HIV as well as women living with HIV to access health services.
- Emphasized the need to highlight communities and their specific role to mobilize and deliver life-saving services.
- Stressed the importance of “leveraging” the bigger picture which could become a sub-chapter in itself in the “looking forward” chapter. Not only to look at how HIV can be used for building back stronger health systems but looking at how we can strengthen them to be more helpful for the HIV response and improve access to HIV services. The example of cash transfer programmes that work well in some countries was given: how to make sure that people living with HIV also have access to wider schemes and sets of services or support that have been put in place because of COVID-19?

## **PCB NGO Delegation**

- Highlighted positive initiatives especially from NACs that should continue beyond COVID-19.
- Stressed that key populations, in particular sex workers, are being left behind. Sex workers’ income have been affected the most and even some high-income countries, they are not included in income generation support schemes.
- Emphasized that COVID-19 numbers in key populations are not completely known yet and that the HIV infrastructure could be used to monitor this.
- Stressed that there have been reports of suicide committed by people who inject drugs during first phase of lock-down, reiterating the need to have a strong focus on the interlinkages of COVID-19 with mental health.

## **5. WAY FORWARD**

Ms. Lounnas thanked the working group members for their comments and encouraged to send written suggestions by 30<sup>th</sup> April 2021 as well as any relevant documents to support the drafting of the analysis of the background note. She mentioned that the call for submission of good practices will be sent out to the PCB members and all permanent missions later in the week and that we hope that working group members submit good practices and disseminate the call further to partners. Good examples will be important and will contribute to setting the

agenda for the thematic segment. All case studies will be recorded in a conference room paper and some of them will be used to illustrate the background note where relevant.

The Secretariat encouraged working group members to start thinking of speaker names as well as ideas for panels, so that we can start reflecting on the agenda of the thematic segment. The Secretariat thanked the working group for their time and excellent input, looking forward to the second meeting of the working group.

## **6. AOB**

There was no other business.

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