

REPORT OF THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS (CCO)

Additional documents for this item: none

Action required at this meeting—the Programme Coordinating Board is invited to:

Take note of the report of the Chair of the Committee of Cosponsoring Organizations (CCO)

REPORT OF THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS (CCO) TO THE 46th UNAIDS PROGRAMME COORDINATING BOARD (PCB)

Chair,
Executive Director,
Distinguished Delegates,

I am honoured to speak on behalf of the Cosponsors as Chair of the Committee of Cosponsoring Organizations. At the outset, I wish to thank Winnie Byanyima, the Cosponsors and the UNAIDS Secretariat for their continued dedication to ending AIDS as a public health threat by 2030.

I would like to acknowledge and thank Yury Fedotov of the United Nations Office on Drugs and Crime (UNODC) and Mahmoud Mohieldin of the World Bank as outgoing members of the CCO. I warmly welcome Ghada Waly of UNODC, and Dr. Muhammad Pate of the World Bank.

I would like to thank the United States for its role as PCB Chair, Namibia as Vice-Chair, and India as Rapporteur.

In the context of the Sustainable Development Goals (SDGs) and the pledge to leave no one behind -- much progress has been made in the global AIDS response. However, significant challenges remain. In 2019, there were nearly 4,700 new HIV infections and 2,100 AIDS-related deaths *every day*. Our goals were ambitious, but we remain off-track to reach the targets agreed in the 2016-2021 UNAIDS Strategy. The profound disruption caused by the COVID-19 pandemic in just a few months is threatening to undo hard-won progress.

We are now dealing with the dual epidemics of HIV and COVID-19. Both thrive on; and contribute to another “pandemic” -- that of inequalities. We need to act urgently to protect the gains made in the AIDS response and scale-up efforts to end AIDS as a public health threat by 2030. At the same time, we need to leverage our knowledge and systems to tackle HIV in the COVID-19 response.

Interruption of HIV services

Evidence about the risk of acquiring COVID-19 for people living with HIV is emerging. People living with HIV may be at heightened risk of COVID-19 in case of compromised immune systems. Only 20.8 million of the 37.9 million people living with HIV are virally suppressed despite the widespread availability of antiretroviral (ARV) treatment.

The COVID-19 pandemic is already disrupting essential health services, including HIV services. It is important to sustain these services *during* and *after* the COVID-19 pandemic when countries will face significant financial and operational challenges.

A WHO/UNAIDS/HIV Modelling Consortium study suggests that a six-month interruption of antiretroviral therapy (ART) in sub-Saharan Africa would result in an additional 500,000 adult deaths from HIV by 2021. It would also result in a twofold increase in mother-to-child transmission of HIV. The impact of overstretched health facilities; the interruptions of the supply of medicines; and suspension of HIV testing would also be significant.

To maintain an effective HIV response during the COVID-19 pandemic, we need to support early testing and ensure the continuation of HIV prevention and treatment programmes,

including community responses. Removing human rights barriers to service access as well as anti-stigma and discrimination programmes are also essential.

Let me elaborate on some examples of the work of the Joint Programme:

The World Health Organization (WHO) is providing global leadership on the COVID-19 response. It is leading on the development of science for treatment through the Solidarity Trials and it is updating data and guidance for the country response on a daily basis. The WHO gathers weekly information regarding the interruption of services for intervention. Currently, the greatest risks are to maintain a secure supply chain for ARVs and regular HIV testing. Mitigation strategies include shifting stocks and increasing HIV self-testing approaches.

The World Bank's \$6 billion COVID-19 emergency response fund is helping countries with emergency preparedness planning for health systems -- including ensuring that HIV and community services continue to function. It is part of the first phase of a three-stage response including the provision of an additional \$20 billion for social assistance in the coming months and up to \$160 billion in recovery assistance in the longer term.

The United Nations Population Fund (UNFPA) is supporting countries to maintain sexual and reproductive health services, address sexual and gender-based violence and help young people to play a lead role in COVID-19 responses. For example, *#YouthAgainstCOVID19* is a joint campaign with Prezi -- a leading visual communications software company. The campaign helps young people around the world to inform themselves about COVID-19 and proactively engage in keeping their friends, families, and communities safe.

UNICEF's humanitarian action campaign is supporting countries with the procurement of essential commodities and the development and implementation of national COVID-19 response plans. UNICEF has supported governments and partners to maintain the delivery of HIV services to women and children including through 3-month ART refills.

The World Food Programme (WFP) is rolling out a suite of integrated HIV, tuberculosis (TB), sexual reproductive health, and nutrition services. It is providing cash-transfers to support food insecure people living with HIV and supporting orphans and vulnerable children with "take home" food rations. WFP is also adapting existing health centres with personal protective equipment (PPE) and handwashing facilities.

The Interagency Task Team (IATT) on young key populations (YKP) in Asia and the Pacific - co-chaired by UNAIDS, the United Nations Development Programme (UNDP) and the Asia Pacific Council of AIDS Service Organizations (APCASO), is working with key youth populations on accessing information, medication and other HIV services during the COVID-19 pandemic.

Inequalities

The COVID-19 pandemic is brutally exposing and exacerbating inequalities. It has laid bare the consequences of weak health systems; tattered safety nets; gender and socio-economic inequalities; violence against women and marginalised groups; the exclusion of sexual and gender minorities as well as digital divides. COVID-19, like climate change, offers yet more proof that all life on Earth is *interconnected*.

The UN is deeply concerned about the impact of COVID-19 on populations left furthest behind. Migrants, refugees, people living with HIV, women, children, adolescents, prisoners, people who use drugs, older persons, amongst others -- are *more likely* to suffer devastating consequences from this pandemic. This is especially the case in countries with weaker health systems and compromised social protection systems. We are calling for a people-centred

response that engages communities affected by COVID-19 and which respects human rights, inclusion, gender equality and dignity for *all*.

For countries facing a humanitarian crisis, the COVID-19 pandemic is likely to be much more difficult to control. It can also exacerbate existing tensions. Most of the world's 25.9 million refugees live in overcrowded or densely populated urban shelters, settlements, or camps. Space, soap, and water are not easily accessible for many of them. The COVID-19 crisis is endangering continuation of HIV, sexual and reproductive health and gender-based violence services. At the country-level, UNHCR is supporting activities that aim to protect refugees from exposure to COVID-19. Support comprises of the provision of longer refills of ARVs for people living with HIV; ensuring services continue to be available; and adapting essential HIV prevention services. That also includes the prevention, mitigation and response to gender-based violence against refugees.

The COVID-19 crisis threatens to push back the limited gains made on gender equality. It also exacerbates the feminization of poverty and vulnerability to violence. Women are the hardest hit by this pandemic, but they continue to be the backbone of recovery in communities. It is clear that policy responses that recognizes and promotes women's participation and leadership will have a much greater impact. Due to the rise of violence against women and girls in the outbreak of COVID-19, UN Women and UNFPA have been advocating for the services responding to violence against women to be regarded as *essential* – that includes access by women survivors of violence to these services. In Côte d'Ivoire, UN Women's partnership with the national network of women living with HIV resulted in female sex workers being able to access gender-based violence services linked to HIV testing and treatment.

Sex workers have seen significant loss of earnings -- with some requiring food handouts. They may be also less able to negotiate safer sex.

The COVID-19 pandemic is having a disproportionate impact on LGBTIQ+ people. With four billion people in lockdown worldwide, there are a growing number of reports of emergency powers being used to violate the rights of LGBTIQ+ people and impede their access to services. This includes the misuse of digital technologies to monitor people's movements during lockdowns or curfews. LGBTIQ+ people are reporting an elevated risk of violence, increased social isolation and anxiety as well as difficulties in accessing crucial HIV treatment and gender-affirming health services.

As the UNAIDS convening agency for HIV among people who use drugs and people in prison, UNODC supports countries in responding to HIV and COVID-19 amongst these two key populations. UNODC, WHO, UNAIDS and the Office of the United Nations High Commissioner for Human Rights (OHCHR) issued a joint statement on COVID-19 in prisons and other closed settings, with input from UNDP. UNODC supported countries in ensuring the continuity of harm reduction services including take-home dosages of opioid substitution therapy. UNODC also supported countries in implementing COVID-19 prevention and control measures in prison. It also advocated for a reduction in prison overcrowding and ensured linkages with community health facilities. Together, WHO and UNAIDS, UNODC developed guidance and organized regional webinars with national decision-makers and stakeholders on ensuring the continuity of HIV services for people who use drugs and for those in prison settings.

Community responses

In responding to the HIV epidemic, multi-sectoral, gender-responsive, rights-based and community services have been key to our most important advances in preventing new infections; getting and retaining people on treatment; and addressing stigma and discrimination. In the response to COVID-19, communities are once again stepping into the

breach. Public health authorities must engage and empower them to support in delivering services, building trust, and tackling misinformation and disinformation. The AIDS response has been led by people living with HIV, women and other key populations. It showed that people-centred responses that engage and empower communities; and promote human rights and gender equality are critical to success.

We are also hearing reports of individuals or communities being blamed for transmitting the virus -- and in some cases even being portrayed as criminals. Enabling legal and policy environments and programmes to reduce stigma and discrimination are critical to encourage people to come forward for testing and treatment.

In Mozambique, UNDP in collaboration with the International Labour Organization (ILO), UNODC, UN Women and the UNAIDS Secretariat is supporting the Ministry of Justice, the national human rights commission, the Office of the Ombudsman and civil society. The partners monitor HIV and COVID-19 related human rights violations and harassment by service providers, police and community leaders during the delivery of essential services.

In South Africa, UNDP, as part of the UN system-wide support, is supporting the development of a joint civil society strategy to raise awareness on COVID-19. The initiative is mobilizing communities to maintain social cohesion and prevent stigma against COVID-19 patients -- and prevent the "double stigma" of people living with HIV and COVID-19. It also links vulnerable populations to HIV and health services; grant assistance programmes as well as food distribution programmes.

In Europe, WHO has funded emergency ARV stocks. It is ensuring that people living with HIV without access to ARVs are receiving their needed ARVs on time. WHO is also moving ARV stocks to fill gaps in Libya, Syria, Ukraine and supporting the shift to other regimens in Côte d'Ivoire, Cameroon, Tanzania, Haiti, Nigeria, Kenya, amongst other countries.

Broader development impact

Estimates from UNDP's Human Development Report Office show that human development is on course to decline this year for the first time since the concept was developed in 1990. The decline is expected across most countries -- rich and poor -- in every region.

The implications are as profound and compounded by uncertainty: it is estimated that COVID-19 could push another 40 to 60 million into extreme poverty -- 80 per cent of them in Sub-Saharan Africa and South Asia.

COVID-19 is showing us how digital solutions can be rapidly scaled to strengthen systems, services, and access. We need to urgently scale-up integrated solutions for the social, economic, and environmental health and the well-being of people and planet. Populations *must* have access to basic services and social protection while jobs, businesses and livelihoods must be protected.

The ILO and World Bank issued a Joint Statement calling on Member States to increase social protection to mitigate the impact of COVID-19, including providing support for Partners of people living with HIV (PLHIV). The ILO has created a database of COVID-19 responses covering 188 countries and territories and produced a tool to assess the impact of COVID-19 on the economy and labour market. This is currently being used in several countries, including to assess the impact on HIV.

In April 2020, the UN Secretary-General launched the UN Framework for the Immediate Socio-Economic Response to COVID-19 to protect the needs and rights of people with a focus on the most vulnerable. UNDP has been designated as the technical lead. UNDP is supporting

UN Country Teams under the leadership of the Resident Coordinators to deliver effective solutions at country-level, including advising on how to maintain essential HIV and health services and address stigma and discrimination. The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination, co-convened by UNAIDS, UN Women, UNDP and the Global Network of People Living with HIV (GNP+) can play an important role in helping countries to address stigma and discrimination in the context of HIV and COVID-19.

School closures to contain the spread of the COVID-19 pandemic have impacted almost 92 per cent of the world's student population. Through its Global Education Coalition, UNESCO has rallied international organizations -- including the UNAIDS Secretariat, WHO, UNICEF, UNHCR, ILO, WFP, World Bank -- as well as civil society and private sector partners to mitigate the impact of school closures. As part of this initiative, UNESCO is reaching out to 33 countries in sub-Saharan Africa through the *Our Rights, Our Lives, Our Future* programme to ensure that children and young people understand basic information about COVID-19 through digital channels and radio.

The COVID-19 pandemic threatens to roll back any fragile gains to address HIV among adolescent girls and young women. Many girls are at risk of not returning to school after the lockdowns are lifted. Building on the momentum of ICPD+25, the 25th Anniversary of the Beijing Platform for Action and the Generation Equality campaign, the leadership of UNAIDS, UNESCO, UN Women, UNFPA and UNICEF are launching a joint initiative to ensure that girls have equal opportunities to access secondary education and economic opportunities to thrive and be free of HIV.

UNAIDS Strategy beyond 2021

The actions countries take as they respond to; and recover from the disruption caused by COVID-19 will be critical to progress on HIV and the SDGs more broadly. The COVID-19 pandemic coincides with the UNAIDS Programme Coordinating Board request to develop the UNAIDS Strategy beyond 2021. We can use the COVID-19 pandemic to shape the next UNAIDS Strategy and achieve the HIV-related SDG targets.

COVID-19 is a stark reminder of the critical importance of urgent action on the 2030 Agenda for Sustainable Development. It must not detract from our collective goal of achieving the SDGs by 2030.

While COVID-19 increasingly defines our context -- it must not divert us from our core business of ending AIDS as a public health threat by 2030. We should seize this opportunity to ensure the post-2021 UNAIDS strategy is visionary, ambitious and protects and builds upon what has been achieved by the AIDS response.

We must stay focused on the goal of ending AIDS by 2030, which is still within reach. More assertive action is needed on scaling-up HIV prevention -- in particular for key populations as well as adolescent girls and young women.

Similarly, a dedicated focus on addressing the social and structural determinants of HIV is even more crucial if we are going to end the epidemic.

We must do more to address the stigma, intolerance, discrimination and violence which fuel inequalities and limit access to HIV and other services -- especially for criminalized, marginalized and typically excluded populations.

Finally, HIV programmes must be better integrated with health and development efforts, including scaling vital innovations and digital tools.

We must also continue to push for universal health coverage and equitable access to services.

With the SDGs and the pledge to leave no one behind as our “compass”, we must work towards building a world where we have ended AIDS as a public health threat.

Conclusion

As we do this, the 75th Anniversary of the United Nations is a source of inspiration. From the Universal Declaration of Human Rights, to the eradication of smallpox, to a global HIV response, the UN family has set the standard for things we take for granted every day.

In concluding, I wish to underscore the importance of the Joint Programme as a powerful example of the UN working together – each of the Cosponsors and the Secretariat are working together, contributing based on their comparative advantages, to end one of the worst epidemics the world has seen.

We stand ready to work with *all* of you to protect the gains of the AIDS response and to develop and deliver on an ambitious new UNAIDS Strategy which will bring health, dignity and justice for *all*.

To all members and observers of the PCB, I would like to thank you for your continued support and guidance.

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