

## **UNAIDS inputs in the UNSG Report on the 3rd Decade for the Eradication of Poverty (2018-2027)**

### **Introduction**

- People living with HIV (PLHIV), key and vulnerable populations, continue to be more exposed, more discriminated against, and likely not to access health and social protection services. Data shows that people living with HIV experience more severe COVID-19 illness outcomes compared to people not living with HIV. Unless the pace of HIV interventions is quickened and COVID-19 vaccine inequality is tackled, it will be too late for many, including PLHIV and those at risk of HIV to be reached.
- The health infrastructure, including systems built to end AIDS, is being successfully leveraged for the COVID-19 response and should be foundational for future global efforts on pandemic preparedness and response. Lessons learnt from fighting AIDS, TB and now COVID-19 are vital for informing strategies for tackling future pandemics.
- The Russia-Ukraine conflict risks reversing gains made in the HIV response in Eastern Europe by disrupting health services and overwhelming health systems due to the displacement of people. Creative alternatives working with civil society organizations have resulted in continuation of life-sustaining services.

### **1. COVID-19 Crisis: Impact & response**

- COVID-19 highlighted gaps in global health systems and dealing with pandemics. During lockdowns and travel restrictions, UNAIDS encouraged and supported community resilience in identifying and working with measures necessary in the face of emerging pandemics. UNAIDS advocated for inclusion of COVID-19 as a humanitarian trigger, and not to be treated in silo fundamental in the cross sectoral analysis of COVID-19 in southern Africa. Drawing on experience in facilitating community centered humanitarian preparedness and response, UNAIDS, as a knowledge agency, has been able to show how inclusion of emerging pandemics as a potential trigger of disaster leads to results and sustaining livelihoods.
- The COVID-19 outbreak created challenges for people living with HIV, raising concerns over access to quality treatment, care, and support. UNAIDS developed support measures to ensure access to ARVs continued uninterrupted as measures were introduced to address COVID-19. UNAIDS country teams working with Networks of People Living with HIV, Ministries of Health, and governmental institutions advocated for immediate implementation of the multi-month dispensing (MMD) of ARVs in line with the WHO guidelines

- 55 countries reported having initiated or improved MMD to ensure service continuity during COVID-19 restrictions and beyond.

- The joint programme and other partners continue to advocate for equitable access to health technologies under the COVID-19 Technology Access Pool mechanism (C-TAP). The advocacy resulted in the licensing agreement between Spain's High Council of Scientific Research and the Medicines Patent Pool "to share knowledge, technology and intellectual property rights in the fight against COVID-19"<sup>1</sup> – A huge step towards ending inequalities that have prolonged the AIDS and COVID-19 pandemics.
- Africa CDC and UNAIDS rolled-out a risks communication and community engagement on COVID-19 and HIV project to fight misinformation and build vaccine acceptance. Rumour tracking software collects and monitors data on COVID-19 (perceptions and sentiments) and is being expanded to include HIV misinformation. The project contributes to raising awareness and acceptance for the COVID-19 vaccines and reduce associated stigma and discrimination through informed outreach campaigns.

### *Resource mobilization*

- UNAIDS set up a technical assistance model to support countries to prepare applications for Global Fund \$3.7 billion emergency fund to fight COVID-19. About participating countries accessed \$612 Million to respond to HIV and COVID-19 pandemics.
- The Joint Programme reprogrammed existing funds to support programmes at country level to address the impact of COVID-19. The programmes supported included community support, engagement and innovation, human rights, gender and equity, and UHC. In addition to \$3.65 Million mobilized by the Joint Programme, UNAIDS provided \$1 million to support the COVID-19 response at all levels.

### *Key policy messages & recommendations*

- Drawing from over 25 years of experience in the AIDS response, and to ensure that the world builds "back better in a more equitable and inclusive manner from COVID-19"<sup>2</sup>, UNAIDS recommends:
  - I. Putting communities at the center, in pandemic preparedness and response architecture at national, regional and global levels.
  - II. Ensuring equitable access to health technologies and medical countermeasures as global public health goods.

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<sup>1</sup> [UNAIDS welcomes the first WHO COVID-19 Technology Access Pool licensing agreement | UNAIDS](#)

<sup>2</sup> 2021 UN Political Declaration on HIV and AIDS

### III. Placing human rights at the core of pandemic responses

#### 2. Russia-Ukraine conflict and response

- Continuity of health services in humanitarian settings is critical for the survival of PLHIV. There are estimated 1.6 million PLHIV in Eastern Europe and Central Asia. Ukraine has 240,000 PLHIV whose health is at risk due to disruption of services resulting from the conflict. In contested parts of Ukraine, health centers are destroyed and health professionals displaced, or killed. This includes ART distribution hubs and centers for harm reduction activities. UNAIDS works with Ukraine's Ministry of Health Public Health Centre, cosponsors, CSOs and other partners in mapping status and functionality of health services and internal displacement of people providing technical assistance for alternative arrangements for accessing health care and protection.
- The Russian invasion of Ukraine has resulted in a humanitarian situation in Eastern Europe. The impact of the conflict is fast spreading across the world. The looming food shortage owing to a continuing blockage of more than 25 million tons of grain stuck in southern Ukrainian ports has created a food crisis in Africa – and threatens outcomes of HIV treatment programmes. The cost of inaction, as UNAIDS points out, is an overall drop in living standards in which health and wellbeing are relegated behind the need to simply survive, day by day.

#### *Resource mobilization*

- UNAIDS engaged donors through the Friends of UNAIDS group to highlight cost implication of the humanitarian crisis and seek their financial support to safeguard the HIV programmes in the regional Cooperation Programme. About \$22 Million is needed over the next three years to sustain HIV programmes which are now at risk.
- The Joint Programme worked with Global Fund to ensure flexibilities in the use of their funding in the region to address immediate needs (food, water, energy supply, communication tools, shelters, and LGBTI activities) among the affected populations. Through the Global Fund's emergency fund for Ukraine, \$15 Million was provided to procure drugs for TB, HIV and Opioid Agonist Therapy. UNAIDS provided about \$0.23 Million in initial support to strengthen the capacity of CSOs to maintain services, improve coordination and ensure that people living with HIV in Ukraine and neighboring countries are identified and linked to HIV services. A call for \$2.4 million was put out to expand this work.

*Key policy messages & recommendations*

- Concerned by diminishing supply lines to Africa and the looming food shortage, UNAIDS calls for concerted advocacy for a transport corridor to be created to allow the unimpeded movement of food stuffs out of Ukraine, by sea, train and land.
- Without good health, lives of PLHIV and those at risk of HIV are in danger. UNAIDS calls for the appropriate integration of Ukrainian health professionals into neighboring countries hosting refugees and complementing national systems and providing much needed human and financial resources to safeguard key health and HIV services for PLHIV and those at risk of HIV.