The Ministerial Meeting of the Global HIV Prevention Coalition (GPC)

*HIV Prevention 2021-2025, taking stock, planning the future*

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At the outset I would like to thank the UNAIDS, UNFPA for hosting this important meeting.

At the very beginning of COVID-19 pandemic, a multi-stakeholder Task Force headed by the President was established, which included several members of the National HIV Programme. A strong focus was placed on ensuring that HIV prevention and service delivery continued without being compromised. Early anticipation of the potential challenges to HIV service delivery and efficient implementation of mitigating strategies have for the most part ensured that HIV prevention and care services have continued persistently.

In this regard the following good practices were undertaken:

- There was a strong move to ensure all HIV prevention programme staff were trained on COVID-19 preventative measures.
- Mobile units were quickly adapted and equipped to provide essential services to most at risk populations in hotspots across provinces.
- Continuous provision of methadone and harm reduction services; and
- Developing protocol on COVID-19 prevention/care in prisons and reducing the number of prisoners by giving prisoners leave to address overcrowding.

Health service provision during crisis has taught us that to maintain and improve people’s health, we should not lose momentum gained over the existing programmes and continue service provision by anticipating challenges and quickly mitigate them.

In this regard, despite severe pressure of COVID-19 on all sectors, the Islamic Republic of Iran finalized development of its 5th multi stakeholder National Strategic Plan (2020-24) including HIV Prevention programmes with bold objectives to increase the number of high-risk behavior populations affected by HIV who access customized HIV prevention services.
Along with increasing treatment coverage, we also aim to increase PreP coverage and access as part of a combination prevention package.

The US unilateral coercive measures has disrupted national efforts and policies and hindered Iranian population having appropriate access to medicine and health equipment, which sometimes directly target PLWH and HIV-affected people, nevertheless we aim to ensure no one is left behind.

Finally, I would like to congratulate UNAIDS, UNFPA and the Coalition for their great efforts regarding prioritizing HIV Prevention during COVID time.

I thank you