

HLM 2021 side event meeting report

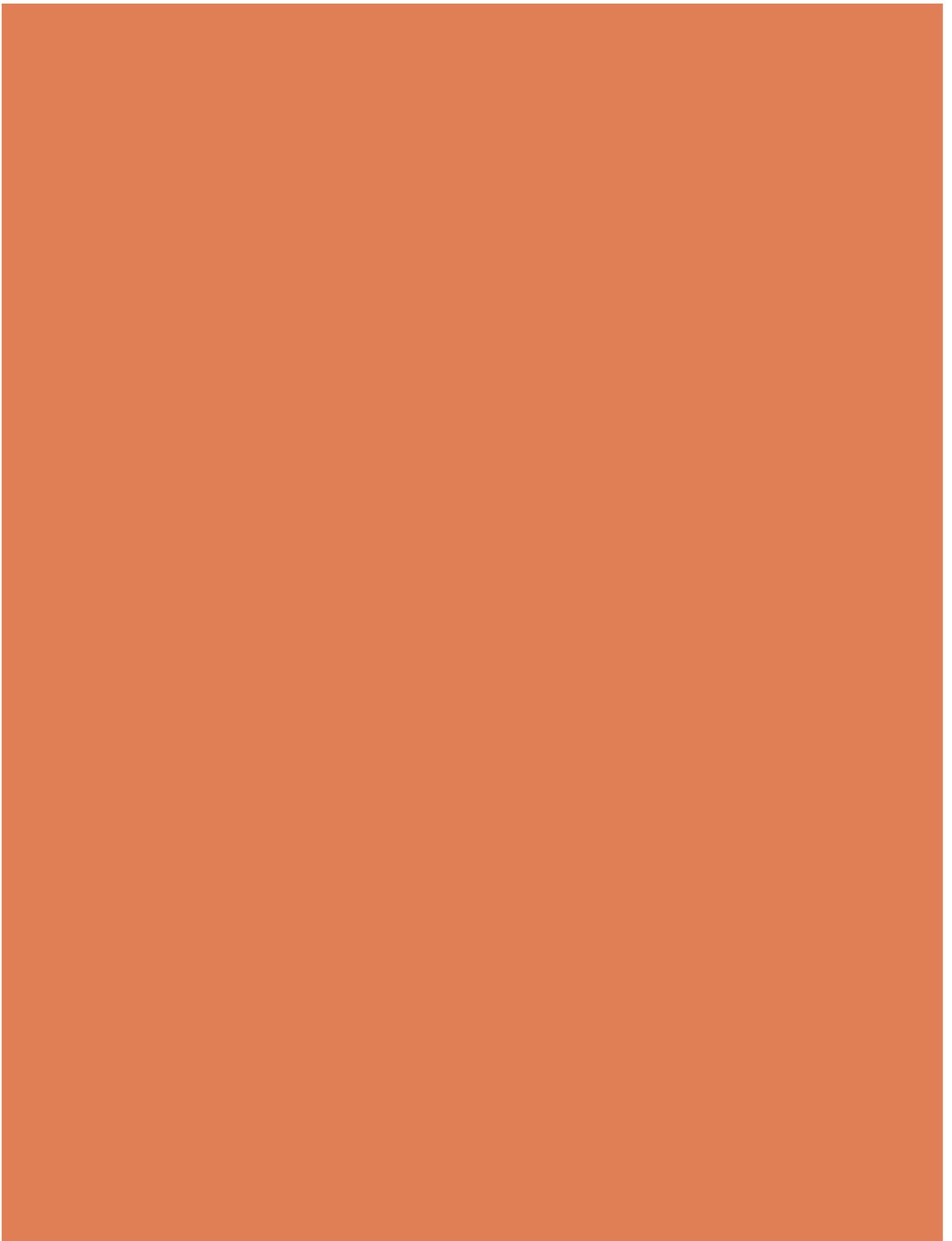


No Prevention, No End. The importance of HIV prevention – How Leadership can turn an epidemic

June 8, 2021

08:00 A.M. – 09:30 A.M. (NEW YORK)





Introduction

On 8 June 2021, the Global HIV Prevention Coalition (GPC) Secretariat together with the GPC Working Group organized a side event during the United Nations (UN) High-Level Meeting on HIV/AIDS on June 8, 2021, titled “**No Prevention, No End. The importance of HIV prevention – How Leadership can turn an epidemic**”. The session took place from 08:00 to 09:30 (ET) and was co-hosted by the Global HIV Prevention Coalition Co-Chairs and members of the Global HIV Prevention Working Group: UNFPA, WHO, UNICEF, UNAIDS, AVAC, Frontline AIDS, ATHENA Network, NSWP, BMGF, PEPFAR, The Global Fund, IPPF, Institute of Tropical Medicine Antwerp, NACC Kenya and NAC Zimbabwe.

The session was facilitated and moderated by Mia Malan, Bhekisisa Center for Health Journalism. Bhekisisa has also provided this summary report.

The session can be viewed on the YouTube link <https://www.youtube.com/watch?v=l8o-7gPSuf4>

Background

It has been 5 years since Member States signed the 2016 Political Declaration on Ending AIDS committing to reducing the annual number of new HIV infections to fewer than 500 000 by 2020. The UN Secretary-General's report shows us that we have failed to reach this target.

In 2019 an estimated 1.7 million people were infected with HIV. Of these 280,000 were among adolescent girls and young women who account for 1 in 4 infections new infections in sub-Saharan Africa, while HIV infections among gay men and other men who have sex with men increased by 25 per cent between 2010 and 2019, and annual infections among sex workers, people who inject drugs and transgender people have barely changed. As a result, key populations and their sexual partners accounted for 62 per cent of all new HIV infections worldwide in 2019. ¹

Despite having an excellent array of HIV prevention interventions at our fingertips, none of the recommended prevention packages got close to being delivered to half the people who need them.

Condom use by young women and young men declined in many countries in sub-Saharan Africa and the provision of PrEP, although increasing, remains largely inadequate. Combination prevention for all key populations has not been prioritized in many settings, for example, harm reduction for people who use drugs is absent or insufficient in all but a handful of affected countries. Whilst an additional 15 million men and boys across 15 priority countries received voluntary medical circumcision since 2016, which is an achievement, the target was 25 million by 2020.

Alongside this context of missed HIV prevention targets, the COVID-19 pandemic brings further difficulties, shutting HIV prevention services and driving up human rights abuses, gender-based violence, poverty, and other drivers of HIV infection. Faced with these challenges, there is a pressing need to act more decisively to scale up HIV prevention provision and to rapidly eliminate persisting barriers to progress.

Building on the recommendations of the UN Secretary-General's report, this session highlighted the urgent need to build on the commitments made by political leaders and boost leadership for HIV

¹ 2019 Data is based on the Secretary General's Report https://www.unaids.org/sites/default/files/media_asset/A-75-836_en.pdf

A new Global AIDS Report with 2020 data will be launched in July 2021.

prevention responses with the decisive actions needed to get on-track to achieve the 2030 HIV prevention targets.

The session spotlighted examples where leadership on prevention has made a major difference in key aspects of the response such as ensuring strong community engagement, enabling rights-based and multisectoral approaches and promoting the consistent use of data driven priority actions. The session also addressed persistent gaps and inequalities in the scale of prevention programs, technical capacities, timely policy action and sufficient financing, including in relation to maintaining and protecting essential prevention for priority populations during the COVID -19 crisis, and how to prepare for the accelerated introduction of new prevention options.

The session made the case for political and community commitment, dedicated HIV prevention programmes and adequate investment in prevention.

Specific topics covered, included:

- HIV prevention leadership and what it looks like in the global diplomacy space;
- Lessons from Vietnam and advice to governments about how to scale up harm reduction programmes;
- Nigeria's experience with addressing gender imbalances that contribute to the spread of HIV;
- Why precision prevention in public health makes good investment sense;
- Addressing the imbalances between HIV prevention and sexual health, particularly with regard to contraceptive services;
- Tackling criminalization and stigmatization of LGBTQ communities in the UK;
- How the eSwatini government is creating national systems to help achieve the country's 2025 HIV prevention target;
- The need for leadership to scale up key population-led prevention; and
- How can we leverage the lived experience of young people living with HIV to lead on promoting HIV prevention.

Panelists

The 11 panelists who spoke at the session included:

- Natalia Kanem, Executive Director, UNFPA and co-convenor of the Global HIV Prevention Coalition
- Neville Gertze, Permanent Representative of Namibia to the UN
- Mitchell Warren, Executive Director, AVAC, Co-Chair Global HIV Prevention Coalition
- Nguyễn Thanh Long, Minister of Health, Vietnam
- Dame Pauline Tallen, Minister of Women Affairs, Nigeria
- Peter Sands, Executive Director, The Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria
- Pascaline Grotenhuis, Director Social Development and Ambassador for Women's Rights and Gender Equality, the Netherlands
- Lord Norman Fowler, Former Lord Speaker, UK. UNAIDS Ambassador
- Khanya Mabuza, Executive Director, National Emergency Response Council on HIV/AIDS, eSwatini
- Simón Casal, Director, SomosGay, Paraguay
- Joyce Ouma, Y+ Global Network. CCM representative of YPLHIV, Kenya

Invited comments from seven government partners and community representatives included:

- Darren Welch, Director of Global Health, Foreign, Commonwealth & Development Office, UK
- Lillian Benjamin, Young Woman Advocate - ATHENA Network

- Happy Assan, Executive Director, Tanzanian Network of People Who Use Drugs
- Fatma Iddi, National Coordinator, FEMISS, South Sudan
- Alexa Dominich, chair of Transvoice, a community-based organization of trans women in Indonesia
- Nittaya Phanuphak, Executive Director, Institute of HIV Research and Innovation in Bangkok
- Edwin Bernard, Executive Director, HIV Justice Network

Full statements can be accessed on the Global Prevention Coalition website

<https://hivpreventioncoalition.unaids.org/meeting/hlm-2021-prevention-side-event/>

Key Points:

Key points that emerged from the high-level session include:

- **Prevention leadership means looking at the evidence** and creating an environment to accelerate action for change through changing laws and policies to ensure access to information, services, justice and inclusion; changing attitudes to reduce stigma and discrimination; and changes towards gender equality and increased opportunities (Natalia Kanem).
- **The global diplomacy space is taking action and shaping up.** Over the past 11 years, significant progress has been made on initiatives to expand and scale up prevention. A crucial priority has been to **scale up domestic funding to the HIV response** which is critical to our global prevention strategy (Neville Gertze).
- **People should be at the centre of a global comprehensive, integrated and sustained AIDS response.** We need to scale up testing and treatment programmes and develop the programmes and policies and the leadership needed to deliver on our target of fewer than 400 000 new infections by 2025 (Mitchell Warren).
- **Methadone maintenance therapy programmes have helped to bring down infections.** In Vietnam, 15 years ago, HIV prevalence among people who inject drugs (PWIDs) was around 30%. This is now only 10%, with an annual incidence of just 0.4% (Nguyễn Thanh Long).
- **Eswatini has reached 66% of its prevention target of 75%.** This has been done using a multisectoral approach that comprises civil society, technical working groups and the public sector/government to ensure that all population groups receive HIV prevention information (Khanya Mabuza).
- **We need a global “Double Dutch” approach to contraception.** The Netherlands uses the dual protection of unwanted pregnancies and sexually transmitted diseases, including HIV, through the combined use of pills and condoms (Pascalle Grotenhuis).
- **Political commitment is invaluable.** In Nigeria, gender inequalities are a major contributing factor to the slow decline in HIV infections, which decreased by only 13% over 10 years from 2010-2019. The Ministry of Women Affairs is active in raising national consciousness of the urgent need to address gender-based violence through initiatives such as setting up a gender-based violence reporting dashboard and strengthening the capacity of national agencies to collect and harmonize GBV data at federal and state levels (Dame Pauline Tallen).
- **Discrimination against LGBTQ communities is wrong.** One of the most powerful barriers to people coming forward for testing has been the fear of stigma, but this barrier was reduced once homosexuality was accepted by the law in the UK. Campaigns by voluntary groups and the work

of international bodies such as UNAIDS have also helped in bringing change and challenging prejudice (Lord Norman Fowler).

- **New prevention technologies must be rolled out and must get into the hands of young women.** HIV prevention and sexual and reproductive health services should be free, fully integrated and delivered at scale to meet the holistic needs of every young woman and girl (Joyce Ouma).

Conclusion:

The high-level session re-emphasized the value of political commitment, the importance of community-led organizations in prevention efforts and the need for leadership in HIV prevention to work towards zero new infections.

Sheila Tlou stressed that commitment to HIV prevention must be accompanied by adequate funding to ensure impact, and there should be a coordinated response and support for HIV prevention programmes to guard against a fragmented response.

