

Informal Board Session 25 August 2020, 1:30 – 2:45 p.m.

Joint UNDP/UNFPA informal consultation on the report on follow-up to recommendations of the Programme Coordinating Board of UNAIDS

I. Introduction

1. The HIV pandemic remains a global crisis fuelled by inequalities that demand we build on our successes and act with greater urgency to reach the millions still being left behind. While there has been significant progress in the AIDS response, it is extremely uneven and fragile.
2. More people are on treatment than ever before. Some 25.4 million of the 37.9 million people living with HIV are accessing life-saving antiretroviral therapy, but 12.6 million people are not. The increased access to antiretroviral therapy has averted an estimated 12.1 million AIDS-related deaths since 2010. This has resulted in the lowest number of estimated AIDS-related deaths since 1993. There were an estimated 690 000 AIDS-related deaths in 2019, which reflects a 39% reduction since 2010.
3. Thirteen countries have achieved the 90–90–90 targets, resulting in at least 73% of people living with HIV having viral load suppression. These include Australia, Botswana, Cambodia, Ireland, Namibia, the Netherlands, Rwanda, Spain, Thailand, Uganda, Zambia and Zimbabwe. Eswatini and Switzerland have made the remarkable achievement of also surpassing the 2030 target of 95–95–95. Progress in the AIDS response shows that the SDG 3 target of ending the AIDS epidemic as a public health threat could be within reach if people centred, evidence and rights based responses can be scaled up.
4. Progress on reducing new HIV infections remains slow despite significant progress in several high-burden countries. There were 1.7 million new HIV infections in 2019, three times more than the global target for 2020 of 500 000. New HIV infections have reduced by 23 per cent since 2010, in part because of substantial reductions achieved in eastern and southern Africa (by 38 per cent), led by South Africa, with a 53 per cent reduction. In contrast, new HIV infections continue to rise in eastern Europe and central Asia (by 72 per cent), in Latin America (by 21 per cent) and in the Middle East and North Africa (by 22 per cent).
5. New HIV infections and AIDS-related deaths lie upon the fault lines of inequalities. Stigma and discrimination, together with punitive laws, policies and practices, as well as other social inequalities and exclusion, are key barriers to ending AIDS. Sixty-two per cent of new adult HIV infections are among key populations and their sexual partners, which is an increasing trend over the past five years. Women and girls accounted for about 48% of all new HIV infections in 2019. In sub-Saharan Africa, women and girls accounted for 59% of all new HIV

infections. Every week, 4500 adolescent girls and young women between the ages of 15 and 25 years are becoming infected with HIV in sub-Saharan Africa. Countries are also failing to identify and reach children and young adolescents living with HIV. Only 950 000 children receive HIV treatment, far below the target of 1.6 million set for 2018. That means that more than 850 000 children are still not accessing treatment, with one in five of those children residing in South Africa.

6. Financing for AIDS responses has declined globally. Donor and domestic resources for AIDS declined by 7 per cent between 2017 and 2019. UNAIDS estimates that resources needed by the end of 2020 are US\$26.2 billion, compared to US\$19.8 billion currently available, leaving a gap of several billion dollars. This gap has grown in recent years as the number of people living with HIV in low- and middle-income countries has increased by 25% over the past decade and the number of new HIV infections remains high. Because of persistent inequalities, the prevention and treatment gap and the reduction in financing for AIDS responses, the 2020 AIDS targets will not be achieved. We are not on track to reach the targets agreed in the 2016-2021 UNAIDS Strategy.

II. HIV and COVID-19

7. COVID-19 has seriously impacted the AIDS response including by posing significant risks to the continuity of HIV and other essential services. Even before COVID-19 the world was not on track to reach the targets in the 2016-2021 strategy. And now the COVID-19 pandemic is threatening to reverse hard-won progress. The Joint Programme is collaborating at country, regional and global level to support COVID-19 responses, building on the lessons learnt from the HIV response. Action is being taken to scale up multisectoral HIV and health responses, establish partnerships for financing, highlight the important role of communities and ensure the meaningful engagement of vulnerable populations while calling for countries to ensure that human rights guide responses.
8. Joint UN Teams on AIDS can reprogramme up to 50% of the 2020 UNAIDS country envelope funds, amounting to US\$ 12.5 million, for HIV and COVID-19 related activities. UNFPA has country envelope funding totalling \$ 3.9 million in 70 countries, of which the total amount directly reprogrammed for COVID-19 activities has been 14%. The majority of countries - 37, or 52% - reported rescheduling activities or repurposing around COVID-19 in broad terms. This has principally been for community and youth engagement and support, for example through online communications and helplines on remote counselling and referral for HIV/Sexually Transmitted Infections (STI) prevention, sexual reproductive health and rights (SRHR), prevention of gender-based violence (GBV) and psychosocial and mental health; livelihood support to key populations; and provision of contraceptives, hygiene and medical kits. UNDP has country envelope funding totalling US\$ 2.9 million and has reprogrammed 13% towards COVID-19 related activities in 21 countries. Activities are geared towards

community support, engagement and innovation to protect those at highest risk of acquiring COVID-19 and to maintain the delivery of services for people living with HIV. Funds are also being used to promote human rights and equity in countries where people living with HIV and key populations are criminalized or face barriers in accessing health services and testing.

Disruption of HIV services

9. 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 22.3 million of the 37.9 million people living with HIV are virally suppressed despite the widespread availability of antiretroviral (ARV) treatment.
10. The COVID-19 pandemic is already disrupting essential health services, including SRHR and 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](#) shows that a six-month complete disruption in HIV treatment could cause more than 500 000 extra deaths from AIDS-related illnesses in sub-Saharan Africa in 2020 and 2021, bringing us back to 2008 AIDS-related death rates. A six-month disruption in HIV treatment among 20% of the population could lead to an excess of 110 000 deaths in 2020 and 2021. It would also result in a twofold increase in mother-to-child transmission of HIV.
11. UNFPA and partners estimate that six months of significant health service disruptions that could include integrated SRH and HIV services, could result in 47 million women in low- and middle-income countries going without contraceptives, leading to an additional 7 million unintended pregnancies. The number of maternal deaths is also expected to increase.
12. Lockdowns and border closures imposed to stop COVID-19 are impacting both the production of antiretroviral medicines and their distribution, potentially leading to increases in their cost and to supply issues, including stock-outs over the next two months. The final cost of exports from India could cost between 10% and 25% more than normal prices (between \$ 100 million and \$ 225 million more). Multi-month dispensing of antiretroviral medicines could assist in maintaining distribution and reducing the risk of treatment disruption. If these policies are fully implemented, an estimated 28% reduction in clinic visits could be achieved.
13. Under “lockdowns”, many key populations have struggled to survive, with no source of income and little support via social protection and Covid-19 assistance packages. Sex workers, transgender persons, people who use drugs and those engaged in the informal sector have been especially impacted in this regard. This has caused continued sex work that increased risk of both HIV and SARS-COV-2 transmission, as well as increased risk of violence.

14. Under the leadership of UN Resident Coordinators and WHO, Joint UN Teams on AIDS are supporting countries to maintain, strengthen and transform HIV and health systems in the face of COVID-19. This includes procuring urgently needed health commodities, strengthening health infrastructure, and assuring treatment continuity by diversifying service delivery, including promoting multi-month dispensing and strong community facility linkages. In many cases, HIV programmes and services are being adjusted to better complement emerging needs in responding to COVID-19 or are being repurposed to serve the twin goals of supporting COVID-19 and HIV responses.
15. UNDP supports countries to procure health commodities, scale up the use of digital technologies in crisis management, and ensure health workers are paid as part of the broader UN response captured in the Global Humanitarian Response Plan. To date UNDP has supported 128 countries for COVID-related health procurement in the amount of \$105 million.
16. UNFPA is supporting countries to maintain integrated sexual and reproductive health and HIV prevention services, address sexual and gender-based violence and help young people to play a lead role in COVID-19 responses. UNFPA and UNAIDS are co-chairs of the Global HIV Prevention Coalition (GPC) which has a Roadmap that provides a focus on five key pillars: combination prevention for adolescent girls, young women and their partners; combination prevention for key populations; comprehensive condom programming; voluntary male medical circumcision and sexual and reproductive health services for men and boys; and rapid introduction of pre-exposure prophylaxis (PrEP). Even while certain approaches such as male circumcision have been put on hold, during the COVID-19 pandemic, the GPC has been ensuring that the importance of these interventions is maintained, including approaches such as HIV testing and Comprehensive Sexuality Education (CSE).

UNFPA is leading testing of new International and Technical Programmatic Guidance on Out-of-School CSE in Colombia, Ethiopia, Ghana, Iran and Malawi to implement and evaluate the best approaches to deliver CSE out of school, as well as to have evidence-based data regarding CSE for left behind young people. Separately, [UNFPA has teamed up with Prezi](#) to help inform young people around the world about COVID-19 and what they can do to keep their friends, families, and communities safe. This resulted in the development of videos on topics covering sex, sexual health and COVID-19, and youth, gender and COVID-19, which were recreated over 200 times in more than 20 languages, with more than 500,000 views.

17. The pandemic is having a significant negative socio-economic impact on key populations including young key populations and young people living with HIV. In the Asia Pacific region, the Interagency Task Team on Young Key Populations, which includes UNDP and UNFPA, as

well as UNICEF, UNESCO, UN Women, UNODC, the UNAIDS Secretariat and key population regional networks (Youth Lead, APCASO, YVC, Y-Peer, among others) has launched a rapid response survey. The survey assesses information needs, medication on hand, and ability to access HIV services and support networks among young key populations and young people living with HIV during COVID-19 outbreaks. Preliminary findings indicate that 46% of young people noted that the restrictive measures put in place to curb the spread of the pandemic are affecting them in accessing food supplies and basic commodities that they need daily to survive.

18. The Asia Pacific Transgender Network (APTN) conducted a [COVID-19 Rapid Assessment](#) to document the challenges faced by trans and gender diverse people during the outbreak. The survey was conducted in March 2020, and at that time, 32.95% of respondents were struggling financially. Of the others, only 11.4% were able to sustain themselves beyond seven weeks. In **Bangladesh**, a [rapid assessment](#) to better understand the physical, mental and financial vulnerabilities of the transgender and *hijra* communities was conducted. 95% of those interviewed had a decrease in their daily incomes with 81% reporting a decrease in their diet. More than 90% of respondents felt that they would not get enough food in the next seven days. Through implementing partners, UNFPA has provided commodities like soap, masks, tissue and hand sanitizers for infection prevention to 2266 female sex workers and conducted COVID-19 prevention awareness training with sex workers. However, additional resources are required to ensure ongoing support is provided to sex workers during COVID-19 related brothel closures.

Global Fund to Fight AIDS, TB and Malaria

19. A [Global Fund survey](#) across 106 countries showed disruptions impacting approximately three-quarters of HIV, TB and malaria programs. The Global Fund estimates that approximately US\$28.5 billion is required for the next 12 months to adapt HIV, TB and malaria programmes to mitigate the impact of COVID-19, to train and protect health workers, to reinforce systems for health so they don't collapse, and to respond to COVID-19 itself.
20. In response to the COVID-19 crisis, the Global Fund has introduced flexibilities for countries, including the ability to repurpose assets and resources of Global Fund grants to ensure health systems are better prepared to respond to the crisis. The Global Fund has launched the COVID-19 Response Mechanism (C19RM) which provides countries with additional funding of up to US\$500 million. UNDP is supporting countries (particularly in capacity-constrained environments, including fragile and conflict settings) to access and deliver those resources.
21. UNDP has supported countries, many of which face capacity challenges, to make the most of the Global Fund's flexibilities and new funding opportunities for COVID-19 responses, including accessing the C19RM. Through grant flexibilities, UNDP has accessed US\$12.5 million for 16 countries and one regional grant. Through the C19RM, the Global Fund has

approved an additional US\$36 million for UNDP to support country responses, with US\$27 million in the pipeline for approval.

22. The additional funding has enabled UNDP to accelerate health systems strengthening, ensure the continuity of essential services, and provide critical support to communities. In **Afghanistan**, UNDP has supported strengthening the capacity of the Central Public Health Laboratory in Kabul, and is working with the Ministry of Public Health, WHO and other partners assessing needs, and rolling out specialized testing, scaling up emergency response services, and improving data management. In **Mozambique**, the UNDP and Global Fund partnership is strengthening laboratory capacity for decentralized COVID-19 testing and increasing access to COVID-19 and other health services at the sub-national level through construction, rehabilitation and installation of prefabricated clinics. In **Kyrgyzstan**, the partnership has helped deliver essential personal protective equipment and medical supplies to first line COVID-19 response doctors and nurses, including 90,000 masks and 2,000 respirators. In **Burundi, Djibouti and Guinea Bissau**, the UNDP-Global Fund partnership in collaboration with governments have pioneered a new mobile technology initiative which introduced real-time monitoring using mobile tablets to digitize HIV, TB and malaria data to map, track, prevent and treat health outbreaks in real time. These district health information systems have now been expanded to include COVID-19 data.
23. UNFPA has provided technical inputs into the development of over 20 country Global Fund proposals in 2020, taking account of COVID-19 with particular focus on ensuring more effective programming and monitoring around HIV prevention and integrated services.
24. In the context of COVID-19 and including as a part of Global Fund reprogramming, UNFPA country offices are also engaged in supporting reprogramming Global Fund grants to ensure key populations and other vulnerable groups receive adequate attention with regards to HIV prevention and treatment. In **Armenia**, three clinical guidelines on elderly care developed with support of UNFPA were approved by the Ministry of Health and are available online. UNFPA also provided the next set of PPE to the Ministry of Health, Ministry of Labour and Social Affairs, and the Office of Human Rights Defender. In **Uzbekistan**, within the framework of the approved UN COVID-19 Response and Recovery Multi-Partner Trust Fund (focusing on support to early recovery and inclusive service delivery for vulnerable groups heavily affected by the COVID-19), UNFPA is providing inclusive legal, psychosocial, and direct support to disabled women and girls as well as GBV survivors through shelters, hotlines and social media. UNFPA **Indonesia**, in collaboration with OPSI (national network of sex workers) and four Global Fund partners (IPPA Jakarta Chapter, IPPA Papua, Yayasan Kerti Praja and Yayasan Kalandara) implementing female sex worker programmes, implemented a rapid assessment and response. The assessment demonstrated that many HIV prevention and treatment services were closed due to the unavailability of PPE, and some essential services limited their operating hours or number of patients per day.

Inequalities

25. The UN is deeply concerned about the impact of COVID-19 on populations left furthest behind. Migrants, refugees, indigenous persons, people living with HIV, key populations, women and girls, persons with disabilities, and 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. This underscores the need for a people-centred response that engages communities affected by COVID-19 and which respects human rights, inclusion, gender equality and dignity for all.
26. UNFPA estimates that six months of lockdowns could lead to 31 million additional cases of gender-based violence, and an additional 15 million more cases for every three months the lockdown continues.
27. The COVID-19 pandemic is compounding the challenges that key populations already face in realising their rights, including in accessing safe and quality health services. With four billion people in lockdown worldwide, there are a growing number of reports of emergency powers being used, including in digital spaces, to violate the rights of key populations and impede their access to services. LGBTI 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. Sex workers have seen significant loss of earnings -- with some requiring food handouts. They may be also less able to negotiate safer sex. UNODC [reports](#) significantly heightened risk of COVID-19 spread in prisons and other closed settings. They urge reduction of overcrowding, maintenance of prison health services and respect for human rights. For people who use drugs, a [report](#) highlights the urgent need to maintain harm reduction services, ensure clean and hygienic service outlets, continue low-threshold access and delivery of psycho-social and drug treatment therapies.
28. The Joint Programme released a [joint statement](#) with the Network of Sex Worker Projects providing guidance to countries on supporting and working with sex workers during the COVID-19 pandemic. Joint UN statements on [COVID-19 in prisons and other closed settings](#), and on [ensuring access to quality, safe, and non-discriminatory services for HIV key populations and migrants in the context of the COVID-19 pandemic were issued over the last few months](#). The IAWG on HIV and key populations released a further statement on the adverse impact of COVID-19 on key population safety, wellbeing and health, calling on Member States to ensure inclusive support systems and services for all.
29. In the **Dominican Republic**, UNDP is using targeted surveys among LGBTI and sex work organizations to provide health kits and food kits to gay men, transgender people and sex workers across the country. A regional survey is also being conducted in **Barbados, Grenada, Guyana and St Lucia** to understand the socio-economic impact of the COVID-19 pandemic on

LGBTI communities. The results will be used to inform programmatic activities and will serve as a baseline assessment of the impact of public health measures on the community as the pandemic unfolds.

30. UNDP is supporting the **Eurasian Key Populations Health Network (EKHN)** and other partners with the roll out of global research to measure the impacts of COVID-19 on trans health and trans health care systems. It will also assess the potential consequences of the pandemic on the physical and mental health of trans-people.
31. The COVID-19 crisis threatens to push back the gains made on gender equality. It also exacerbates the feminization of poverty and vulnerability to violence. Women are among the hardest hit by this pandemic, but they continue to be the backbone of recovery in communities. Policy responses that recognize and promote 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. For example, 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.
32. 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 ICPD25, 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.
33. COVID-19 creates an opportunity to “Build Back Better” in responses for women and girls – to advance key actions that have always been needed but require intensified political will and investment. The Joint Programme launched a guide entitled “Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic”. It is designed to provide recommendations to governments to confront the gendered and discriminatory impact of COVID-19.

Sexual and reproductive health and rights (SRHR)

34. In the response to COVID-19, SRHR is a significant public health issue that demands urgent and sustained attention and investment. Guided by the UNFPA Global Response Plan (GRP) strategic priorities and accelerator interventions, UNFPA has contributed to the elaboration

of the *UN Framework on the Immediate Socio-Economic Response to COVID-19*, with regard to the inclusion of SRHR issues. The three strategic priorities of the GRP are (1) Continuity of SRH services and interventions, including protection of the health workforce; (2) Addressing GBV and harmful practices; and (3) Ensuring the supply of modern contraceptives and reproductive health commodities. Addressing adverse impacts to the supply and distribution of condoms and lubricants is a key part of this. Accelerator interventions include leaving no-one behind, data, risk communication and stigma reduction, and youth engagement.

35. Examples include scaling up the distribution of dignity kits to girls, women, including pregnant and lactating women as well as people living with HIV and people living with disabilities through UNFPA's partnership with WFP in **Namibia**.
36. In **Angola**, the distribution plan for contraceptives, including male and female condoms, was finalized. The commodities will be distributed among the 150 health facilities in Luanda Province, to ensure the supply of modern contraceptives and other reproductive health commodities. During the distribution, it was noted that the stock-out of second-line ARV treatment still persists.
37. In **Uganda**, UNFPA and ride-hailing company SafeBoda launched an e-Shop that will enable users in Kampala and Wakiso districts to order and receive reproductive health commodities using a "Personal Health Shop," that is available through the SafeBoda App. Users can order condoms, contraceptives pills, HIV test kits, pregnancy test kits and Mama Kits conveniently and privately during the ongoing COVID-19 pandemic.
38. The UNFPA West and Central Africa regional office published a practical guide and lessons learned from a 20-year review of pandemics. The findings provide guidance on ensuring the continuity of reproductive, maternal, neonatal and adolescent health in times of pandemics. The review looked at past pandemics including SARS-CoV-2, HIV, Ebola Virus Disease, Zika and MERS-CoV.
39. In **Cape Verde**, UNFPA supported the adaptation of the District Health Information Software 2 (DHIS2) for the integration of a COVID-19 module aimed at adequately managing COVID-19 data and strengthening Risk Communication and Community Engagement. This is done through support to the National Institute of Public Health, NGOs, youth associations and networks of people and women living with HIV/AIDS.
40. In **Togo**, as part of the fight against COVID-19, the UNFPA office has mobilized a total of US\$1.7 million from two financial partners for the continuity of family planning services in health facilities in the Maritime and Savannah region. A plan to sensitize midwives by other seniors is underway, under the implementation of the Association of Midwives of Togo (ASSAFETO). There are about 600 midwives in the healthcare system in Togo who benefit

from psychological support that strengthens their coping mechanisms in the difficult work of the COVID-19 context.

41. In **Eswatini**, UNFPA, in partnership with WFP and the SRH Unit in the Ministry of Health have produced a Short Message Service (SMS) mobilization campaign. Together with food relief messages, these are sent to communities by WFP. The campaign aims to reach 80,000 young women who receive assistance through the WFP COVID-19 relief project in Eswatini. The campaign aims to encourage uptake of family planning services among women of reproductive age, including adolescent girls. And in part, the messages raise awareness on available innovations for limiting overcrowding in the already overburdened health facilities.
42. In **India**, UNFPA trained outreach health workers on SRHR-HIV integration in partnership with the HIV Alliance and Gujarat State AIDS Control Society. In **Iran**, UNFPA supported online training workshops on HIV prevention among women, men, adolescents and youth most at risk. And, in the **Philippines**, UNFPA supported the Condom Hero Programme, a community initiative that provides free condoms to people affected by quarantine measures through delivery via bicycles.

Community responses

43. The AIDS response has been led by people living with HIV, women and other key populations. It has shown that people-centred responses that engage and empower communities, and promote human rights and gender equality, are critical to success. Multi-sectoral, gender-responsive, rights-based and community services have been key to the most important advances in preventing new HIV 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. Countries must engage and empower them to support in delivering services, building trust, and tackling misinformation and disinformation.
44. 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.
45. In **Angola**, at the request of the Luanda Provincial Authorities, UNDP is working with communities to support the development of a Community Engagement Strategy for COVID-19. Under the strategy, hundreds of community volunteers from the Interfaith Platform for COVID-19 and the Angolan Network of AIDS service organizations will deliver COVID-19 prevention, care and support services. As local transmission cases are increasing, UNDP is supporting the Luanda Provincial Government to mobilize funds to support the strategy, including through private sector partnerships.

46. In **Panama**, UNDP and the Global Fund are working with partners to provide services to key populations, including Asociación de Hombre y Mujeres Nuevos de Panamá (AHMNP), Asociación Panameña de Persona Trans (APPT) and Asociación Viviendo Positivamente (AVP). Partners are utilizing digital communication platforms to minimize the impact of COVID-19 on HIV prevention services for key populations. Using social media platforms, partners are delivering preventive health messages. In addition, health promoters are establishing online conversations with those at risk and offering follow up services in the form of local meetings where condom distributions and HIV testing can take place.
47. In **Samoa**, the MSM Thrive Initiative has been supported by UNDP, which provides HIV and sexually transmitted infections (STIs) testing and counselling for gay men and other men who have sex with men and transgender people, is responding to increasing requests for services. To ensure vital sexual health services continue to reach marginalized people, video calls and messaging on social media sites have been employed. For those requiring face to face services, masks are provided, and people have their temperatures taken before being tested and counselled. To support broader outreach activities, prevention packages consisting of brochures, condoms and lubricants are being dropped off at agreed locations to avoid physical contact.
48. In **Zimbabwe**, UNDP, with support from the Global Fund, is working with the organization *Gays and Lesbians of Zimbabwe (GALZ)*. In light of COVID-19, GALZ are adapting services to use virtual platforms to deliver online counselling and psycho-social support. The *Centre for Sexual Health and HIV AIDS Research (CeSHHAR)*, is also providing outreach support to sex workers utilizing WhatsApp, with support from peer educators. Clients who visit health centres are screened for COVID-19, and COVID information is included in all education and communications outreach.
49. In **Eritrea**, the National Union of Eritrean Youth and Students (NUEYS), established in partnership with UNFPA, has used community mobilization and awareness raising campaigns to fight HIV and AIDS, as well as harmful practices. Using its experience and network more than a thousand members have been deployed across the country to monitor people's movement, create awareness of the coronavirus, and provide support to needy community members, with a focus on young people.
50. Operation SALAMA, supported by UNFPA in **Morocco**, brought together civil society, youth groups, health worker associations, government and the private sector to provide pandemic information, supplies and support. It reached 275 health centres, maternity hospitals, social protection centres, prisons, child protection centres, women's homes and service associations, covering more than 90 urban and rural localities. The initiative is helping to remove barriers to care and support services, promoting healthy behaviours, and calling for safe and inclusive working environments that ensure respect for women's rights, dignity and equality.

Human rights, stigma and discrimination

51. HIV has shown that restrictive, stigmatizing and punitive measures can lead to human rights abuses, with disproportionate effects on already vulnerable communities. COVID-19 requires multi-sectoral, rights-based and community-led responses. As with HIV, enabling legal and policy environments and human rights programmes to reduce stigma and discrimination and remove human rights barriers to services are critical for encouraging people to come forward for COVID-19 testing and treatment.
52. UNDP, WHO, UNAIDS and the O'Neill Institute for National and Global Health Law at Georgetown University launched the [COVID-19 Law Lab](#). This initiative gathers and shares legal documents from over 190 countries across the world to help states establish and implement strong legal frameworks to manage the pandemic. It includes state of emergency declarations, quarantine measures, disease surveillance, legal measures relating to mask-wearing, social distancing, and access to medication and vaccines. The goal is to ensure that laws protect the health and wellbeing of individuals and communities and that they adhere to international human rights standards.
53. 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.
54. Drawing from the experience of supporting 89 countries to repeal and reform discriminatory laws and policies in line with the recommendations of the Global Commission on HIV and the Law, UNDP is working with partners to develop a Legal Scan Tool for COVID-19. This resource will support national decision makers to ensure that the laws, regulations and policies they enact and implement as part of COVID-19 responses are compliant with international law obligations and in line with evidence- and rights based good practices. Working with WhatsApp, UNDP, WHO and UNICEF and are working to dispel misinformation and stigma through an information hub that also provides a platform for telemedicine and virtual classrooms.
55. In 2019 the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination (Global Partnership), led by the UNAIDS PCB NGO Delegation and co-convened by UNDP, UN Women, UNAIDS and GNP+, launched its implementation phase, which to date has seen 16 countries commit to delivering interventions to address HIV stigma and discrimination across six settings: Healthcare, Household, Justice, Workplace, Education and Emergency/Humanitarian. As the technical lead of the UN Framework on the Immediate

Socio-Economic Response to COVID-19, UNDP worked with partners to support the inclusion of the Global Partnership in the framework and its implementation. In response to reports of violence and abuse perpetuated against healthcare workers, sex workers, women and girls, people who use drugs, LGBT people and vulnerable groups such as prisoners and migrants in the COVID-19 context, the Global Partnership developed an action plan to strengthen community-led responses to COVID-19. In the **Democratic Republic of Congo**, UNDP is training community health care workers to address HIV and COVID-19 related stigma and discrimination in health care settings and is supporting a legal clinic which is providing psychosocial, legal and judicial assistance to victims of gender-based violence.

Financing and Efficiencies

56. 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. 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.
57. The social and economic impact will hit the most vulnerable and marginalized hardest. In this context, in order to achieve the health-related goals and targets of the 2030 Agenda, the imperative to strengthen social protection systems and leverage investments and efficiencies for HIV and COVID-19 is greater than ever. In **Eastern Europe and Central Asia**, UNDP is conducting an assessment of the social and economic benefits of NGO social contracting for HIV service provision. The assessment will examine the range of benefits to inform governments, decision makers and other stakeholders of the importance of establishing and investing in functional NGO social contracting mechanisms in crisis and health emergencies such as COVID-19. In **India**, UNDP is working with civil society to roll out social protection schemes under the COVID-19 Welfare Package. People living with and affected by HIV can access the schemes through a registration process facilitated by outreach workers. A GIS-enabled Entitlement Tracking Portal will be used to provide information and link beneficiaries to different welfare schemes.

III. Conclusion

58. 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. COVID-19 responses can shape the next UNAIDS Strategy, as well as the achievement of HIV-related SDG targets.

59. 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 from the core business of ending AIDS as a public health threat by 2030. COVID-19 can be a catalyst for a visionary and ambitious post-2021 UNAIDS Strategy that protects and builds upon what has been achieved by the AIDS response.
60. The Joint Programme's strengths are as vital for ending AIDS as they are for tackling the COVID-19 threat: uniting a global partnership; speaking out in solidarity with the people most affected and in defence of human dignity, human rights and gender equality; mobilizing political, technical, scientific and financial resources, and; holding itself and others accountable for results and supporting inclusive country leadership to end AIDS. The goal of ending AIDS is integral to achieving the SDGs and the resilient systems that will be needed to achieve them. The COVID-19 pandemic has not altered the direction of this ambition – it has made it all the more urgent.