



### Contributing Participants

- Awori Ruth
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### **After the 40 years of the HIV response, it's time to end inequalities.**

The High-Level Meeting (HLM) on HIV and AIDS took place between 8th and 10th June 2021 using hashtags like #HLM2021AIDS, #HLM2021Pact. The HLM on HIV was a crucial moment for the HIV response as governments and key partners from around the world reviewed the progress made in reducing the impact of HIV since the last HLM in 2016 and adopt a new political declaration to guide the future direction and targets of the response. "The world cannot afford to underinvest in pandemic preparedness and responses," said Winnie Byanyima, the Executive Director of UNAIDS. "I strongly urge the United Nations General Assembly to seize the moment and commit to taking the actions needed to end AIDS."

The HLM on HIV provided a unique opportunity for young people to advocate for the inclusion of their priorities to end AIDS in the new political declaration. This was evident during a side event Youth-led and youth-friendly services to end inequalities and to end HIV organized by The PACT, ANAYD, Y+ Global, and other regional and global youth partners/networks in the HIV response that took place on 07/June/2020.

Jens Spahn, highlighted the importance of empowering young people, providing CSE & SRHR, and supporting community-based and -led initiatives in Germany's AIDS response. "Using lessons from the past 40 years, I urge countries to show commitment and leadership to end AIDS."

The reports shared during the different meetings showed that countries with progressive laws and policies, strong and inclusive health systems have had the best outcomes against HIV. In those countries, people living with and affected by HIV is more likely to have access to effective HIV services, including HIV testing, pre-exposure prophylaxis

(medicine to prevent HIV), harm reduction, multimonth supplies of HIV treatment and consistent, quality follow-up and care.

"High-performing countries have provided paths for others to follow," said Winnie Byanyima, the Executive Director of UNAIDS. "Their adequate funding, genuine community engagement, rights-based and multisectoral approaches, and the use of scientific evidence to guide focused strategies have reversed their epidemics and saved lives. These elements are invaluable for pandemic preparedness and responses against HIV, COVID-19 and many other diseases."

"Pandemics thrive in, and widen, the fault lines and fractures of society. To end AIDS, we need to end the intersecting injustices that drive new HIV infections and prevent people from accessing services." Said Amina J Mohammed

It's never been more important to invest in the AIDS response, but resources are limited. During a discussion at #HLM2021AIDS, panellists spoke about the importance of investing in the right interventions, places, and people.

"When I was 10, I started taking a daily pill that saved my life. Today, this little magic pill is saving the lives of 27 million people with HIV around the world. This little pill gives us hope," said, Yana Panfilova

"We look to our fellow member states to work with the United States to ensure all people have access to quality HIV services, regardless of who they are or who they love," "Ending AIDS is within our reach but we cannot achieve this goal if we deny people's sexual and reproductive rights or foster discrimination," says Secretary Antony Blinken, The United States Secretary of State.

"Let us redouble our efforts to support the most vulnerable populations, to defend human rights and to promote gender equality," says Olivier Véran, Minister of Solidarity and Health for France.

## Opening plenary

Moderated by: Mr. Volkan Bozkir, President of the 75th session of the United Nations General Assembly

### *Speakers:*

- *Ms. Amina J. Mohammed, Deputy Secretary-General of the United Nations*
- *Ms. Winnie Byanyima, Executive Director of the Joint United Nations Program on HIV/AIDS (UNAIDS)*
- *Ms. Yana Panfilova, woman openly living with HIV, member of GNP + Global Network of People Living with HIV*
- *Ms. Charlize Theron, founder of the Charlize Theron African Outreach Project, United Nations Messenger of Peace, actress and producer*

The session was opened by Mr. Volkan Bozkir, President of the 75th session of the General Assembly on AIDS, who announced the implementation of resolutions related to HIV and political declarations on the virus and the need to accelerate work to eliminate AIDS by 2030, after the long mile since the first case appeared four years ago. contracts. Since the 2016 high-level meeting, a group of countries have achieved the desired goals, but other countries have stumbled and failed to achieve tangible goals due to the lack of investments, and thus the most vulnerable countries have become the most affected by AIDS. The problem is not only a health problem, but a development challenge for society, as Covid 19 Trends and emergencies impede the progress that has been achieved, in addition to the stigma and discrimination in a group of countries that affect me in achieving the desired goals. Therefore, in order to achieve it, we must eradicate injustice and all countries must engage extensively and unite among themselves to eliminate AIDS by 2030. AIDS has recently become ravaging only those in the flower of life between the ages of 15 and 19 years, especially girls and women, so the member states must accelerate efforts and raise the alarm in order to eliminate the stigma of discrimination and violence in order to eliminate AIDS and the need to start from now on.

The Deputy Secretary-General, Amina Muhammad, emphasized that we have the knowledge and everything that will make us reach our goals, and that the journey to the future is not easy because AIDS touches on issues believed to be sensitive, which include sexual and gender issues and interfering injustice, which hinders the achievement of goals. Societies and civil society engage in the front lines of the response in order to achieve the desired goals. COVID-19 has taught us a lot to address and eradicate injustice as it causes HIV infections. Through health structures and civil society and their solidarity, we will address them, but we need funding and injecting a group of funds to advance projects in order to respond to the eradication of AIDS.

Winnie Byanyima stated that the rates of HIV infections and deaths do not follow the desired path in reality, and this is due to the injustice in the field of rights because it

causes the survival of the epidemic. COVID-19 showed that science is monopolized as a global commodity by political movements, but science must be used in order to eliminate inequality, and it stressed the need for quality education, especially for girls and women, in addition to the need to restructure debts and establish a mechanism for settling the International Fund by pumping to poor and medium countries. In order to intensify and eliminate all forms of discrimination in all countries and continents, and not be concentrated in one continent or some countries.

While Yana, being one of those infected with AIDS, spoke about the need for AIDS not to remain a secret they are afraid to live and talk about in front of everyone. President Biden can change the future as he did with the Covid pandemic. Failure to respond to AIDS leaves behind millions of LGBT people, sex workers, drug users, immigrants, prisoners, adolescents, young people, women and children who deserve a better happy life. We can end AIDS by 2030 if we include radical solutions and tough decisions for advancing our goals.

**Charlize Throne** emphasized that the failure to achieve the goals is due to inequality, sexual violence, discrimination and stigma on people. And that we must provide prevention, treatment and support services, and that we will end AIDS by 2030 if we commit to change.

**HASSAN ELLAZZAOU**

**Thematic Session 1: Addressing Inequality to End AIDS: 10 Years to 2030**

**Moderator: Mr. Per Olsson Friede, Minister for International Development Cooperation, Sweden**

*Moderator: Ms. Reddy Thoubi, member of the United Nations International Committee of Journalists*

*Speakers:*

*Dr. Simon M. Zwane, Principal Secretary, Ministry of Health, Eswatini*

*Ms. Winnie Byanyima, Executive Director of the Joint United Nations Program on HIV/AIDS*

*Professor Jeffrey D. Sachs, Director of the Center for Sustainable Development, Columbia University*

*Ms. Abhinya Ahir, Member of the Board of Trustees of the International Planned Parenthood Federation*

The session focused on the importance of addressing inequality as it is the mechanism that leads to the spread of AIDS. The Chair of the session stated in his speech that discrimination, stigma and inequality, in addition to the weak health services in some countries and the social obstacles that prevail, constitute barriers that impede progress towards eradicating HIV. HIV, which poses a threat to public health. As the COVID-19 pandemic revealed that integration is necessary to improve health outcomes by improving health systems and health outcomes by integrating the process of intervention, prevention and treatment, eliminating punitive and discriminatory laws that impede the elimination of AIDS, in addition to preparing programs that take into account the needs of the population. And to provide young people with making decisions and gaining information and the necessity of sexual education about AIDS.

As for **Abhinya Ahir**, as a transgender woman, she told the story of her suffering through discrimination and violence based on sexual orientation and sexuality. If it deviates from the required path because of COVID-19, it has revealed the vulnerabilities that affect homosexuals, transgender people, sex workers and drug users, as they are more vulnerable to AIDS.

While Ms. Winnie Byanyima, through analyzing the results of injuries and deaths, addressed the fact that AIDS feeds on inequality and that criminalization increases the risk of infection with AIDS, and developed a strategy based on the need to pay attention to health and education because they are necessary in the path to eradicating AIDS, as well as the need to reform the corporate tax system and address the problem of domination, pharmaceutical companies that acquire technologies that will help provide treatment and eradicate AIDS.

Where **Professor Jeffrey D. Sacks** stressed the need for planning and financing, and stressed the difficulty of financing and the need for money to achieve plans and goals. In order to eradicate AIDS, we need to put in place solid plans to reach the goals, as well as funding and reasonable timetables.

He sees **Dr. Simon M. Zwani**, Minister of Health in Eswatini, based on the experience of his country, which developed strategies through cooperation and cohesion between governments, civil society, religious organizations and partners, where the strategy of treatment and prevention of transmission from mother to fetus was used, and adolescent girls and women were targeted in raising awareness of the seriousness of this virus, as it prevented infection Associated HIV and tuberculosis, as well as pediatric AIDS treatment, care and support. He called for the need for international alliances to eradicate AIDS and to take the right decisions to eradicate AIDS within 2030.

### **Thematic Session 3: Resources and Funding for an Effective AIDS Response**

*Chair: Mr. Ken Ofori Atta, Minister of Finance of Ghana*

*Moderator: Mr. Jaime Atenza, Head of Health Financing, UNAIDS*

*Speakers:*

*Dr. Veronique Kilumba, Deputy Minister of Health of the Democratic Republic of the Congo*

*Mr. Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria*

*Mr. David Wilson, Head of Epidemiology and Health Security at the World Bank*

*Mrs. Adiba Kamaruzzaman, President of the International AIDS Society*

All members talked about the necessity of the stage we are going through, and that it is a decisive stage related to the positive results that have been achieved through examination and early detection of new infections and their tracking, and that everyone who is infected should adhere to and the need to benefit from antiretroviral drugs because AIDS is one of the biggest health threats It must be resisted. The current investments are very low in a group of countries, which causes a decrease in the level of lifespans, and we must seize the opportunity to increase investments and financing to advance and eradicate HIV by 2030. We must assume full responsibility and solidarity in an inclusive form and build sustainable solutions financing the fight against AIDS and the need for all countries to issue statistics and report all figures. But, in addition to funding, we must also combat inequality, sexual violence and the gaps that obstruct the path, as fighting the COVID-19 pandemic is a case for fighting AIDS by building a strong infrastructure to strengthen the fight so that what has been achieved is not lost and AIDS must be integrated into all plans. A national fund should be established to eradicate AIDS, mobilize human and financial resources for early detection of the disease, and improve governance in the private and public sectors in the health service.

The fight against the virus in a systematic and decisive manner requires mobilization for a battle that has not ended and commitment to ending it and setting specific goals for it. It is not possible to rely on funds only. There must be great political will and advocacy, removing all obstacles, effective prevention and rapid financing, in addition to investing in human capital. For parity in all investment paths. Health systems, fulfillment of the foundations of structures, and protection of the marginalized and vulnerable are necessary to eradicate AIDS.

**Title of the meeting: Ending Inequality**

**Children in the AIDS Response: Fighting complacency and closing the gaps**

**Organizers: EGPAF / UNAIDS / UNICEF / PEPFAR**

*At the beginning of this event, introductory speeches were delivered by Messrs.*

*Winnie Byanyima, Representative of the Joint United Nations Program on HIV/AIDS*

*-Dr. Anjali Asherkar, PEPFAR*

*-Dr. Jean-Jacques Mbongani Mbanda, Minister of Health of the Democratic Republic of the Congo*

*Henrietta Fore, UNICEF*

*-Machidiso Moeti for the World Health Organization, Africa*

*--Chip Lyons, for the Elizabeth Glaser Pediatric AIDS Foundation*

It included speeches of thanks for the efforts made by the institutions to promote the reduction and end of inequality of children in the response to AIDS and for their mobilization to achieve the desired goals.

The sessions were opened, and there were two sessions. For the first session, I was under the topic of inequality and the necessity of innovation for children's response to HIV. The interventions were made by:

*-Dr. Angela Mushavi, Ministry of Health and Child Services, Zimbabwe*

*-Dr. Nelly Mogo, University of Washington*

*Dr. Martina Pinzato, World Health Organization*

*- Luan Hattan, Bata*

*- Meg Doherty, World Health Organization*

During this meeting, the main intervention should be made to prevent transmission of the virus from mother to child in order to reduce infection in children through antiretroviral therapy for all women infected with HIV type P1L, and also care should be taken for pregnant and lactating women infected with the virus. AIDS and reduction of new HIV infections through seroconversion during pregnancy and lactation.

The move was made to innovations to prevent HIV, by updating the early diagnosis algorithm for infants, checking the condition of infected children, in addition to tracking the mother and child, and the need to pay attention to electronic health and digital applications. In addition to the creation of child case-finding methods, the need for priority interventions to eliminate mother-to-child transmission, by the need to commit and maintain positive performance-based funding for HIV for women and to introduce global antiretroviral treatment for all HIV-positive people, and so on to provide a differentiated service in maternal and child health with preventive treatment before exposure to the stressed and young.

While in the second session was under the title of Africa taking the lead for children, inputs were made by:

*-Dr. Margaret Agama Inayati, African Union Representative*

*-Rose Nyirenda for the National AIDS Control Program, Malawi*

*Dr. Catherine Ngogi, Representative, Ministry of Health, Kenya*

*-Dr. Linda Jill Becker, Desmond Tutu Health Foundation*

*-Dr. Siobhan Crowley for the Global Fund to Fight AIDS, Tuberculosis and Malaria*

-Florence I sleep on GNP +  
-Dee De Kepvi Tanka Peer Consultant at EGPAF, Lesotho  
Dr. Choi Lu, for UNICEF

Where the session focused on giving statistics to double the number of young people between the ages of 15 and 24 years by 2050, and they represent 20 percent of the population and have the highest rate of HIV prevalence. Data given that the risk of infection is twice that of men and that it constitutes 63 percent of all new infections and that six out of every seven new infections are between the ages of 15 and 19 years, therefore, strategies for preventing HIV during pregnancy must be considered in young women as end users.

Where the move was made to the need to improve antiretroviral treatment for children, and strategic interventions were drawn up for the children's system through the factors controlling them, and the need to accelerate the development of appropriate antiretroviral drug formulations for children and their accessibility, as urging the importance of meeting the needs and conditions of children and adolescents through models in inclusive community that integrates health, wellness and HIV service into COVID-19.

Turning this into a reality requires a fundamental political transformation. It means investing and trusting the communities and health workers on the front lines of leadership. This means transferring power and resources to them. Change happens in clinics, communities, and families. They know what is best. It's time to follow his lead

The closing speech was delivered by Dr. Rochelle Walinsky, representative of the American Centers for Disease Control and Prevention, urging the necessity of commitment, discipline, and pursuit of the desired goals.

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## **ENDING HIV WILL NOT COME EASY**

When listening to the “top guys” in the HIV global response about how we need to end HIV as a public health threat, achieve zero new infections 2030, you realize that it’s not a bed of roses as we may want it to be but rather until you actually look at the other side of the coin.

Attending the UN High level meeting on HIV was the eye opener with a lot of gaps mentioned, call to actions made yet we still need to wait for the political declaration to ascertain what will be taken into consideration as a priority.

Ever wondered the cross section between HIV with almost everything starting with business, human rights, health and well-being, the environment. Allow me take you to a simple reality check:

1. 29 billion dollars per year is what UNAIDS needs for the Global HIV response yet it’s almost the most underfunded UN agency
2. Young people living with HIV are HIV positive before the tags we love to call diversity yet some governments would rather first look at which key population group one belongs to before services are rendered.
3. East or west, home is the best they say but this is partly true and partly wrong in facilities where people living with HIV in their diversities access services. They are instead the source of stigma, discrimination, resentment, to mention but a few.
4. The young people are ready to take up leadership spaces but are the people in those positions ready to hand them over?

Those and more is what we need look at if we are to put an end to HIV. One evident aspect is that we all have a role to play.

The Government need to put in position systems that address inequalities at all levels, draft, approve and operationalize policies that support people living with HIV, design and implement HIV prevention inclusive programs and ensure availability of SRHR services by creating a domestic resource base. However, this doesn’t necessarily mean that the mentioned is all that we need, we need individuals to; utilize the availed SRHR services, be watch dogs and report any form violence in their communities, those with capacity contribute to the funding base for health services, inform program design to ensure acceptability in the communities and above all, pick interest in contributing to the fight towards ending AIDS as a public health threat.

Peter Sands made it clear that Ending HIV is not a problem that you can just throw money at, there is need for leadership and multi stakeholder engagement. This is centrally to what most of us thought since we believed that money is all it takes. We now know that it takes more than just dollars, pounds, rands, euros or any currency, we all need to play a part because winning this fight will not come easy.

## THE HIV VACCINE HAS BEEN FOUND!

Well! Well! Well!. It's been almost 4 decades of the world living with HIV. Unfortunately, it's a virus that despite the many years that it has been in existence, the scientific vaccine has not been found. If you compare it with the other epidemics that have broken out, various preventive measures have been put in position including the discovery and roll out of vaccines a case in point, the prominent COVID-19 for which even before making a year in existence, the vaccine is already on market and already in use.

Since it's outbreak, the number of people living with HIV globally have gone up to 37.6 million. Uganda alone has a population of almost 43 million people and as of the end of 2020, with 1,431,553 people living with HIV. Excellent progress has been made towards the UNAIDS "90-90-90" 2020 targets with 89% of the population aware of their HIV status and 94% of these on ART, of which 90% of people are virally suppressed. Despite the remarkably great progress made, we still report a great number of new HIV infections with a great incidence among low & middle income countries and particular categories of people including Adolescent girls and young women, female sex workers, men who have sex with men, lesbians, trans genders, and more. In most communities, these are said to belong to the key populations category.

Have you ever wondered why the incidence is high among these people??? Well, most of you could be thinking of reasons like "It's because they practice unsafe sex" or "They are practice risky behaviors" or "They are simply reckless in their way of lives". In all honesty, you have the right to think so because it's a free world. Well, here is what I know as the cause for the high precedent. **INEQUALITIES** (it's that simple) Unsafe sex, risky behaviors, all happen because of inequalities that are suffered by the "key populations"

While attending the 2021 UNAIDS High Level Meeting on HIV, the different speakers emphasized the need to end inequalities if we are to end HIV. The inequalities discussed ranged from economical inequalities, gender inequalities, the inequalities in quality of services offered and much more. These in turn affect the access and utilization of HIV prevention services. In her speech, Dr. Winnie Byanyima mentioned that in order to address the HIV epidemics, we need to address the gaps fueling inequalities. From my own lens, these include rigid cultural and religious norms, the absence of supportive policies and operationalization of those present.

A vaccine is meant to prevent an epidemic and this is something we can say that is ending the inequalities will do. According to Professor Jeffrey Sachs, we need to have goals, rigorous plans to achieve the goals, timelines and financing to address the inequalities. On that note, Dr. Winnie Byanyima mentioned that UNAIDS is to address inequalities by measuring the successes depending on how the agency is addressing gaps in inequalities.

All that we need now is the commitment by member states to champion the end of inequalities through ensuring the presence of domestic health financing, revising all the discriminative policies, ensuring that supportive policies are in place & are operational, addressing the rigid unsupportive cultural and religious norms and above all ensuring meaningful youth involvement in all these.