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The Node ... where a leaf arises from a stem

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PRESS RELEASE

UNAIDS Board adopts new global AIDS strategy which paves the way to end AIDS by 2030

The new Global AIDS Strategy 2021–2026, End Inequalities, End AIDS, is a bold approach that uses an inequalities lens to close the gaps preventing progress to end AIDS

GENEVA, 25 March 2021—The UNAIDS Programme Coordinating Board (PCB) has adopted by consensus a new Global AIDS Strategy 2021–2026 to get every country and every community on track to end AIDS as a public health threat by 2030. The strategy was adopted by the PCB during a special session, chaired by the Minister of Health of Namibia, held on 24 and 25 March 2021.

The Global AIDS Strategy 2021–2026, End Inequalities, End AIDS, uses an inequalities lens to close the gaps preventing progress to end AIDS and sets out bold new targets and polices to be reached by 2025 to propel new energy and commitment to ending AIDS. The UNAIDS Secretariat and its 11 Cosponsors worked to develop the new strategy, which received inputs from more than 10 000 stakeholders from 160 countries.

"This year marks 40 years since the first cases of AIDS were reported and 25 years since the establishment of UNAIDS. We are at a critical moment in our historic effort to end AIDS," said Winnie Byanyima, Executive Director of UNAIDS. "Like HIV before it, COVID-19 has shown that inequality kills. COVID-19 has widened existing inequalities that block progress to ending AIDS. That's why I'm proud that our new strategy places tackling inequalities at its heart. We must seize this moment to ensure health equality for all in order to beat COVID-19 and end AIDS."

The strategy puts people at the centre and aims to unite all countries, communities and partners across and beyond the HIV response to take prioritized action to transform health and life outcomes for people living with and affected by HIV. The three strategic priorities are to: (1) maximize equitable and equal access to comprehensive people-centred HIV services; (2) break down legal and societal barriers to

achieving HIV outcomes; and (3) fully resource and sustain HIV responses and integrate them into systems for health, social protection and humanitarian settings.

"The World Health Organization is pleased to endorse the global AIDS strategy for the next five years, with its ambitious vision for ending gender inequalities and realizing human rights, including the right to health, calling upon all partners and stakeholders in the HIV response in every country to transform unequal gender norms and end stigma and discrimination," said Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization and chair of the UNAIDS Committee of Cosponsoring Organizations. "For this strategy to be fully realized, WHO will continue to support all countries to strengthen health systems and especially primary health care, on the road towards universal health coverage."

If the targets and commitments in the strategy are achieved, the number of people who newly acquire HIV will decrease from 1.7 million in 2019 to less than 370 000 by 2025 and the number of people dying from AIDS-related illnesses will decrease from 690 000 in 2019 to less than 250 000 in 2025. The goal of eliminating new HIV infections among children will see the number of new HIV infections drop from 150 000 in 2019 to less than 22 000 in 2025.

"I applaud the joint efforts in the global AIDS response. At this critical point in efforts to end AIDS as a global health threat by 2030, I call on all countries to support this strategy to get the global AIDS response back on track," said Kalumbi Shangula, Minister of Health of Namibia and PCB Chair.

HIV prevention for key and priority populations receives unprecedented urgency and focus in the strategy, which calls on countries to utilize the full potential of HIV prevention tools, especially for adolescent girls and young women in sub-Saharan Africa, sex workers, people who inject drugs, gay men and other men who have sex with men, transgender people and people in prison settings.

"The Global Network of People Living with HIV (GNP+) fully supports the Global AIDS Strategy 2021–2026. The strategy's life-saving framework for ending inequalities is fundamental to ending the AIDS epidemic and achieving the Sustainable Development Goals," said Alexandra Volgina, Program Manager, GNP+.

The strategy is based on human rights, gender equality and dignity, free from stigma and discrimination for all people living with and affected by HIV, and is the result of extensive analysis of HIV data and an inclusive process of consultation with countries, communities and partners.

Achieving the goals and targets of the new strategy will require annual HIV investments in low- and middle-income countries to rise to a peak of US$ 29 billion by 2025. The total resource needs for lower-income- and lower-middle-income countries is around US$ 13.7 billion. Donor resources are mainly needed for low-income and lower-middle-income countries, while in upper-middle-income countries, which account for 53% of the investments needed, domestic resources are the predominant source of funding.

Contact

UNAIDS Geneva | Sophie Barton-Knott | tel. +41 79 514 6896 | bartonknotts@unaids.org

UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter, Instagram and YouTube.

Highlights of the Community Stakeholders' Consultation Meeting 2021

Dr. SIT Yao-wai, Alfred (Medical & Health Officer)
Special Preventive Programme, Department of Health

The "Recommended HIV/AIDS Strategies for Hong Kong" (the Strategies) is developed by the Hong Kong Advisory Council on AIDS (ACA) every five years. The process of its formulation adopted a wide-based approach of engaging different parties, including Community Stakeholders' Consultation Meeting (CCM) and gathering the input of individuals, groups and organisations as well as the general public during the subsequent public consultation. The Strategies cover surveillance, health promotion and HIV prevention, treatment and care, and is underpinned by policy-setting and recommending programme funding priority.

During formulation of the Strategies, ACA would consider the following six factors, including (i) local and global epidemiology, (ii) scientific evidence, (iii) recommendations from local and overseas authorities, (iv) review of the current response, (v) community stakeholders' opinion and (vi) results of public consultation.

The process of formulating the Strategies (Picture 1) takes several months, starting from opinion collection from local stakeholders including key populations, organisations and medical service providers providing services to the key population groups, academia and other government departments.

To better collect opinions from the relevant community stakeholders, a series of 7 consultation meetings co-organised by the Community Forum on AIDS (CFA) and the Hong Kong Coalition of AIDS Service Organizations (HKCASO) were conducted from 13 to 18 July 2021 (Table 1). To minimise social gathering in the time of ongoing COVID-19 pandemic, the CCM was conducted simultaneously in the main venue in Red Ribbon Centre (RRC) and HKCASO members' centres. With utilisation of video conferencing technology, the participants could freely discuss and voice out opinions on matters of concern to the community in different venues.

Picture 1. Process of Formulating the Strategies

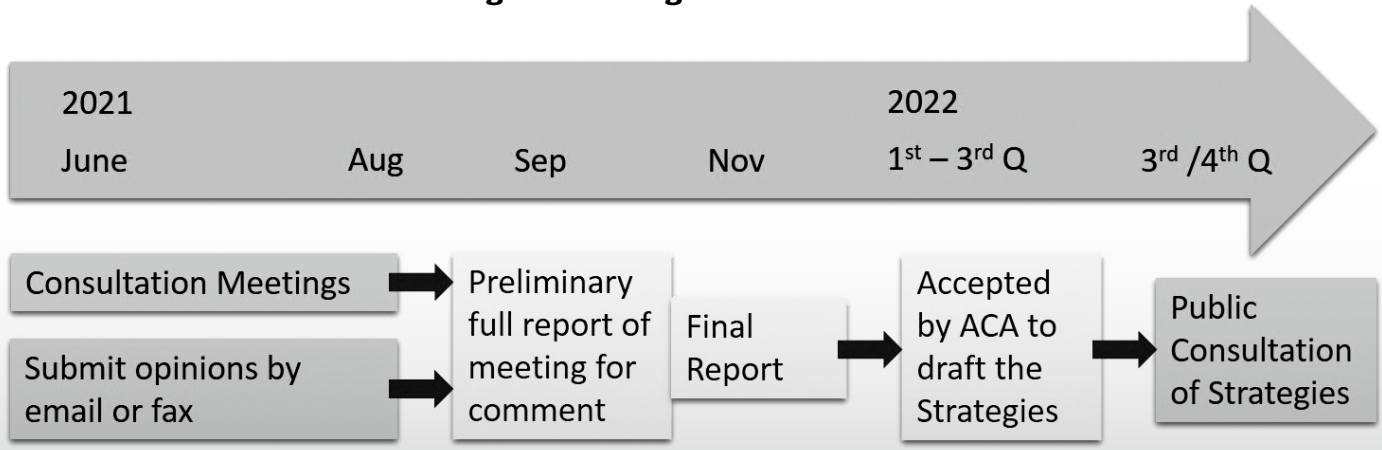

Table 1. Details of Consultation Meetings

Sessions	Date	Venues
Female sex workers and their male clients	13 July 2021	Red Ribbon Centre, Action for Reach Out
People living with HIV	13 July 2021	Red Ribbon Centre, The Society for AIDS Care
Men who have sex with men	14 July 2021	Red Ribbon Centre, Hong Kong AIDS Foundation, The Society of Rehabilitation and Crime Prevention
Adolescent and youth	15 July 2021	Red Ribbon Centre
People who inject drug	16 July 2021	Red Ribbon Centre
Transgender people	16 July 2021	Red Ribbon Centre
Ethnic minorities	18 July 2021	Red Ribbon Centre, Christian Action

Preparation of CCM

In March 2021, the Working Group for CCM (WGCCM) was formed, which comprised of representatives from non-governmental organisations (NGOs) of HKCASO and ACA Secretariat. The first meeting was held on 11 March 2021 among WGCCM to discuss about the details of CCM, including the logistics, manpower requirement, resources, and promotion. The Working Group agreed to adopt the approach in last CCM to use individual voting for prioritising the recommendations. In each session, the number of ballots hold by each participant would be 50% of the final number of recommendation categories. The final priority would be based on the total number of ballots collected per each category of recommendation.

Promotion of CCM

Before the CCM, ACA Secretariat sent more than 100 invitations to institutions/ organisations including 21 AIDS NGOs, 82 NGOs providing services for the key populations, Equal Opportunities Commission, 2 HIV clinics under Hospital Authority, 5 Services and 2 advisory committees under Department of Health (DH). A thematic webpage was also created under the ACA website for online registration with pre-meeting reference materials uploaded for easy reference. Promotions were performed via HIV clinics, RRC Facebook page, AIDS NGOs online platforms and websites frequently visited by sexual minorities. (Picture 2)

Picture 2. Promotion of CCM

Rundown of CCM

A same rundown was used for each session. In gist, there were 3 parts: (i) introduction of epidemiology and current response by DH doctors, (ii) 3 rounds of group discussion with report back of opinions collected and (iii) prioritization of recommendations by voting. (Table 2)

During the consultation meetings, the needs of the communities on HIV-related services and the recommendations on prevention and control of the HIV epidemic were collected from break-out discussions and report back. The rapporteur team and the facilitator worked together to categorize the recommendations. The categorization were subsequently proof read and agreed by all the participants. Upon confirmation by the attendees, they were given a number of votes equal to 50% of the total number of recommendation categories for the prioritization. An electronic voting platform was used so that participants in different venues could participate.

Table 2. Rundown of CCM

Time	Content
10 minutes	Welcome and introduction
15 minutes	Reporting on latest epidemiological trend and current responses
10 minutes	Explain the discussion format and basic principles
15 minutes	The first round of discussion: ***"What are the current needs of the community?"***
5 minutes	Report back
40 minutes	The second round of discussion: ***"What strategies needed to be continued, strengthened, introduced, or dropped in your community to improve the following areas for improving the HIV situation in HK?*** ***(i) HIV prevention; &/or*** ***(ii) HIV testing and diagnosis; &/or*** ***(iii) linkage to HIV treatment & care; &/or*** ***(iv) any other important issues relevant to the community"***
15 minutes	Report back
15 minutes	The third round of discussion: ***"In addition to the aspects just discussed, what other prevention and treatment strategies should be continued, strengthened, or newly introduced to improve the HIV infection situation?"***
5 minutes	Report back
20 minutes	Break
45 minutes	Prioritize recommendations by voting
15 minutes	Conclusion
Total of approximate 3 hours 30 minutes	

Results of the CCM

Number of participants and their background

A total of 145 participants attended the seven sessions of CCM. A breakdown of attendance of each session was shown in Table 3.

The recommendations collected from CCM and the comments in writing will be included in the consultation report and the report will be uploaded onto ACA website (www.aca.gov.hk) by the end of 2021 after reviewing by the Working Group.

Table 3. Number of participants of each session

Sessions	No. of participants	Percentage of "community members" as participants
1. Female sex workers and sex worker clients	19	16%
2. People living with HIV	26	54%
3. Men who have sex with men	41	39%
4. Adolescent and youth	19	26%
5. People who inject drug	12	83%
6. Transgender people	12	50%
7. Ethnic minorities	16	56%
Total	**145**	**45%**