

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



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

## PRESS RELEASE

# Inequalities are blocking the end of the AIDS pandemic, say UN

**DAR ES SALAAM / GENEVA, 29 November 2022**—Analysis by the UN ahead of World AIDS Day reveals that inequalities are obstructing the end of AIDS. On current trends the world will not meet agreed global targets on AIDS. But the new UNAIDS report, *Dangerous Inequalities*, shows that urgent action to tackle inequalities can get the AIDS response on track.

UNAIDS set out earlier this year that the AIDS response is in danger—with rising new infections and continuing deaths in many parts of the world. Now, a new report from UNAIDS shows that inequalities are the underlying reason why. It shows how world leaders can tackle those inequalities, and calls on them to be courageous to follow what the evidence reveals.

*Dangerous Inequalities* unpacks the impact on the AIDS response of gender inequalities, of inequalities faced by key populations, and of inequalities between children and adults. It sets out how worsening financial constraints are making it more difficult to address those inequalities.

The report shows how gender inequalities and harmful gender norms are holding back the end of the AIDS pandemic.

“The world will not be able to defeat AIDS while reinforcing patriarchy,” said UNAIDS Executive Director Winnie Byanyima. “We need to address the intersecting inequalities women face. In areas of high HIV burden, women subjected to intimate partner violence face up to a 50% higher chance of acquiring HIV. Across 33 countries from 2015-2021 only 41% of married women aged 15-24 could make their own decisions on sexual health. The only effective route map to ending AIDS, achieving the sustainable development goals and ensuring health, rights and shared prosperity, is a feminist route map. Women’s rights organizations and movements are already on the frontlines doing this bold work. Leaders need to support them and learn from them.”

The effects of gender inequalities on women’s HIV risks are especially pronounced in sub-Saharan Africa, where women accounted for 63% of new HIV infections in 2021.

Adolescent girls and young women (aged 15 to 24 years) are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa. The driving factor is power. One study showed that enabling girls to stay in school until they complete

secondary education reduces their vulnerability to HIV infection by up to 50%. When this is reinforced with a package of empowerment support, girls' risks are reduced even further. Leaders need to ensure all girls are in school, are protected from violence which is often normalized including through underage marriages, and have economic pathways that guarantee them a hopeful future.

By interrupting the power dynamics, policies can reduce girls' vulnerability to HIV.

Harmful masculinities are discouraging men from seeking care. While 80% of women living with HIV were accessing treatment in 2021, only 70% of men were on treatment. Increasing gender-transformative programming in many parts of the world is key to halting the pandemic. Advancing gender equality will benefit everyone.

The report shows that the AIDS response is being held back by inequalities in access to treatment between adults and children. While over three quarters of adults living with HIV are on antiretroviral therapy, just over half of children living with HIV are on the lifesaving medicine. This has had deadly consequences. In 2021, children accounted for only 4% of all people living with HIV but 15% of all AIDS-related deaths. Closing the treatment gap for children will save lives.

Discrimination against, stigmatization and criminalization of key populations are costing lives and preventing the world from achieving agreed AIDS targets.

New analysis shows no significant decline in new infections among gay men and other men who have sex with men in both the western and central Africa and eastern and southern Africa regions. Facing an infectious virus, failure to make progress on key populations undermines the entire AIDS response and helps explain slowing progress.

Around the world, over 68 countries still criminalize same sex sexual relations. Another

analysis highlighted in the report found that gay men and other men who have sex with men who live in African countries with the most repressive laws are more than three times less likely to know their HIV status than their counterparts living in countries with the least repressive laws, where progress is far more rapid. Sex workers who live in countries where sex work is criminalized have a 7 times greater chance to be living with HIV than in countries where sex work is legal or partially legalized.

The report shows progress against inequalities is possible and highlights areas where the AIDS response has made remarkable progress. For example, while surveys among key populations often highlight lower service coverage among key populations, three counties in Kenya have achieved higher HIV treatment coverage among female sex workers than among the general population of women (aged 15-49 years). This has been helped by strong HIV programming over many years, including community-led services.

“We know what to do to end inequalities,” said Ms Byanyima. “Ensure that all of our girls are in school, safe and strong. Tackle gender based violence. Support women’s organisations. Promote healthy masculinities—to take the place of the harmful behaviours which exacerbate risks for everyone. Ensure services for children living with HIV reach them and meet their needs, closing the treatment gap so that we end AIDS in children for good. Decriminalize people in same-sex relationships, sex workers, and people who use drugs, and invest in community-led services that enable their inclusion — this will help break down barriers to services and care for millions of people.”

The new report shows donor funding is helping catalyse increased domestic funding: increases in external HIV funding for countries from PEPFAR and the Global Fund during 2018-2021 were correlated with increases in domestic funding from a majority of national governments. New investments to address HIV-related inequalities are urgently needed. At a moment when international

solidarity and a surge of funding is most needed, too many high-income countries are cutting back aid for global health. In 2021, funding available for HIV programmes in low- and middle-income countries was US\$ 8 billion short. Increasing donor support is vital to getting the AIDS response back on track.

Budgets need to prioritize the health and well-being of all people, especially vulnerable populations that are most affected by HIV-related inequalities. Fiscal space for health investments in low- and middle-income countries needs to be expanded, including through substantial debt cancellation and through progressive taxation. Ending AIDS is far less expensive than not ending AIDS.

In 2021, 650 000 people were lost to AIDS and 1.5 million people newly acquired HIV.

“What world leaders need to do is crystal clear,” said Ms Byanyima. “In one word: Equalize. Equalize access to rights, equalize access to services, equalize access to the best science and medicine. Equalizing will not only help the marginalised. It will help everyone.”

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## PRESS RELEASE

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# Pandemics can only be defeated if communities are supported to lead, say governments, NGOs and UN

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**CHIANG MAI, THAILAND, 15 December 2022**—Community-led responses are a critical part of the AIDS pandemic response, and must be prioritised in resourcing. The approach, set out by governments, civil society organisations and United Nations agencies at an international meeting on AIDS in Chiang Mai, Thailand, will also be key for tackling other pandemics and for preparing for the pandemics to come, delegates said. The meeting saw the first international definition of a community-led response to a pandemic, published after a two-year consultative process that brought together 11 governments, representing each region of the world, and 11 civil society representatives. This UNAIDS multi-stakeholder task team on community-led responses was co-convened by the World Health Organization and United Nations Development

Programme, and presented outcomes to the 51st Programme Coordinating Board meeting of the UN Joint Programme on HIV and AIDS.

Using the new definitions and recommendations, German Federal Health Minister Prof. Karl Lauterbach and the UNAIDS Executive Director Winnie Byanyima published an article in *The Lancet* today calling for inclusion of comprehensive “community pandemic infrastructure” in pandemic prevention, preparedness and response in new planning, international agreements, and financing. In it, the leaders show that strong community infrastructure, working synergistically with government, is a necessary but neglected element of effective pandemic prevention, preparedness, and response. Using evidence from AIDS,

mpox, COVID-19, and Ebola, the authors describe how community-led organisations bring trust, communications channels, and reach to marginalised groups that complement government roles and improve equity.

The new international definitions and recommendations can help planners and funders for AIDS and other pandemics identify the elements of an effective community response. Community-led organizations, defined as “groups and networks, whether formally or informally organized ... for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies,” form a backbone of that response. Crucially, it is noted that “not all community-based organizations are community-led.”

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“While what is most often understood as infrastructure – like labs and hospitals – are important, also essential to effective pandemic response is the community infrastructure which includes people to do outreach, trusted voices who can speak to excluded communities, independent accountability mechanisms, and participation in decision-making,” explained Dr Matthew Kavanagh, UNAIDS Deputy Executive a.i for Policy, Advocacy and Knowledge. “This task team of governments, civil society, and international organizations has given important new tools to support the building and monitoring of community-led capacity. We will only be able to end AIDS and stop other pandemics by ensuring that this community infrastructure is intentionally enabled, strengthened, monitored, and resourced.”

The United Nations Joint Programme on HIV/AIDS (UNAIDS) Board meeting in Chiang Mai included dialogue between member states and non-state participants on how to develop laws and policies to facilitate community-led response. The recommendations of the multistakeholder task team include developing better systems for financing community-led organisations, which

often face legal, capacity, and eligibility barriers to national and international financing mechanisms; monitoring community-led capacity; and integrating data generated by community groups into response management.

To end the AIDS pandemic, board members pointed out, community responses to HIV must be integrated into all levels of countries’ AIDS strategies including planning, budgeting, implementation, monitoring and evaluation.

The principles developed apply not only to AIDS. “Stopping COVID-19, mpox, and Ebola, and preparing for the next pandemic, all require that partnership of government and community together. The newly agreed framework for defining and measuring community-led responses make us better equipped to address the inequalities that are holding back progress in ending AIDS,” said Dr Kavanagh.

In Thailand, as delegates saw for themselves first hand, key-population-led health services have reached people at increased risk of HIV, achieving among the most equitable HIV responses in the region. In South Africa, community leaders with Ritshidze, which represents people living with HIV, visit clinics and communities to assess COVID-19, HIV, and tuberculosis services and hold administrators accountable for addressing issues such as long waiting times or confidentiality gaps that keep some people away from health services. Amid war, Ukraine’s 100% Life, a network of people living with HIV, has used peer networks to communicate with displaced people, delivering medicines, food, and emergency assistance.

“International pandemic agreements and funding should include specific goals for community-led capacity,” said Dr Kavanagh. “To be effective, pandemic responses need to move beyond one-way communications to bring communities into decision making at all levels. Community leadership is not mere nice-to-have. It is essential for ending pandemics.”