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 UNAIDS Board Closes After Making Bold Decisions on Societal Enablers and Ending HIV-related Stigma and Discrimination as a Pivotal Part of Ending Inequalities and AIDS

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GENEVA, Switzerland, December 14, 2021/APO Group/ -- The 49th meeting of the UNAIDS Programme Coordinating Board (PCB), which commenced on 7 December 2021, closed on 10 December.

In her opening remarks to the meeting, the UNAIDS Executive Director, Winnie Byanyima, thanked the Honourable Dr. Kalumbi Shangula, Minister of Health of Namibia for Namibia's leadership as PCB chair and reflected on the foundations that have been laid over the course of the year for the future HIV response. These include the Global AIDS Strategy 2021–2026: End Inequalities, End AIDS and the new United Nations Political Declaration on AIDS and its related targets as well the UNAIDS Unified Budget Results and Accountability Framework 2022-2026. "This year, we put in place the foundations we need to end AIDS by 2030. The challenge now is to deliver on that plan," Ms Byanyima said.

Ms Byanyima also spoke about the recent Structured Funding Dialogue convened to deepen the understanding of UNAIDS' work and role in global health in the light of the significant shortfalls in funding that UNAIDS is experiencing.

Ms Byanyima, who began by paying tribute to the efforts of staff during this exceptionally challenging year, updated the Board on the process of implementing an organizational alignment of the UNAIDS Secretariat to ensure that it is modernized and efficient. "The new structure will bring us closer to countries and to the communities we serve, as well enable us to deliver on the strategy and help realize the transformational agenda needed to end AIDS by 2030," she said, committing that the process would be implemented in a fair and transparent manner with support provided to staff who may be affected.

The effects of the COVID-19 pandemic on the HIV response were set out by the Executive Director. She noted that COVID-19 continues to disrupt HIV prevention and treatment services, schooling, violence prevention programmes and more, but that UNAIDS was supporting countries and partners to simplify and adapt HIV services in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system.

Ms Byanyima spoke about the need to scale up access to pre-exposure prophylaxis and other HIV prevention options, which are key elements in the Global AIDS Strategy 2021–2026.

The PCB representative of the nongovernmental organization delegation addressed the Board on the key importance of scaling up work on societal enablers in the HIV response, noting the central role that communities must play to end AIDS as public health threat by 2030.

South African public health medicine specialist, Professor Salim Abdool Karim, addressed the PCB in the Leadership in the AIDS Response session. He stressed the need to scale up HIV treatment for people living with HIV and ensure that they have access to COVID-19 vaccination, since COVID-19 infections among people who are immunocompromised could lead to mutations of the SARS-CoV-2 virus. He also strongly argued against stigma and discrimination towards people living with HIV and against blaming them for SARS-CoV-2 mutations. He stressed the importance of community engagement to end inequalities and urged participants to stay focused on ending AIDS as a public health threat by 2030.

The PCB was given an update on HIV in prisons and other closed settings at which the Executive Director of the United Nations Office on Drugs and Crime, Ghada Fati Waly, spoke. The PCB called on countries to introduce and scale up evidence-based, gender-responsive and people-centred programmatic actions to ensure equal access for people in prisons and other closed settings to comprehensive and integrated HIV, tuberculosis and viral hepatitis prevention, diagnosis and treatment services.

Following on from the approval of the Unified Budget, Results and Accountability Framework (UBRAF) for 2022–2026 at a special session of the PCB in October 2021, the PCB received the outputs and indicators for the 2022–2026 UBRAF and a revised workplan for 2022–2023. Through the approval of the 2022-2023 workplan, the PCB provided the UNAIDS Joint Programme with a frame for scaling up its support to

countries in implementing the Global AIDS Strategy 2021-2026. Many delegations stressed the importance of fully funding of the core UBRAF at US\$ 210 million to be commensurate with the level of ambition of the Global AIDS Strategy, and some spoke to recent decisions of increased funding for the Joint Programme.

The progress on actions to reduce stigma and discrimination in all its forms, provides evidence that HIV-related stigma and discrimination remain among the major obstacles blocking the path to ending AIDS as a public health threat by 2030. Stigma and discrimination violate the rights and dignity of people living with or affected by HIV and result in denying them access to HIV prevention, testing and treatment services. Even in countries and regions showing strong progress towards ending their AIDS epidemics, stigma and discrimination continue to impede equitable progress. The PCB made bold calls to urgently end stigma and discrimination.

The PCB concluded with a thematic segment entitled What Does the Regional and Country-Level Data Tell Us, Are We Listening and How Can We Better Leverage that Data and Related Technology to Meet our 2020 and 2030 Goals? The segment explored how data, the bedrock of the progress against the AIDS pandemic over the past two decades, can be better collected and better used in the HIV response.

The meeting was chaired by Minister of Health of Namibia with Thailand serving as the Vice-Chair and the United States of America as Rapporteur. The report to the Board by the UNAIDS Executive Director, the reports for each agenda item and the PCB's decisions can be found at www.unaids.org/en/howeare/pcb/49.

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