

UNAIDS Reference Group on HIV and Human Rights

22nd Meeting | Sessions from November 2020 – February 2021

This report was prepared by the Secretariat of the UNAIDS Reference Group on HIV and Human Rights. The views contained herein are those of the members of the Reference Group and do not necessarily reflect the views of the UNAIDS Secretariat or the Co-sponsors of the Joint Programme.

SUMMARY OF DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

As a result of the ongoing COVID-19 pandemic, the 22nd Meeting of the UNAIDS Reference Group on HIV and Human Rights took place via a series of three, shorter virtual sessions on 30 November 2020, 18 January 2021, and 12 February 2021. In addition, during this period, the Reference Group met with the UNAIDS Executive Director on 8 December 2020, which discussion was focussed specifically on the new global AIDS strategy in development.

Over the course of those meetings, the Reference Group adopted several conclusions and recommendations, including in relation to the new global AIDS strategy under development during this period. This report summarizes the key points of discussion, and conclusions and recommendations, from this series of meetings that together make up the 22nd meeting of the Reference Group, as well as the Reference Group's meeting with the UNAIDS Executive Director.

Session 1 (30 November 2020)

The Reference Group welcomed Ms. Suki Beavers as the new Director of Gender Equality, Human Rights and Community Engagement at the UNAIDS Secretariat. The Reference Group received updates from the Secretariat and from UNDP regarding activities over the course of 2020 and anticipated in 2021. It discussed in broad terms the role of the Joint Programme in responding to COVID-19 and welcomed presentations from the UNAIDS Secretariat and UNDP specifically regarding (i) COVID-19 and access to health technologies, and (ii) the growing use of digital technologies as part of COVID-19 surveillance and public health responses. It also renewed its discussion of the ongoing process of developing a new global AIDS strategy, in advance of its upcoming meeting with the UNAIDS Executive Director.

COVID-19, HIV and human rights

The COVID-19 pandemic is jeopardizing gains made in scaling up access to HIV services globally and leading to a resurgence, particularly in some settings, of punitive approaches. There have been disproportionate impacts on some of those most marginalized, and on women and girls. We have seen the COVID crisis used as an excuse for unjustified limitations on human rights, including in some cases targeted crackdowns on key populations and on human rights defenders. We have also seen an increased use of surveillance, including via digital technologies, in the name of public health, but too often without a corresponding concern for protecting human rights.

Meanwhile, there is a heightened risk that attention to HIV falls further down or off the agenda of governments and policymakers as responding to COVID-19 dominates. But the COVID-19 pandemic has highlighted yet again, as the HIV pandemic has done, the role that inequalities and human rights abuses play in exacerbating risk of infection, fuelling transmission and impeding access to needed services for prevention, testing, and treatment and care — including access to health technologies. This means that not only is there an even greater need, but also possibly an opportunity, to keep making these lessons clear for governments and others. UNAIDS, both the Secretariat and the Joint Programme as a whole, have an important role to play in this.

COVID-19 and access to health technologies

Access to medicines and other health technologies is one of four priorities that the UNAIDS Executive Director has identified. Some in-house capacity to address various dimensions of this issue has recently been restored, something the Reference Group has recommended for several years and welcomed. COVID-19 is provoking a new round of global discussions regarding access to health goods; it is important that this be understood as a human rights issue. Despite progress, there are persisting barriers to access to medicines, and populations that are underserved. There are systematic failures in research and development (R&D) cycles, and structural inequalities hindering access to health goods, as is being revealed again by COVID. The [Access to COVID-19 Tools Accelerator](#) (ACT-A) launched by WHO and partners is an opportunity to advance this discussion.

The following conclusions emerged from the discussion:

- The Reference Group reaffirmed that access to health technologies, as public goods, must feature as a priority in the new global AIDS strategy — and that it be clearly established in the strategy, and in practice, as part of the work of the Joint Programme, within a larger context of an agenda for universal health coverage and addressing public health challenges more generally.
- With greater in-house capacity at the UNAIDS Secretariat, and clear political leadership at the head of the Secretariat to prioritize this issue, UNAIDS can play a key role in this moment, in partnership with civil society, in addressing this ongoing human rights challenge. The Reference Group decided to reinstate a working group on access to medicines and other health technologies.

Digital technologies, surveillance and COVID-19

It is evident that there are advantages and disadvantages associated with uses of digital technologies for various purposes, including in relation to public health challenges such as HIV and COVID-19. There is a “digital divide” in access to such technologies, globally but also within countries. There is also a gap in adequate governance of such technologies; many countries lack national digital health strategies, with implications for their human rights obligations. The use by “big data” companies (and sometimes the state) of algorithms, often driven by artificial intelligence systems, risks reinforcing biases and prejudices built into such systems. There are serious concerns, including in relation to human rights regarding the collection, storage and use of data gathered through such technologies, including the sharing of data with other actors and beyond specific purposes (e.g. health) for which it may have originally been gathered. This concern is heightened even further in cases where surveillance using individualized biometric data becomes even more intrusive on the right to privacy, and when such digital technologies get used for purposes of law enforcement and immigration control.

Overall, there has been limited engagement and participation of communities and civil society in the design, adoption, implementation and evaluation of digital technologies, including within the health setting. The COVID-19 pandemic has amplified some of these concerns, which were already arising in relation to HIV, and COVID-19 responses have further limited opportunities for community engagement and advocacy, even as there has been a greater push for greater use of digital health technologies. It was also noted that the ACT-A partnership has commissioned some work to help develop a human rights framework for governing the use of digital technologies in the COVID-19 response.

The following conclusions emerged from the discussion:

- It is essential to strengthen the legal and policy environment for rights-based uses of digital health technologies. This will require proactive efforts to ensure the meaningful participation of affected communities and civil society in the design, implementation and evaluation of policies and programs governing and using these technologies. This necessarily requires preserving and strengthening civic

space, as well as the capacity of communities to understand, organize and engage in these developments.

- This issue needs to be addressed in the new global AIDS strategy being developed. Some work already underway, including UNDP's guidance on ethical and rights-based use of digital technologies in HIV-related programmes can and should inform this work. It was also noted that in 2021, WHO will develop its new strategies on HIV, hepatitis and STIs; this is an opportunity to strengthen attention to the human rights dimensions of digital health technologies in those strategies. Recommendations to UNAIDS Secretariat are likely to be relevant to WHO's processes as well. Similarly, the development of the new Global Fund strategy is an opportunity to ensure that these human rights issues are raised as countries are supported in scaling up their responses to HIV, TB and malaria.
- There is an opportunity in some countries for UNAIDS and UNDP country officers to work closely with civil society organizations as those countries develop data governance laws. There is also litigation underway in some instances to protect and promote human rights in the context of digital health technologies.

New global AIDS strategy for 2022 – 2027 and upcoming meeting with UNAIDS Executive Director

The Reference Group noted that the annotated outline of the new draft strategy has recently been released and will be discussed soon at the Programme Coordinating Board (at its 47th meeting, December 15 – 18, 2020). In advance of a more detailed, upcoming discussion of the strategy by the Reference Group, to be held in January 2021, the Reference Group noted some important themes emerging:

- There appears to be strong language regarding the importance of human rights in the HIV response, but it will be important to ensure that it is preserved and is also integrated throughout the final strategy document. It was suggested that a statement from the Reference Group to the UNAIDS Programme Coordinating Board during its upcoming discussions of the new global AIDS strategy would be helpful in insisting on attention to key points regarding human rights and gender equity.
- Criminalization of key populations, and other backlash against them, remains a pressing concern in many settings. How can the response from UN offices at country level be strengthened?
- Shrinking civic space is not just affecting domestic civil society organizations, but also undermines international institutions and agencies that have provided important support to civil society, including UN agencies. This issue needs to be taken up in the new global AIDS strategy, but beyond that, the UNAIDS Secretariat and UNDP should also think of parallel strategies to protect their own space to operate at country level, because this is also important for protecting space for local civil society to engage. The UNAIDS Secretariat is sometimes the only entity able to speak up directly on certain issues, including in relation to key populations, and can make space sometimes for other UN agencies with other considerations at play in a given country, as well as for civil society.
- It will be important to see follow through regarding the Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination. In some of those countries that have committed to being part of the Global Partnership, there is an opportunity to ensure that Global Fund investments to reduce human rights-related barriers can help advance efforts against stigma and discrimination — particularly, but not only, in the 20 countries that are part of the Breaking Down Barriers initiative.
- It is also anticipated that the UN General Assembly will convene in a High-Level Meeting on HIV in June 2021 to adopt the new global AIDS strategy. There is also a new Global AIDS Monitoring (GAM) system being developed to accompany the new strategy. UNAIDS Secretariat noted that it will look for further input from the Reference Group on those indicators in early 2021.

Finally, the Reference Group discussed key priority issues to raise with the UNAIDS Executive Director at its meeting with her on 8 December 2020.

Meeting with UNAIDS Executive Director (8 December 2020)

The Reference Group welcomed the opportunity to meet with Dr. Winnie Byanyima, UNAIDS Executive Director, to exchange views on various topics, in particular the new global AIDS strategy for 2022 – 2027 in development. The Reference Group followed up that discussion with a [letter to the Executive Director](#). The discussion and follow-up correspondence highlighted the following key conclusions and recommendations:

- The Reference Group agreed with the Executive Director that **priorities in the coming years** for the global HIV response, and for the UNAIDS Secretariat, should include making progress on the human rights of women and girls, and of key populations, along with challenging economic inequalities, strengthening community-led responses, and working to build countries' own national-level commitments to addressing these issues. The Reference Group also stressed the need for UNAIDS to work on strengthening mechanisms or processes that could **hold political leaders accountable** for inaction on their commitments in the HIV response, including at country level.
- The Reference Group underscored the importance of UNAIDS' leadership role in challenging **criminalization and other punitive laws and policies** that violate the human rights of key populations and undermine an effective HIV response. Key populations and their sexual partners continue to represent the majority of all new HIV infections globally and new infections in key populations are not being reduced at the same rate as in the population overall. There has also been a lack of progress on human rights for these groups, particularly in relation to criminalization. Resisting punitive laws and policies must be a priority for UNAIDS (Secretariat and co-sponsors). There is a need for strong UNAIDS leadership to defend the rights of **sex workers** and promote their health, by resisting the inaccurate conflation of sex work and trafficking and attempts to implement "end demand" models, and by ensuring that all co-sponsors of the Joint Programme act in keeping with the existing [UNAIDS Guidance Note \(2012\)](#), the [2014 Gap Report](#), the [2014 Guidance Note specifically on services for sex workers](#), and other programmatic recommendations that should guide the work of the Joint Programme. As discussed during the meeting, the Reference Group naturally concurs with the need to end the **criminalization of gay, bisexual and other men who have sex with men**, and notes the importance as well of defending and promoting the rights of **transgender people**. Finally, the Reference Group notes the important role of UNAIDS (and other Joint Programme co-sponsors, including UNDP and UNODC) in ensuring sustained attention to the rights and health of **people who use drugs** and **people in prison and other closed settings**, in keeping with UNAIDS programmatic recommendations (e.g. [Health, Rights and Drugs](#) report, 2019) and the [International Guidelines on Human Rights and Drug Policy](#).
- It is important to see concrete follow-through, by UNAIDS, countries and other partners, on the actions identified in the [Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination](#). This is a key vehicle, already agreed and in place, for ensuring action and progress on human rights in the AIDS response, but which will need strong leadership, including from UNAIDS Secretariat (and Joint Programme co-sponsors).
- The Reference Group also welcomed the commitment of the Executive Director to strengthen again the capacity of UNAIDS Secretariat to work on issues related to **access to health technologies**. This is a key moment for action on this issue, not least given the renewed discussion prompted by the COVID-19 pandemic. The UNAIDS Secretariat, in collaboration with relevant co-sponsors, particularly UNDP, should revisit the recommendations from the [Global Commission on HIV and the Law](#) and the [UN Secretary General's High-Level Panel on Access to Medicines](#) and ensure the UNAIDS strategy 2021 – 2026 will provide a basis for taking these forward.

- The Reference Group welcomed the Executive Director’s willingness to meet further with Reference Group representatives to discuss how best to engage **faith leaders and faith-based organizations** in efforts to protect and promote human rights in the HIV response.
- With respect to **digital health technologies** and human rights, the [WHO Global Strategy on Digital Health](#) will catalyse development of national digital health strategies, something being seen already in the COVID-19 response. The current Global Strategy is very weak on human rights, gender equality and community participation. Given the implications, both positive and negative, for the HIV response, and particularly people living with HIV and key populations, UNAIDS Secretariat and co-sponsors should play a role, both at headquarters and at country level, in ensuring that respecting, protecting and fulfilling human rights guide how such digital technologies are used in and by HIV programmes.
- The Reference Group has regularly underscored the importance of **coordinated action at country level** by UNAIDS and other UN partners to advocate for human rights (including in response to crises) and to defend space for engagement by not only civil society organizations but also UN agencies themselves, whose engagement is also essential in many instances for creating space for civil society organizations. The Reference Group reiterated its willingness to discuss with the Executive Director how UNAIDS country representatives can be supported in this endeavour, including in coordination with other UN agencies represented at country level.
- The Reference Group welcomed the Executive Director’s desire to have the Reference Group continue to engage in the process for the development of the **new global AIDS strategy**, and her desire and commitment to meet again. The Reference Group planned to provide further input on the next iteration of the draft strategy and looked forward to another discussion of the strategy with the Executive Director before it is presented to the Programme Coordinating Board for final approval in March 2021. In the interim, and in advance of the upcoming 47th meeting of the UNAIDS Programme Coordinating Board (December 15 – 18, 2020), the Reference Group stressed that it must be a **priority for UNAIDS to ensure that the new strategy** for the global HIV response, and for the work of the Joint Programme, prominently include: (i) attention to, and explicit mention of, key populations; (ii) protection and promotion of their human rights, including sexual and reproductive health rights; and (iii) prioritizing an end to the criminalization of key populations.

Session 2 (18 January 2021)

The UNAIDS Reference Group on HIV and Human Rights met on 18 January 2021 to discuss the revised Zero Draft of the new global AIDS strategy and provide further input to the strategy development process. Below is a summary of some of the key points emerging from that discussion. The Reference Group extended its thanks and appreciation for the considerable work that has gone into the process and draft to date.

- It is important that it be clear from the outset of the new strategy that a **human rights–based response is imperative** for the success of the response to the epidemic. As it is a cross-cutting issue, it also needs to run through the various aspects of the strategy, and not be confined to just one result area in the strategy. There are good examples of the importance of a human rights–based approach and lessons about how human rights can be integrated into a response (e.g. the inclusion of human rights measures in validating a country’s elimination of vertical transmission; the centrality of human rights to the goal of achieving universal health coverage, including for accountability in health systems and services).
- However, it is important to consider that a **“human rights” framework and an “inequalities” framework, while overlapping, are not the same**. The human rights framework is broader and offers more than just the narrower focus on non-discrimination and equality, incorporating such issues as the AAAQ (availability,

accessibility, acceptability and quality) framework of the right to health, privacy rights, involuntary testing, criminalization and more. The right to access to health care goods and services should be identified early on in any new strategy as part of a human rights approach.

- **Care should be taken to avoid suggesting that there is a tipping point in achieving epidemic transition** — often defined in biomedical terms (and, for example, solely with reference to a single epidemiological indicator such as incidence-to-prevalence ratio) — after which it is somehow almost inevitable that the epidemic in a given setting will eventually be brought under control. This is not the case, and again, we need to emphasize right from the start that without sustained political commitment and attention to human rights, including inequalities, epidemic control will ultimately not be achieved. The current COVID pandemic is highlighting this yet again; this context can help make the case even more strongly that attention to human rights, including inequalities, is indeed an essential part of the strategy and of the mandate of UNAIDS.
- Similarly, the Reference Group reiterated its long-standing **caution against being overly congratulatory about the achievements and overstating how close the world is to “ending AIDS.”** There is a continued urgent need for greater, ongoing commitment to doing and funding the right things (including for and with key populations) and to doing them now to respond effectively to HIV — particularly at a moment when there is an even greater risk of donors turning away to deal with other demands, such as COVID-19, leaving the task of ending AIDS unfinished.
- The new global strategy should use **strong, unapologetic language and provide data about how inequalities — including economic inequalities** within countries that are not eligible for development assistance — affect the HIV response, and people’s ability to protect their health, particularly in the case of key populations. The current COVID pandemic underscores yet again how fundamental this is (e.g. disadvantaging countries in relation to access to SARS-CoV-2 vaccines). The strategy should emphasize more the importance of international solidarity and cooperation; COVID shows yet again we cannot successfully fight infectious disease epidemics without these.
- In selecting **country case studies** for inclusion in any new strategy, it will be important to hold up countries as good examples not solely on the basis of an epidemiological assessment but also a human rights assessment; countries should not be used as examples if they do not also have a good human rights record. In addition, it is important to use some examples of success in areas related to key populations and initiatives, such as in the realm of harm reduction, that still face resistance in some quarters but that are evidence-informed and will make a major impact on the epidemic.
- It will be particularly important to insist on **adequately resourcing community-based responses**, including via social contracting, as essential in the response, given that countries — particularly those with less access to donor assistance — are facing huge economic burdens as a result of COVID and things such as community-based programs are at greater risk. It also needs to be said specifically that financing, including domestic financing, is essential for key populations, for women and girls (e.g. to address gender-based violence), and for efforts to reduce human rights-related barriers. We need **a human rights approach not only to overall funding levels, but to the allocation of financing** that is mobilized. It would be a mistake to just measure domestic funding levels overall; for the sustainability and effectiveness of the response, we also need to ensure that the right things, and for the right populations, are being addressed.
- **Social protection programs** are essential for people living with HIV and other key populations — but the reality is many countries lack these and the strategy needs to be much more boldly drafted on this front, including more specific actions to address the basics of what social protection is meant to provide — food, shelter, water, healthcare etc.

- The document needs to stress the importance of **political accountability, including in implementing a multi-sectoral approach**, and specifically identify that the absence of these is weakening the response or in some cases is absent. It is essential to connect health sector responses to other sectors (e.g. through national AIDS councils), but often there are weak or no mechanisms, including at country level, for ensuring this and holding various actors accountable for addressing things within their areas of responsibility that affect the HIV response. Accountability also is relevant to in relation to international organizations (including in relation to their implementation of the new strategy). The issue of accountability may need an entire section or at least be much clearer and stronger, and accountability requires transparency. The Reference Group reiterated its long-standing concern **about shrinking civic space, which goes hand in hand with the need to strengthen political accountability**, so a new global strategy should mention this explicitly in any section on accountability as well (and not just in any section on the importance of a community-led response).
- The new global strategy should encourage and support the **integration of HIV and the HIV response into broader health systems**. This is particularly important in the face of competing demands that risk diluting resources for HIV. Financial support for the HIV response has been declining and statements of political support for universal health coverage (UHC) have not yet translated adequately into more financing. The new global AIDS strategy should provide guidance on how to better integrate HIV into the health system, including by mentioning some examples of good practice (e.g., public health insurance systems, community delivery of services). Furthermore, integrating HIV fully into health system should be seen not only from a medical perspective, but from a broader perspective, including what the health system looks like, and the involvement of people living with HIV and key populations in decision-making and other processes.
- Considering the growing use of **digital technologies**, including in relation to health, the new global strategy should highlight that they can offer benefits, but also insist that steps be taken to ensure the use of such technologies are in and by HIV programmes respect, protect and fulfill human rights.
- Faith is a major factor with a major impact in the way people see things in relation to inequities (e.g. addressing gender inequalities and advancing comprehensive sexuality education is key, the criminalization of key populations). But there are enabling and supportive faith responses to each of these. **Strengthening the capacity of faith communities** to engage in addressing inequities must be reflected in the strategy.
- A new global AIDS strategy should be explicit that **resources needed for community-led responses are needed not just for the delivery of services, but also for advocacy**, including in relation to human rights. It should refer specifically to **strengthening the agency of people living with HIV and of key populations**, including their use of human rights norms and legal advocacy as means of demanding rights and reclaiming power. This should include a call to ensure **greater access to justice and legal aid**; this reflects one of the seven key programs identified by UNAIDS as part of a human rights–based response, but there are very few legal organizations doing work on access to justice for people living with HIV and key populations, and they usually lack resources.

Session 3 (12 February 2021)

Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination

The Reference Group received presentations from UNAIDS colleagues and the Global Network of People Living with HIV (GNP+) regarding the [Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination](#).

UNAIDS Secretariat has produced some tools and resources to support implementation of the Global Partnership at country level, including evidence-based guidance for implementing programmes to address stigma and discrimination in the six settings identified in the Partnership (available in [English](#), [French](#), [Spanish](#), [Russian](#) and [Portuguese](#)). UNAIDS is finalizing a workplan for promoting and operationalizing the Global Partnership, including a website that should help raise its profile and progress regarding implementation. More countries will be invited to join, and some have been identified as promising candidates. Technical support is in place and already underway in various countries, with some positive developments to report already. The *#MoreThan* campaign is under development as a social marketing initiative to raise awareness of, and challenge, HIV-related stigma. The results from the next round of applications of the HIV Stigma Index will be useful evidence for advancing the work.

Case study: Jamaica

The experience of implementing the Global Partnership in Jamaica was presented as case study from which lessons could be learned.

Factors for success included the timing: advocacy efforts at country level started early and coincided with the process of Jamaica developing its new National Strategic Plan on HIV, as well as the development of its new funding request to the Global Fund, meaning that it could inform both processes. In addition, time and money was committed from UNAIDS to support a coordinator to help with this work. A five-year operational plan has been developed for implementing the Global Partnership in Jamaica, and this is embedded within the NSP and reflected in the Global Fund request. It will include a single common platform for all partners to monitor and report on progress.

Challenges include other crises and competing demands on the national government (such as COVID), and very high levels of overall stigma in the country (e.g. more than 90% support in public opinion for maintaining the law criminalizing sex between men).

It was noted that the Jamaica experience was a good illustration of the value of the Global Fund being a partner in the Global Partnership. The Global Fund is committed to ensuring that there is synergy between the Global Partnership activities and Global Fund investments in programs to reduce stigma and discrimination, especially in the countries participating in the Breaking Down Barriers initiative. It will also be important to ensure that the new Global Fund strategy is aligned with the targets and indicators in the new global AIDS strategy.

The Reference Group noted that the new context of the COVID-19 pandemic must necessarily inform the approach to following through on the Global Partnership. COVID is fuelled by, and replicating, inequalities in similar ways that HIV has previously, and sadly few of the lessons appear to have been learned from HIV — which is one reason UNAIDS has engaged actively in the COVID response from the early stages and has prepared last year its [brief on such lessons](#), and more recently guidance on *Addressing stigma and discrimination in six settings to the COVID-19 response — Applying the evidence of what works from HIV-related stigma and discrimination in six settings to the COVID-19 response* (also available in [English](#), [French](#), [Spanish](#), [Russian](#) and [Portuguese](#)). There is also an opportunity, in light of the COVID-19 pandemic, to further highlight the importance of attention to inequalities and to human rights more broadly as essential to responding to this public health challenge — and to reinforce the continued need for this in the HIV response, which accords

well with the inequalities framework of the forthcoming global AIDS strategy. It was also noted that in some settings health care workers in the COVID response are also experiencing stigma and discrimination that may help sensitize them to these concerns, and hence facilitate addressing HIV-related stigma and discrimination in healthcare settings.

So far, the justice, health care and household settings have been those for which there is the greatest interest from participating countries, but countries signing up to the partnership commit to addressing stigma and discrimination in all six of the settings. In all countries, advancing decriminalization of key populations is one of the highest priorities for action in the justice setting. Guidance developed already by UNAIDS does include some evidence and arguments to support efforts on this front, but further work is needed to develop guidance and tools on how to change such laws. There is a Technical Working Group that will be tapped to assist with this; continued input from the Reference Group is welcome, and there is a likely desire to expand the capacity of that technical working group. Direct support to legal advocacy strategies — including litigation and law reform efforts — would seem essential, depending on an assessment of what may work in the country context, to advance the decriminalization agenda. It was also noted that in some instances, advocacy from within the country, including for law reform, can be dangerous and there can be an important and essential role for regional advocacy to help end discriminatory laws and policies, including through litigation and related legal advocacy strategies. It was also recalled that in many instances, stigma and discrimination is unfortunately driven by some faith leaders and communities, underscoring the importance of working them, and mobilizing faith communities to confront stigma and discrimination. It would be good to incorporate questions regarding faith-related stigma into the next round of the HIV Stigma Index, and to strengthen work with faith-based organizations in advocating for decriminalization.

Meeting with UNAIDS senior programme management

The Reference Group also welcomed the opportunity to meet again with Shannon Hader (UNAIDS Deputy Executive Director – Programme Branch) and Tim Martineau (A/Deputy Executive Director – Management Branch).

New global strategy and targets and the High-Level Meeting

UNAIDS welcomed any final input on the draft strategy from the Reference Group as soon as possible as the strategy is being finalized very shortly, for approval by the PCB at its upcoming meeting on 26 March 2021. As the Reference Group knows from its review and previous discussions, the new strategy will be based on a framework focussed on reducing inequalities, but of course this will need further development to inform the HIV response at all levels over the next five years. UNAIDS will appreciate continued input and support from the Reference Group with this ongoing work, including communicating how the attention on addressing inequalities is part of a larger human rights framework. Some Reference Group members noted that it will be important to ensure that the focus on inequalities, while important and strategic, does not end up being incorrectly understood as comprising the entirety of a human rights-based response to HIV.

The UN General Assembly will likely hold its High-Level Meeting on 8 – 10 June 2021, where it is expected to adopt a new *Political Declaration on HIV and AIDS*. Namibia and Australia are co-chairing the process. It can be expected that issues related to key populations, sexual and reproductive health and rights, and community leadership in the HIV response will encounter some resistance from some quarters. Similarly, despite the connections between HIV and COVID — including the important lessons to be learned from HIV, about the fundamental importance of attention to human rights, that should also inform the COVID response — there may be continued efforts to preclude UNAIDS from active engagement in the COVID response, including its human rights dimensions. The Reference Group should consider how it may assist UNAIDS in making the case for its engagement in this domain, including in relation to address inequalities and defending and advancing human rights more generally.

UNAIDS is preparing (by 17 March 2021), the UN Secretary General's report for the High-Level Meeting, which will be based on the new global strategy and serves to inform the Political Declaration; the Secretariat will advise whether there will be opportunities during this short window for the Reference Group to provide input. After the HLM, UNAIDS will develop new indicators and content for the global AIDS monitoring reports. UNAIDS is also still working on defining the measures for monitoring epidemic transition; Reference Group input is welcome. There will also be a need for plenty of technical guidance and tools on how to address the social enablers and achieve these targets set out in the new global strategy; this is another area in which Reference Group input will be welcome.

UNAIDS Secretariat management

The Secretariat has just started the process so realignment to ensure UNAIDS is 'fit for purpose' to implement the new global strategy; it will be consultative and marked by transparency and engagement with staff. The Reference Group may wish to provide recommendations as this process unfolds. The report of the Joint Inspection Unit (JIU), which was looking at management and administrative systems, included a recommendation for an external oversight advisory committee in relation to Secretariat operations (e.g. human resources, finance); this is being implemented. Finally, the Secretariat continues to act on the Management Action Plan (MAP) issued in response to the report of the Independent Expert Panel (IEP) two years ago examining concerns related to sexual harassment, assault and abuse of power. There is a strong emphasis on improving internal communications, as this has been an area of weakness, with concerns about the transparency and communication of management decisions. A dedicated staff counsellor is in place to support mental health and well-being of Secretariat staff; a survey and the development of a mental health strategy are in the works, to be coordinated with WHO, and there is likely to be some additional staff capacity in this area over the course of 2021. Finally, the Secretariat has committed to taking the lead on the global staff survey, previously done solely by the staff association; this will be done as a collaborative exercise. Results of the most recent survey have just been released this week, identifying some continued areas of concern, to which management is responding.

Closing and transitions

The Reference Group took note of some recommendations emerging from its previous meetings that warranted further follow-up, and discussed some upcoming moments and processes in the coming year that may warrant Reference Group engagement, including:

- ongoing input and support into the roll-out of the new strategy and its inequalities framework, within the context of a broader human rights approach;
- ongoing input and support to the implementation of the Global Partnership to address HIV-related stigma and discrimination;
- the upcoming UN High Level Meeting and anticipated adoption of a new Political Declaration in June;
- the development of the new global AIDS monitoring indicators tied to the new strategy and 2025 targets;
- the realignment within the UNAIDS Secretariat and Joint Programme to support implementation of the new strategy;
- the development of the new strategy of the Global Fund to fight AIDS, Tuberculosis and Malaria;
- the development of WHO's new strategy of HIV, hepatitis and STIs;
- activities by UNDP related to the evaluation of the Global Commission on HIV and the Law and the follow-up on its recommendations;
- further engagement on the human rights issues related to the growing use of digital technologies, including in the context of health interventions; and
- advocacy efforts related to equitable access to health technologies, including in relation to COVID-19 (e.g. the People's Vaccine campaign of which UNAIDS is a part).

The executive committee will develop a more detailed workplan for the coming year and present it at the group's next meeting, anticipated for the end of March. It was agreed that the Reference Group would continue to meet virtually for at least the coming year, and at more regular intervals throughout the year.

The Reference Group confirmed that it would next meet with the UNAIDS Executive Director on 16 March 2021, and the executive committee will prepare the Group for that discussion.

The Reference Group closed the final session of its 22nd meeting with thanks to Michaela Clayton and Joe Amon for their years of services as they step down from their positions as co-chairs, and to Christine Stegling for her many years of service as a member of the Group. The Reference Group welcomed Eszter Kismödi and Allan Maleche as the new co-chairs.
