

CONFINED By COVID:

a webinar about the effects of COVID-19 on women and girls living with HIV in East and Southern Africa

hosted by

ITPC / Salamander Trust / Making Waves

With guest speakers from WHO and UNAIDS East and Southern
Africa Regional Office

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To watch the webinar, see [here](#)

To read more background information about the whole study, see [here](#)

SUMMARY KEYWORDS

women, HIV, community, UNAIDS, issues, services, living, AIDS, access, pandemic, sexual reproductive health, ensure, response, support, including, countries, Southern Africa, government, webinar, girls

SPEAKERS

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Wame 01:28

Good afternoon, and good morning and a very warm welcome to the webinar. It's really great to have you here to be part of this session. We're really excited to be hosting this webinar, as ITPC, Making Waves and Salamander Trust. My name is Wame Jallow, and I am the Director of Global Programs and Advocacy at the International Treatment Preparedness Coalition. And I'm based in Gaborone, Botswana. And with me are my colleagues who will, during the course of the webinar, introduce themselves but also share the various presentations. Just to share some logistics on the webinar process. Can you kindly introduce yourself in the



chat, put your name and organization in the chat function, there is a Q&A box at the bottom of the panel. If you can type your questions in so that during the Q&A session, the questions that can be addressed by the panelists. Just so that you also know, this webinar will be recorded for dissemination purposes, and shared also on Facebook Live at ITPC Global Facebook page. So really excited to have you here. The title of the webinar is “Confined by COVID: women girls, HIV and sexual reproductive health rights issues”. This webinar is meant to cover all of the findings and feedback that you hear from women in the community in East and Southern Africa, on the effects of COVID on women living with HIV and also vulnerable to HIV, and also to initiate and to facilitate a discussion and dialogue in terms of what are the different types of advocacy and change that needs to happen in the various countries to ensure that services, treatment access gaps, policies, and issues that women face on a daily basis are addressed at both national level, regional level and global level as well. So we’re really excited to get started and to welcome you all to this session.

Let me start by introducing the panelists who are going to be speaking. We have four women who will be providing a presentation on how COVID has had effects within East and Southern Africa.

We have Joyce Ouma and Joyce is a 24 year old woman who's living openly with HIV. She's passionate about representation of adolescents and young people in decision-making spaces. She's currently an AVAC 2020 Fellow in Kenya, which is a project advocating on effective HIV and sexual reproductive health integration advocacy around preparing Kenya for the new product introduction.

With us also is Jacqueline Alesi and she is with Making Waves. Jacqueline is a 33-year old self driven, committed young woman living openly with HIV. And she's passionate about working with young people living with HIV. She's contributed actively to the HIV / AIDS response nationally, regionally and within the local communities and globally. She's the former Executive Director of Uganda Network of People living with HIV, and she has now stepped down to [start and] lead another organization called Jacqueline Ssozi Foundation.

With us, as well is Diana Alison, and she's also with Making Waves. Diana is a 33-year old, and she's from South Sudan. She's the Founding Director of Young Positives South Sudan, which is an organization that works with adolescent girls, and young women living with HIV in South Sudan. And she has worked for more than eight years in the areas of gender equality, specifically on women's rights, girl child education, and champion campaigns to end early child marriage in South Sudan.

We also have Martha Tholanah, and she's a feminist and activist and advocate, passionate about women's issues rights, access to basic services, access to HIV-related treatment, functional HIV systems, environment and conservation issues. Martha's keen in clinical research and serves on the Community Advisory Board for the University of Zimbabwe Clinical trials Research Centre, AIDS clinical trials group as well.

We're really excited to have these panelists joining us today. And they will be sharing with us the views and outcomes of the research that they have been working on over the past three to four months. And we're really excited to have them on board. Please note that their presentations have actually been pre- recorded by audio. And we really want to thank the women for having done that in advance. Due to unfortunately

internet and challenges with connectivity it was better for us to actually do the recording, and then we'll have them speak live and answer the questions during the Q&A.

So with no further ado, I would like to share the presentation and start with some remarks from Joyce. Thank you.

Joyce: 0725

1. Hello, thank you very much for giving us this opportunity to present on how women and girls living with and affected by HIV in East and Southern Africa have been confined by COVID-19. We will talk about the challenges that these women have been going through, their responses and what is needed in order to address these particular challenges.

This presentation is informed by two phases of research that was conducted by Salamander Trust and Making Waves Network with support and coordination from ITPC.

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2. On this slide, I would just like to give a brief background on the two phases of research that were conducted and that have given us the feedback that we're presenting to you today. So for the first phase of the research, which was conducted in March 2020, it was done specifically for presentation at CROI. This first phase of the research was done before COVID-19 became a pandemic and it included 192 women from 28 countries in East and Southern Africa. And among the key stakeholders who helped in gathering this information or in this research were partner agencies such as ICW East Africa, and AfricaAid. Among the research methods used were surveys, interviews, focus group discussions and literature review. The second phase of the research was conducted in October 2020, during the COVID-19 era, almost at the peak, and it was basically prompted by the results of the first phase of the research. It included 30 women from 10 countries in East and Southern Africa, and was basically a rapid brief research, and it included a cascade interview approach with the women.

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3. From the first phase of the research, we had some very strong quotes from the women or from the respondents who took part in the research. One respondent was asked 'who supports you?' And the answer was very heartbreaking. She said that 'nobody supports us, we are supported by our passion'. Also, some of the women respondents reported a gap between their experiences and the friendly, safe, supportive and non-judgmental services that they seek. Such services will ensure that all women are able to access sexual reproductive health and rights without experiencing any institutional discrimination and violence. But it was sad to note that peer support provided by women and their organizations is often the only avenue for such **non-judgmental** care. And that simply means that **we have a long way to go** when it comes to how we are offering our health services and to women living with HIV. **The women who were consulted also pointed out that they have repeatedly made all the recommendations listed**

below, over decades, in many successive documents produced by women living with HIV, but nothing much has been done and nothing much has changed. But then I guess that's what advocacy is all about. We push and push and push until there is a way forward.

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4. Among the key quotes from the October 2020 researchers, the second phase of the research is that one of the respondents mentioned that COVID-19 has just made a really bad situation worse. Adolescent girls and young women were not accessing services before COVID-19. They're most definitely not doing so right now. And COVID-19 has only aggravated the situation. Women were exposed to violence before COVID-19: young women were not getting information, commodities or even services before COVID-19. But because COVID-19 is here, we have found the **big black dog** to put the blame on and that quote still remains true up to date.

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5. So among the issues that the women and girls who took part in this research, among the issues that they mentioned, that have really been really escalated during this period is **violence**. Adolescent girls and young women and women in general have been exposed to enormous amounts of violence be it in terms of defilement, be it rape, be it intimate partner violence, there has been an increase, a constant increase in such cases. Adolescent girls have reported being raped by brothers and fathers. intimate partner violence is very rampant and has also increased over this period. Basically, it could be due to the worsening economic situation and the lower frustration threshold that is bringing in a lot of intimate partner violence. Unfortunately, during this period, police have not been taking reports as they say that people should stay home because of Coronavirus. Therefore, access to justice is denied when women and girls still remain in unsafe environments, where they are continuously violated physically and emotionally. And this is just a sad state of events.

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6. Now access to **contraception** has always had a lot of barriers to access to it. Now, this period of COVID-19 has seen access to contraception really, really have more barriers than it used to before. Currently, even if a woman would want to use contraceptives or just a condom, they cannot be able to access it, so they definitely cannot use it. Access to contraceptives was hard as access to transport was not possible during lockdown. One of the respondents said, for those who didn't get to the clinic, access to family planning was not the priority of the facility. COVID-19 wards, and emergency services are more prioritized. So, if you come for familiar planning, they say please go home, we only do it once a week. And on that day, they only take a certain number, so you may not get it. If you do, you don't get a choice. That is how bad COVID-19 made the situation worse for women.

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7. Now, this slide just talks about how COVID-19 has highlighted the attitudes of **funders** that really need to change. Right now, members and communities are more concerned about the welfare, everybody's

concerned about financial security, everybody's concerned about food security, everybody's concerned about their sexual and reproductive health, more than looking at how to advocate for their rights and freedom. But we cannot blame women for focusing on essential or rather for focusing on their basic needs, because you need to eat for you to be able to take the medication properly, you need to have financial security for you to even have a peace of mind for you to be able to provide the food for your family. And we have seen funders still remain very rigid in these situations and still not willing to support or not flexible enough to support women organizations through this period. And even for those that were willing to support, they had such stringent conditions that grassroots organizations could not be able to meet: it was completely not fair. So, we have a large number of women, most of the grassroots organizations work with large groups of women that can actually help in advocating and reaching out to the ground with the some of the key implementation strategies. And funders provide or give a very huge barrier to any form of support to the continuation of the essential work that women and girls' organizations do at the grassroots. It is also very key to mention here that funders should stop funding the trend and should just consider that women and girls are going through non-stop issues that do not - you cannot afford to walk on and leave behind and go and pick on what's trending. For instance, case in point, funders now when shifted to teenage pregnancies because that is where the limelight was on - when the limelight is in on HPV and early marriages, that is where most donors shift to and I feel that this is not fair for women and girls because half the time you help - the donors and funders help - with programs halfway and they leave the women and girls hanging.

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8. Now, this thought-provoking slide is just basically showing an empty boat with circling sharks or HPV, early child marriages, HIV and teenage pregnancies. But right **beneath the ocean, we have invisible forces**, like sexual reproductive health and rights violation, intimate partner violence and other violence against girls and women. What's interesting is that donors and funders and implementers are focusing on the circling sharks that they can see, no one is focusing on the toxic underneath the ocean. No one is focusing on the toxic environment beneath the ocean where constant violations occur and prevent women from accessing any of these circling sharks from accessing any of the interventions that have been put in place to address them.

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9. This is my second last slide. And it's just echoing how COVID-19 has been likened to an X ray revealing fractures in the fragile skeleton of the societies that were built. **It is exposing fallacies and falsehoods everywhere.** And that's more like echoing what they can, what my presentation has been all about. And on this slide, we have our call to action to donors to NGOs, and to governments. And as you can see, it's an all-rounded call to action where we need urgent support for the work that we do as women and girls organizations and to continue upholding our sexual reproductive health and rights as essential and for all these other call to action, my colleagues who will speak later will respond to them.

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10. Just before I go to the next slide, I just would like to mention that I know my time is almost up. But I just would like to mention that while everybody can argue that COVID-19 has affected everyone all the same, it is not entirely true. It is women and girls who have endured intimate partner violence. It is women and girls who are constantly trying to negotiate condom use. It is us women and girls who are trying to avoid unintended pregnancies. And it is us women and girls who have had to endure gendered inequalities over time. It is also women and girls whose health choices remain in the hands of sexual partners. And that if COVID-19 has made everything else bad, you can imagine how worse the situation is for us right now.

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11. Now on my final slide, I just like to say that my call to action to everyone, to all the stakeholders, is that we should continue to ensure that provision of sexual reproductive health and rights and HIV services during a pandemic is non-negotiable. And do this in ways that feel safe for women and girls living with HIV in all, in all our diversity, especially including adolescent girls and young women living with disabilities. Thank you very much.

Jacquelyne 18.43

Hi, everyone, my name is Jacqueline Alesi. And I'm from Uganda. I'm glad to be joining you on this webinar, where we are talking about confined by COVID women and girls. And I want to bring in the experience from the women living with HIV I interviewed from Uganda. However, this is something that also occurred in other countries. But I'm presenting the specific or particular issues. And one of them, while we're talking to women, we discovered that issues to do with lack of **what to eat** during COVID, was a very, very big issue.

A very good example is that because of COVID, very many women who were low earners lost their **jobs**. For example, most of them were just working from people's houses. and it was like a day to day work for them. So, when COVID came in, most of them were stopped. Because it was a lockdown, where women were not aware people are not allowed to move. So that included the women living with HIV, or the women who are low earners.

In that time, we must note that, the government distributed **food**, I have to applaud them for that. But that was something that was not specific to women living with HIV. In fact, we saw that very many women living with HIV, who were not doing well. missed, In fact, we had to give out food to some of them from the different channels that we could get it from.

This was something that, kept on happening over and over, it is something that really affected the **taking of ARVS**, where we saw women, either leaving to take their medicines, or take medicines, and then wait for their death, because it was something to think about whether to do or not to do. So, as a call, we would really want to appeal that when we are planning for any programs that are related to COVID and HIV - let's ensure that we have **sustainable** programs that are going to help women have what to eat so that we don't see any person or any woman have to stop taking their medicines, because they don't have what to eat.

And we have to know that COVID is still with us. So as we plan let's ensure that everything is **sustainable**. And not just short-term programs, like for example, giving food, which is very good, but we would love to have women have **businesses** that are **owned** by them, or even having some **agricultural** activities that can help them as a backup plan, or as a way of living healthy way while living with HIV.

The other thing that I would want to talk about is, we have to note that from when COVID came in, even up to now, a lot of **violence** has been manifested. A man, for example, was working daily, was riding a motorcycle taxi, then everything was stopped. Then a lot of violence really, really occurred, where we really saw very many women being violated and also having a lot of cases that were happening. So as an appeal or as a call, as we plan to respond to COVID globally, let's ensure that we address the and prevent the violence against women and girls as a very, very important key, while addressing COVID,.

We must note that COVID seems to have come down for now. But it is still here it is still coming again, in some countries, we've seen the wave, the waves are coming back: some people are in the second wave and some the third wave. So we really want authorities to **plan ahead with us**. Let's plan: let everyone plan with us, especially the people who are mostly affected when such pandemics or emergencies occur. And when I mean us, I mean, the women living with HIV, let them be part and parcel of every policy that is going to be regulated or is going to be coming for them. I mean, **nothing for us without us**. So let's ensure that you know, everything has the women part of it.

So let the advance planning with our inputs be considered. So that we don't see the same situation happening when we have women still have to, you know, miss food, even when countries you know, give out food. So really, it is something that we would want you to consider.

And really, we want to think of and applaud the women who never threw their babies away or never threw their children away, just because they were going through the toughest time. It was really something that women showed as a recommendable or as a very courageous move. We really want to thank all the women, even the men who stayed for them for the women because you know, some of them ran away but there are those who stayed. So I thank you very much. I'll be happy to listen into comments and also to respond where possible.

Diana: 24.59

Hello, everyone, I'm called Nunu Diana from South Sudan. I'm so glad to be part of these panelists during this webinar. And just to go straight to my point.

With support from ITPC and Salamander Trust, we conducted our research on women's access to sexual and reproductive health during COVID-19, with five young women living positively in Juba.

However, during our interviews, the women noted that **access to sexual reproductive health and HIV treatment** is an issue. Because the treatment center is not confidential and private. This has been made worse yet, due to the COVID-19 pandemic, and the humanitarian crisis in the country.

The treatment facility was made partly as **COVID-19 treatment center**, which also created **fear** to access sexual reproductive health services in the hospital. And since the hospital is also in, it provides all other services. So there was **no privacy** during the COVID-19 response for people living with HIV to have freely access treatment. However, we call upon different partners, and UNAIDS to ensure **privacy and confidentiality** is adhered during COVID-19 response and in humanitarian situation.

We also urge that partners and UNAIDS should offer women and girls **choice** about **how** to access services, and **ensure we are not left without ARVs and contraceptives** during humanitarian crisis and COVID-19 response.

We also noted that UNAIDS and other partners - WHO - should **consult** with women and girls on more **innovative** ways of providing essential services that avoid breaching privacy and confidentiality.

However, it should be noted with concern that issues of **privacy and confidentiality** are very common scenarios in **humanitarian** situation, such as ours in South Sudan, and must be taken care of to create **confidence and trust in service delivery**.

We call upon UNAIDS regional office and other partners to work hand in hand with in country UNAIDS offices - And **ask the women organizations** - those who are working directly with people living with HIV - to address issues of confidentiality, and privacy to access of ARVs, sexual reproductive health services, both during the COVID-19 pandemic response and in humanitarian crisis.

Lastly, I just want to inform all of us that since our research, we are currently working with about 15 young women and adolescent girls living with HIV to address issues of stigma, discrimination, to access to sexual reproductive health services.

Thank you so much. I'm glad to be part of this discussion.

Martha: 28.48

Our call to action to donors and governments is to urgently **support the vital work of women and adolescent girls in their communities**. Recognize and support our vital work in our communities, be **flexible**, allow funds to be **reoriented** towards more holistic responses to COVID-19. We found ourselves, as women and girls, in the communities that we work many times working without any funding, working without any support. **But the work we do is vital**. And many women and girls depend on our work. We find that sometimes where there's little funding for some, for some of our community based organizations, the funds that were given before COVID-19 were really not flexible. And they were required to be used within the agreements that we made when the funds were given before COVID-19. Our call for action to donors and NGOs is to provide **flexible, creative, accessible funding** for women and girl led organizations during and beyond this COVID-19 crisis.

And we have women in communities, women and girls still not being **included or considered in planning in consultations**. We look at COVID-19 for example, when it started Yes, it was an emergency. Yes,

governments, civil society organizations, you really went into action, and also donors really went into quick action to start planning in making consultations in terms of how they responded to the crisis. But unfortunately, women and girls in within their communities were not considered. Please include us in **early warning systems and emergency preparedness planning**, which must include affected communities.

Southern Africa, for example, in recent times has been hit by **cyclones, and flooding in extreme weather conditions**. During this we were grappling with COVID-19. However, we still found that if the response is sometimes emergency responses, humanitarian responses in the **planning did not really meet the needs of the women**, because women were not included in the planning. So this is why we call on the governments, donors and NGOs to please include us in the early warning systems and emergency preparedness planning. And as we talk of women, we must remember that we are talking of **women in all their diversities**. This must include sex workers. This must include women who use drugs. This must include women with disabilities, it must include lesbian, bisexual, transgender, and queer women. I thank you.

Wame 32.34

I would like to say a sincere thank you very much to all the panelists for sharing their interventions. We've really heard a lot from the women about the experiences on the ground in the countries. Just on the screen right now is just acknowledgement of all the different people who are involved in the research and also provided a contribution. Also, a sincere thank you to the respondents. There's a lot of information, data that was gathered up during the discussion.

33:10

And also just to reflect on some of the references that are available. Please note we have the advocacy brief document available on our website to share with everybody and have access to for referencing.

33:27

I'd now like to invite Mr. Aeneas Chuma to make an intervention and remarks on behalf of UNAIDS. Mr. Chuma is currently the Interim Director of the UNAIDS Regional Support Team for East and Southern Africa. He's a highly experienced civil servant and economist by background and has paid various roles both globally and regionally for the last 30 years. Mr. Chuma is a micro-economist by training and started off his professional career in the Reserve Bank in Zimbabwe in the 1980s. So a very warm welcome to you Mr Chuma and to hand over to you to share some remarks, related to both the presentations by the women, but also hearing about UNAIDS' role in supporting women communities and sexual reproductive health issues in East and Southern Africa. Thank you.

Aeneas Chuma, UNAIDS

Can you hear me now? *Yes, we can*. Yes, thank you Wame. Good to see you again. And let me start by apologizing. It took me a while to get hooked on but I'm glad that I am and I did listen to interventions by the various groups which were quite informative for me. I want to start by acknowledging of course the representatives of ITPC, Salamander Trust and Making Waves, and then also my colleagues from the United Nations and all other panelists and representatives of civil society. And hank you, ITPC and Salamander Trust for extending the invitation to UNAIDS in East and Southern Africa to make the opening remarks of this

important webinar. The webinar comes at a critical moment when the world at large, and the ESA region in particular, are grappling with the second wave of the COVID-19 pandemic. The research commissioned by ITPC and Salamander Trust, focusing on our region is particularly important, given the context of COVID, the history of HIV in the region, and the vulnerability of adolescent girls, in young women and women in general in the region. East and Southern Africa, as you all know, is the region most affected by HIV in the entire world.

35:59

East and Southern Africa is home to around 6.2% of the world's population. But over half, 54%, of the total number of people living with HIV in the world, are in this region. Although the HIV epidemic in East and Southern Africa is generalized young women, men who have sex with men, transgender people, sex workers, prisoners, and people who inject drugs are at an increased vulnerability to infection.

36:32

Our UNAIDS East and Southern Africa epidemic overview of 2019 indicates that of the 20.7 million people living with HIV in the region, 59% are women aged 15 years and older. Women of this age group accounted for 54.8% of all new infections. In this context, gender inequality remains one of the key drivers of the epidemic among women globally, and particularly in our region. Unequal power relations, unequal access to opportunities, including education, employment, many other factors, including culture, traditional practices, leave women vulnerable to HIV infection, and unable to access life-saving treatment when they need it.

37:28

Thousands of women across the region are unable to make critical everyday decisions that often mean the difference between preventing and contracting HIV. For many women, including adolescent girls and young women, the decision to access ART and general health care, including sexual reproductive health services, is also beyond the immediate control. Before COVID hit in 2019, we collectively made strides to address the inequality gap, resulting in positive changes in women's access to treatment, and small gains in reducing new infections among women and other key populations. (Actually, COVID hit in 2020 - just a small change there). Today COVID-19 has deepened the inequality gap. The pandemic is threatening the progress made, and in some cases, reversing the gains. The rise of gender-based violence has left women and girls much more vulnerable, and at risk of sexually transmitted infections, HIV and AIDS and unwanted pregnancies, much more than ever before. In the area of health, changes in the delivery of health care, and the de-prioritization of essential services, as government's grapple with the delivery of COVID's care, has left women unable to access contraceptives, and many other essential health products and services. In this context, many women and girls are vulnerable and unable to make sexual and reproductive health choices. The redistribution of funds, as donors and governance shift resources to the COVID-19 response, have also left health systems, women's organizations and organizations working on HIV without resources to do their work, and deliver much-needed services to women. Community-based organizations, which have proved to be central in the HIV response, are largely unable to play their critical role in community mobilization, monitoring and supporting community women's groups in the fight against HIV and AIDS.

The current context therefore, demands an urgent shift in the way we address concerns around women's rights, gender inequalities, and how we craft our HIV response in a much more nuanced focus on vulnerable

populations, which vulnerability is exacerbated by COVID-19, is critically required. Stakeholders must adapt their ways of working to ensure that all responses are crafted to deliver relevant critical services and to support women and other vulnerable groups, in this moment of uncertainty, fragility, and rapid change. Knowledge generation is one of the critical steps towards nuancing our response to ensure we rise to the demands of the present moment. There is therefore a need to create knowledge and gather evidence on how COVID has impacted women, girls and other vulnerable groups within communities and countries across the region, to ensure that the HIV, COVID and all responses mounted match the context and lived realities of all people, and in particular, women living with HIV and AIDS. Any credible information, knowledge and data should be shared widely to enhance the rhythm of collaboration among different players in the field.

41:26

UNAIDS ESA office commends Salamander Trust and ITPC, for not only undertaking the research on the impact of COVID on women and girls living with HIV and AIDS, but for going a step further to share the findings. We're all tasked with the responsibility to reflect and act on the findings, which are focused on key strategic areas including access to sexual and reproductive health, and HIV services for women, the digital divide - you know, digital communication tends to leave out many women and girls - funding for organizations led by women and girls living with and affected by women. And I noticed that this point was being made by an earlier speaker, I think it is particularly important going forward. In closing, I want to extend my congratulations to the organizations which championed this very timely and important research. As we fight this pandemic, I wish to call upon all of us to put these findings to good use, and I want to thank you very much. And I look forward to the outcomes of this webinar. And I also want to take this moment to inform those gathered that at UNAIDS in my office we have now a senior gender advisor, Cynthia Lungu, and I'm sure you've seen, she's participating. And I look forward and encourage you to work very closely with yourselves to share information, to learn and to strengthen our collective response to the challenges that we face. So, let me stop here. And thank you very much and I'm glad to learn and listen as we go forward. Although I may have to live, you know, within the next hour or so, I thank you very much indeed.

Wame: 43:29

Thank you very much Mr Chuma for those remarks and the commitment of UNAIDS to really address some of the critical findings that have been highlighted, both in the study but also as advocacy asks by the women, I want to invite now the Question and Answer discussion session. And to invite the panelists: the women themselves who spoke can make very strong clear deliberations around some of the issues that we're seeing on the ground in terms of the access barriers. And, you know, just to really highlight that some of the findings are not just specific to service delivery, and health facilities, but also livelihoods of women, the gender-based violence issues, stigma and discrimination issues, and looking at it, at young women, to all categories of women in the community. So, this really is a lot of rich, rich feedback and just opening it up for now, Question and Answer discussion. Can I invite Joyce, Martha, Jacqueline, and Diana to join me and we'll just take some of the questions that are in the Q&A for the next 15 minutes and respond to.

So, panelists if you can actually just share, there's a few questions that are in the Q&A box. And thank you very much for everyone who's posted. One question from Taline. How are you addressing issues

45:00

of mental health with women living with HIV during the pandemic? I think that's something that we've seen quite a bit. If I can invite Joyce to start us off, and then other panelists to contribute.

Joyce

So very much Wame for the invite. And for the question. I'm just going to attempt to answer this: that at a personal level and at the grassroots level, we have been trying to address issues of mental health by having online forms of support groups and just having personal connections between women, and you find that there are many WhatsApp groups that have come up during this period and other, other social media avenues that do not necessarily require a lot of [connection interrupted]

Joyce... 45:51

But just lead to action. There was no much funding for such implementations or for such activities, because there is no way we could quantify or we could meet the donor expectations on how to quantify the quality or the number of women who have been reached with mental health messaging and how effective that program has actually been. So just like the, during the presentation, just like we mentioned, that this is majorly some of the work that is done by women. And our passion has been supporting us through this. So yes, we have been trying to do some work at personal levels and at different organizational levels. But I would not say it has been implemented in large scale due to lack of resources. Thank you.

Wame

Thank you very much. When any of the other panelists like to also comment on this? Maybe I can call them Martha.

Martha 46:48

Thank you, Wame. I think like, like Joyce said, We have used the... what is available to us this in the phones and also some people staying in the same neighborhood, trying to make sure that someone where they are staying, they have someone who is close by and make sure they are connected. We know it's difficult to have the physical or face to face contact. But sometimes it has to happen, because a lot of women are living hand to mouth, our government, have not, while they've imposed lockdowns, a lot of them have not made sure that the women's livelihoods are actually taken care of - what do they eat? So, for those of you who have been depending on looking for money each day and for the meal for that day, then they need to go out. So, women are supporting each other, We use WhatsApp or we also use SMS.

47:53

It's really difficult, it's really difficult, even is, for those who are coordinating as we try to coordinate, it's really difficult. But in many ways, you just try to keep that connection. And we need a lot more support because for a lot of the women, while they may want to do join WhatsApp groups, but may not have the gadgets, some may not have enabled smartphones, may be it's a smartphone that is a hand-me-down, that is now very old and cannot support some of the functions. For example, one of the women who contributed extensively to this to the research, by giving as a key informant, because of her smartphone could not log into the webinar, neither could she log into Facebook, even though we tried to make sure that she has some

data, but then it's because of the gadget. So, it's a multitude of layers of barriers that women are facing, and that also compounds in mental health issues of women, the state of women. So, we really need to hear this.

Like Joyce was saying in terms of quantifying how do you quantify that someone? How many, how much impact is being done in terms of making sure that women's mental health is really taken care of and mental wellness is achieved. I think it's very difficult, but it's a need that is there. And it's very long term to find, to get the results. So we really need to find ways to say a person's life is not like a light switch that you can just switch on and off. For a person to function, we need to make sure that we need to look at them as a human being and not a machine. Thank you.

Wame 50:00

Thank you very much for that, Martha. There are two questions that have come that have been raised to UNAIDS. Around one, what are the statistics around unwanted pregnancies, particularly with sex workers during the pandemic? And linked to that is really around whether there's any knowledge or evidence of sexual violence in school, when girls who become pregnant, what is the re-entry intervention that UNAIDS can support in Southern and Eastern Africa? So, Chris, or should Mr. Chuma? Is there any thoughts or feedback on that.

Chris Mallouris, UNAIDS

And also, Cynthia is here, and I'm sure she would have some great insights,

50:56

Just like to go back a little bit on the mental health. And it's hard to follow Martha, It's basically I agree with her, it's about seeing us as humans, we're not machines. And it is about recognizing that mental health is an important part of our health. And therefore there are ways to measure it. And there are ways to address it. There's also ways to remove the what puts our mental health at risk and address that: violence, the way women are treated by their partners, by the communities in their work for millennia, and to services that address their mental health after they experience violence or any other form of injustice. So, it is a complex issue, because it is about humanity. And we are complex. And there are ways we're addressing it, that is about it, that come naturally when we think of us as humans rather than machines. So thank you, Martha. I don't know the statistics. And so I need to come back to my colleagues to get statistics. But one of the things that struck me throughout the last year, and it's not just COVID is an epidemic. It's actually what the response to COVID. It's the same.... it's the math, what we see the experiences of girls and women are manifestations of the same gender inequalities and injustices forever. And they're just only amplified. So the question is, what do we do in a mature in a situation of crisis that we haven't done? And we should have been doing in, in the absence of crisis?

52:34

And so, I don't know, I don't want to encroach further into the interventions, because Cynthia will probably have a better answer to give you. But for me is that struggle that I have for the last year in terms of, but why shouldn't we have been doing this before? Why? You know what it is, it is and... because we haven't addressed some of these deeply rooted social, structural, religious, economic

norms that thrive the way that we design the law. We've designed the social relief programs that leave sex workers out, and so on. So it's, ... yeah, I don't really have a very good answer other than wish to do more what we should have been doing before. And of course, there are responses for crisis. But Cynthia, I don't know, I don't want to put words in your mouth.

Cynthia Lungu, UNAIDS 53:29

Thank you very much Chris for coming in. But just to say, anecdotal evidence, obviously is pointing to a spike in the rise of teenage pregnancy across the region. I think earlier on the Regional Director referred to the critical importance of knowledge, as we live within the, you know, the COVID pandemic. And so we continue to generate information, to collect information and evidence, to understand the extent to which you know, the extent of the teenage pregnancies and the rise of that, given the, given the pandemic. In terms of what we do, referring now to the issue of getting the girls and young women back into school, as Chris has said, what is it that we haven't been doing in the past? Or what is it that we need to intensify to ensure that we address the challenge. And so you can look at several spectrum. There's the spectrum of policy. There are certain countries in the region that do not have the relevant policies to allow the readmission of girls back into school, obviously, so that is something that we would like to advocate for at UNAIDS. And also, we tend to have a lot of policies on paper and those policies are not implemented. So, the other question is also around how do we ensure that the policies that are put in place are actually effectively implemented to ensure that the girls actually make it back into school. And if you look at the issue of teenage pregnancies and getting girls back into school, it's more than just beyond getting the girls back into school, you have to look at issues of the support system and social protection. If the girl is going back to school, who does she leave the child with at home? So you need to, we need to consider all those all those spectrums before we actually craft an ideal response to what we are going through at the moment. And obviously, there are certain countries that already have in place the policies and the code in place the 'Back to School' programs. And at UNAIDS, I think we're happy to work with organizations..... the UN, its country offices in those countries, and other stakeholders that are working on those Back to School programs. And won't address the issue of the sex workers because I think Chris has addressed that. Thank you.

Wame

Thank you very much, Cynthia. Meg, can I hand it over to you to share some thoughts around the who and mental health programs as well?

Dr Meg Doherty, WHO 56:00

Yeah, thank you very much. And I have to mention also that I'm double-tasking some meetings. So I'm going to make a bit of intervention around mental health, I have to join another meeting and come back. But I've been listening so intently and really want to thank what what's coming up. And I think mental health has been a topic that has been on the Director General's mind. And if you follow any of the conversations around COVID, that are happening, mental health has now been fully integrated into the emergency response plan. And there's also a plan for handling the mental health, also of all the health care workers and others. So, there's a recognition that it's really a challenge across the board. Just this week, we had an executive board meeting for WHO. And there, we actually were able to, there was a plan that was accepted by the board to introduce Mental Health Training, planning, reaction actions for COVID, into the emergency response actions. So with that, I just wanted to make sure that you were aware that this is high on the DG's list, there

are lots of materials that are found on our website. And we would be happy to sort of link those into anybody who would like to find them, including stress reduction, that could be used at the community level, could be used by anyone to handle some of those immediate challenges that we all face. So thank you.

Wame 57:47

Thank you very much. I will now like to thank you very much to all the speakers and also to the questions and answers. There's a lot of comments, really great feedback from the participants, please take the time to also read some of the Q&A, we won't be able to get through all the questions today. But we'll make sure that we have a Q&A information that we can distribute after the webinar. So, thank you very much to the panelists. Thank you very much for the contribution from UNAIDS as well. And I would like to introduce and we'll hand over the next session to my Executive Director, Ms. Solange Baptiste. And she is with ITPC based in Johannesburg. Over to Solange.

Solange Baptiste, ITPC 58:35

Thank you very much Wame. What an exciting webinar, really great to hear all the presentations. This segment of the agenda is really to dig a little deeper now with our development partners and friends. We have the WHO and UNAIDS colleagues on this call and they have been already speaking up. So, it's more like a continuation of the conversation. And we want to really explore, you know, what can development partners do to better support women and communities of women living with HIV in this current COVID context. What we've heard so far is clearly that we knew that we had problems, it was a bad situation and things have gotten extremely worse. And so, we want to explore the co-creation of some solutions. We want to think about some advocacy, really priorities and any suggestions that we have. Unfortunately, most of the issues that have been raised today are not going to be solved by clinical interventions. They are not going to be solved by the health sector alone. And we need to think about other sectors and obviously a multi sectoral approach.

1:00:02

So I would like to not talk long and that you guys actually hear what interventions will be made by UNAIDS and WHO - I'm doing it in that order. I think it still works for Megan and Andy. So, we'll start with UNAIDS, really thinking about how to shift the political will to ensure that the issues that have been raised and the rights of women living with HIV are funded. And what can WHO and UNAIDS - well, starting with UNAIDS, what can UNAIDS do to better support communities at the local level? And I want to make a plea for that, right, at the local level, at the not just the national level. So local level, national level, regional and global levels. Perhaps we can start with Cynthia and I don't know, Cynthia, if you were introduced formally. But Cynthia is Senior Gender Advisor for East and Southern Africa UNAIDS. So over to you, if you could just make a few comments from your lens. And then I think you're sharing your time with Chris. So about five minutes and then five minutes with Chris – I will introduce him when you're finished - thanks, Cynthia.

Cynthia

Yeah, thank you very much Solange. And I like the fact that the focus should really be around what we can do at the local level. And I'm quite glad that my colleague Chris, who leads our work around community support, is in this session, and he will shed more light on that. I think maybe we've all agreed, you know, that with the COVID-19 pandemic, we've seen that it has further enhanced all forms of inequality, and particularly

gender inequality. And once COVID-19 hit, we saw a rapid increase in gender-based violence, which was then dubbed as the shadow pandemic, we saw the de-prioritization of service, as health systems overwhelmed began to triage services. And we saw critical SRHR services were de-prioritized, depriving millions of women choice, as has already been articulated here. I think in response, what UNAIDS has done is to continue to work with governments, policymakers, and COVID-19 response teams to ensure that critical sexual reproductive health rights services remain available, even as healthcare systems make room for the COVID-19 response.

1:02:35

And here, we particularly focused on ensuring that countries domesticate the regional SRHR strategy developed at the regional level. We also tried to influence the inclusion of gender and HIV in the development and implementation of COVID-19 strategies. We saw, you know that the singular focus on you know, COVID-19 strategies within the health facility left out a lot of the HIV work and critical SRHR services. And so we sort of influenced the inclusion of those two in the development and implementation of COVID-19 strategies. We continue to ensure that our programs remain cognizant of the linkages between COVID-19, gender, and HIV by among other things, we've sort of done a continuous generation of knowledge.

1:03:26

We continue to collect information because the current environment is dynamic and quickly changes. So, we feel that every information and evidence collected is vital to inform the strategy and our response in the fields. We also advocate and continue to support the collection of gender disaggregated data, to ensure that we do not leave out women and key populations that are important to us. We've also supported and empowered regional and national networks, groupings of women living with HIV, to sort of occupy spaces in decision-making forums, to push for the women living with HIV and AIDS agenda. And here when I say we've sort of empowered different groupings, it's important to clarify or to highlight that. For us, gender is not just about you know, women and men, there's all the other groups, transgender groups and all that, that was referred to already by one of the speakers and I quite like the fact that one of the speakers highlighted that point. It is a very important point, it is very critical. It's - gender is not a binary concept. We need to normalize that kind of thinking, and we need to be thinking of all the other groups that are oftentimes left out. And as I said earlier on, I'm quite glad that Chris is here to sort of narrow down into the nuances of community support work that is being done at local level or our thinking, our strategic thinking in that line. So over to you, Chris. Thank you.

Chris 1:05:10

Thanks. Yeah, and I don't think I can describe all of that in five minutes. But perhaps what I can try and describe is what, not what new we're doing, but rather what we are trying to change in terms of how we do things. And I think it applies to many of us. So it's, it really is about changing the narrative, I guess. Try starting from a homogeneous group of describing women and men to address gender equality to unapologetically describing a diverse group, we are all complex in our humanity. And it's about going into this without any, any form of restriction, it's, it's really just always address it in diversity.

1:06:01

It is about changing the way we design programs and the response, I think, as well to COVID in in that not to design a program that reaches the general public, but those most left behind. If we designed such with such a program, it will also reach those that are easy to reach. So think about the sex worker, who is not going to be able to access the social relief grants, because they're criminalized and they are socially excluded. If we keep *them* in mind and their participation, I think we would make wonders. We need to approach it in a longer term, response to gender equality, as well as that crisis, and the two have to come together. So in all of our work in East and Southern Africa, we're focusing a lot on supporting communities to drive evidence and convert it to evidence. Not - that sounds lofty, but it's actually small actions can do that. And it's disrupting by not focusing at the policy level, but it is really is about how do people access services, and by that, not just at the clinic, but their journey to the clinic, their life at home, if they are able to access employment, what happens at work, and, and looking at the holistic needs of people, and how all of those factors enter into accessing services, and their ability to live quality lives of dignity. So if we've been working with, with most left behind populations, many key populations across, to find and to work so that the work is coherent, so that at the end, there is a mushroom of shadow reports that will be coming that are at the local level, and that they can be used to in because we do not divide HIV, from SRHR to UHC to, to access to health or rights, it's all about *all* of that, at the end, does have an impact on our health and our ability to access services, our ability to respond to COVID. So, we were working with networks, to design something that simple, but can be used across platforms and can address the complexity of us as humans. And there's one area, I think that we want to explore further and with all of you and why we do all of that, which is about services, policies, the movement, to resources and be able to do its work, the work on on data and strategic information. We also need to work on social norms, and changing social norms. Because at the end, who writes the policies, who writes the laws, who delivers the services, who teaches at school? And how are we all influenced by what we've learned at home, and throughout our lives? So, we need to do that harder work or changing social norms that we will we'll start in our experimentation later this year, and whoever wants to join us, please do. And let's start to think to start questioning that. Because if we don't have gender based values, we continue, girls will not access education forever. And I think it's, gender inequality has gone way too far and worked for way too long. So it's about supporting networks to be leading in knowing and be able to translate what the people, their peers are experiencing, and be able to use a policy level and a community level. But that experimentation at the end that we'd like to work with you on how do we change minds and hearts? Thank you.

Solange 1:09:41

Thank you, Chris. Lots to think through their eyes. I mean, depending on the day you asked me I could be in a state of we will change the world or I could be in like complete paralysis or I could be like ready to die. It depends. So, it has a lot I mean, you do need to change the norms. You need to fix the policies, you need to enforce the policies, you need to get the right you know, the choice, the informed choice when you're actually making that decision. I mean, it ranges the gamut. And so we've tried, we're trying to kind of figure out then how do we prioritize and what as you said, and Cynthia alluded to, as well as the local or also the short, medium- and longer-term goals that we need to work on together.

I really wanted to go back a little bit to, before inviting Andy to make his intervention, to Joyce's slide, where she had the sharks in the water with the boat, and really kind of come back to our extreme biomedical clinical entry points, I want to place it that way, into what these interventions are, while paying sometimes

more lip service to the structural, legal and other kinds of barriers that are the true, sort of, almost root causes of these things that we're putting band aids on. Right? So yeah, I can get you the best medicine, dolutegravir-based great, but you still can't eat, you still are a victim of violence, you are still being taken advantage of by the police, you still experience so many wrong things, which is why I was going back to the fact that this has to be a multi-sectoral thing. Many of the questions and comments coming back here talking about unpaid leave, that means you're talking about unpaid work. So, we talking not only about donors and relaxing their restrictions, but economics, transportation, security, what would the police, the military, do they know about disclosure? And are they passing around information and calling who and who why by what name? Social services, education and schooling in the time of COVID. And the digital divide, the issues are enormous. So just wanted to kind of place our, take off our typical biomedical lens as I move seamlessly to the WHO for the intervention, and hear what Andy thinks about these issues that have been raised by the ladies in the first hour.

Andy Seale, WHO 1:12:18

Hi Solange, thank you so much, and good afternoon to everybody on the call. Apologies for not being able to use my video. Bizarrely, I'm working from the office today. And we have more technical challenges in the office than we do when we're working from home. And Solange, let me start by just saying, you know, fantastic work. So congratulations to all of the presenters, and all of the women who have contributed to the research that was presented earlier on in the webinar. It's this kind of information sharing, first of all, that I think is critical to all of the challenges that we face in terms of really, you know, doing our best to unite the various services that need to unite, and the various sectors and parts of government, in order to meet the needs of communities, which, as we've discussed today have really been exacerbated under the COVID environment.

So let me say a few things from the perspective of WHO. I think first of all, you know, we've got some interesting examples of where we have helped to create the kind of enabling environment that hopefully would allow for greater community participation and action, including from Eastern and Southern Africa. We work closely with communities quite recently in Tanzania to support a shifting in the age of consent for HIV testing from 18, to 15, to really free up some space for adolescents, including, of course, young women, to be able to access some of the critical services that they need. And that was really a partnership efforts, UNAIDS was involved, UNICEF was involved as well, as well as communities. And I think it's that kind of partnership, that that that really is critical, particularly for the WHO role. And we really value the partnership with Chris and the UNAIDS team. And you know, we often come in with the technical expertise, with perhaps a different kind of influence with government and with Ministries of Health. But we don't necessarily have the dedicated resources around community development and support that our colleagues in UNAIDS have. So that partnership is important. And I think again, when we look at, Dr Tedros is really keen to strengthen our in-country capacity to be better partners, with community and with civil society.

1:15:00

And to work with government to create more space for some of those critical conversations. But while that's happening, there's there's an awful lot going on in any case. Many of you on this call, were involved in

creating the Consolidated [Guidelines](#)¹ for the focus on the sexual and reproductive health and rights of women living with HIV. This is still an important tool that has community-lead, [operational](#), kind of like guidance developed on the back of that, that still remains relevant. And we can do more certainly through our country offices to ensure that the tool is understood, is known and that our counterparts in ministries are aware of it and respond to it in the spirit of that tool.

Similarly, when we look at how we work within that family of UN agencies, particularly from a country level, we're often quite central to some of the conversations around direction of some of the bigger funding buckets that come from Global Fund and PEPFAR. So we can create the space for some of that funding to flow. And we're not. So, we are sometimes a little bit a step away from some of the things that we've seen mentioned in the chat. But that would perhaps involve a bit more of a hands on leveraging of funds that can get to communities, including those that aren't officially registered, because there they are very much grassroots organizations that don't have that core secretariat capacity, if you will, to engage it, perhaps more formally in some of those larger funding opportunities. But nevertheless, we can work with those partners, with Global fund, with PEPFAR, to make sure that the language, the things, the priorities that are important to women and young girls are certainly prioritized. And many of the issues that we've heard about today, including recognition of women in their diversity, female drug users, women from LGBTQ communities - we can take forward that this spirit of, of how as well as the what, in many of those conversations,

1:17:32

I think the other area of work that WHO is focused on, that's not necessarily specific to either HIV or sexual reproductive health, is really around the the huge push underway in house to encourage more inclusive governance for health, and particularly in terms of the COVID response, and building stronger, forward looking, more resilient systems. In the future, as we continue to move through the COVID. Epidemic. We've been doing quite a lot of research around what does inclusive governance look like around COVID in countries. And as you may suspect, when we look at the gender dynamics and the power dynamics of some of that decision making, women are not at the table, female voices are not being heard in COVID decision making in countries. And one of the things that we do to encourage that is to periodically monitor the situation report back² and out on that, so that hopefully, we see some reactions to that, and improvements. So, we're certainly trying to take a gender lens and a power lens to decision making, in countries and from both the universal health coverage, primary health care, and a COVID perspective.

And I think my final point would be, again, as we continue to evolve as an organization, our emphases will continue to be on people centered approaches and trying to evolve as an organization to respond to what we hear from communities, but also to continue to look at what can be really set in place to a primary health care, approach and framework. And that's where we see the critical interface between communities and primary care. And this huge blurring of of, of responsibilities of personnel, of issues when we look at both the needs and the services and the challenges that countries face.

1:19:43

¹ See this [page](#) for different language versions and Annex 3 also on community-led strategies for implementation

² To read a report shared by Andy in the webinar, see this [article](#) published in May 2020 by WHO in the BMJ

And so we continue to really look at primary health care and community - that community interface and several of you are also engaged in our Advisory Group of women living with HIV, which I think met twice last year, and really offered us some timely advice around the COVID situation. We've recently had some critical questions posed to us as well to look at, around people living with HIV and vaccines for COVID, which we're working hard to address within the coming weeks. So, there'll be more from us soon on that particular issue. So once again, trying to create the mechanisms that respond to the local but perhaps are a bit more global, like the Advisory Group. But making sure that we try and provide the information. That's critical that we have access to and helping create at the global level, regional level, and even at country level, into information that's palatable, usable and appreciated and understood by communities, who at the end of the day are critical amplifiers for the work that we do, and also critical informants for the priorities that we need to focus on. So let me pause there, Solange. Thank you so much for the opportunity. I think Meg will be joining us later again, hopefully before the end of this session, so we might have an opportunity to invite her to also make a few concluding remarks if we have time. Thanks.

Solange 1:21:17

Thanks very much. And the very thought-provoking things coming from both UNAIDS and WHO. We want to open up now for a bit more of free flow discussions. I don't know if any of the ladies on the previous panel would like to make an intervention or ask a specific question. If so, please, either chat to us beside on the panelists, or raise your hand. And I'll be sure to give you that space. Because we have a you know, a little chunk of time left for discussion. Okay, Martha is already ready. Perfect.

Martha 1:22:02

Thank you so much. Thank you. Hello, can you hear me now? *perfectly*. Hello. Hello, can you hear me? *Yeah*. Okay. Thank you. Thank you very much. Solange, thank you. Thank you to UNAIDS, Chris, and sorry, sorry about [forgetting] the names. I'm growing old! And thank you Cynthia, Meg and Andy. So, I think the most frustrating thing for me as a woman living with HIV, has been around the lessons that we had from HIV, which we are not taking up as we deal with COVID and as we deal with other issues that are upcoming, emerging, as our physical health stabilises on ARVs. The issue is that as women and girls, we are doing what we've always done, we did it with HIV, we organized ourselves within the communities that we live in. We organized ourselves to take care of each other to make sure that we look out for each other. But then when the disruption that came should not have come to disrupt the way we live when funding came. The disruption should have been on the funding side, to change their way of doing things and fit in with what we are doing. What I find a lot of times is that governments, NGOs, donors fit into what is easiest for them, that is what makes, what is convenient for them. But is it convenient for us as women living in communities, as girls and adolescents in the communities? Is it, does it fit our way of life? It's actually disrupting in the way that we now have a lot of catfights around who gets to which table with whom, with which one is holding the money, and I need to elbow this one out, because this is the system, which this is why we are saying in the planning and for anything we should be involved. So, if it comes already as a pre-arranged package where we have not been involved, then it causes all this all this disruption in the communities, in the way grassroots organizing is carried out. And we've seen an end, when that happens, then it still causes a headache for the NGOs, for the donors, for government.

And also, then the other thing is around making a group of women who live in the community and are supporting each other to say, 'a requirement for you to get any support from us, from government, from an NGO, from a donor is that you need to be registered'. You know, for me living with HIV, I mean, can you please register my being an HIV, or having no HIV, because then that would make me not be a headache for anyone, and I go about my way.

Sorry to put it in such crude terms. But I think as Chris was saying, we need to disrupt and I'm trying to disrupt in the way I'm also responding to UNAIDS and WHO to say this: I think there's need for a complete shift. So, we need to restore the trust, because trust is fast disappearing. For people living with HIV, or women living with HIV, adolescents, girls, trust is fast disappearing, in trusting NGOs, in trusting the donors. In trusting.

But in many ways we need that support, we are working without any support: unpaid care work. Many hospitals are no longer able to take care of anyone. They are sent to a woman to look after them in the community without any resources whatsoever. You still need to go to the well to fetch some water to make sure you're caring for this person. And worse still, it's made worse by this COVID, [or water – poor connection].

And also, the messaging around COVID is very elitist, which is talking about you need to wash your hands for 20 seconds with running water. When I don't - even in urban areas - now in a lot of urban areas in Zimbabwe, running water is disappeared. You need to... how much water can you can store in your one room to make sure that you and your three children or four children who are living in that one room are able to sanitize properly, and make sure... so I mean, my call is just to say let's disrupt and meet the women in communities where they are and meet their needs. What is what works for them, not what is easy for governments for the UNAIDS, for the WHOs, for the government, but also to say what will work for the communities. Thank you.

Solange 1:28:00

Thank you very much, Martha. Chris, Nunu [Alison] wants to speak. So maybe I'll just ask her to speak first and then you can come in here.

Diana 1:28:13

I just have a concern for UNAIDS. Because in-country UNAIDS has failed in organizing, and is organizing different partners and structural factors working towards women and girls living with HIV. And that has actually made it very difficult during disasters, such as the COVID-19 pandemic, in terms of how information can be channeled to such groups of women, and how do they get information about COVID-19. For instance, in South Sudan, there was inaccurate information about COVID-19 and impact on people living with HIV. And you couldn't see UNAIDS coming up to make sure that there are forums of men or of women, or even if these are online forums, and maybe you're not trying to organise organisations and people decide to work with young people, women living with HIV, make sure that information is channeled to these women, right from the national level to the grassroots level. [Diana clarified this later: There was no forum created specifically for people living positively especially adolescent girls and young women to discuss issues related

to COVID19 and HIV. And UNAIDS didn't have a specific forum on people living with HIV to channel accurate information on COVID-19 both at national level and grassroots.]

And then on the issue raised on our mental health earlier on, I think that is one of the major things that UNAIDS should be taking into consideration. Since the beginning of the outbreak of COVID-19, all over the world, because much as we all know, somebody who is living with HIV is already living a traumatic situation. And it's already said, stigmatizing herself. So, basically, UNAIDS would have come up with a different forum, inside the country or regionally to make sure that you will convene such webinars, to make sure that information is accurately channeled to women living with HIV. I think that is one of the challenges that we are facing with UNAIDS.

I just also want to applaud them for supporting us, a very small group of young women and adolescent girls, in our community: but they are not doing much because that is our seed funding, I also encourage UNAIDS to be giving back us a huge amount of money, they should move out of giving us \$5,000 may be too huge findings that, you know, can bring many people on board with information. More than 50 people. Not only the seed funding. Thank you. [Diana clarified this later: Meanwhile UNAIDS gave support to adolescent girls and young women. However, the funding was a seed fund which was very small to support such forums which acted as psychosocial support to young people living positively.]

Solange 1:30:51

Thanks very much. Chris, would you like to say something in response? And then I'll go to you, Jackie.

Chris 1:30:58

Yes, first, I think I want to, because Martha said something I think is really, really important. And this is where we all need to act, UNAIDS needs to take strong voice and be stronger. But we also need a community that is stronger and can shout. When it comes to designing social distancing measures that a family of 10 in 2 rooms cannot put in place. We need to speak up, we need to raise our voices. When their response to schooling for children is 'return to school' is about ensuring that coming up with a guide on how to ensure the school is safe for students to return. We need to ask ourselves, can a country do that, in a year, for all schools. And, not describe the home only as a learning environment when we don't have basic tools for the children to be able to continue learning at home in an institutional way? And so we need to also question the relief programs that go there that are about ensuring that, at the macro level, the country is able to become economically viable, as opposed to perhaps disrupting at the micro level, and providing some support too. So, I think we all need to reflect in terms of what have we learned the last 20 years.

And now we have vaccines, and we have the same issues of a delayed response. And it led to the delay to the region because of certain intellectual property processes and economic processes. So that I think we need the disruption in terms of going back and, yeah, we made mistakes before, but there are things we can learn from.

And, we, of course, as UNAIDS, we need to be stronger in terms of calling for resourcing for communities, but we don't have the resources. But it's not, that doesn't absolve us from the responsibility of taking a stronger role. Now we have the opportunity of a new Global AIDS Strategy. And in that Global AIDS Strategy,

there is a position for communities that is of a higher, I think level than it has been acknowledged to be. I think it should be higher, even higher. But it does put [it] at the center and acknowledges and puts it in terms of actions and strategic priorities of that need to have communities be partners, be resourced, be heard, and be able to make decisions at a national level. So, we have an opportunity to - but call us on it when I'm going to [unclear - do voicing], but we all need to do that collectively. And it really pains me to see the same mistakes again and again.

Solange 1:33:59

Thanks very much Chris. I'm gonna put on my advocacy hat and start asking very pointed and specific questions in a minute. Especially since Meg is back. Jackie, did you want to say?

Jacquelyne 1:34:13

Yeah, I'm going to hope you can all hear me because of the connection issues in Uganda. So, I just want to really thank UNAIDS and WHO for the points that they have made. However, with the reality that is happening right now, for example, the technology issues, as we are also thinking on the programs, you know, that are going to benefit the women living with HIV, or the women with disability or the women in specific. Let's think about also, supporting, oh, I would like actually to request that - let's think about projects that you know, encourage technology. Because right now, for example, we would love very many women to join the call. But unfortunately, even when we knew that, some of them didn't even have smartphones, we expected some of them... we had to give one of my phones one today using my, my personal, my personal link, so that they don't miss out the points that are being raised. So, it is something that, as we are also thinking on how to support the women, let's also see how do we empower grassroots organizations in technology as the trend is now moving in that direction.

The other point I would want us to really emphasize on in terms of support, grassroots-wise is the mentorship. We know that, as COVID came in, we are really losing a lot of wonderful mentors on ground. So, I would want us to still think that having the mentorship programs, at a level in grassroots organizations for mentorship programs, would be something that, let us not leave it out of the contest, now that we are addressing issues that, are confining us in this era in time. So, mentorship and technology are some of the points that I wanted to raise. And if anyone would really add on that, I'll be grateful. But I just wanted to add, in regard to what I mentioned earlier, in my presentation, thank you very much.

Solange 1:36:43

Thank you very much, Jackie. That was very, very insightful. And if anyone wants to add. What we have, we'll do a round of questions now with UNAIDS and WHO on some specific things that have come up. And then I think we have one person that has their hand up, and maybe we will allow them to speak. So let me just get to some other questions.

So look, the WHO will say - you have said - we come in with technical expertise, we're not super well-funded, we do what we can, and we're doing our best. I think UNAIDS also saying the same thing, we might have a little wider range on the political flex, right, because we can convene, we might have some resources for community development and coordination and support. But we are also constrained by Member States, and

what the funding resources we have to be able to address some of these issues. So, I want to understand from your perspective, while we already all acknowledge the limitations by within which you work and live. 5 How can we address the specific issues that have arisen here? So, for example, is there anything that is preventing the WHO or UNAIDS from producing specific guidance documents, right, on Women and Girls living with HIV? I guess, across the lifespan for COVID. Right, what we have at this present moment is bits and pieces in different clinical guidelines. And if you have a baby, maybe that will work out for you, because it's all about breastfeeding woman and pregnant women. But if you are just a woman, maybe you are not really seen. And maybe we can just pause there and see what, is there a reason why UNAIDS and WHO are not able to produce specific guidance documents on that?

Meg Doherty, WHO 1:38:48

So what I, this is Meg, so is it Okay, if I jump in, right away, and just give you a sense of, from what we can do, and where we need to maybe change some of our approaches and advocate for different ways of doing it within WHO as we move forward. I want to say, you know, the conversation here is really so in depth, and it's really hard to hear some of these issues. And of course, yeah, I'm trying to keep up with all the questions in the comments, but they're very important. And so I want to thank you for pulling this together and sharing and bringing that information to all of us.

In the beginning of COVID at least for, specially sitting in WHO, there was definitely a need for across the board guidance for all populations. And there was a desire to have every guidance that would come out that could be utilized in whatever setting and not specific to a certain population or to a specific disease entity but to really look at the cross cutting nature of COVID that is affecting every person. And, and being very person-ce.. you know, being very much centered around that. So, it was challenging for us to say, centrally, could we put together a set of documents or guidance, just for the HIV setting, because you've got all of those persons who are living with NCDs, who are also at higher risk, you've got a number of people who have tuberculosis or malaria who are at risk, ANC is at risk. And that's when there was sort of a centralized approach developed at WHO for putting out guidance around what to do to maintain essential health services, how to think about restarting essential health services. And with that, and we embedded some of the unique specificities around HIV, and hepatitis and STIs and TB, etc.

And those, if you haven't seen them, I mean, if you go to our WHO website and for guidance, it's overwhelming, there's probably 400 different pieces of guidance there to wade through, but it's under Maintaining Essential Health Services. And there, you'll see a number of documents, one that was called the Pulse Survey, that has been now done twice to see, to do an evaluation across all 194 countries around the world. What are the main services that are being impacted? And what you could see is from COVID, the kinds of services were outreach and primary care. And I don't think there was a specific comment around peer support at all, because I think HIV is quite unique in that we have this whole, differentiated models of care working in the community, it's very well developed, whereas may not be as well developed or is under the the topic of outreach and many other disease processes. But you'll see guidance there. And it may not be enough is what I can see from what I'm hearing. There's guidance on how to open up again, how to maintain services. And actually, which services are most readily affected by COVID. Then there was a number of things that we worked on collaboratively UNAIDS to take a look at some of the [GAM](#) data to say where are we actually having the most impact from COVID? Is it testing? Is it treatment? Is it initiation of ARV? Is it ANC? Is it

key population services, prevention services? And what we'll see from that if you've looked at those documents and data pieces that have come out, is the services - people have done incredibly well. And I think we the the kudos go to community-based services that have been able to maintain people who are on our ARV that was by and afar thought to be the most important thing to do during this time, make sure people had access to their ARVs but new testing, prevention measures, making sure that ANC is working, eMTCT is starting new people on treatment, community-based services have fallen off the wayside. And I think that it's been documented in many of our studies. But what we're starting to see also is that it came back when the lockdowns were opened up. But I'm sure in this second more serious wave around the world, they will be seriously affected again.

So, is there anything blocking us from taking a, looking across that? Why, the why kind of guidance we've been asked to do that's not disease specific, and building something that's much more disease specific around women living with HIV? I don't think there's anything stopping us from doing it now. Because I think the context early on was we can't confuse people with too many guidances. You know, we have to get the basics out there. We have to ensure that people know what treatments to use. Is it steroids, is it you know, do we do Is that good or bad, is hydroxychloroquine good or bad? I think we have enough of that basics and treatment, infection, prevention. You know that it's important to keep nutritional services going. It's clearly important to keep our vaccination programs moving. It's clearly important that women can deliver in a safe setting. It's clearly important that we need gender-based violence programs because it was exacerbated during lockdown. All of this, I think is now well known and it's sort of a timing issue. So, I think going forward, I don't see that there will be anything stopping us at WHO to working on that, except for, you know, like everyone, the time of the day. And I think it would be this kind of guidance would be best done in a collaborative way, bringing partners around the table, and pulling upon our recommendations that we have already, and seeing how we can pull that together to be much more responsive to the needs of women and girls living with HIV.

It's a bit long winded, but I agree with you that we've put out bits and pieces a bit more reactive in that initially for us at WHO was because we had a centralized mechanism. And it was requested of us to work collaboratively with our essential health service team.

The other thing I did want to mention, and this is a bit off point, but, you know, Andy probably spoke about the Act [Accelerator](#), there's the Health Systems [Connector](#) in that there is going to be a huge amount of work happening very soon for rolling out vaccines, through the COVAX accelerator. And all of that needs a community view. That needs to take into consideration how people will accept vaccines and, and where and how to deploy etc. And I think they're going to be some opportunities there. And our goal, I guess, would be to ensure that when we know there are country based opportunities to share that with you so that that there is a chance for you to be in the communication and conversation. And I think what HIV activists have done so well is make sure that they're at the table on some of these *and* directing the conversations, because no other diseases and certainly not emergencies have been thinking this way. So you've changed the thinking of our emergencies colleagues, the fact that they're saying, 'mental health has to be a part of our first and you know, it's not just the drugs, the diagnostics and the IPC. It's also mental health, it's critical piece'. And I think we have to get them thinking that diagnostics - don't reinvent the wheel, use what's

available, community delivery, don't reinvent the wheel. There's so many excellent examples, that would engage people living with HIV, and certainly women and girls living with HIV as well at the center.

Long winded answer to say, I don't think there's anything stopping us except for understanding what the scope and the need? And do we have pieces that are already developed that we can pull together? And are there new pieces that need to be developed, and ensuring that we have the time and the person. But two good things - US government is coming back to WHO. So for us, that means we have the view in the future that we'll have some more resources where we've been very, very limited over this last year, at least for our department. And secondly, we have so many great tools at our hands. And if you didn't know, I just want to stick this in. It's totally off point. But yesterday, we've launched a new recommendation on dapivirine ring for women as another option for long acting prevention. So, I think the other thing is to think about, are these opportunities that - if we're COVID testing, can we HIV test? Can we share prevention modalities and be more full service when we're bringing in new innovations? I don't know if that was necessarily touched upon in the conversation. But you know, interruption of contraception, interruption of PrEP: all of these things need to be part of the response in the in the answer. So, thank you very much. And I really apologize that I've been in and out. But really fantastic conversation. Thanks.

Solange 1:49:15

No, thanks. Thanks, Meg. So, we have about eight minutes left. But what you just discussed was, what you just mentioned, was discussed before. So I mean, there's a wide range of things, I mean, from changing gender norms to policies to, like, literal interventions that have just come out, as you said yesterday, but I think the whole, the point here is that we're going to hold you accountable for at least now saying that this is not something that you cannot do. And we have very willing and able people at the table and part of the participants that are watching now that will be willing to work with WHO to figure out how when someone searches the WHO website and says COVID HIV, COVID woman, COVID violence, you get no results. So, unless you know where to find what, and you were able to dig through clinical reading, this is not going to be useful at the community level. And so, what we're saying is we want something that the average community, person can say, Okay, here, I get this, this is what I can hold my local decision makers, governments accountable for. And I must make a point here about evidence. So, you know, Andy talked a bit about, yes, Chris, I will come to you shortly. And he made a point about inclusive governance. And I know we've read up about that piece, but it's really largely understood to be the typical research based, not necessarily the experiential community-led research, or community-monitoring and advocacy outcomes, that comes from the lived experiences and from the field. So, we come back to this problem, again, of even I think, in the document, it actually said that this was community groups and civil society, were not consulted doing this thing. So, it's kind of like so here we are, please include us so that this can be part of it. So I think as we, as you go forward with making decisions on the next step with other documents or policies as you continue, the inclusion of community and the threshold for evidence. And we've, you know, we've had this discussion before. Do you need to be a peer reviewed journal article? Do you need to be a randomized controlled trial to be able to say something that's valid? And how do we ensure that community research and the data that comes from communities can be validly have a space in the conversation?

1:51:55

Chris, I would love for you to stop waiting on me.

Chris, UNAIDS 1:52:07

I think, yes, you need to hold us accountable. But I think we all need shared knowledge and be better in terms of understanding what is it? That it's the absence of something that we haven't created? Or is about not putting in place something that we know? And what exactly is the priority? Is it the... What is it about the policies that are not allowing social protection to come in? What is about the medical treatment that is not able to come in? And what is it that is related to the medical system? And what is it exactly about the economic system? So in all of that, I'm trying to say, quite often it is the non-application of what has already been recommended that is the problem. So how collectively are we keeping each other accountable? That includes governments and donors and civil society and doing what we need to do? So, I'm trying to shift the narrative, I guess, from pointing fingers, to just working together and and really just stop demanding, or trying to *justify why* our rights need to be upheld. It is about *demanding* that our rights are being upheld, it is demanding that services should be provided, and that we, communities... .. [Sorry, I'm dealing with a family emergency.] But that the other thing is that we need no more apologies, Rights are rights. The world is facing 3% extinction. And we're worried about patents. I mean, that's what should be driving us. I think, that's what drives me.

Solange

Yeah, I mean, others have raised already about the need for disruption. We have been this way before, and no one has raised an issue that was like so new and like, 'Wow, I've never heard that. We didn't know that'. So, it's about documenting and highlighting the findings, which is part of this webinar and what we've written up. But then what's the next step, right? How much can people will be expected to disrupt? Like, women have to see about their children, their own health, deal with violence, but also do the advocacy, but also disrupt, but also do everything else? When and how can we actually support this? We have one person that has been waiting very patiently, I think it's Taline. Please can you do a quick introduction of yourself as and where you're coming from the organization and quickly after two minutes, I apologize.

Rita Wahab 1:54:38

So I will not be saying everything I have on my heart. My name is Rita Wahab. I don't know why it shows Taline. But that is my colleague. We are in MENA-Rosa, the network of women living with HIV in the MENA region. As a matter of fact, all over the years the vocabulary has changed. So, when we were talking about testing and treating the woman living with HIV, we were wondering that the treatment itself is enough. But with the years, we now learn that it's not enough, I cannot ask a person to take the treatment as some of you have said, on an empty stomach, or if they are facing violence at home, etc. So, having the pills alone are not enough, what we need is to have a collaboration to have a sit around one table, the UNFPA, ILO, WHO UNAIDS etc. so that they decriminalize the sex work, they decriminalize the drug use, and they are giving the rights for the girls, the positive HIV positive girls, to be in a center, or to be in a school, or for the old women living with HIV to be accepted in a center for geriatric care, etc. So, it's not about me taking a pill, it's about me being a human being who has needs, I am an HIV positive in my childhood, or in my adult years, or in my old years, so I'm having children, I'm not having children. So I'm having a partner or I'm not having a partner, it's all these elements that constitute my life, that should be on the center, and on the table. It's not about only my ovaries that should be discussed out loud, it's my whole life. So, am I accepted as a human being?

Are the institutions looking at me as a human being, or only as a key population, who is at risk, or who is spreading the risk?

You know, it's a slight change, but for a star to glow, it has five angles, and the five angles have to be bright, so that this star can be quantified, and we are talking, Jacqueline has mentioned this, that we need also to raise the qualities and the technology and to empower the women: they cannot be working as volunteers the way they are now, in men in the MENA region. They have to be empowered with phones, with technology, so that they can reach out to other women at risk, affected or living with HIV in remote areas. So, all this has to be taken care of, by all the institutions, not only WHO and UNAIDS, working in separate fields. We all have to collaborate the work, we all are at risk of everything, now that COVID is going to be over hopefully in 2022. But we all know that the side effects of the COVID will remain: anxiety, disturbance in finding sleep, aggressivity, depression, they are all side effects of the COVID. We as frontliners are aware of these things because we have to pass the good and positive messages to all our ladies and all our focal points and the other frontliners.

So, we know that these side effects will remain: violence, aggressivity will remain. So, we are not going only to tackle gender-based violence now within the COVID pandemic. But we also have to think about it *after* the COVID. So please have this in mind. And we are also witnessing aggressivity and violence against children. We know that even our own women are sometimes being aggressive against their children, because they are suffering from depression, etc, etc. So all these have to be covered by UNICEF UNFPA. I'm repeating myself, I'm sorry. But this has to be a work done by *all* these institutions in order to alleviate and have a well-being life for the woman living with HIV and for the women who are at risk of having HIV, knowing that during this pandemic, I also repeat the fact that the sex workers were not able to buy a condom, so they were having unprotected sex and God knows the statistics that we will be having next year about new infections.

Solange 1:59:31

Thank you. Absolutely. Thanks very much for those points, very well noted. We are over our time right now. So, I have to wrap up. So, this will be the last point here. I mean, I think we can try to see if we can get to WHO as well as UNAIDS, in every session that they have, to hold their policymakers at the national level, to include evidence that comes from the community. I think all of the points that were raised just now by Rita, were things that if we can say, hey, while you put out your stockouts, while you put up your thing, this is what the community experience is like when you say that there are condoms to everyone, you say, 'No, there are no condoms, this is the experience of the women', when you have those stark contrasts, you then are able to hold governments accountable, particularly at the local level. Because we have to start somewhere, because we're not going to change these multinational bureaucracies tomorrow, but maybe at the local level, if we can see that. So, I really want to make a plea on behalf of the women living with HIV groups that we've spoken to, and those that have been so eloquent in expressing the issues and really just sharing their lived experiences on the panel in the first hour. And those who have been attending and stayed on after time to speak as well, to really say, we're relying on WHO and UNAIDS, as almost our closest friends, to be able to really hold to the feet to the fire with national governments. And I know to an extent you're dependent upon them. But now that we have a little more hope about having a more even conversation about... 'Okay, now, this is what we need to do.' So, really looking forward to moving forward on the specific guidance - we are here. And we would like to take some of that forward, even if it's just to collate

what you've already done. And as you said, sort of do a mapping and see if there's something new that needs to be added. But there is a need, it's shouting out to you there is a need and we're willing to help. And then the second part of it is around really the evidence, because all of the things that are spoken about, if they are showing up in contrast to what the government is pretending is not an issue or not seeing, then we can actually then hold people more accountable.

So, thank you very much, everyone for your time. I apologize. If you had a question that was not answered, we will do our best to capture this from the recording and address it and put this up as well as a recording. Any. Thank you very much. That's it.

Meg

Thank you for having us. Really appreciate it.

Solange

Thank you for multitasking.

Meg

All right. Bye bye bye. Thank you.

Solange

Thank you, colleagues. Bye bye.