

VIRTUAL

FAST-TRACK CITIES 2020

September 9 - 10, 2020

Facilitating Continuity of Urban HIV Services in the Context of COVID-19

Dr. Shannon Hader, Deputy Executive Director
UNAIDS, Geneva, Switzerland

SPONSORED BY:



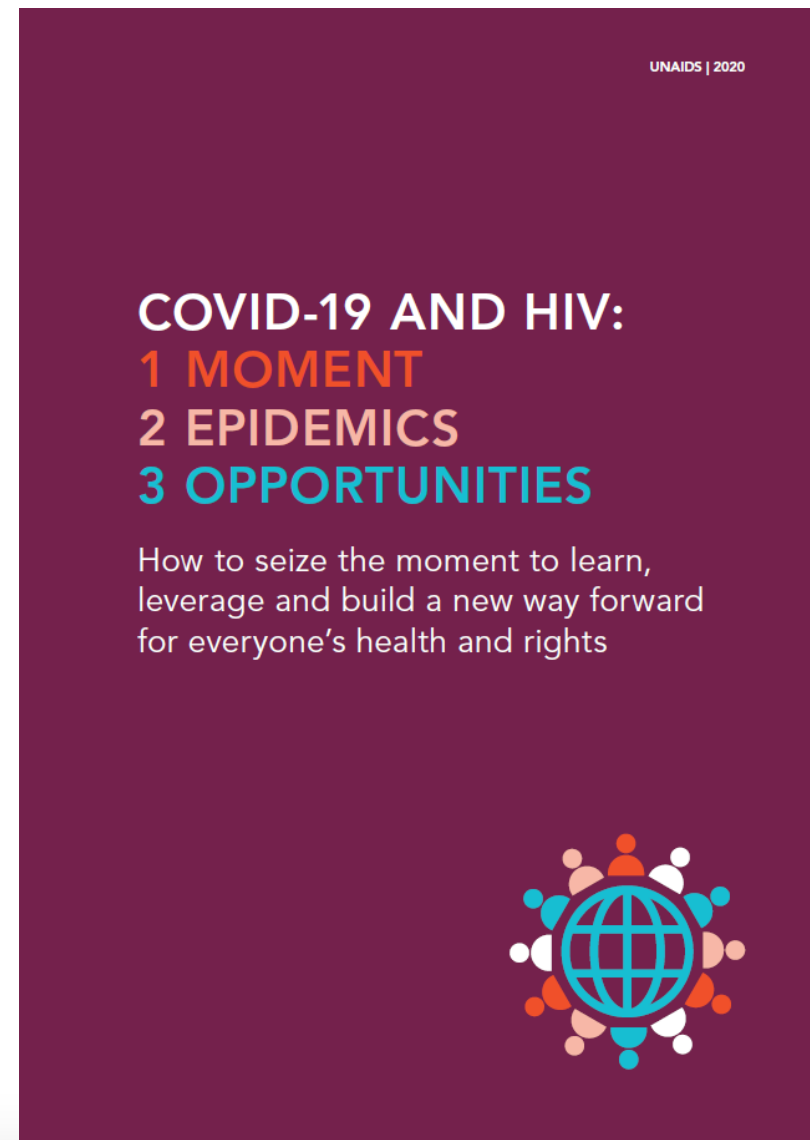
IN PARTNERSHIP WITH:



THANK YOU ALL

Where would we be now for COVID without the HIV response so far?

- Lessons learned from the HIV response are informing COVID-19 responses
- HIV infrastructure is being leveraged for COVID-19...must also drive agile and innovative HIV responses to prevent harm
- HIV & COVID-19 responses offer an opportunity to build a bridge to agile, results-driven systems for health

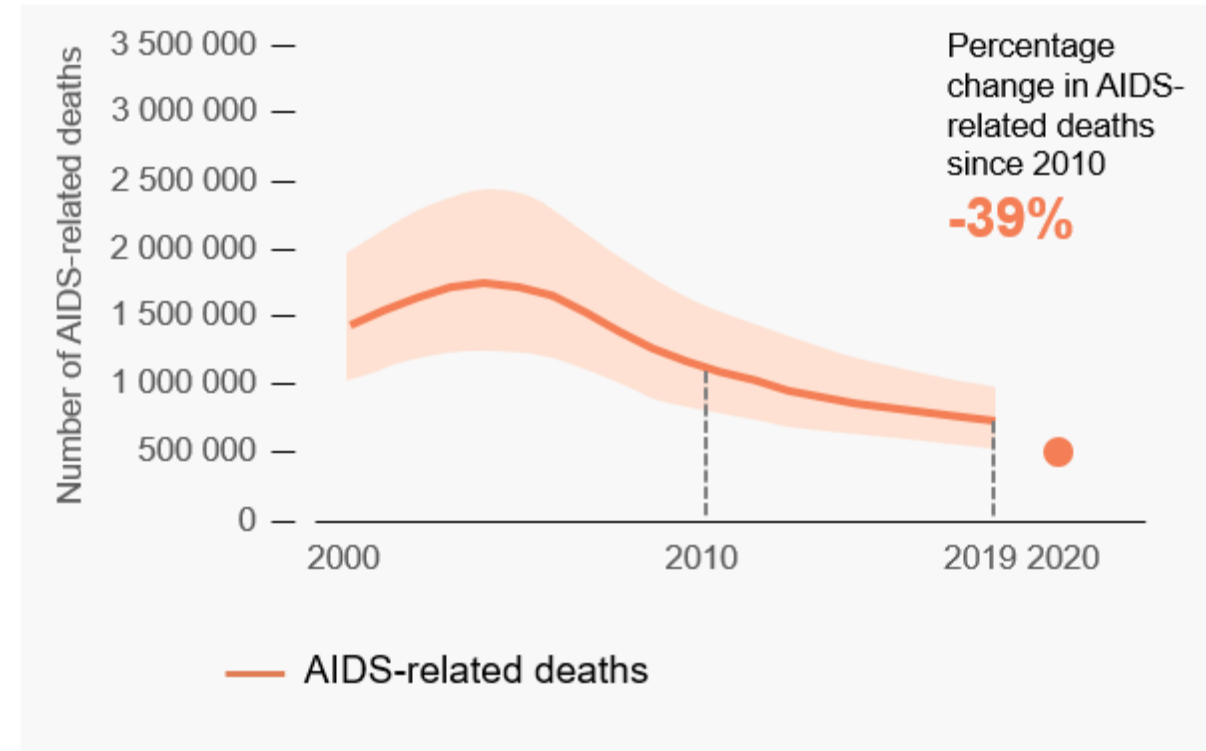
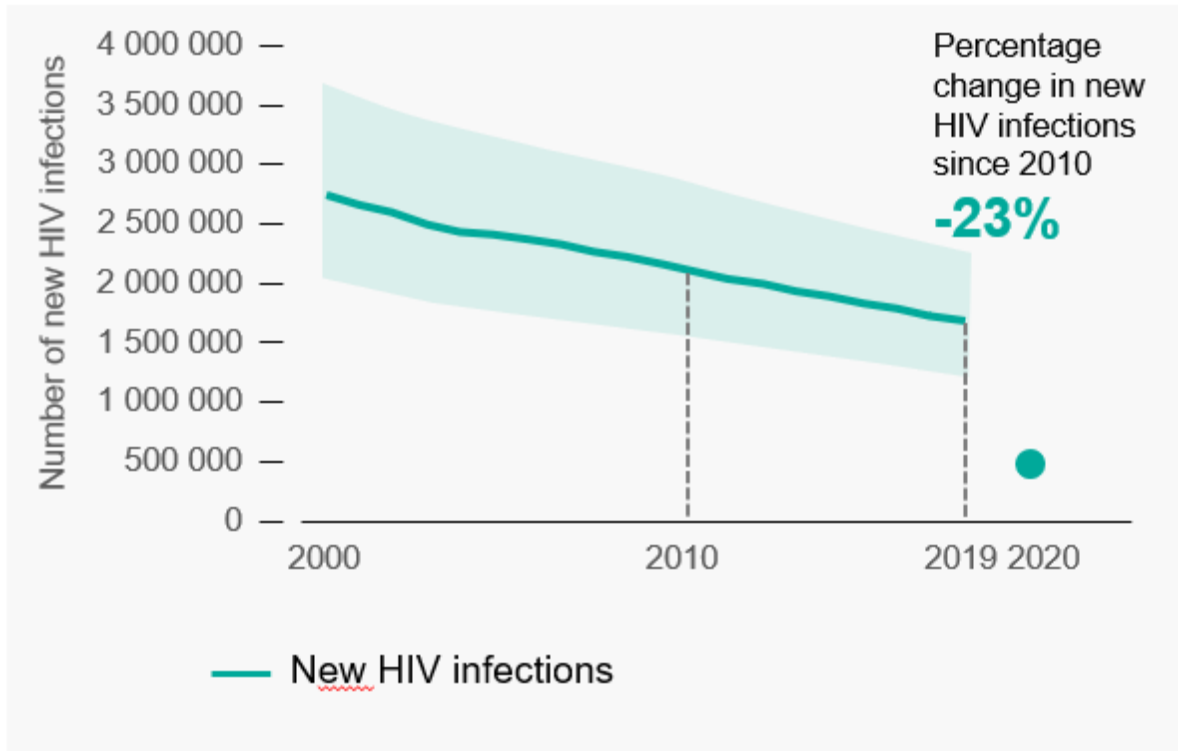


Where we're at for HIV:

Before & After COVID-19

Before COVID-19, world was not on track to reach 2020 fast-track targets

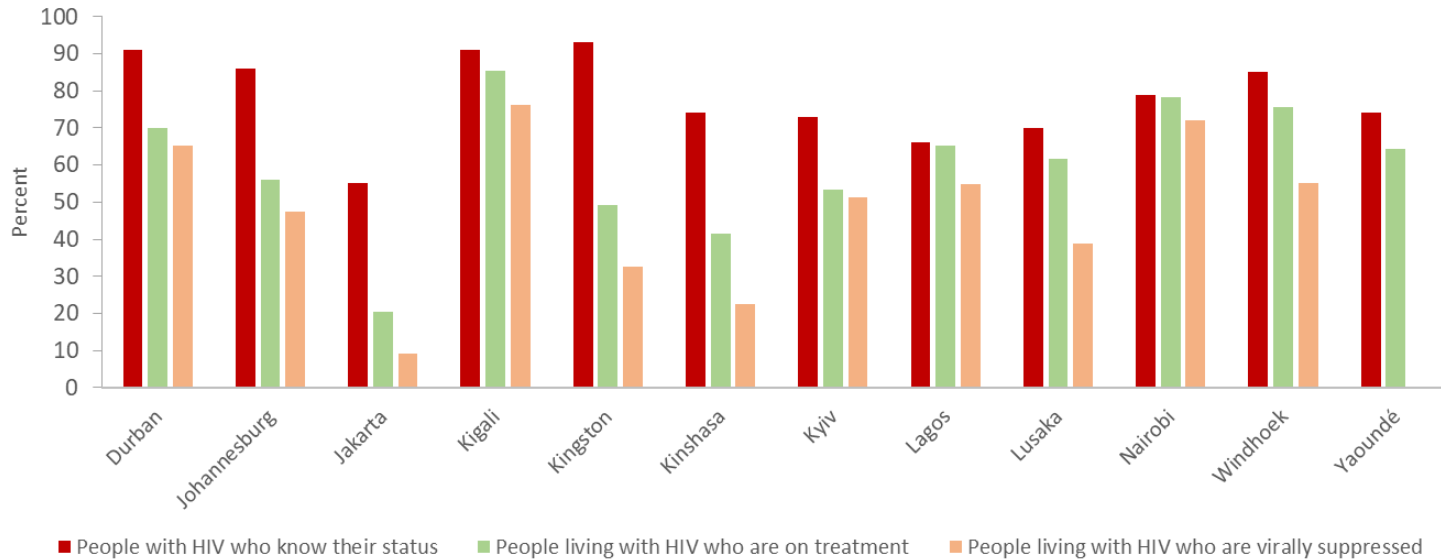
Number of new HIV infections and AIDS-related deaths, global, 1990-2019



Sources: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>);
Special analysis by Avenir Health using UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>).

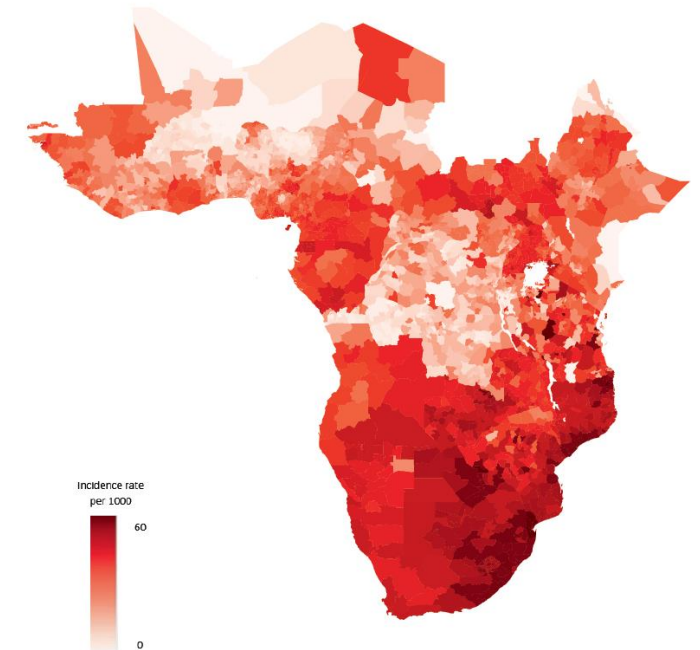
But we have seen great progress: *City responses are critical to achieving sub-national and national success*

Treatment cascade in selected cities, end 2019



Source: Data provided by cities, unpublished.

HIV incidence among young women 15-24 years, sub-national level.

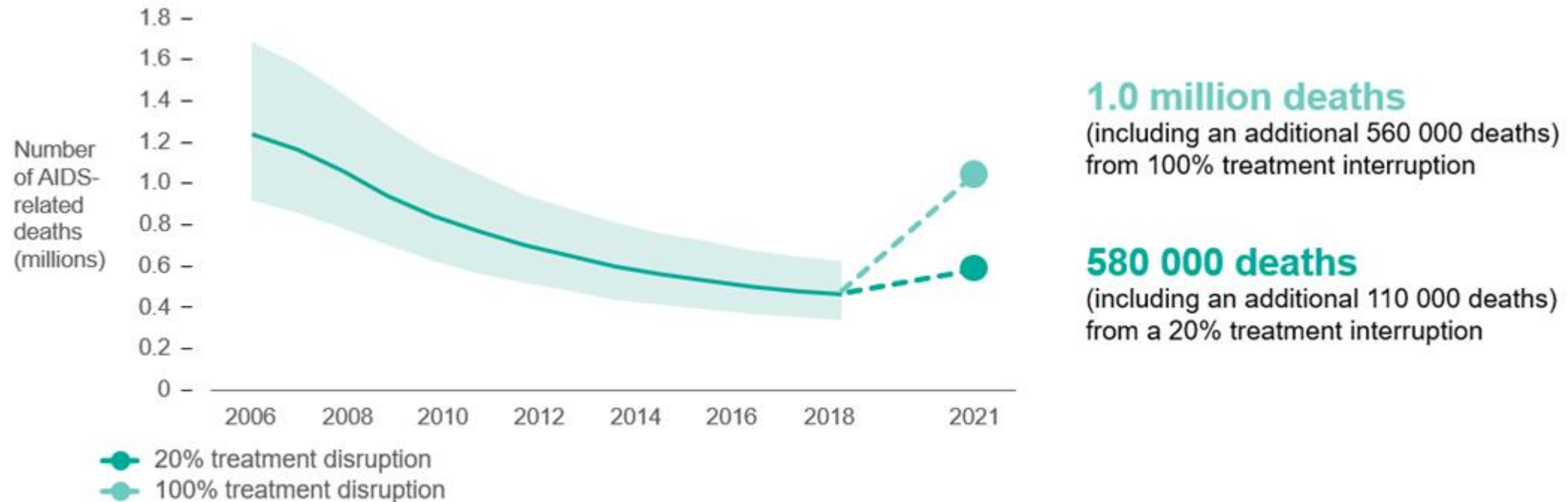


Source: UNAIDS 2019 epidemiological estimates, Naomi model

Potential “costs” of service interruptions—in lives & new infections

We could lose a decade of progress in just one year....

The impact of six months of varying levels of treatment interruption on AIDS-related deaths, sub-Saharan Africa, 2020-2021



Source: UNAIDS epidemiological estimates, 2019. Projected estimated AIDS-related deaths and child new HIV infections were derived from mathematical modelling by five research groups exploring disruptions of HIV prevention and treatment services over periods of three and six months and their effect on HIV mortality and incidence in sub-Saharan Africa.

100% disruption: Jewell B, Mudimu E, Stover J, et al. for the HIV Modelling Consortium. Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Manuscript before publication.

20% disruption: Britta L Jewell; Department of Infectious Disease Epidemiology, Imperial College London; Edinah Mudimu, Department of Decision Sciences, University of South Africa; John Stover Avenir Health; Debra ten Brink, Burnet Institute; Andrew N Phillips, Institute for Global Health, University College London; 25 June 2020.

UNAIDS Target-setting and HIV Strategy beyond 2021

Rapid recovery & “surge” approaches?

- 2025 AIDS TARGETS
- *Target-setting for 2025 and resource needs and impact estimation for 2020–2030*
- UNAIDS is leading a process for the development of updated HIV targets and estimates of the resources needed for the global AIDS response up to 2030. The outputs from the process will guide the global AIDS response from 2021 to 2030 by informing the decision-making of major global partners and national target-setting and strategic planning.
 - PROCESSES AND TIMELINES
 - WHO WE ARE
 - MEETING REPORTS

A graphic consisting of a large red rectangle with the text 'UNAIDS STRATEGY DEVELOPMENT' in white. To the right of the red rectangle is a vertical purple bar. Below the red rectangle is a horizontal yellow bar, and to the right of the yellow bar is a small blue square.

UNAIDS STRATEGY DEVELOPMENT

https://www.unaids.org/en/topics/2025_target_setting

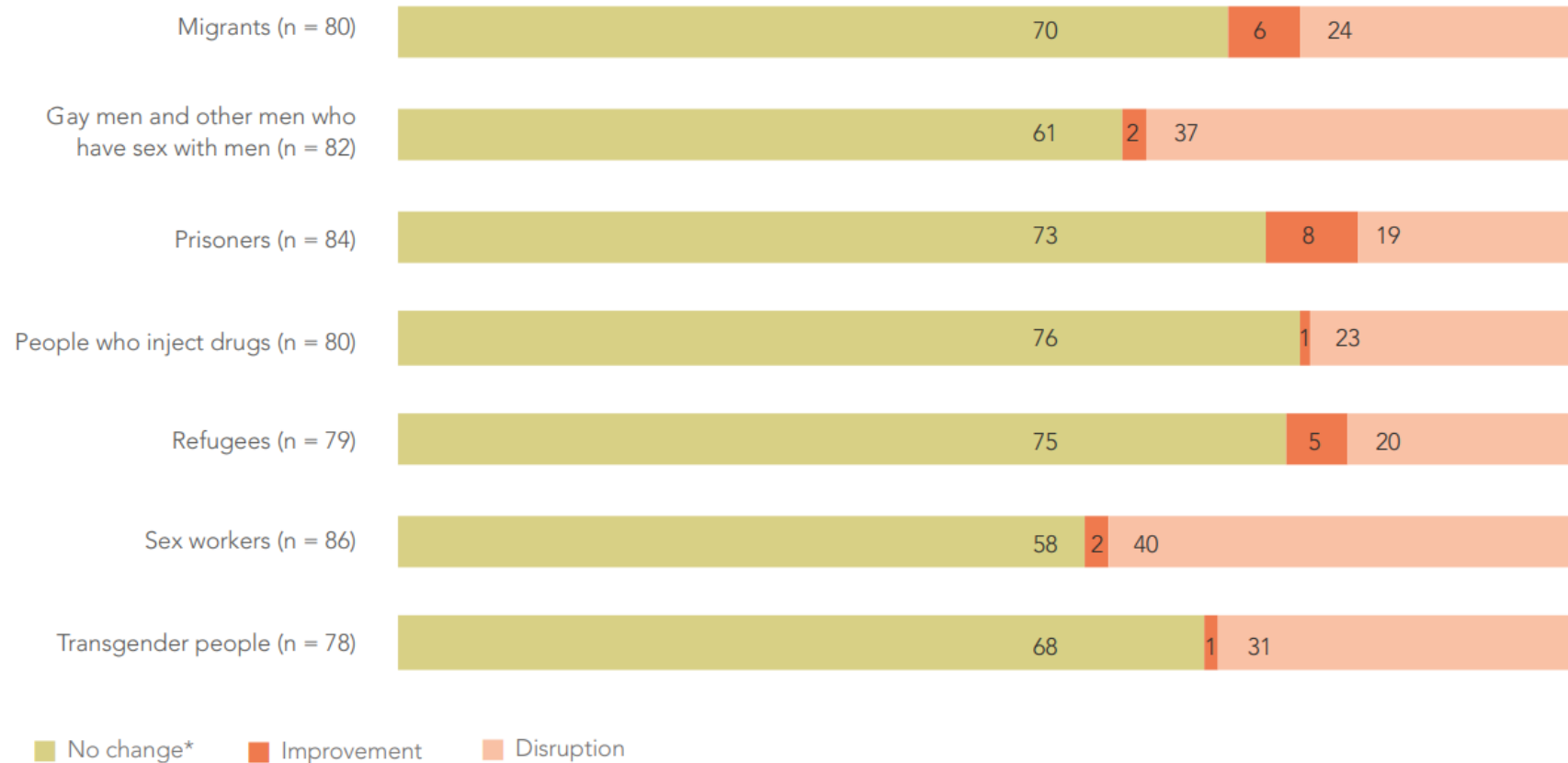
https://www.unaids.org/en/Global_AIDS_strategy

What do people say they want and need?

SERVICE CONTINUATION:

Requires agility, permissive policies, communities

Restrictions and COVID-19 related lockdowns have disrupted services for key and vulnerable populations (March to June 2020)

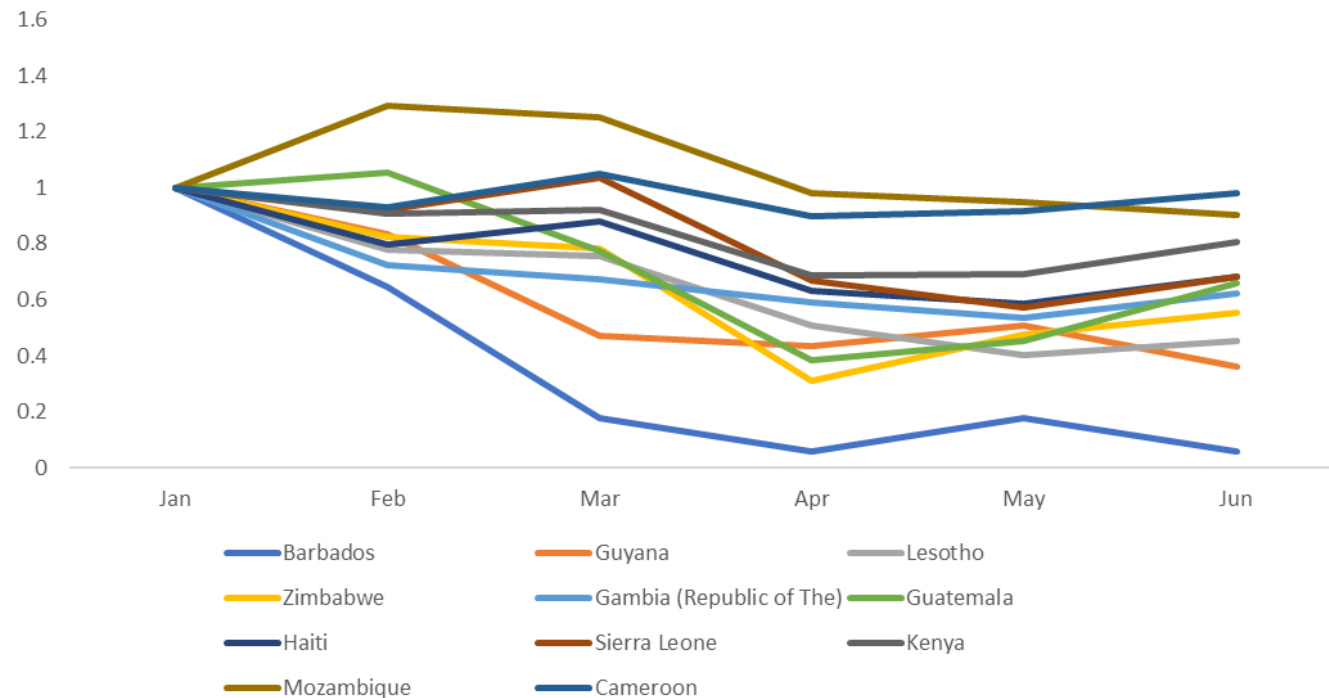


* No change, including for instances where no specific services existed before the COVID-19 epidemic.

Source: Data reported by UNAIDS country offices through the UNAIDS data portal (n = the number of countries reporting)

HIV treatment initiation declined during COVID-19 but some solutions found

Ratio of numbers of people newly initiating HIV treatment in 11 countries, subsequent months relative to January 2020



Source: UNAIDS HIV services tracking tool, 2020

Notes: Data are reported monthly by national country teams, with support from UNAIDS, UNICEF and WHO. Historical monthly data may be updated or revised at the time of each submission; thus results may change. Data from Peru were excluded until further validation can be done.

The continuity of HIV services depends on innovation and resilience

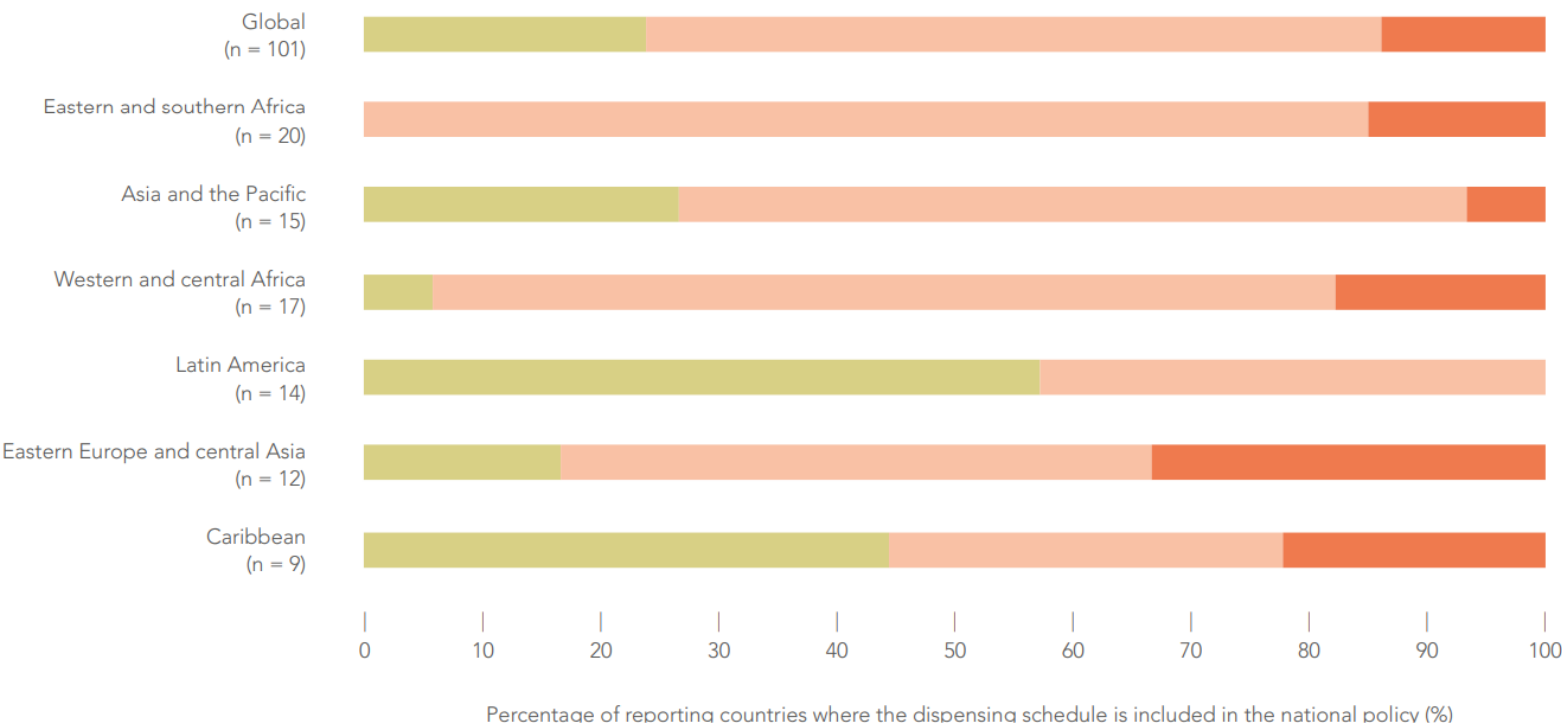
HIV services during the COVID-19 pandemic should be adapted to include:

- Service delivery models that emphasize client autonomy and self-care
- Community-based and community-led services
- Home deliveries of HIV self-test kits, ARV and other essential medications
- Multi-month dispensing of HIV and other medicines
- Adapting services for key populations



Turning a crisis into an opportunity for people-centred differentiated services, including multi-month dispensing of ARVs

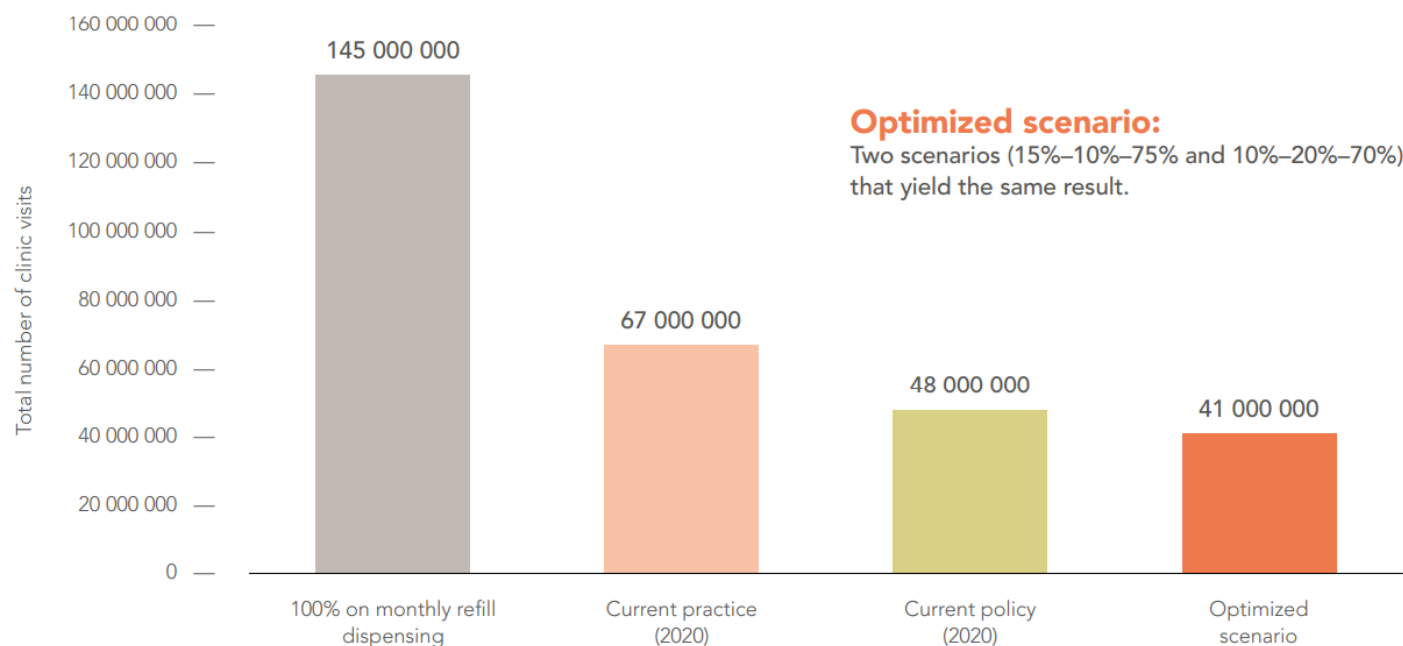
Distribution of countries by national policy on the dispensing schedule of antiretroviral medicine refills, and proportion of the global number of people on treatment, by region, 2019



Source: 2020 WHO policy data
Note: Note: For each country, the maximum possible monthly dispensing schedule is reported. The western and central Europe and North America region, which accounts for 7% of the global total of people on HIV treatment, is not included. The Middle East and North Africa region, which accounts for <0,5% of the global total of people on HIV treatment, is also not included.

Multi-month dispensation of ARVs can reduce the frequency of clinic visits, and save time and money for health systems and affected individuals and communities

Comparison of different antiretroviral dispensing policies on the total number of visits to a health facility for people on HIV treatment, selected countries, 2020



Current practice: The number of visits, as per current dispensing practice.

Current policy: The number of visits that would be possible if dispensing practice was fully coherent with policy.

Optimized scenario: The number of visits in a hypothetical scenario of 15% of people on treatment with one-month refills, 10% with three-month refills and 75% with six-month refills. This number of visits was the same as a scenario where 10% of people on treatment have one-month refills, 20% have three-month refills and 70% have six-month refills.

100% on monthly refill dispensing: The number of visits if all people living with HIV and on treatment attended a health-care facility monthly for refills. This was the initial policy in 2016.

Source: UNAIDS epidemiological estimates, 2020 (see <https://aidsinfo.unaids.org/>); UNAIDS special analysis, 2020 (see methods annex). Note: The analysis is from 46 low- and middle-income countries, based on the estimated number of people receiving HIV treatment in 2019. This represents more than 40% of the global total of people on HIV treatment.

Avoid potential disruptions in the supply chain and availability of ARVs

- Lockdowns have impacted transport of goods across the value chain of production and the distribution of HIV medicines
- Barriers to the supply chain and economic breakdowns might result in fluctuations in the availability of ARV and an increase in cost
- Manufacturers face logistic issues that may cause disruptions
- Governments need to take action to ease the supply chain and distribution of medicines

The impact of the COVID-19 response on the supply chain, availability and cost of generic antiretroviral medicines for HIV in low- and middle-income countries



POLICY RECOMMENDATIONS

For countries

- **Improve forecasting accuracy.** There is a critical need for countries to improve predictability of the demand. Countries should forecast for a longer period (12 months or more) and initiate early procurement. Countries should also verify the forecasts in order to limit the stocks in-country and to avoid global shortages, while also reducing pressure on production.
- **Process innovation.** Develop innovative processes for regulatory actions to be undertaken in order to facilitate the export/import of health commodities and raw materials for production, especially at the entry and dispatch ports and at local borders. Countries should be more vigilant in the processes of monitoring the quality of medicines and should work with approved suppliers as counterfeiters may try to fill the gaps.
- **Custom waivers.** Consider tax waivers to mitigate potential increases in prices for health commodities.
- **Transparent communication.** Ensure transparent and timely communication between countries, buyers and suppliers for accuracy of the supply and distribution planning process for all stakeholders.
- **Ensure adequate in-country distribution and a supply chain to remote areas.**

For buyers of antiretroviral medicines

- **Enhance the demand verification process.** Funders should enhance the demand verification process to correct inflated demand.
- **Mitigate cargo movement risks.** Plan alternative mechanisms to move goods, involving special measures as necessary. In the interim, implement budget measures for increased procurement costs due to logistical challenges. Explore interventions as necessary, such as humanitarian flights or the formal collaboration established between the World Health Organization and the World Food Programme to facilitate the shipping of essential commodities.
- **Move to multimonth dispensing while managing the stock and supply line.** A move towards multimonth dispensing is necessary since it reduces the pressure on busy health facilities. Also, during the COVID-19 pandemic, it is important to keep people living with HIV away from health-care settings in order to avoid transmission of COVID-19. At the same time, there is a need to manage actual dispensing in the coming months depending on the stock and supply of medicines (6). Undertaking regular stockpile assessments is necessary. A supply for a shorter period may be warranted given the available stock and expected supply. Alternative distribution mechanisms may also be considered, such as community medicine delivery or alternative sites for dispensation other than health centres.

Community-led Solutions are critical

Communities are leaders and central actors in the recovery

- Community engagement, buy-in and leadership are essential for addressing health and development crises
- Affected communities should be at the centre of the response: in governance and planning, direct service delivery and community monitoring and accountability
- Communities are leading local COVID-19 responses, challenging misinformation and stigmatization, delivering essential supplies to vulnerable populations and organizing local support systems
- Empowering and partnering with communities can support governments in reaching more people, achieving impact and equity



**Community-Led Monitoring
in South Africa**

Youth in Lusaka part of a multi-sectoral risk communication community

Phenomenal Positive Youths

- HIV positive youth disseminate messages and information on COVID-19, HIV, reproductive health and rights
- Work with healthcare workers and health facilities to implement the multi-month dispensing policy
- Develop innovative approaches to ensure that members have an ongoing supply of ARV medicine
- Encourages openness and virtual interactions to help maintain adherence
- Speak openly about mental health among young people including key populations and vulnerable people



Communities are central to the contingency plans in Lagos, Nigeria

Contingency plan

- Ensure continuation of supply of ARV drugs for all PLHIV and that all have at least 3 months refills from the present period
- Addressing health care providers fears of becoming infected
- Provide correct information on preventing the spread of corona virus to PLHIV/KPs/AYP
- Designate specific facilities for PLHIV needing services during lockdown in anticipation of some treatment centres being converted to COVID 19 isolation centers



Cities are at the forefront of innovation, with communities at the center

Manila, Philippines - Love on Wheels: e-bikes to ensure continuity of HIV services to key populations

- As part of the “Love on Wheels” Initiative in Manila, Project Red Ribbon mobilized resources to buy e-bikes and other bicycles to ensure continuity of HIV services to key populations.

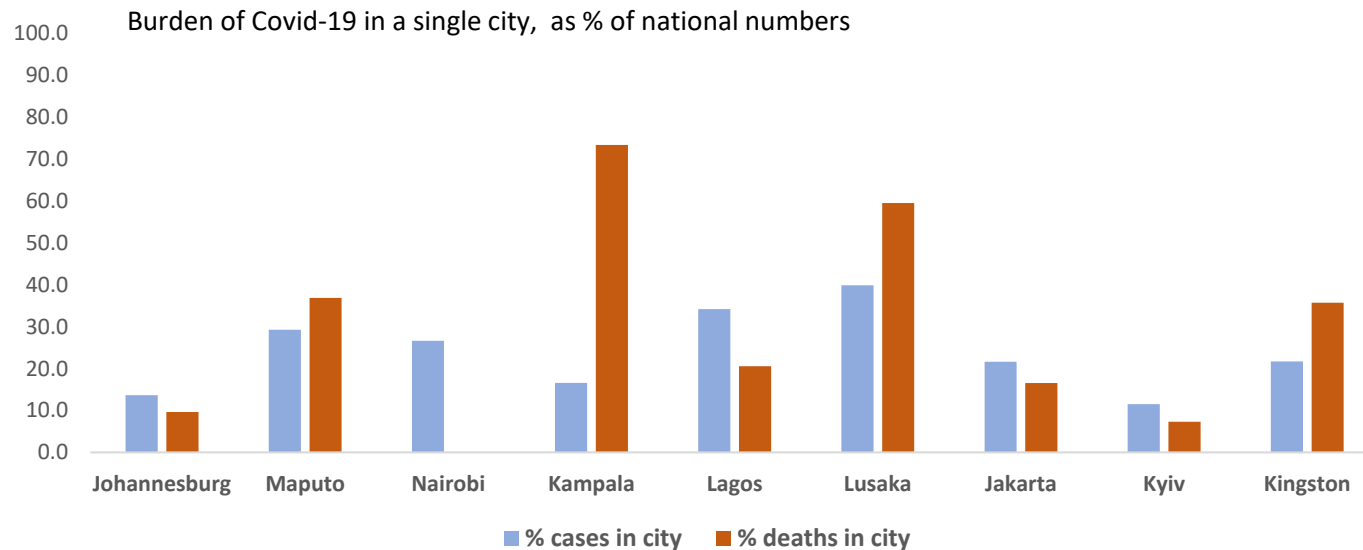


MULTISECTORALITY:

**HIV has ALWAYS been about more than just health...and
so it is with COVID-19**

Urban settings have been the epicenters of COVID-19

- 90-95% of estimated COVID-19 cases reported in urban settings in early stages
- Disproportional impact on vulnerable groups, including people living in informal settlements and key populations



Sources: UN-Habitat, 2020. COVID-19 in African Cities, Impacts, Responses and Policies. IAPAC city dashboards, accessed August 2020.

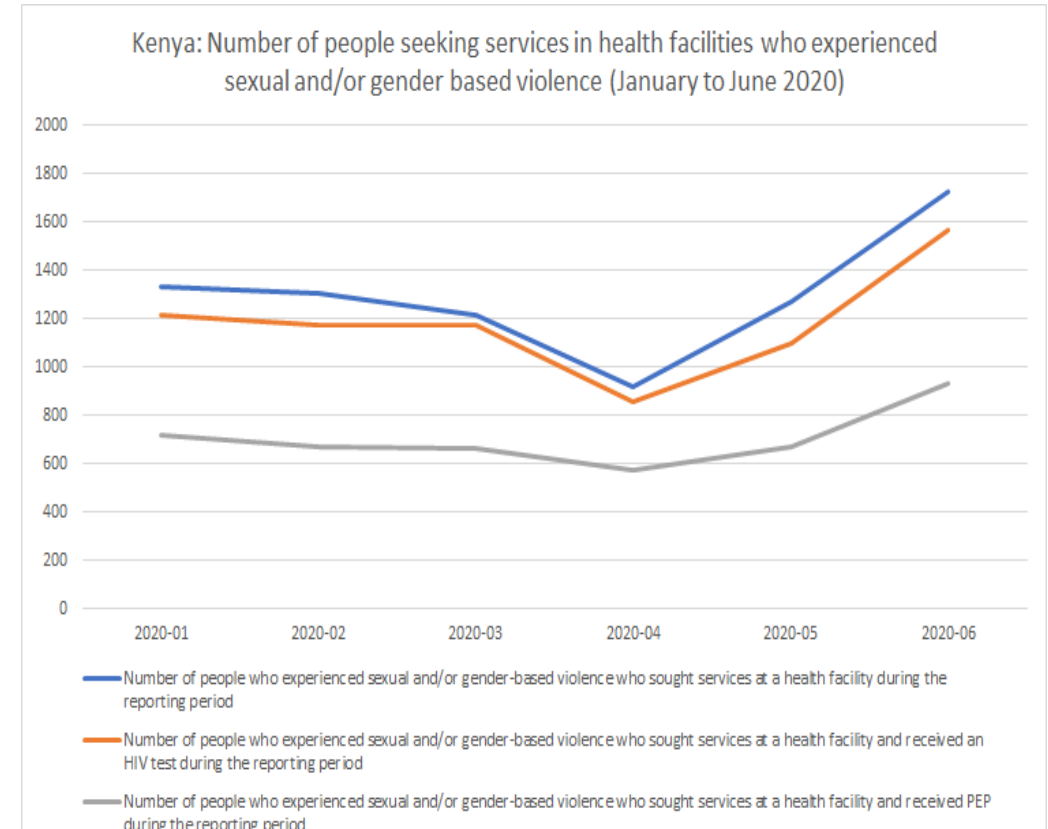


© UN-HABITAT/Julius Mwelu

INCREASED Gender-Based Violence with COVID-19

- Reports of domestic violence have, in some countries, increased by 30% since the beginning of the epidemic.
- Less than 40% of women who experience violence report these crimes or seek help of any sort.

Source: UN Women, COVID-19 and Ending Violence Against Women and Girls, 2020



Source: UNAIDS HIV services tracking tool, 2020

Notes: Data are reported monthly by national country teams, with support from UNAIDS, UNICEF, and WHO. Historical monthly data may be updated or revised at the time of each submission; thus results may change.

The only **EFFECTIVE** public health response is a **RIGHTS-BASED** response

- Remove punitive, arbitrary and discriminatory legal and policy measures that increase marginalization and undermine access to essential services
- Address the specific needs of individuals, in collaboration with vulnerable communities, to ensure that no-one is left behind.

“We need to build a culture of solidarity, trust and kindness. Our response to COVID-19 must be grounded in the realities of people’s lives and focused on eliminating the barriers people face in being able to protect themselves and their communities. Empowerment and guidance, rather than restrictions, can ensure that people can act without fear of losing their livelihood, sufficient food being on the table and the respect of their community. Ultimately it will give us a more effective, humane and sustainable response to the epidemic”.

UNAIDS 2020

UNAIDS 2020

Rights in the time of COVID-19

Lessons from HIV for effective, community response.

RIGHTS IN A PANDEMIC

Lockdowns, rights and lessons from HIV in the early response to COVID-19



UNAIDS | 2020

Invest in multi-sectoral systems that address social and structural inequalities

- Stigma and discrimination, punitive laws and practices pose barriers to service delivery and uptake
- Education, information, and access to basic social and health services improve health outcomes
- Service provision and social assistance that covers the needs and vulnerabilities of people living with HIV prevents their exclusion
- We need to ensure the long-term sustainability of livelihoods, businesses, jobs and the protection of workers and incomes during and after COVID-19

UNAIDS calls on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic



Purpose

UNAIDS calls on governments to live up to their 2030 Agenda for Sustainable Development commitment to leave no one behind by strengthening social protection systems, including the set of minimum standards known as “floors”, in the face of the COVID-19 pandemic and by enhancing the responsiveness of social protection systems to people’s basic and changing needs and vulnerabilities—in particular for people living with, at risk of and affected by HIV, including key populations’ and young people, women and girls, people living with disabilities, refugees, asylum seekers, migrants and populations in a state of food insecurity or malnourishment and in humanitarian settings. These groups of people are among the high-risk populations for COVID-19 and are especially vulnerable to economic, spatial and social inequalities and disruptions in the provision of, and effective access to, basic services and social assistance.

Rationale

The COVID-19 pandemic is an unprecedented health, development and humanitarian crisis. Governments have been challenged to envisage and roll out substantive responses to reach the most vulnerable and marginalized. Social protection systems are an indispensable part of a coordinated policy response to the unfolding crisis and, in particular, the set of minimum safeguards on which they are grounded, known as “floors”. Social protection floors are nationally defined sets of basic guarantees that should ensure, as a minimum, that, over the life cycle, all

in need have access to essential health care and to basic income security that together ensure effective access to goods and services. Within the context of the 2030 Agenda for Sustainable Development, social protection plays an integral role in eradicating chronic poverty (Sustainable Development Goal (SDG) target 1.3), narrowing gender and social inequalities (SDG targets 5.4 and 10.4) and achieving universal health coverage (SDG target 3.8) in alignment with international consensus on national social protection floors, as described above. Currently, approximately 55% of the world’s population have NO social protection coverage. Government responses to COVID-19 should pay critical attention to the populations left behind in the HIV response in the effort to socially protect them.

People living with HIV and tuberculosis (TB) are being significantly impacted by COVID-19. Modelling has estimated the potential catastrophic impacts of the COVID-19 pandemic, with increases of up to 10%, 20% and 36% projected deaths for HIV, TB and malaria patients, respectively, over the next five years.

Leaving no one behind in the face of COVID-19

Key population groups and entire communities are facing extreme disruptions to their subsistence and livelihoods. Sex workers in most countries operate within the informal economy and are currently prevented from working and face destitution and hunger, together with their dependents. People who inject drugs often have no access to income and to prevention, treatment and rehabilitation services. Lesbian,



UNAIDS providing support to communities to address the dual epidemics of HIV and COVID-19

Tailored communication tools for PLHIV

Community-led engagement

Women and girls

Guidance on prevention

What people living with HIV need to know about HIV and COVID-19

COVID-19 is a serious disease and all people living with HIV should take all recommended preventive measures to minimize exposure to, and prevent infection by, the virus that causes COVID-19.

As to the general population, older people living with HIV or people living with HIV with heart or lung problems may be at a higher risk of becoming infected with the virus and of suffering more serious symptoms.

We will actively learn more about how HIV and COVID-19 together impact on people living with HIV from countries and communities regarding to both epidemics. Lessons in rolling out innovations or adapting service delivery to minimize the impact on people living with HIV will be shared and replicated as they become available. Until more is known, people living with HIV—especially those with advanced or poorly controlled HIV disease—should be cautious and pay attention to the prevention measures and recommendations. It is also important that people living with HIV have multimonth refills of their HIV medicines.

Stay informed

- Know the facts about COVID-19 and always check a reliable source, such as the World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

Be prepared

- You should have a supply of your necessary medical supplies on hand—ideally for 30 days or more. The World Health Organization's treatment guidelines now recommend multimonth dispensing of three months or more of HIV medicines for most people at routine visits, although this has not been widely implemented in all countries.
- Avoiding excessive exposure to media coverage of COVID-19. Only read information from trusted sources.
- Taking care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep and, where possible, avoid alcohol and drugs.
- Making time to unwind and reminding yourself that negative feelings will fade. Take breaks from watching, reading or listening to news stories—it can be upsetting to hear about the crisis repeatedly. Try to do some other activities you enjoy in order to return to your normal life.
- Connecting with others. Share your concerns and how you are feeling with a friend or family member.
- Stigma and discrimination is a barrier to an effective response to COVID-19. This is a time where racism, stigma and discrimination can be directed against groups considered to be affected.
- Your workplace, access to health care or access to education, for you or your children, may be affected by the COVID-19 outbreak if social distancing measures are put in place in your community. Find out your rights and make sure that you and your community are prepared.
- Treatment of COVID-19 is an active area of research and several randomized clinical trials are ongoing to determine whether antiretroviral medicines used for treating HIV might be useful for treating COVID-19. Many other possible treatments are also being tested in well-designed clinical trials. Since those trials have not ended, it is too early to say whether antiretroviral medicines or other medicines are effective in treating COVID-19. A recent clinical trial showed that there was no substantial benefit of using Kaletra to treat COVID-19.

Stay informed

- Know the facts about COVID-19 and always check a reliable source, such as the World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

Be prepared

- You should have a supply of your necessary medical supplies on hand—ideally for 30 days or more. The World Health Organization's treatment guidelines now recommend multimonth dispensing of three months or more of HIV medicines for most people at routine visits, although this has not been widely implemented in all countries.
- Avoiding excessive exposure to media coverage of COVID-19. Only read information from trusted sources.
- Taking care of your body. Take deep breaths, stretch or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep and, where possible, avoid alcohol and drugs.
- Making time to unwind and reminding yourself that negative feelings will fade. Take breaks from watching, reading or listening to news stories—it can be upsetting to hear about the crisis repeatedly. Try to do some other activities you enjoy in order to return to your normal life.
- Connecting with others. Share your concerns and how you are feeling with a friend or family member.
- Stigma and discrimination is a barrier to an effective response to COVID-19. This is a time where racism, stigma and discrimination can be directed against groups considered to be affected.
- Your workplace, access to health care or access to education, for you or your children, may be affected by the COVID-19 outbreak if social distancing measures are put in place in your community. Find out your rights and make sure that you and your community are prepared.
- Treatment of COVID-19 is an active area of research and several randomized clinical trials are ongoing to determine whether antiretroviral medicines used for treating HIV might be useful for treating COVID-19. Many other possible treatments are also being tested in well-designed clinical trials. Since those trials have not ended, it is too early to say whether antiretroviral medicines or other medicines are effective in treating COVID-19. A recent clinical trial showed that there was no substantial benefit of using Kaletra to treat COVID-19.

Precautions that people living with HIV and key populations should follow to prevent COVID-19 infection

Stay safe

- Clean hands frequently with soap and water (for 40–60 seconds) or an alcohol-based hand sanitizer (for 20–30 seconds).
- Cover your mouth and nose with a flexed elbow or tissue when coughing or sneezing. Throw the tissue away after use.
- Avoid close contact with anyone who has a fever or cough.
- Stay home when you are ill.
- If you are experiencing fever, a cough and difficulty breathing and have recently travelled to, or are a resident in, an area where COVID-19 is reported, you should seek medical care immediately from your community health service, doctor or local hospital. Before you go to a doctor's office or hospital, call ahead and tell them about your symptoms and recent travel.
- If you are ill, wear a medical mask and stay away from others.

Support yourself and people around you

- The outbreak of COVID-19 may cause fear and anxiety—everyone is encouraged to take care of themselves and to connect with loved ones. People living with HIV and their communities have decades of experience of resilience, surviving and thriving.

UNAIDS 2020

Rights in the time of COVID-19

Lessons from HIV for an effective, community-led response.

SIX CONCRETE MEASURES TO SUPPORT WOMEN AND GIRLS IN ALL THEIR DIVERSITY IN THE CONTEXT OF THE COVID-19 PANDEMIC



UNAIDS | 2020

Condoms and lubricants in the time of COVID-19

Sustaining supplies and people-centred approaches to meet the need in low- and middle-income countries

A short brief on actions, April 2020

The aim of this brief is to provide a supply of and delivery of Sexual relations and condoms have been response to reduce infections (STIs) and over the past three lost if condoms are populations during. This brief for community managers and of relevant actions condoms, female to adjust approval during the time of

Lessons from HIV prevention for preventing COVID-19 in low- and middle-income countries

Global HIV Prevention Working Group, April 2020

The COVID-19 pandemic across the world and affected by other infections such as HIV, tuberculosis, and other infectious diseases. Sexual relations and condoms have been response to reduce infections (STIs) and over the past three lost if condoms are populations during. This brief for community managers and of relevant actions condoms, female to adjust approval during the time of

Maintaining and prioritizing HIV prevention services in the time of COVID-19

Introduction

In the time of coronavirus disease (COVID-19), sex and drug use will continue, regardless of physical distancing orders and closures. People who previously met in community gathering spaces such as bars, clubs and sex work venues, as well as those who are "hidden" or less accessible, will continue to meet and have sex. With the widespread use of lockdown and house movement restrictions, sex work and sexual exploitation may increase. However, sexual relations and condom use may lead to some disruption in community settings, and to changes in the social and sexual norms that influence behaviour.

During previous epidemic emergencies like Ebola, other health issues increased sex attention, and sexual relations and condom use may lead to some disruption in community settings, and to changes in the social and sexual norms that influence behaviour.

Condoms, lubricants, contraceptives, sterile injecting equipment and oral pre-exposure prophylaxis (PrEP) are essential in avoiding the transmission of HIV sexually transmitted infections (STIs) and hepatitis, and the prevention of unplanned pregnancies.

Preserving momentum and focus on HIV prevention

Several critical actions and temporary modifications can be considered for continued effective HIV prevention and related services.

- Leadership and financing:** Keep all major agencies at the top of the global health agenda. Resources are scarce, but this is not the moment to shift the spotlight from any of the major agencies of our time. COVID-19 presents a new challenge requiring new—and re-allocated—resources, renewed energy and robust, strengthened leadership. Reducing COVID-19 will only exacerbate the current situation for HIV prevention in the face of HIV prevention risks, as resources are diverted from HIV prevention to the current fight to contain coronavirus. Integrated and sustained approaches to addressing HIV and immediately future global health challenges.

Support supply chain continuity for critical HIV prevention and contraception commodities: The COVID-19 response has disrupted resources, disrupted supplies and even led to reduction production of some health products (such as condoms). These types of disruptions and delays will continue for the foreseeable future.

It is therefore critical to include key HIV prevention supplies alongside HIV testing kits, antiretroviral medicines and contraceptive commodities:

Condoms, lubricants, contraceptives, sterile injecting equipment and oral pre-exposure prophylaxis (PrEP) are essential in avoiding the transmission of HIV sexually transmitted infections (STIs) and hepatitis, and the prevention of unplanned pregnancies.



And....MONEY MATTERS

HIV and COVID-19 responses rely on global solidarity and shared responsibility

- **GFATM:** USD 1 billion available for the response to COVID-19. USD 500 million through the COVID-19 response mechanism and USD 500 million from the 5% reprogramming flexibilities of existing grants
- **WB:** Over 15 months, the World Bank Group will be providing up to \$160 billion in financing tailored to the health, economic and social shocks countries are facing
- **G20:** Bilateral Debt Standstill for 8 months for all low income countries (76 countries) – tied to increased health and socio-economic spending for addressing the COVID-19 crisis
- **UN Secretary General:** funding appeals for the health response; the humanitarian response; the socio-economic impact response
- **EU and Partners:** The European Commission has raised almost €16 billion since 4 May 2020 under the Coronavirus Global Response - the global action for universal access to tests, treatments and vaccines against coronavirus and for the global recovery. On 31 August 2020, the European Commission announced its intention to contribute up to €400 million in guarantees to support the COVID-19 Vaccine Global Access Facility (COVAX)

Conclusion

- COVID-19 contributed to further gaps in progress in the HIV response
 - 2020-2021 Rapid Recovery and Acceleration
- Communities must be leaders and central actors in the response
- Innovations in Services and Policies:
 - Maintain After COVID-19
 - Evaluate for improvements
- Cities at the forefront of agile and transformative health responses

“The current pandemic has shown that society is capable of rapid transformation and adaptation. Avoiding a return to the pre-pandemic status quo and instead transforming cities globally for future resilience, inclusion, green and economic sustainability has never been more urgent”

**United Nations, 2020.
Policy Brief: Covid-19 in an urban world.**