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Inequity in the HIV Response Breaking Down Structural Barriers Highlighted by COVID-19

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A few HIV related inequalities

Inequality in services for children: Only half (52%) of children living with HIV have access to life-saving medicine, and the inequality in HIV treatment coverage between children and adults is increasing rather than narrowing.

Racial inequality: In the United Kingdom of Great Britain and Northern Ireland and the United States, declines in new HIV diagnoses have been smaller among black people than among white populations. In Australia, Canada and the United States, HIV acquisition rates are higher in indigenous communities than in non-indigenous communities.

Gender-based inequality: In sub-Saharan Africa, adolescent girls and young women are three times as likely to acquire HIV as adolescent boys and young men.

Others

Demographic: age, religious affiliation

Geographic: city, community

Socioeconomic: education, income/wealth





The early days

Early lockdowns left people living with HIV who were away from their home unable to access their treatment

People have had

difficulty in

accessing HIV

treatment

HIV testing services have

been hit-new HIV

infections are not being

diagnosed



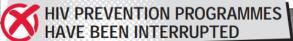
CLOSED

cranamon fulfells

The link to HIV treatment has been broken-people who are newly diagnosed are often not starting treatment

> The global increase in viral load testing slowed considerably

Mental health-care support services have been closed





Programmes for preventing vertical transmission. voluntary medical male circumcision. PrEP and other HIV prevention options have been impacted

COVID-19 has put many children out of school. Since education can protect children's health and well-being, many children, especially girls, are now at higher risk of contracting HIV

The more than 11 million people in custody worldwide. and the 30 million people entering and leaving detention every year, have not been able to follow the recommended ways to prevent COVID-19









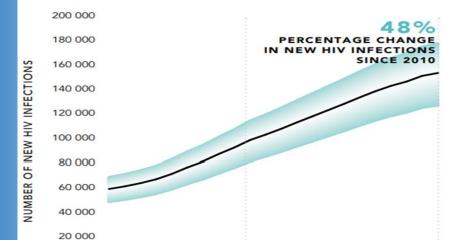
The data shows

- PLHIV are at increased risk (38%) for development of severe illness and death due to COVID-19 (WHO – global data analysis)
- In 2020 TB deaths increased among PLHIV for the first time in 13 years from 209,000 in 2019 to 214,000 in 2020 (WHO, 2021 global TB report)
- In many countries, due to weaker healthcare systems, informal settlements, over-crowded cities and public transportation and lack of clean water and sanitation, approaches to self protection, social distancing and containment was not viable

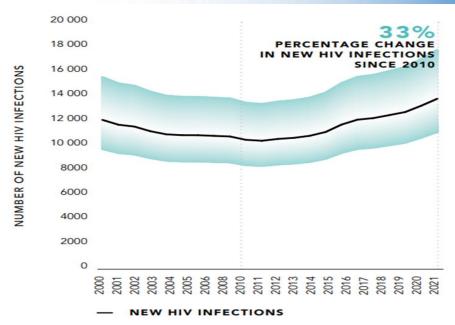


The data shows

Eastern Europe and Central Asia



Middle East and North Africa



Source: UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org/)

NEW HIV INFECTIONS

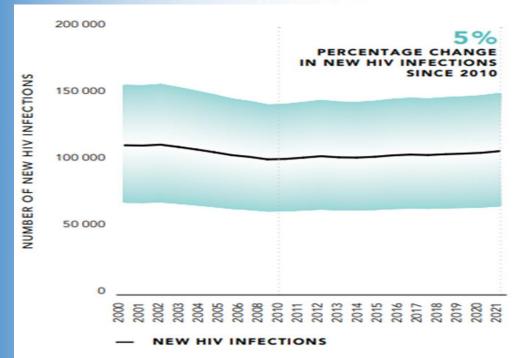
Source: UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org/





2005 2006 2008 2010 2011 2012 2013 2014 2015 2015 2017 2018 2017 2018

The data shows



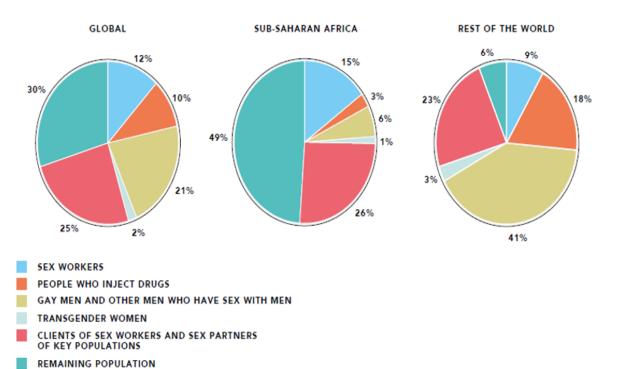
Latin America

Source: UNAIDS epidemiological estimates, 2022 (https://aidsinfo.unaids.org/).





Distribution of acquisition of new HIV infections by population, global, sub-Saharan Africa and rest of the world, 2021

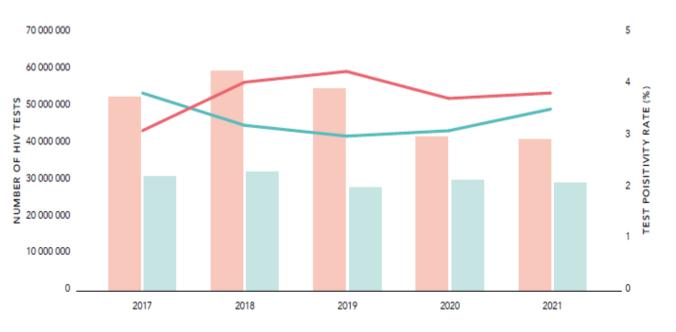


Source: UNAIDS special analysis, 2022 (see Annex on Methods).





Number of HIV tests and test positivity rate by region, sub-Saharan Africa, 2017–2021



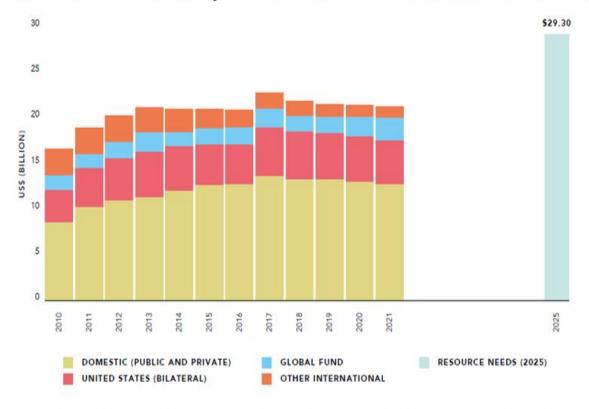


- NUMBER OF HIV TESTS (WESTERN AND CENTRAL AFRICA)
- TEST POSITIVITY RATE (EASTERN AND SOUTHERN AFRICA)
- TEST POSITIVITY RATE (WESTERN AND CENTRAL AFRICA)





Resource availability for HIV in low- and middle-income countries, 2010–2021 and 2025 target

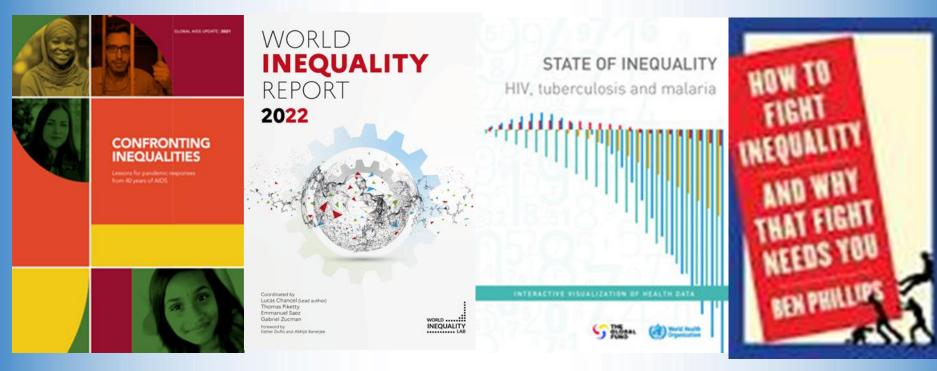


Source: UNAIDS financial estimates and projections, 2022 (http://hivfinancial.unaids.org/hivfinancialdashboards.html); Stover J, Glaubius R, Teng Y, Kelly S, Brown T, Hallett TB et al. Modelling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. PLoS Med. 2021;18(10):e1003831





What can we do







What can we do?

Global AIDS Strategy 2021-2026



- Focus on addressing inequalities
- Strong advocacy for community leadership in programmes
- New targets for addressing structural barriers





What else can we do?

Services

- Treatment continuity (eg multi month dispensing of HIV treatment)
- Continuous access to targeted services/interventions

Legal and policy interventions

- Countries with smallest gaps in inequalities correlate to good policies and decriminalization
- Appropriate policies in health care settings

Advocacy to ensure rapid and affordable health technologies

Working with communities

Respect for human rights







References

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- UNAIDS Featured Story, Community engagement brings great success in Nigeria, 2021
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- UNAIDS, Rights in a pandemic, 2021
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