

# IATT Call on addressing HIV in Humanitarian Emergencies: HIV, COVID-19 and Global Fund follow-up

11<sup>th</sup> May 2020

Co-convenors: UNHCR (Ann Burton) and WFP (Fatiha Terki) with support from UNAIDS

## Attendees:

- |                            |   |                                     |
|----------------------------|---|-------------------------------------|
| 1. Fatiha Terki (WFP)      | 9. Rebecca Frick (Save the Children)      | 16. Marie-Anne Menier (UNODC)       |
| 2. Michael Smith (WFP)     | 10. Hywel Jones (WHO)                     | 17. David Sunderland (UNFPA)        |
| 3. Sara Bernardini (WFP)   | 11. Lisemarie Lequere (WFP – West Africa) | 18. Catrin-Schulte-Hillen (UNHCR)   |
| 4. Ilaria Schibba (WFP)    | 12. Claire Beck (World Vision)            | 19. Emma Diggle (Save the Children) |
| 5. Ann Burton (UNHCR)      | 13. Hajra Hafeezurrehman (WFP MENA)       | 20. Mariam Traore (UNDP)            |
| 6. Gary Jones (UNAIDS)     | 14. Charles Ssonko (MSF)                  |                                     |
| 7. Mamadi Diakite (UNAIDS) | 15. Fariba Soltani (UNODC)                |                                     |
| 8. Mariam Traore (UNODC)   |   |                                     |

### **1. Introduction to call, updates, and review of finalized documents (WFP & UNAIDS)**

- Review of agenda and over-view of the call, touching upon documents to be reviewed during the call and finalized thereafter
- UNHCR provided a brief COVID-19 global situation overview and update – since last call, global death count has surged from 31,000 to 290,000 deaths. Peak of COVID-19 in many humanitarian and emergency contexts is likely to occur in the next 3 to 6 months. The situation continues to evolve, and we will monitor.

### **2. Review of IATT COVID-19 and HIV brief with membership (WFP & UNHCR)**

- Review of documents attached during the call invitation (WFP COVID-19 and HIV Q&A, and WFP's NUTX <https://cdn.wfp.org/nutrition/nutx/>)
- The brief was shared prior to the call and during the call. Document was shared on a non-objection basis only. Several inputs were received from members (UNFPA, UNODC, and MSF). Document was approved at an interim basis and will continue to be used as a living document and will be updated with inputs and re-circulated with IATT members.

### **3. Engagement and feedback from webinars with the Global Fund (WFP)**

- A webinar was organized via UNAIDS on April 23<sup>rd</sup> to support countries for GF applications with window 2 and part of a larger series to help countries submit technically sound applications – based on feedback from technical review panel from window 1.
- WFP, UNHCR and UNAIDS presented together and presented a humanitarian checklist (both the PPT presentation and checklist were shared with teleconference invitation). Presentation was made in both French and English.

- Ensuring HIV in humanitarian contexts are reflected at the global level in these circumstances require an ongoing investment and we need all humanitarian actors to support.

#### **Mamadi Diakite, Gary Jones (UNAIDS)**

- It's critical that the humanitarian language to be included in overall Global Fund approach for funding windows. One large gap to potentially exploit in future approaches is leveraging a writing consultant to include humanitarian language and address key needs.
- Comments and inputs made in the funding process at the global level is less strategic as opposed to having inputs captured at the country level.
- Conflict situations need to be considered earlier in the engagement process and better articulate our efforts with the Global Fund.
- Guidance must be given with country contexts in mind. Humanitarian checklist – a simple, easy-to-use guide to try to ensure that the GF grant submissions reflect challenging operational contexts with simple yes/no scoring methodology. This is the second iteration of the checklist and do encourage IATT members to provide feedback.

#### **Mariam Traore (UNDP)**

- The issue can be at the level of the funding request preparation, which should be aligned to the national strategic plan (NSP) as per the Global Fund. Often, NSPs do not include language or enough specificity linked to the funding request preparation, or do not have provisions for such issues. Humanitarian issues may be missed.
- Technical partners should support and push for the need to have technical resources persons at the national level participating in dialogue in the preparation phase of funding requests, providing a humanitarian lens.

#### **Ann Burton (UNHCR)**

- In which context? New-onset emergencies activities would only last for a short period of time. Soon thereafter, the HIV activities (as much as possible) should move into a comprehensive phase, in line with the NSP.

#### **Miriam Traore (UNDP)**

- Humanitarian components are not always reflected in the NSPs. Since funding requests should be in line with the NSP – that is where we have a gap. This should be part of a given countries' agenda to be reflected in the countries' funding request proposals.

#### **Gary Jones (UNAIDS)**

- Countries are doing their own window 1 NSPs – very little was mentioned in emergency contexts, which was raised with the Global Fund. UNAIDS have also helped country teams include humanitarian elements within NSP development – progress is being made but slow.

#### **Fatiha Terki (WFP)**

- May be due to lack of continuity, as staff often involved in emergencies and humanitarian response are not always the same ones working in HIV, especially in terms of technical support.

#### **Mamadi Diakite (UNAIDS)**

- Time spent in WCA engaging with Global Fund at country-level, it was not a human rights friendly atmosphere – initial investment in time was significant. Must leverage colleagues that are “human rights friendly” as entry point to the Global Fund. In-country presence is essential – escalating to the global level too late in the process is not strategic.

#### **Charles Ssonko (MSF)**

- At country level, all actors must be contributing to the NSP. This is one area that is poorly coordinated. As humanitarian actors, we are the most important piece to contributing to NSPs and funding proposals.

#### **Fatiha Terki (WFP)**

- Usually civil society are rather active during the development of proposals – perhaps not enough humanitarian stakeholders are involved. We may need to come up with a strategy to move forward, as countries are now working on proposals for windows 2&3.
- We could also explore the re-programming and re-purposing of funds in the context of COVID-19, and the Global Fund have mobilized an additional \$500 million during COVID-19.

#### **Gary Jones (UNAIDS)**

- Unfortunately, there is not much more available now. Countries are exploring how they can access the re-purposed funds, and we are in a tracking and updating phase with regards to funds.

#### **Ann Burton (UNHCR)**

- There are two types of Global Fund allocations in the context of COVID-19:
  - Grant flexibility of up to 5% in 80 countries, for a total of \$112M. MoH should be used as an entry point.
  - The larger one is the additional \$500M, which countries are currently being asked to submit for, by May 31<sup>st</sup>.

#### **Fariba Soltani (UNODC)**

- Afghanistan is working to re-programme funds in the context of prisons and harm reduction.
- Harm reduction services are very much being interrupted in the COVID-19 context. UNODC providing technical assistance as well as PPE to maintain service continuity.
- UNODC working closely with the Global Fund in Bangladesh – with a focus on food security as a key provision. Prisoners are often left out of the COVID response at a national level as a priority group.

#### **David Sunderland (UNFPA)**

- UNFPA are seeing key populations suffering in the context of the COVID crisis, specifically sex workers. Income has been significantly depleted and access to food has been difficult. We need to be conscious of these additional vulnerabilities.

#### **4. Update on the Global Humanitarian Appeal (UNHCR)**

- Global Humanitarian Response Plan for COVID has been finalized on May 7<sup>th</sup> - \$6.7B until the end of 2020, a \$2B increase since the latest appeal. The increase is due to the rise in need and 9 additional countries from the first appeal in March.
- HIV is well reflected within the document – calls for a continuity of essential prevention and care services and the impact of HIV on the clinical response to COVID.

#### **Mamadi Diakite (UNAIDS)**

- Humanitarian Response Plan provides a strategic entry point for the IATT. Provides a platform for advocacy at the global level. Through this forum, we can see how we can be more involved and position key thematic areas within funding proposals.

#### **5. Updates from IATT members during the COVID response**

- Building off the IATT COVID-19 and HIV brief, members were requested to provide anecdotal information and experiences to feed into future IATT briefs that offer case-studies or a snapshot from the field.
- IATT members are encouraged to share inputs via email as well to document stories from the field.
- MSF provided written inputs:
  - Drug supply: countries were not well prepared with enough drug stocks to give People living with HIV with multi month drugs supplies (at least 3-6 months) beyond a month to keep them away from facilities or to sustain the current lock downs. Some facilities have not achieved this before the actual lock down. Therefore, we see ruptures in both HIV and TB drugs especially for DR TB.
  - Diagnostics: HIV and TB testing has been scaled down including for pregnancy women. The consequent of this will be increase in transmissions in general, disease progression and possible deaths due to delay to access care.
  - Viral load testing has also scaled down, the impact of which will be delayed switching to appropriate regimens and progression of HIV disease.
  - Human resources for HIV: We see HIV staff being repurposed for COVID intervention.
  - Health facilities especially for TB are being repurposed for COVID interventions.
  - Impact is greater among vulnerable groups children, adolescents, refugees due to the above but also due to a combination of other factors such as food insecurity and poverty.

#### **Miriam Traore (UNDP)**

- Critical concern - securing consistent supply and access to medicines has been difficult – logistical constraints have resulted in stock-outs of essential ARVs, as well as lab reagents.
- Securing stocks of COVID tests has also been difficult.
- UNDP has approached WFP to provide supply chain and logistical support.

#### **6. AOB (UNHCR, WFP, UNAIDS)**

- UNAIDS is currently undergoing a strategy review process – a consultative review of actors working humanitarian settings could well-position emergency and humanitarian issues within the next UNAIDS Strategy.
- Proposing through the IATT or a follow-up webinar to receive structured feedback towards the next Strategy.
- This is a significant opportunity for IATT members to contribute to this process.
- We must aim to keep momentum within this division of labour area and push the humanitarian agenda towards the next iteration of the UNAIDS Strategy.