

Fighting HIV and Aids in times of Covid-19

World Aids Day is marked on 1st December every year to raise awareness about the disease. The Joint United Nations Programme on HIV/Aids (UNAids) is the UN entity tasked with fighting HIV infections, discrimination and Aids-related deaths.

Africa Renewal's Zipporah Musau spoke with the executive director of UNAids, Winnie Byanyima, about the organisation's priorities and its response to Covid-19 in Africa: Here are the excerpts:



Winnie Byanyima, UNAids executive director (left)

How has the Covid-19 pandemic affected those living with HIV in Africa?

Winnie Byanyima: There is evidence that the Aids-related death toll could double in Sub-Saharan Africa from 2020 to 2021 if HIV services are severely disrupted – this would mean an additional 500,000 Aids-related deaths. But not only that, new infections among children through mother-to-child transmission could increase by even more than 100% in some countries in Africa. We could see the progress made in fighting Aids reversed by 10 years. And that's dangerous. So, it's so important to put the message out there that we should keep up the two struggles on HIV and Covid-19. Do not drop one for the other.

Anti-retroviral therapy has helped save lives and prevent transmission of HIV. Did the Covid-19 lockdowns affect supply of the drugs to the more than 24.5 million people globally who are on HIV treatment, majority of whom are in Africa?

Byanyima: Some of the lockdown measures in many countries impinged on the rights of people living with HIV, like the ability to go collect their medicines. So, we pushed for governments to give people living with HIV supplies for three to six months, as opposed to every few weeks. We also saw human rights violations: of gay people and sex workers being arrested - accused of spreading coronavirus – and transgender people being denied food and services because they don't have an identity card. We are pushing for their rights by working with governments and collaborating with civil society.

What are your plans to put more people on antiretrovirals (ARVs) in Africa?

Byanyima: The fact that we are the continent that is the most affected by HIV and Aids and yet most of the ARVs are manufactured elsewhere is a loss to us. Even the prevention commodities are imported. These

products should be produced in Africa, creating jobs and raising taxes to put back in our health systems.

It is important that we build our manufacturing capacity in Africa. There may be some in South Africa, a few in Nigeria and maybe in Egypt, but we need to pool together, produce our own medicines and share the African market. That is something we feel strongly about at UNAids.

We are working with the African Union and have some collaborations with China to promote local manufacturing. This is high on our agenda.

UNAids was created to fight HIV/ Aids globally. We have about 24.5 million people on antiretroviral (ARV) treatment, and there is another 15 million people who are HIV-positive but have not been tested yet.

Our report shows that there were 1.7 million new HIV infections globally in 2018 alone and another 770,000 people died of Aids in the same year. While we are seeing the rate of infections is coming down, these numbers are still high.

Our priority for the next 10 years is to work extremely hard on prevention, especially among vulnerable groups. For women and girls, we have to address the structural causes of their vulnerability which include culture, traditions and poverty, among others. The fact that sexual violence is so pervasive, we have to tackle that. We will be working closely with our other partners UN Women, UNFPA, Unicef, Unesco, UNDP and others to fight the causes of the vulnerable in Africa.

On the other hand, we have to work on human rights because as long as gay men and sex workers remain criminalised, they are driven underground and hence don't come forward for prevention or treatment. It's important to remove those criminal laws so that these people can come forward for testing, prevention, and treatment.

Who is most at risk of new infections?

Byanyima: The most vulnerable in Africa are mostly women and girls. In other parts of the world, it is gay men, sex workers, prisoners, migrants, and people who inject drugs. Prevention isn't happening fast enough. Up to 1.7 million new infections and 770,000 deaths in one year are too many. We can still reduce the overall new infections and deaths significantly.

What needs to be done?

Byanyima: We need more tools of science, for example, we need more PrEP (pre-exposure prophylaxis where people at risk or those that have been exposed to HIV take daily medicine to prevent the infection). Recently, there have been more innovations in PrEPs which could be used more among gay men and sex workers. However, if in some places these people are called "illegal", they are not able to go get these services.

We also need to deal with some of the constraints, including the lack of comprehensive age-appropriate sex education in schools to empower girls with knowledge to understand their bodies and take control of them.

There are reports that gender-based violence is on the increase during the Covid-19 pandemic. Are we likely to see a surge in HIV infections due to this?

Byanyima: Absolutely! Sexual violence is a key driver of HIV infection, especially among adolescent girls.

and young women. Sadly, in Africa, 5,400 young women are infected with HIV every week! The rate of infection of girls is four times more than that of boys of the same age. Women and girls are so much more vulnerable to infection and it's all driven by tolerance of sexual violence, the culture of accepting harmful masculinity; lack of comprehensive sexual education in schools. This environment that makes a girl unsafe has been worsened by Covid-19.

So, again, we're calling on governments to provide services. Communities must be on the look-out. Community leaders must speak out. Where there is a threat, we need to have shelters. We need to increase sexual reproductive health services which have been reducing as governments juggle their resources. We are saying gender-based violence responders, counsellors, sexual and reproductive health workers should be considered essential workers within the Covid-19 response, and their services maintained.



Winnie Byanyima (centre), UNAids executive director

Faced with Covid-19 on one side and HIV and Aids on the other, what is UNAids doing to help countries?

Byanyima: UNAids was created to fight Aids globally, but a lot of our work is in Africa. Currently, we are looking at two colliding pandemics [HIV and Covid-19], and we are responding by giving advice to governments on their responses.

In at least 11 countries, UNAids is leading the UN system on the task force on Covid-19. We advise governments that the Covid-19 response must be multi-sectoral because a pandemic isn't just a health issue. It is an issue of communities, people's behaviours and social norms, legal systems and human rights because it attacks those who are most vulnerable. It feeds on existing inequalities.

That's the lens we brought in to fight Aids. If you look at our national Aids commissions, they bring all the parts of government to fight Aids, not just health.

We also advise governments to put communities at the centre of fighting pandemics because you have to start and win at the bottom. It is people in their own communities who shape and lead and fight for their lives ordering them from above doesn't work. Empowering them to lead is what works.

Third, human rights, stigma and discrimination must be fought. We insist on respect for human rights. The lockdowns must respect people's rights even while restricting movement.

And then, of course, we bring in our infrastructure, the HIV labs that are now being used to test for Covid-19

Some of our best HIV scientists are now working on teams fighting Covid-19 in various countries.

The work with the African Union is also critically important. We are working with the Africa Centres for Disease Control and Prevention (Africa CDC) whose director, Dr John Nkengasong, has invited UNAids to be part of a partnership to accelerate Covid-19 testing.

Lastly, from what we learned from HIV, we are part of a movement to fight for treatment. Remember when antiretroviral drugs were discovered, people in Europe and America were getting them but in Africa, millions were still dying because prices were high. We had to fight for years to bring the prices down. So again, we are part of a civil society campaign pushing for rules to be established before a vaccine is found that a patent will be a global public good, distributed fairly to all regions and available free of charge for rich and poor.

What is your advice to people in Africa during this Covid-19 period?

Byanyima: My first advice is to people living with HIV, and those vulnerable to Covid-19, those with underlying conditions such as respiratory diseases, diabetes – be careful. Take the advice on staying at home, obey the rules of lockdowns, wash your hands to keep yourself safe because you are vulnerable.

For people living with HIV, we don't yet have all the science to tell us how vulnerable they are to Covid-19. But what I would advise is that if you have not tested and you suspect you might have HIV, this is the time to get tested because your immunity might be so low that you might get easily infected with the coronavirus.

To other people, it is in our own interest to stay at home as much as possible and observe personal hygiene. But it is also time to be a good neighbour – to support others. If you have food and your neighbour doesn't have, share. If somebody is sick, raise the alarm and let them get help. It is time to pool together, to be kind to each other. Be careful, be safe, obey rules, be a good neighbour, help others, and we will be okay.

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