

# PITCH

## Accelerating community-led HIV responses: adapting positive practice beyond the COVID-19 crisis



"I love my colourful community. Even though many LGBTQ+ people have to stay hidden, we still have a brightness." Nigeria

## 2. Men who have sex with men in their diversity

### Challenges faced by men who have sex with men in their diversity during COVID-19

#### Devastation of livelihoods

Even before the COVID-19 pandemic, men who have sex with men in their diversity<sup>1</sup> were disproportionately affected by the social and structural inequalities and intersecting vulnerabilities which lead to increased health disparities. In many settings, discrimination has limited the employment opportunities of men who have sex with men in their diversity, and they are also more likely to be employed in the informal sector, or in sectors which have borne the brunt of COVID-19 in terms of revenue loss, such as the hospitality industry.<sup>2</sup> An organisation for men who have sex with men in Uganda

reported that "There is currently a large number of our members jobless and many others doing some of the casual jobs that are currently on hold". In May 2020, a rapid survey of over 2,700 gay men and other men who have sex with men on the social networking app, Hornet indicated that 40% of respondents from around the world anticipate an income reduction of over 30% due to the COVID-19 pandemic, with 19% reporting having reduced meal sizes or cutting meals completely to save money<sup>3</sup>. COVID-19 intensified the economic crisis in Lebanon and the food crisis in Zimbabwe with people struggling to pay rent or buy food<sup>4</sup>. In Kenya, as motels and massage parlours were shut down, male sex workers lost their livelihoods, becoming homeless and facing violence.<sup>5</sup>

Some countries have introduced social protection schemes to support vulnerable citizens during the pandemic. However, criminalisation, discrimination and social marginalisation may prevent this support from being available to gay and bisexual men<sup>6</sup>. For example, in the Philippines, the government social grant does not include people living with HIV or lesbian, gay, bisexual, transgender or queer (LGBTQ)-led families<sup>7</sup>.

## Housing insecurity

The economic fallout, combined with lockdown measures, led many men who have sex with men in their diversity to have to move in with their families, or else be confined to accommodation with relatives or housemates who were intolerant and judgmental of their identities. In Botswana, a community-based organisation (CBO) for men who have sex with men described how some of their members are “moving from home to home living with friends and partners. It has currently become worse, as they are pressured to move by family members of friends, or partners, but the lockdown has restricted their movement”. Across the Middle East and North Africa, it was reported that gay men had to tone down or hide their sexuality because of homophobic living environments<sup>8</sup>.

## Mental health

Globally, it was reported that many men who have sex with men in their diversity were struggling with mental health issues due to the multiple challenges they faced. For example, a survey by an LGBTQ organisation in Lebanon showed that 62% of community members needed mental health support<sup>9</sup>. The prolonged lockdowns and social isolation in hostile environments led to an increase in violence, including intimate partner violence, and mental health challenges such as anxiety and depression, even leading to suicide, which was reported in Sri Lanka<sup>10</sup>, Morocco<sup>11</sup> and Zimbabwe<sup>12</sup>.

## Human rights violations

Stigma and discrimination have increased, as men who have sex with men in their diversity have been scapegoated as “COVID-19 spreaders”<sup>13</sup>, a worrying trend which is all too reminiscent of the

HIV experience. For example, in Armenia, the [New Generation Humanitarian NGO](#) reported that “It is widely believed in our society that it is these groups that spread not only HIV but also COVID-19, which is why they are expelled from work or from society”<sup>14</sup>. In South Korea, an upswing in COVID-19 cases was attributed to LGBTQ clubs, leading to increased homophobia and a fear among the gay community of being outed by contact tracing measures<sup>15</sup>. In Morocco, a public outing of LGBTQ people led to them being blackmailed or kicked out of their homes<sup>16</sup>.

In Belize, reports have detailed abuse of a gay man who was arrested for breaking the curfew, beaten, and mocked by the police in a video which went viral. The man was living with HIV and died two weeks later, apparently as a result of complications sustained from injuries inflicted by the police<sup>17</sup>. In March 2020, in Uganda police raided Children of the Sun Foundation, a shelter for homeless LGBTQ people and arrested 23 people, and incarcerated 20, claiming that they were flouting the ban on mass gatherings and disobeying social distancing orders. The group spent 50 days in detention, where they were allegedly tortured, beaten and flogged. All charges were subsequently dropped against them. On their release, they were compensated by the state for being denied access to legal counsel during their detention. They are seeking further legal redress for the human rights violations they experienced<sup>18</sup>.

## Interruptions to critical HIV and Sexual and Reproductive Health services

Across the world, health services were reoriented to focus on COVID-19 and in many countries HIV services were halted, often without a clear plan or instructions as to how patients were supposed to continue treatment. In Zimbabwe, a survey found that 41% of LGBTQ people were failing to access health services because most of the LGBTQ-sensitised health facilities were converted into COVID-19 response centres<sup>19</sup>. Similarly, in Uganda, a community-based organisation (CBO) reported that men who have sex with men were

unable to get refills of antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP), and also unable to obtain post-exposure prophylaxis (PEP) or condoms, as most of their delivery centres were closed.

Another barrier to accessing health care was restrictions on movement. In Wuhan, China, an LGBTQ organisation reported that thousands of LGBTQ people living with HIV could not go to hospitals for medication without stating the reason for their travel. Afraid of the stigma and discrimination associated with being HIV positive, they were cautious about revealing their status to community officials. Many would rather risk not taking their medication than have their family or community discover their status<sup>20</sup>.

In addition, the fact that many HIV-positive men who have sex with men went hungry had a negative impact on their immunity, as taking some ART medicines on an empty stomach leads to unpleasant side effects.

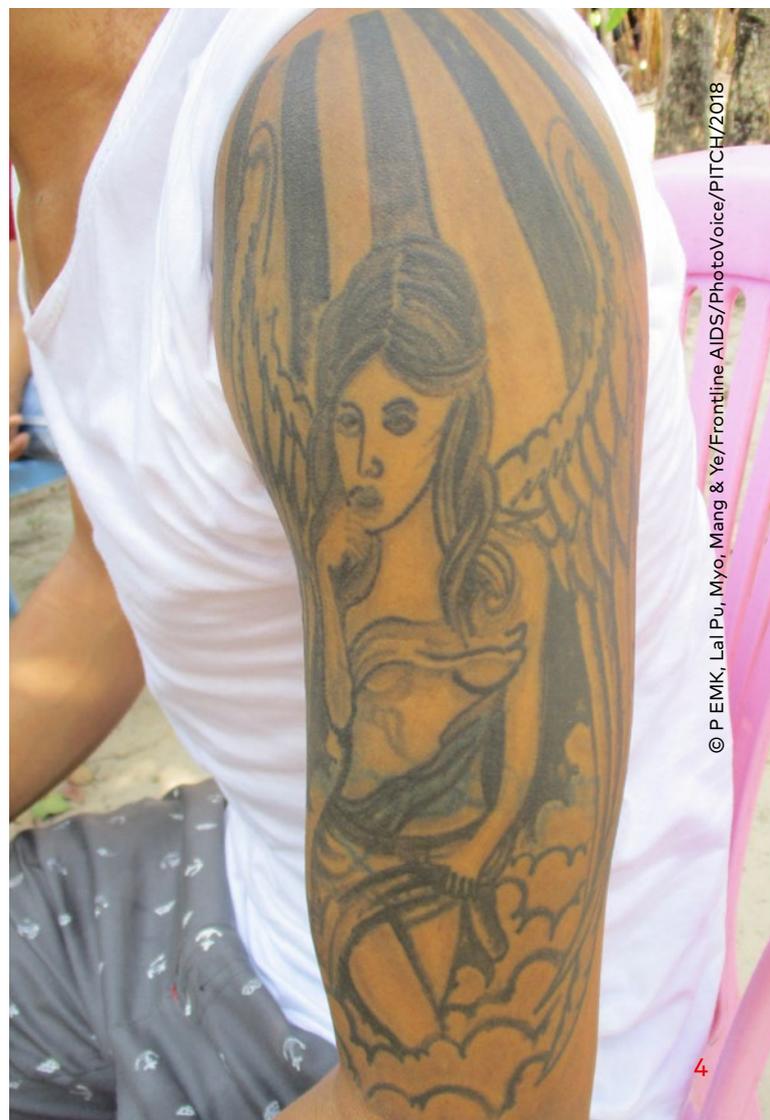
## Positive approaches adopted during the COVID-19 pandemic

### Rapid needs assessments enable informed emergency responses

With the sudden and dramatic onset of COVID-19, LGBTQ organisations needed to rapidly assess the impact the pandemic and the associated containment measures were having on their members. This enabled them to plan how best to respond and mobilise resources, as well as how to advocate for attention to the community's needs with governments, donors and development partners. Online surveys played an important role: many organisations and networks, including [OutRight International](#)<sup>21</sup>, [APCOM](#) in the Asia Pacific Region<sup>22</sup>, and [Eurasian Coalition on Health, Rights, Gender and Sexual Diversity \(ECOM\)](#)<sup>23</sup> as well as numerous CBOs conducted rapid online surveys, and quickly compiled reports highlighting the results.

"There needs to be more, non-judgmental, sexual health services for people who use drugs. I didn't know the risks, and when did I get an STI, I didn't want to go to the clinic as I knew that I would face judgement."  
Myanmar.

As assessments showed that livelihood, health and human rights needs were critical, the need for rapid response grants soon became apparent. Members of LGBTQ community-led organisations stepped up to volunteer, and at the same time, several LGBTQ global and regional networks found ways of providing emergency grants for community-based LGBTQ organisations. For example [Arab Foundation for Freedoms and Equality \(AFEMENA\)](#) put out a call for proposals, and initially were able to provide grants for three LGBTQ organisations to support the distribution of food and commodities to prevent the spread of COVID-19, like hand sanitiser and masks, as well as to provide mental health support. They also advocated amongst the broader community for people to donate their money or time to the emergency response, mobilising people to recognise their shared responsibility. Outright International has also issued three rounds of emergency grants, and promoted the emergency fund online.



Donors which support community organisations working with men who have sex with men in their diversity including Frontline AIDS, Aidsfonds, and the Elton John AIDS Foundation, made emergency funding available and simplified application procedures. Frontline AIDS' rapid response fund supported a range of needs identified by community members themselves – from maintaining HIV services to providing personal protective equipment (PPE) or supplying food or shelter – costs that are often not covered by more traditional funding mechanisms.

### Meeting emergency needs for food and shelter

LGBTQ community organisations distributed packages containing food and other necessities to members who were struggling. They are also providing emergency shelter for community members who became homeless or fled situations of domestic violence and psychological abuse. For example, New Generation Humanitarian NGO, Armenia, provided temporary shelter, food packages, and legal support for men who have sex with men, and other key populations. In June 2020 they opened a shelter – Safe Space – in the centre of Yerevan. The three-storey building gives men who have sex with men in their diversity, and other key populations, a safe refuge and space to access legal and psychological support, with volunteers on duty 24 hours a day<sup>24</sup>.

Although LGBTQ people have often been excluded from humanitarian relief schemes, the World Food Programme (WFP) in some countries, including Lesotho<sup>25</sup> and Honduras<sup>26</sup> has recognised that LGBTQ people are one of the most vulnerable groups impacted by the epidemic, and has intentionally included them in relief efforts. In Honduras, 800 LGBTQ households were given a WFP pre-paid e-card to buy food. A leader of a local LGBTQ organisation said, "For a group that has traditionally been neglected and stigmatized, being included among the recipients of this assistance has historic significance".<sup>27</sup>

### Responding to human rights violations

Community-based LGBTQ organisations and their allies have stepped up to highlight, document and respond to the human rights violations experienced by the community during the pandemic. In June 2020, a coalition of 187 organisations submitted an appeal to the UN Human Rights Council to ensure that the pandemic would neither exacerbate existing misconceptions, prejudices, inequalities or structural barriers, nor lead to increased violence and discrimination against people with diverse sexual orientations, gender identities and expressions or sex characteristics (SOGIESC)<sup>28</sup>.

In the Ugandan case of the arrest of 23 people from Children of the Sun Foundation LGBTQ youth shelter, described above, the NGO [Human Rights Awareness and Promotion Forum \(HRAPF\)](#) supported and represented the detainees, ultimately securing their release and an award of damages for being initially denied access to legal counsel.<sup>29</sup>

LGBTQ organisations which had been trained by Frontline AIDS to use the [Rights, Evidence Action \(REAct\)](#) tool to document and respond to human rights violations, have continued to do so, but needed to adapt to the new realities. In Ukraine, the [Alliance for Public Health \(APH\)](#) supports LGBTQ communities in Georgia, Moldova, Kyrgyzstan and Tajikistan to use REAct. When COVID-19 emerged, they risked losing contact with both the people on the ground who are implementing REAct (REActors) and their clients. APH responded by ensuring that all the outreach workers, street lawyers and community activists had mobile phones and internet access, and set up hotlines in some of the countries to provide support to community members. In Georgia, REActors used the dating app Tinder to market the service among from the LGBTQ community. APH explained that, initially, there was uncertainty about which rights were and were not protected during emergencies, and so APH implemented training to provide REActors and lawyers with up-to-date knowledge<sup>30</sup>.

## Digitalisation and new ways of mobilising

Online meetings have become the 'new normal' during the pandemic. When LGBTQ organisations realised that COVID-19-related interruptions to travelling and meeting were not going to be a temporary measure, they adapted their ways of working, harnessing technology to move their meetings, workshops and other events online. For most this required learning new skills. For example, [MPact Global Action for Gay Men's Health and Rights](#) provided an online training for their partners in eSwatini on how to use social media as a creative, community-focused, and cost-efficient way to reach new audiences, share resources and information with the LGBTQ and broader community, and even to learn more about their target audiences through online engagement<sup>31</sup>. Also in eSwatini, a community based LGBTQ organisation converted the training which it usually provides to nurses to an online format – recording the lectures and designing online assessments.

LGBTQ organisations are also developing larger innovative hybrid meeting platforms. For example, APCOM held a summit for LGBTQ and HIV advocates and allies in Thailand, starting with a community summit, and followed by the first regional trade fair forum on diversity and inclusion in the private sector. The summit consisted of an innovative blend of offline and online interactive workshops and discussions<sup>32</sup>.

## Decentralised service delivery

With the barriers to accessing health facilities for HIV services, and the mandatory closure of some key population drop-in centres, LGBTQ community organisations responded by reaching out to community members in their homes. This was helped by the fact that, in many countries, COVID-19 precipitated the acceleration of multi-month antiretroviral (ARV) therapy dispensing for those who were stable and adherent to treatment. Many community organisations that stepped in were nothing short of heroic: including [Iliolo Pride Team](#) in Philippines, [ALCS](#) in Morocco, [HOYMAS](#) in Kenya, [LEGABIBO](#)

in Botswana and the Wuhan LGBT Centre in China, collecting ARV refills from clinics and delivering them to community members' homes. The Wuhan LGBT Centre in China mobilised 22 volunteers and managed to deliver medicine to an average of 200 people daily during the three months of lockdown<sup>33</sup>. In Uganda, an LGBT community-led organisation was able to procure bicycles to reach its members. While delivering medication, peer educators and volunteers also distributed food parcels, cared for those who were ill or bedridden and provided mental health support.

## Online service delivery

Community organisations for men who have sex with men in their diversity are using digital technology to innovate: keeping track of community members in need of HIV and sexual health services; supporting them to remain on treatment; and referring them to care. For example, in eSwatini, Botswana and Kenya, outreach workers conducted virtual outreach and support groups using social media, WhatsApp and online forums<sup>34</sup>. When drop-in centres and clinics reopened, social distancing regulations limited the number of people who could attend at any one time or reduced operating hours. In response, an LGBTQ organisation in eSwatini created an online booking and referral system for selected LGBTQ-friendly clinics.

The pandemic also inspired innovative educational videos to keep men who have sex with men in their diversity aware of their sexual health. For example, MPact teamed up with St James Infirmary and TrishTV to develop a fun, sex-positive video campaign on sexual health and harm reduction, ['Anal About My Health'](#), featuring drag performers sharing stories about their experiences with sexually transmitted infections (STIs) and other topics such as harm reduction, living with HIV, sex workers' rights, and anal health<sup>35</sup>. The series was linked to a twitter campaign [#AnalAboutMyHealth](#), for the global community to connect and share stories about how they were affected by COVID-19.

# Developing digital healthcare infrastructure in Africa

In 2020 [MPact Global Action for Gay Men's Health and Rights](#) developed a programme with the Center for Public Health and Human Rights (CPHHR) at Johns Hopkins University, to train healthcare providers from Botswana, Kenya, Tanzania and Zimbabwe on the health of men who have sex with men in their diversity<sup>36</sup>. The 2020 training was rolled-out in consultation with community based LGBTQ organisations, including [Bonela](#), [LEGABIBO](#), and [Men for Health](#) in Botswana; [Ishtar](#), [MAAYGO](#), and [PEMA](#) in Kenya; CENTA in Tanzania; and [GALZ](#), [Sexual Rights Centre](#) and [TIRZ](#) in Zimbabwe.

When the COVID-19 pandemic hit, the organisers decided to move the training online. They created a virtual training programme spread over a three-month period. Sixty-eight applicants were selected to attend, trebling the number who would have originally attended in person. Participants represented a mix of health care workers – from doctors and nurses to non-clinical staff – and outreach workers from marginalised community organisations, including those who are gay or bisexual themselves. This mix enhanced peer-to-peer learning and sharing about the lived experiences of men who have sex with men in their diversity

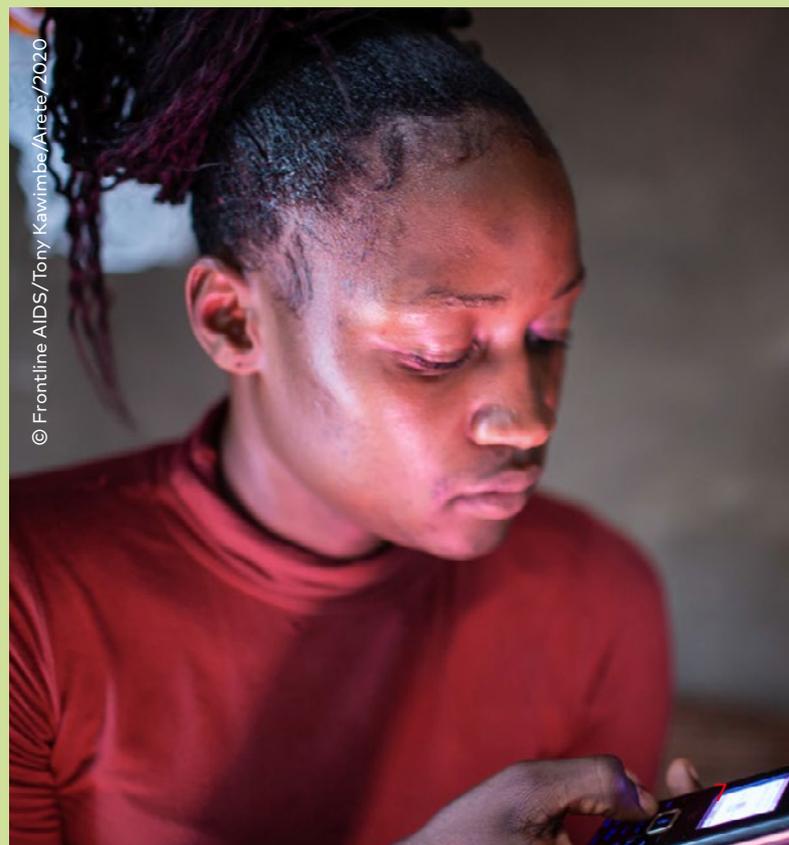
To support participants, 12 mentors were engaged from the participating community based LGBTQ organisations. Each mentor was assigned four or five mentees from their country, and hosted weekly online discussion groups. For example, one session was on community empowerment, with content informed by the global guidance [Implementing comprehensive HIV and STI programmes with men who have sex with men](#)<sup>37</sup> (commonly known as the MSMIT). Participants were asked to develop a concept for a community empowerment activity, and had a week to consult with their mentors

about their ideas. Besides the group discussion workshops, mentees could also engage in one-to-one discussions with their mentors over WhatsApp.

The virtual training was well received. Pre-and post-training assessments were conducted online in quiz format, and participants were generally very positive, with some saying the training was an eye-opener. Fifty-five participants successfully completed the course, and a graduation ceremony was held via Zoom.

In reviewing the online training, MPact reflected on the pros and cons: it is labour intensive; risks excluding people who lack reliable access to the internet; and lacks some of the important 'secondary' outcomes of real-world training such as the vibrant debates, forming of connections, and discussions that often occur between and after sessions. They concluded that online training will definitely be used going forward, but will never fully replace real world workshops.

Amend to "LGBTQ community organisations are increasing access to mobile and digital services."



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## Recommendations

### **Increase use of rapid needs assessment to adapt responses**

Where relevant, organisations working with men who have sex with men in their diversity should continue using online platforms to conduct rapid surveys to assess the needs of their members. Organisations should use data from these assessments to plan swift responses, adapt services, mobilise resources, and support advocacy for the community's needs. As endorsed by the 2021 High-Level Meeting on AIDS Political Declaration, 'community-generated data' should be 'used to tailor HIV responses to protect the rights and meet the needs of people living with, at risk of and affected by HIV'.<sup>38</sup>

### **Establish and continue use of rapid funding mechanisms to meet basic needs**

The use of rapid response grants to meet urgent livelihood, health and human rights needs has been demonstrated to be effective. Donors and their intermediaries which support LGBTQ health and rights should continue to ensure agile, responsive granting mechanisms for community-based LGBTQ organisations and communities.

### **Continue meeting emergency need for shelter, food**

Community-led organisations have effectively provided emergency support to men who have sex with men in their diversity, distributing food packages and providing emergency housing and shelter, and legal support. They should be supported to continue to meet these emergency needs through adequate funding, and through the inclusion of men who have sex with men in their diversity in humanitarian relief schemes – which the World Food Programme demonstrated is easily achievable when the will to intentionally include people supports it.

### **Advocate to protect livelihoods**

COVID-19 has highlighted the economic vulnerability of men who have sex with men in their diversity. Over the short-term, social protections and relief measures, implemented by both governments and humanitarian organisations, should be alert to, and should respond to the socioeconomic impact of the pandemic on men who have sex with men in their diversity. Over the long-term, more attention should be paid to how discrimination towards men who have sex with men in their diversity throughout their lives – in education, workplaces and communities – has contributed to negative outcomes in terms of their ability to study, get decent employment, and progress professionally.

### **Uphold and protect human rights**

Civil society has been a critical protector of human rights and must continue to highlight, document and respond to the human rights violations experienced by the community during the pandemic, including through the use of monitoring tools such as REAct.

It is essential that civil society hold states accountable to upholding human rights of men who have sex with men in their diversity.

### **Online mobilising and service delivery**

The value of community organisations for men who have sex with men in their diversity taking their information and service systems online has been clearly demonstrated. This approach would be of continued benefit even with a gradual return to in person service delivery in some contexts, and in the longer term. Where evidenced as effective, further digitalisation of service delivery and community mobilising should be funded and supported. Appropriate digital integration skills building for CSOs needs to be undertaken. At the same time, governments should not use COVID-19 as the justification to restrict civil society participation. Some services will always need to be delivered in person.

## Expand differentiated service delivery

Organisations serving and led by men who have sex with men in their diversity should continue to offer their clients a range of differentiated, person-centred options for accessing health care. Community organisations have a particular role to play in providing and supporting health services, including COVID-19 related services, delivered in community settings – be it in clients' homes, drop-in-centres and safe spaces, or other convenient, stigma-free locations. Advocacy by civil society for strong social contracting mechanisms needs to be undertaken so that governments have mechanisms to contract and fund services delivery and other activities undertaken by civil society and community-led organisations.

## Endnotes

- <sup>1</sup> We use the term 'men who have sex with men in their diversity', to acknowledge that the outcome of stigma and discrimination is keenly felt both by gay and bisexual men, and by men who have sex with men who do not identify as gay or bisexual. Even though these men may be less visible, they are hard to reach, far less likely to access services, test for HIV and stay on treatment.
- <sup>2</sup> OutRight Action International (2020). Vulnerability amplified: the impact of COVID-19 on LGBTIQ people. Available at: <https://outrightinternational.org/content/new-report-documents-amplified-impact-covid-19-lgbtqi-people>
- <sup>3</sup> LGBT Stakeholder group (2020). Ensuring Inclusion of LGBTI People in COVID-19 Response Efforts. Available at: <https://mpactglobal.org/ensuring-inclusion-of-lgbti-people-in-covid-19-response-efforts/>
- <sup>4</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition. Available at: <https://www.gnpplus.net/4th-edition-of-the-gnp-icw-y-global-positive-living-in-the-time-of-covid-19-newsletter/>
- <sup>5</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition
- <sup>6</sup> Love Alliance (2020). Appendix 3 - COVID-19 analysis, internal document, 16 October (internal document)
- <sup>7</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition. Available at: <https://www.gnpplus.net/4th-edition-of-the-gnp-icw-y-global-positive-living-in-the-time-of-covid-19-newsletter/>
- <sup>8</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition. *ibid*
- <sup>9</sup> <https://www.afemena.org/a-message-from-a-volunteer-at-tayf/>
- <sup>10</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition. *ibid*
- <sup>11</sup> Love Alliance
- <sup>12</sup> UNFPA East and Southern Africa. A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa (in press)
- <sup>13</sup> Love Alliance
- <sup>14</sup> <https://www.nswp.org/news/safe-space-sex-workers-armenia>
- <sup>15</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition
- <sup>16</sup> GNP+ (2020). Positive living in the time of COVID-19 – 4th edition
- <sup>17</sup> <http://www.7newsbelize.com/sstory.php?nid=52841>
- <sup>18</sup> <https://www.ibanet.org/Article/NewDetail.aspx?ArticleUid=E13D94F1-FF3E-45EC-8E95-A593FC22D487>
- <sup>19</sup> Love Alliance
- <sup>20</sup> OutRight International (2020). LGBT activists are unsung heroes on the frontline of China's fight against COVID-19 (part 1). Available at: <https://outrightinternational.org/content/lgbt-acti->

[vists-are-unsung-heroes-frontlines-china-fight-against-covid19-part-1](https://outrightinternational.org/content/lgbt-acti-)

- <sup>21</sup> OutRight Action International (2020). Vulnerability amplified: the impact of COVID-19 on LGBTIQ people. Available at: <https://outrightinternational.org/content/new-report-documents-amplified-impact-covid-19-lgbtqi-people>
- <sup>22</sup> APCOM (2020). COVID-19 and its effects on diverse SOGIESC communities, HIV services and Key Populations <https://www.apcom.org/the-covid-19-effect-series-part-1/>
- <sup>23</sup> ECOM (2020). COVID-19 Situation Assessment: Quarantine measures affect to LGBT community NGOs working in the field of HIV prevention. Available at: <https://ecom.ngo/wp-content/uploads/2020/04/COVID-Report-ENG-1.pdf>
- <sup>24</sup> <https://www.nswp.org/news/safe-space-sex-workers-armenia>
- <sup>25</sup> Key informant interview, WFP SA
- <sup>26</sup> <https://insight.wfp.org/honduras-the-wfp-e-card-means-more-than-putting-food-on-the-table-for-lgbt-people-it-means-427253a2dd4b>
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- <sup>29</sup> Human Rights Awareness and Promotion Forum (2020). High Court awards damages to COSF-19. Available at: <https://hrapf.org/index.php/10-hrapf-news>
- <sup>30</sup> Frontline AIDS (2020). Transforming the HIV response: How communities innovate to respond to COVID-19. Available at: <https://frontlineaids.org/resources/transforming-the-hiv-response/>
- <sup>31</sup> MPact (2020). The activist's guide to social media. Available at: <https://mpactglobal.org/the-advocates-guide-to-social-media/>
- <sup>32</sup> APCOM (2020). APCOM holds successful press conference launching APCOM Community Summit 2020 at the Australian Embassy. Available at: <https://www.apcom.org/apcom-holds-successful-press-conference-launching-apcom-community-summit-2020-at-the-australian-embassy/>
- <sup>33</sup> OutRight International (2020). LGBT activists are unsung heroes on the frontline of China's fight against COVID-19 (part 1). Available at: <https://outrightinternational.org/content/lgbt-activists-are-unsung-heroes-frontlines-china-fight-against-covid19-part-1>
- <sup>34</sup> Macharia, P., Moore, S., Mathenge, J., Ndunda, E., Lazarus, L., McKinnon, L. & Lorway, R. (2020). Sexual health among Kenyan male sex workers in a time of COVID-19, Health Education Journal, 1-9. <https://journals.sagepub.com/doi/pdf/10.1177/0017896920950774>
- <sup>35</sup> <https://mpactglobal.org/analaboutmyhealth/>
- <sup>36</sup> The curriculum was a revised version of a nine-module handbook MPact had released in 2014 in partnership with CPHHR.
- <sup>37</sup> <https://www.who.int/hiv/pub/toolkits/msm-implementation-tool/en/>
- <sup>38</sup> Paragraph 64 d. [https://www.unaids.org/sites/default/files/media\\_asset/2021\\_political-declaration-on-hiv-and-aids\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2021_political-declaration-on-hiv-and-aids_en.pdf)



**PITCH** Partnership to Inspire, Transform  
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