

# UNAIDS STRATEGY DEVELOPMENT



## **UNAIDS STRATEGY REVIEW: Focus Group Synthesis template**

Country: Asia-Pacific region

Organizer: APN+ (with support from RST Asia Pacific)

Date: 10 August 2020

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## **UNAIDS STRATEGY REVIEW: Focus Group Synthesis template**

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

<https://www.surveymonkey.com/r/3HC9Q6M>

If you are not able to enter it on line you can send us a copy via e-mail [strategyteam@unaid.org](mailto:strategyteam@unaid.org)

Would you accept for UNAIDS to make your report publicly available: Yes / No

### **SECTION 1: Information about the focus group (to be completed by host of Focus Group)**

Organization leading discussion: APN+ with support from RST Asia Pacific

Date of discussion: 10 August 2020

Theme to be discussed: The Result areas and 10 targets of the current UNAIDS Global Strategy (2016-2021) were used to guide the focus group discussion.

Participants (types of organizations participating):

Thirty HIV CSO participants from Asia Pacific region comprising representatives from 11 regional networks, 2 Asia-Pacific NGO delegates to UNAIDS PCB and 14 country-level CSO representatives in the region contributed to the focus group discussion (FGD) via Zoom on August 10, 2020.

UNAIDS Regional Director gave opening remarks and presented process for new Strategy development, and Regional SI Advisor gave an overview of status of the current strategy and progress in the fast targets. 4 other RST staff attended as technical resource persons particularly during the breakout sessions. and one staff for IT support.

The meeting was a community led process and began with a Plenary session with an introduction from the NGO PCB Delegation for the Asia Pacific region. He highlighted the need for ensuring the region has a strong voice that is heard as not enough attention has been given to date. Following this was a presentation by UNAIDS RST Regional Director outlining the process for developing the Global AIDS Strategy beyond 2021 and ways in which CSOs can provide further inputs. UNAIDS Regional SI Advisor also provided a presentation on the results of the current strategy, where we are at with the 10 fast track targets in the Asia-Pacific region as well as reflections.

Participants were divided into five breakout groups. Each group covered 2 targets, choosing which targets they would like to discuss, following the FGD questions (what to continue, what to stop, what to

start and a key message to PCB). After one hour discussion, all groups reported back to the Plenary. The discussion points are synthesised in this report.

Country, regional or global focus: Asia-Pacific region

## **Introducing the theme**

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

- i) What to continue in the new Strategy?
- ii) What to stop?
- iii) What to start?
- iv) What will be a key message to provide to the UNAIDS PCB?

## SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

<b>REACHING THE PERSON</b>	
How do we see the current situation?	<ul style="list-style-type: none"> <li>- The HIV epidemic is KP led in Asia and the Pacific MSM and young particularly affected</li> <li>- Programs and services for KP groups are underfunded especially prevention for KP. Stigma and discrimination is another significant barrier to accessing HIV programs and services</li> <li>- In the COVID context, some countries are now blaming COVID-19 for underachievement of targets.</li> <li>- The impact of COVID-19 has shown the importance of systems to ensure services are not disrupted. Interventions have relied to a large extent on communities and voluntarism with limited policy and budget support. Innovative emergency solutions to COVID-19 problems have not been institutionalised.</li> <li>- Sex worker community has been deeply impacted by COVID-19. They have lost their livelihood. There is a need for improving social safety nets and livelihoods, including SME development and better job security.</li> <li>- CSOs and CBOs have shown resilience but are still in need of support for organisational capacity development, institutionalisation and registration.</li> <li>- Lockdowns have been associated with gender-based violence (GBV). There is a need for legal support and other protection and support services.</li> <li>- Lack of access to essential services such as HIV testing and contraceptive measures.</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>- Barriers to achieving the targets at the country level need to be identified and communicated with stakeholders.</li> <li>- Greater community and KP involvement is needed.</li> <li>- Health literacy needs strengthening.</li> <li>- Stigma and discrimination still needs to be addressed. It is key.</li> <li>- Barriers to rights and services: criminalisation of sexual behaviors, deeply rooted gender inequality and discrimination, spousal and parental control on HIV services and gender-based violence.</li> </ul>
What gives us hope?	There has been progress in reaching MSM with HIV services.
What constrains our ability to achieve our goals?	Barriers to rights and services: criminalisation of sexual behaviors, deeply rooted gender inequality and discrimination, spousal and parental control on HIV services and gender-based violence.

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## THE STRUCTURES THAT RESPOND TO HIV

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> <li>- <u>Civil society organisations (CSOs)</u> in the region are concerned that their voice is not always heard and underfunded.</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>- <u>Government:</u> health priorities shifting towards COVID-19 vaccine and TB. Some governments appear to be complacent.</li> <li>- <u>Universal Health Coverage (UHC)</u> may not ensure marginalised communities have equitable access to health services.</li> </ul>
<p>What gives us hope?</p>	<p>Social contracting is being introduced for CSOs to receive financial support</p>
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>- <u>CSO Funding:</u> Lack of funding for women's organisations. Limited funding for CSO-led research.</li> <li>- <u>Monitoring and Evaluation:</u> there is a need to improve community-led monitoring and data use for programming and advocacy. Tracking financing accurately is a challenge. There is a need for more independent research to better reflect realities on the ground.</li> <li>- <u>Data:</u> there are significant issues related to the availability/accessibility of data to stakeholders and civil society at the country level. There are particular challenges relating to data on KPs, young people, stigma and discrimination as well as financing/budget data. There is a lack of disaggregated data among KPs and young people and gender disaggregated data. There are concerns with the National Commitments and Policies Instrument (NCPI) as a data source. These tools are largely perception-based and CSOs have difficulties with government in the content of the report. Biases are reported as countries wish to present a good picture of their progress. In addition, the Global AIDS Monitoring (GAM) is designed to involve participation and discussion among all stakeholders including CSOs. However, CSO involvement is underrepresented in some countries.</li> </ul>

<b>CONTEXTUAL ENVIRONMENT</b>	
How do we see the current situation?	<u>COVID impact</u>
What concerns us?	<ul style="list-style-type: none"> <li>- Virtual space in society has not been taken adequately into consideration. It is lacking in the current strategy.</li> <li>- There is limited awareness of the 10 targets. Only the first target (90-90-90) is well known.</li> <li>- <u>Social protection</u>: social protection is not well defined or understood. This has implications for efforts and investment for interventions and tracking progress. What does social protection include?</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>- Some countries have demonstrated commitment, creativity and flexibility in maintaining service delivery during COVID-19 lockdown. A key feature of this has been community organisations, community participation and voluntarism particularly in ARV service delivery.</li> <li>- Health issues are taking global stage more seriously at this time.</li> <li>- National budgets have increased in some countries.</li> <li>- Some countries are taking social protection more seriously, e.g. Nepal has waived the health insurance premium for PLHIV.</li> </ul>
What constrains our ability to achieve our goals?	There is a need to push harder for greater government commitment.

**EMERGING PATTERNS:**

- ...
- ...
- ...
- ...
- ...



### SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
<b>CONTINUE</b>	<p><i>What is working that we must continue to do?</i></p> <ul style="list-style-type: none"> <li>- <u>Advocacy</u>: supporting CSO advocacy, including capacity development for advocacy. This is often the first to be lost when funds are limited. Funding for advocacy needs to continue from external sources as it is not possible through government funding channels, e.g. social contracting.</li> <li>- <u>KP-led service delivery</u>: Intensifying investment in KP-led service delivery.</li> <li>- Engaging KP and community in <u>technical working groups</u>.</li> <li>- <u>Young people</u>: fostering the voice and engagement of young people, especially young KPs.</li> <li>- <u>Human rights</u>: promoting human rights, e.g. “Know Your Rights” campaign.</li> <li>- <u>UNAIDS</u> being a bridge between CSOs and governments and policy makers. This role is very much appreciated.</li> <li>- <u>UNAIDS</u> to leverage funds for <u>community networks</u> such as the Robert Carr Fund focused on funding regional and global networks led by and involving and serving inadequately served populations</li> <li>- <u>Global Fund</u>: Strengthening UNAIDS’s role in advocacy for funding the Global Fund.</li> <li>- The UN IATT on <u>Gender and HIV</u> in Asia Pacific as a space for KPs and allies to plan and strategize as well as ensure linkages</li> <li>- <u>Sexual and Reproductive Health and Rights (SRHR)</u> programming needs to continue. SRHR is very important for the region. SRHR services need to be tailored to KPs and more holistic and well integrated with HIV services to ensure they are more appropriate to the HIV epidemics in the region.</li> <li>- SRHR needs to continue to enable and empower KPs to claim their rights and access services. An inclusive approach is needed with ensuring services for all vulnerable populations such as migrants, refugees, incarcerated populations and women living with HIV.</li> <li>- Continue to address <u>stigma and discrimination</u> as well as gender inequality and all forms of discrimination.</li> </ul>
<b>STOP</b>	<p><i>What must we stop doing, that if we don’t stop will ensure failure?</i></p> <ul style="list-style-type: none"> <li>- To stop reinforcing the hierarchical and paternalistic medical systems in the region.</li> <li>- To stop allocating substantial amounts of funding for international technical assistance - focus instead on supporting local technical assistance/capacity.</li> </ul>

	<ul style="list-style-type: none"> <li>- UNAIDS to stop paying lip service to CSOs and prioritising support for governments (instead of supporting CSOs).</li> <li>- UNAIDS Co-sponsors to stop working in silos and in a fragmented approach.</li> </ul>
<p><b>START</b></p>	<p><i>What are we not doing that we have to start doing?</i></p> <p><b>CSO, KP and PLHIV</b></p> <ul style="list-style-type: none"> <li>- Repositioning the Global AIDS Strategy to focus on communities, CSOs/CBOs, KP-led organisations and PLHIV networks. Put community at the heart of the response (rather than continuing with the current conventional approach).</li> <li>- Supporting CSOs, CBOs and KP-led organisations in registration and enable them to legally access social contracting mechanisms. Currently, there are multiple barriers preventing community from accessing social contracting/domestic financing.</li> <li>- Advocating for decriminalisation of women who use drugs and do sex work to avoid fear of being caught by police to ensure accessibility to HIV and health services. Drug use issues need to be prioritized more.</li> <li>- Prioritising the meaningful engagement and inclusion of KP communities' and young people at all levels, ensuring KPs are fully engaged in decision making and service delivery. Indicators are needed to measure this.</li> <li>- Supporting community-led monitoring to foster a data-driven approach for community monitoring/oversight of HIV service delivery.</li> </ul> <p><b>Financing and sustainability</b></p> <ul style="list-style-type: none"> <li>- Ensuring availability of resources for sustainable KP/CBO-led HIV services to deliver quality KP-friendly HIV services (online or offline/physical modes).</li> <li>- Having clear indicators in terms of financing and budget allocations for the monitoring of investments that will help meet the target of 30% services being community-led. Clearly disaggregate data on where investments are made in terms of specific key populations e.g. MSM, PWUD, TGP, etc.</li> <li>- Increasing government commitments for domestic resources at the country level.</li> <li>- Pooling UN resources at the country level in one joint programme to maximise the HIV response.</li> </ul> <p><b>M&amp;E and data</b></p> <ul style="list-style-type: none"> <li>- Disaggregating data in a more nuanced approach to sub-groups of KPs and gender. For instance, we may be missing TGP and MSM who are engaged in chemsex.</li> </ul>

- Measuring the contribution of online services and other technology-assisted interventions.
- Indicators to measure quality of services need to be put in place and used.
- Indicators to measure social protection coverage and impact.

#### **Service delivery**

- Given the COVID-19 pandemic - ensuring uninterrupted HIV services during emergency and humanitarian situations, and maximizing technology to reach hidden populations; and ensuring online interventions/reach are included in performance/coverage statistics.
- Ensuring that there are available/quality HIV combination services for PWID and those in prison settings.

#### **GBV/GE**

- Adopting a more holistic approach to GBV (i.e. including TGP, MSM and boys) and not just focusing on women and girls.
- Strengthening the approach to gender-based violence with more attention to prevention and protection in a multi-sectoral framework. This should involve new ways of engaging governments and helping CSOs to engage with all relevant actors. A more inclusive non-binary approach is needed involving KPs.
- Sensitisation of police, law enforcement agencies, policymakers, community groups, and mindset of public needs to be targeted to reduce stigma, discrimination and use of punitive measures against women and girls in key population groups.

#### **PMTCT**

- PMTCT needs to include a focus on KPs, e.g. female sex workers, women who are migrant workers, in prison and other places of detention (including administrative detention and drug rehab centres), women who use drugs, and those living in rural areas including their children.
- PMTCT: Strengthening HIV and health service delivery institutions in rural areas, as well as other infrastructure such as roads to ensure timely accessibility to health services essential for pregnant women and mothers.

#### **UNAIDS**

- To ensure aligning national AIDS strategic plan with UNAIDS Global Strategy.
- To “step back and lean in.” In particular, UNAIDS needs to clarify its roles with CSOs and the community in relation to itself and to government, including how it navigates space for policy and advocacy with and on

	<p>behalf of the community. Communities do not always see the role of UNAIDS clearly in some countries.</p> <ul style="list-style-type: none"> <li>- UNAIDS needs to develop a road map to support CSOs to ensure they have clearly articulated roles in helping countries to reach the targets.</li> <li>- UNAIDS needs to provide concrete guidance/recommendations on how to include HIV specific interventions in UHC and ensure equitable access for all KP groups. There is a risk of diluting HIV services for KPs in the broader health agenda.</li> </ul>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p><b>Reposition the Global AIDS Strategy to focus on and shift resources to communities</b>, civil society, community-based organisations, key population-led organisations and networks of people living with HIV - <b>put community at the heart of the response</b> and ensure government commitment to institutionalise community systems for gender equality, human rights, sexual and reproductive health and rights/HIV service delivery.</p> <p><b>A final message to UNAIDS Programme Coordinating Board on the Strategy</b></p> <p><b>Give the community the tools to end AIDS by 2030:</b> There is a dire need for resource mobilisation, communication and united efforts to put the community at the heart of the HIV response across the cascade of services within the context of universal health coverage. Provide additional support and resources to <b>build and strengthen community systems</b> in countries that are behind in achieving the fast track targets. <b>Move from a hierarchical and paternalistic medical system to a people-centred approach</b> and support serious key population engagement, through empowerment, capacity building and service delivery and <b>ensure equitable partnerships</b> to design and deliver KP-led HIV services with sustainable funding. <b>Strong communities are the foundation</b> of public health and effective service delivery for HIV and emerging diseases.</p>

*Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.*

*Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.*

You can send us additional documents via e-mail [strategyteam@unaid.org](mailto:strategyteam@unaid.org)