

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: **Jamaica**

Organizer: **UNAIDS Country Office Jamaica**

Date: **11 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@unids.org

Would you accept for UNAIDS to make your report publicly available: **Yes**

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

Organization leading discussion: **UNAIDS Jamaica**

Date of discussion: **11 August 2020**

Theme to be discussed: **Accountability**

Participants (types of organizations participating):

- AIDS Healthcare Foundation (AHF)
- ASHE
- Caribbean Vulnerable Communities Coalition (CVC)
- J-FLAG
- Eve for Life
- Jamaica Community of Women Living with HIV (JCW+)
- Jamaican Network of Seropositives (JN+)
- Jamaicans For Justice (JFJ)
- Ministry of Health and Wellness, Jamaica (MoHW)
- National Family Planning Board, Jamaica (NFPB)
- PAHO/WHO
- Planning Institute of Jamaica (PIOJ)
- President's Emergency Plan for AIDS Relief (PEPFAR)
- The Global Fund
- Transwave Jamaica
- UN Resident Coordinator's Office (RCO)
- UNAIDS
- UNDP
- UNFPA
- UNICEF

Country, regional, or global focus: **All**

Introducing the theme

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

- Accountability was presented as the obligation of an individual or organization to account for its activities, accept responsibility for them, and to disclose the results in a transparent manner. Furthermore, the notion of accountability as the assessment of progress towards goals, commitments, or responsibilities, where those responsible for action in these areas are held to account in some public fashion.
- Attendees were reminded of the specific commitment on accountability included in the 2016 Political Declaration on HIV/AIDS, in which governments “commit to effective, evidence-based, operational mutual accountability mechanisms that are transparent and inclusive, with the active involvement of people living with, at risk of and affected by HIV and other relevant civil society and private sector stakeholders, to support the implementation and monitoring of progress on multisectoral national fast-track plans to fulfil the commitments in the (...) Declaration”.
- An overview of how accountability is relevant to the HIV response was presented, with a focus on four areas:
 - Fulfilling political commitments with policy coherence and normative authority.
 - Making the money work.
 - Making the data work and sharing knowledge and information.
 - Promoting civil society participation and representation.

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

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

REACHING THE PERSON	
<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • There are robust government-led and civil society structures in place, and an overarching coordination system provided through the Country Coordination Mechanism for the Global Fund. • Much of the structure is driven by the commitment of international donors and partners, but there is a gap in terms of national level commitment. Should this international support be removed, the structures might not still be in place. • There is a need to move beyond the dependence on international funding to have something that is built-in and is a feature of the national response. • A lot the services are reaching some of the people, but there are still gaps. For example, there is an excessive concentration of support and services provided in the capital, and less so in rural areas. Additionally, a lot of the successes related to people living with HIV and key populations are attributed to the work of civil society organizations, while other partners could also double their efforts to reach the hardly reached populations. • It is difficult to determine whether there has been true accountability to the people based on the current architecture of the response.
<p>What concerns us?</p>	<ul style="list-style-type: none"> • There is uncertainty on whether the national HIV response is reaching the people that it is required to reach. There are substantial gaps regarding access to services between urban and rural settings. There is a significant number of people who are still falling through the cracks because of gender inequalities, exclusion, discrimination, and place of residence. • There is uncertainty on the existence and functions of adequate accountability mechanisms, and how to make the best use of them for the benefit of the people living with or affected by HIV. The HIV response has done little to strengthen and promote these mechanisms. • There are policy gaps and uncertainty on the feasibility or process to transition from international to national funding, including with regards to accountability and how to hold the government accountable if not through donor-driven mechanisms which are currently in place, but might cease to exist after donors leave.

<p>What gives us hope?</p>	<ul style="list-style-type: none"> • Strong advocacy groups exist, with sufficient ability to influence policy-making processes. • There is continued engagement and partnership with civil society organizations and government, and interventions designed and implemented in partnership are yielding results. There is hope in innovative partnerships, including with the private sector to provide services in collaboration with the government and civil society organizations. • Government is increasing its budgetary support, and there is hope in the government's efforts to provide a mechanism of social contracting for HIV prevention services. • Mechanisms to hold service providers accountable are in place, but to a certain extent. Some healthcare workers who make efforts to exercise their duty of care to key populations, although this is not the case across the board. Likewise, care is available at all treatment sites across the country, although it is still not ideal for all populations.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • Lack of political will, particularly at the regional level. While the Ministry of Health and Wellness provides good guidance, this does not necessarily translate in adequate actions at the regional and local levels. • Not all civil society organizations have the capacity to fully engage, including in accountability efforts or participating in social contracting initiatives proposed by the government. More capacity building is needed. • Covid-19 and other natural or unforeseen circumstances have caused and could continue to cause some levels of disruptions in the HIV response. • Internal stigma faced by people living with HIV is high, with limited efforts being invested in addressing this.

THE STRUCTURES THAT RESPOND TO HIV

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • There are important levels and structures of accountability within government authorities and civil society organizations specifically related to coordination. However, there is a disconnect at the political and legislative levels, and between the HIV sector and other sectors that also have a responsibility in the HIV response, which jeopardize having stronger accountability mechanisms. • Regarding the two-way accountability efforts between government authorities and civil society organizations, particularly those of people living with HIV, there is a high dependence on advocacy rather than built-in mechanisms that can ensure a more fluent and collaborative
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	platform of accountability between different actors in the HIV response.
What concerns us?	<ul style="list-style-type: none"> • Structures are currently focused on Covid-19, creating a very visible imbalance vis-à-vis other priorities, some of which have always been there (HIV, NCDs, etc.). • The HIV response is not yielding the results that it should for the level of resources and efforts invested over the years. There is a critical need for innovation, and perhaps to restructure the national HIV programme. • There are many threats to the adequate functioning of the HIV response, including but not limited to the need for more strategic direction and advocacy, high levels of complacency among healthcare providers and working in silos. • A restructuring of UNAIDS would be a good step forward, as it has lost a significant amount of influence and should aim to strengthen its political influence and credibility.
What gives us hope?	<ul style="list-style-type: none"> • Structures exist, and this gives us hope. • Increasing participation of young people in the HIV response. • Increase in funding and access to funding for key populations. • UNAIDS is a critical driver in the global response, and it facilitates communications channels with political leaders that influence interventions at the Global Fund and CARICOM levels. •
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Community-led organizations are not clear on what the goals of the HIV response are. Organizations are sometimes more focused on identifying how their organizations can benefit, rather than looking at the bigger picture. • We must improve our current platforms and ability to ensure fluent communications within and between the community with policy makers. • HIV is perceived as a “health goal”, and not a development goal. More partnerships with non-traditional allies must be nurtured. • Multiple competing priorities, and limited capacity to prioritize. The HIV response is not prioritizing well.

CONTEXTUAL ENVIRONMENT

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • There was limited preparedness to face a dual epidemic (Covid-19 and HIV). • Covid-19 and HIV affect most vulnerable populations, who are often the same. Different layers of inequalities cut across these populations, which make them vulnerable to epidemics and natural disasters. Jamaica is prone to natural disasters. The HIV response must be accountable to the most vulnerable. • The HIV response has set some examples to quickly respond to a crisis, and there are existing structures in the HIV sector that make the response to an emergency more cohesive, coherent, and participatory.
<p>What concerns us?</p>	<ul style="list-style-type: none"> • The readiness and preparedness to face an emergency, and how programmes are setup and delivered to quickly respond to the needs of the most vulnerable.
<p>What gives us hope?</p>	<ul style="list-style-type: none"> • Civil society organizations representing communities of people living with or affected by HIV have become empowered and are sitting at the discussion table, although there is always more to do to keep strengthening the participation of communities. • There is a longstanding precedent that has been set by the HIV response, which can inform how countries respond to different emergencies. This precedent highlights the critical importance of data collection and analysis, community participation and political commitment. • There is good accountability and transparency for the money spend on HIV – we do not see much how the money for Covid and hurricane/ disaster mitigation are spent • There are lessons to be learned from Covid-19. For example, the level of media attention and political will that has been invested in Covid-19, which surpasses those invested in HIV and other epidemics. However, we must be realistic on how we analyze the context – Covid-19 has existed for a few months, while HIV for more than 30 years, reflecting some degree of exhaustion in different areas.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • A lot of work is done in silos. We have worked more in our HIV sector, and while there are spaces to foster a more fluent exchange and coordination with other sectors, these are not enough. • There is some level of complacency in the HIV response – HIV is not as relevant as it used to be, and this calls for us to change our messaging. • Young people hold the key to revitalize the HIV response and the way programmes are reaching them, by supporting their participation in

	decision-making spaces and throughout the design, implementation and monitoring of efforts focusing on their health and wellbeing.
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EMERGING PATTERNS:

- Poor accountability ultimately affects the life, health and wellbeing of people living with or affected by HIV. They carry the burden of the HIV epidemic, and the risks and vulnerabilities associated with a crisis. The HIV response must strengthen local, national and regional mechanisms of accountability, whether led by government authorities, civil society or donors, to ensure that the people are aware, make good use of, and participate in the response's accountability efforts.
- There are existing structures that can pave the way for better accountability mechanisms, including but not limited to coordination spaces, monitoring and evaluation platforms, legal and policy frameworks, and diverse streams of funding. However, these efforts are not yielding the expected results, and tend to work in a silo, thus making it vital for the HIV response to expand its strategic partnerships and coordination with other government sectors and stakeholders.
- While UNAIDS, the national HIV programme and other key actors in the response have provided substantial contributions to the strengthening of national accountability mechanisms, the current context and the evolution of the HIV epidemic call on these structures and players to engage in restructuring processes that ensure they are fit for purpose.
- More support is needed for civil society and communities of people living with or affected by HIV, to become more knowledgeable and able to participate in accountability efforts. Accountability mechanisms must be built-in the response and not depend on being driven by donor funding or advocacy initiatives.
- The HIV response needs strategic vision, a shared understanding on its main priorities and goals, especially in the context of emerging trends and crisis situations in which it must be flexible enough to adapt and ensure that people are accessing services.

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?	
CONTINUE	<p><i>What is working that we must continue to do?</i></p> <ul style="list-style-type: none"> • UNAIDS political leadership in securing high level political commitment, for example as seen in the 2016 High Level meeting on HIV/AIDS. • UNAIDS is a model for UN reform. System of cosponsors where everyone works together, is good. This could be strengthened to address weaknesses. UNAIDS is also a model of collaboration with external partners. • UNAIDS leadership in the global effort to end AIDS as a public health threat is important, and it must continue to provide strategic guidance, advocacy, coordination, and technical support. • UNAIDS must continue to support the meaningful inclusion of people living with HIV, key populations, and civil society organizations in the HIV response. UNAIDS takes responsibility for the PLHIV community - technical assistance, capacity building, handholding, etc. This happens at the local level as well. • The data that UNAIDS provide that enable us to do evidence-based programming. The monitoring role played by UNAIDS such as with the Global AIDS Monitoring is critical for accountability. • Support to the response's multisectoral approach must continue. • Development of Position and Policy documents • Leadership on Targets and Strategies
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ul style="list-style-type: none"> • Siloed approach which seemingly does not recognize the critical need to integrate HIV with sexual and reproductive health and other services. UNAIDS has adopted a vertical approach. Integrated approach would make the response stronger. Integration is not limited to sexual and reproductive health. Non-communicable diseases are important, for example. This can impact on agility, resource mobilization, innovativeness, and responsiveness, among other issues. • The UNAIDS administrative structure is not transparent; internal mechanism needs to improve so they need to stop doing business the way they have been to become more efficient. Diversity in the workforce is needed and a quota system that ensures that a certain number of persons from across the world are hired by UNAIDS. This would facilitate a broader representation of persons with diverse experiences in the entity.

<p>START</p>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> • Some of the things done at the global level need to happen at the local level. The convening done globally needs to happen locally. • More disaggregation and analysis for different countries, more data granularity that clearly reflects people’s risks and vulnerabilities, and the pending gaps in the HIV response. • More needs to be done on social protection, and “low hanging fruits” such as the elimination of mother to child transmission. • More conversations on the role of the cosponsors and what aspects of the response they are supposed to lead. Clarity needed around the roles to enable civil society organizations and communities to hold them accountable. • Promote a greater integration of HIV with sexual and reproductive health, non-communicable diseases, and unforeseen dual epidemics and other crises (for example, covid-19). • Consideration should be given for sustainable funding to counter unforeseen challenges, such as the United States pulling out of WHO, and how it could impact UNAIDS and the Joint Teams efforts.
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> • There needs to be a revision and revitalization of the engagement of cosponsors in the HIV response, and the UNAIDS Secretariat must strengthen its convening and coordination role in the Joint Programme. • Continued support to communities of people living with or affected by HIV, promoting their participation in the HIV response, and supporting the mobilization of further political, technical, and financial resources for communities and civil society organizations, especially emerging ones that might inevitably be small and weak. • More strategic partnerships with non-traditional allies and a wider range of stakeholders. • Data must include people’s vulnerabilities and focus on those who are extremely vulnerable. However, data on how HIV affects the development indicators is needed. • Re-position UNAIDS leadership in the HIV response. It seems that the response is led by funding agencies when the opposite should happen.

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@unaids.org

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