

# UNAIDS STRATEGY DEVELOPMENT

## UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: India

Organizer: UCO-India

Date: 12<sup>th</sup> 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](mailto:strategyteam@unids.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: UNAIDS Country Office, India

Date of discussion: Wednesday, 12<sup>th</sup> August 2020

Theme to be discussed: UNAIDS Strategy 2016-2021 and recommendations for the future strategy

Participants (types of organizations participating):

25 participants including representatives of key populations (MSM, TG, SWs, and PWIDs), PLHIV, AIDS activists, NGOs, public health and development experts and academia. The session was facilitated by Dr Prasada Rao (former Health Secretary, Regional Director-UNAIDS/AP and Special Envoy AP for the UNSG).

Country, regional or global focus: This included the Global, and regional perspectives and India's specifics.

#### **Introducing the theme**

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

- Summary on current strategy.
- Presented the trends in Asia Pacific and globally to highlight the progress under the key areas of prevention, treatment, enabling environment and sustainability.
- Data presented showed that the world is lagging re the 2020 targets.
- Need for new strategies to end AIDS by 2030.
- Committed leadership of UNAIDS to a gender sensitive strategy to meet the new targets.

## 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>• Impact of COVID 19 on high risk groups has not been addressed. Integrated COVID 19 re HIV response needs to be more visible.</li> <li>• We miss KP issues when we do not bring in KPs specifically in general consultations and give them space for dedicated discussions</li> <li>• Prevention focus to increase and include cross sectional vulnerabilities of HIV – harm reduction in TG and MSM.</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>• HIV estimates often do not generate complete trust; demystifying estimation process is almost never done systematically.</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>• UNAIDS' investment in community engagement in the last twenty years was fruitful but needs further strengthening and can be used to mobilize towards the Universal Health Coverage agenda.</li> <li>• UNAIDS performs a pivotal role in convening community groups and that is extremely important. UNAIDS is very well placed in facilitating advocacy efforts of community groups. That is a niche area of UNAIDS and should be deepened.</li> </ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>• Critical and Meaningful Engagement of the Community at all levels</li> <li>• Community needs to engage online with other stakeholders, address grievances, highlights, etc. accountability on funds disbursement.</li> </ul>

<b>THE STRUCTURES THAT RESPOND TO HIV</b>	
How do we see the current situation?	<ul style="list-style-type: none"> <li>• UNAIDS has almost unwittingly dropped the ball on political-will around the world with respect to working with HIV.</li> <li>• UNAIDS is centralized in country capitals – far from on-ground functionaries of the health system.</li> <li>• We are missing the genuine leadership and engagement which we have known during the height of the epidemic response.</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>• Political advocacy has suffered over the years with political commitment being at its lowest worldwide.</li> <li>• UNAIDS needs a stronger presence closer to the people and be driving programs.</li> <li>• Even though countries have the professional skills – preventive and therapeutic - to manage the epidemic political will seems missing. Can we set this up as an achievable goal for 2030?</li> </ul>

	<ul style="list-style-type: none"> <li>• Slow in deploying adequate resources and repositioning the HIV by Global agencies – repositioning interaction of HIV in public space.</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>• The Advocacy agenda is key for UNAIDS, especially to bring the inconvenient truth to the table if that helps the response.</li> <li>• Integrating this issue with SDG3. The WHO is leading on primary healthcare (PHC) and UHC. PHC is a key area to bring in integration of HIV and community engagement and its linkage with UHC to address linkages with NCDs, TB and other infectious diseases STIs Hep C and B. PHC brings in the greatest potential for community engagement and will allow an effective integration of HIV issues with strong linkages with UHC considering the 2030 goals.</li> </ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>• Capacities of UNAIDS – both in terms of size of UCOs vs HQ and skills of staff.</li> </ul>

<b>CONTEXTUAL ENVIRONMENT</b>	
How do we see the current situation?	<ul style="list-style-type: none"> <li>• Need sensitization of law enforcements on issues of drug users</li> <li>• No Monitoring of services and commitments by community</li> <li>• Implementation of harm reduction needs to be scaled</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>• HIV exceptionality resulted in vertical programs, and the negative impact of this on related diseases as is evident in Covid19 pandemic</li> <li>• No data Hub with relevant and accurate data HIV/TB/HCV/HepB</li> <li>• Monitoring system for funds allocated, fairly and define percentages so that the PLHIV get substantial funds for their programs</li> <li>• Prevention needs to be focussed and redefined expand the envelope of prevention, and mental health.</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>• UNAIDS new strategy will include a COVID19 Strategy</li> <li>• Create platform to share with issues with parliamentarians</li> </ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>• UNAIDS used to be an activist organization as it stood up for issues and confronted of heads of states and its normative standing has weakened considerably.</li> <li>• UNAIDS' advocacy component is its raison d'être and it must continue to advocate for community voices but it's advocacy is primary.</li> </ul>

#### **EMERGING PATTERNS:**

- UNAIDS strategy should be beyond UNAIDS secretariat to cosponsors to empower human resources funding better articulation of advocacy for the population in need
- Role of UNAIDS needs to improve and increase for the policy reforms where UNAIDS finds it space to create important policy reforms particularly HIV response.

### 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>• UNAIDS continues to act as a go to between actors to share information and sustain transparent relationships between Government, grass root organizations, and community response.</li> <li>• UNAIDS needs to recalibrate its relationship with the UN system and co-sponsors considering UN reforms while strengthening its bargaining power with institutions such as the Global Fund and philanthropic foundations</li> <li>• UNAIDS should sustain its normative role to influence policy design and roll-out, especially considering a fluid political situation worldwide and rapidly shifting societal conventions.</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>• Messaging regarding new infections is limited we do need to change our way of messaging this globally not just UNAIDS/India</li> <li>• Re women, we do not talk about much beyond violence and do not focus beyond SRH issues, more need to be done and measured.</li> <li>• We miss KP issues when we do not bring in KPs specifically in general consultations and give them space for dedicated discussions</li> <li>• Gender base violence not given enough emphasis</li> </ul>
<b>START</b>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> <li>• UNAIDS needs to work with donors and governments to prioritize a 10% of funding allocated specifically for community systems strengthening to go beyond tokenism and achieve in true sense a community involvement and ownership of HIV programs including supporting CBOs and KP-led organizations in planning, implementation and evaluation of HIV prevention, care and treatment programs in the country.</li> <li>• Domestic funding has increased, and community leadership and ownership have increased but need to be consolidated.</li> <li>• UNAIDS new strategy to include a strong Universal Health Coverage (UHC) goals especially for the PLHIV, KPs, the most vulnerable in societies and their families and a COVID19 response strategy.</li> <li>• Ensure important and need-based services for KPs and keep emphasis on prevention and treatment jointly and work with donors (PEPFAR; EU; BMGF; GFATM) and host countries to reprioritize resources and effort in HIV prevention and in particular scale up coverage and quality of HIV continuum of care for KPs (SW, MSM, TG, prisoners and PWID) and population most at risk (adolescents, migrants, spouses and regular partners) this will result in a reduction of the new HIV infections around the world.</li> </ul>

What is the one key recommendation you want to reiterate for strong consideration?

UNAIDS needs to re-focus on political advocacy which is its primary mandate, and a key comparative advantage. The rest of its priorities, including creating genuine and impactful community engagement will follow as a result.

*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)

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