UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Kenya and United States

Organizer: *Academic Consortium of the UNAIDS/PEPFAR Faith Initiative (St. Paul's University and Emory University)*

Date: 17 August 2020

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@unaids.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: *Academic Consortium of the UNAIDS/PEPFAR Faith Initiative (St. Paul's University and Emory University)*

Date of discussion: 10 and 11 August 2020

Theme to be discussed: Maximizing the Contributions of Faith Partners: Where We've Been and Where We Can Do Better

Participants (types of organizations participating):

- African Network of Adolescents and Young Persons Development
- AIDS Two Futures
- Anglican Alliance
- Balm in Gilead
- Eastern Deanery AIDS Relief Program
- Ending the HIV Epidemic in Atlanta
- Independent Consultant with significant experience in strategic planning and the global faith response to HIV
- Independent Consultant with significant, long-standing experience in faith-based HIV initiatives with global partners
- INRELA+-Kenya
- Joint Learning Initiative on Faith and Local Communities
- Leeds University
- Mother Patern College of Health Sciences, Liberia
- Reaching All HIV+ Muslims in America (RAHMA)

Country, regional or global focus:

- Global
- Sub-Saharan Africa
- Kenya
- Liberia
- Nigeria
- United States

Introducing the theme

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

The theme for the faith sector focus groups, *Maximizing the Contributions of Faith Partners* in light, was framed in light of three focuses:

- the substantial contributions of faith partners in support of 90/90/90 targets;
- the social capital of religious leaders and faith communities to advocate for comprehensive HIV programs for all, focusing on the specific needs of four groups outlined in *The Gap Report* (people living with HIV, adolescent girls and young women, key populations communities, and children and pregnant women); and
- the key recommendations for strengthening the contributions of faith-based organizations laid out in the 2015 special issue of *The Lancet:* conduct further research into the precise nature and implications of faith roles in HIV care; build on the lessons learned from the 2014-2016 Ebola outbreak; understand the influence of religion on cultural, social, and political norms; strengthen multisectoral partnerships.

Following this framing, focus group participants were part of a facilitated discussion on the theme before moving on to the breakout groups and plenary discussions.

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	
How do we see the current situation?	• Marginalized populations continue to suffer a higher burden • Intersectionality of inequalities, e.g. contextualizing racism, homophobia racial injustice, xenophobia, etc. • Impact of COVID-19 on health care system, supply chains, access to care, service delivery, MCT, etc. • There's a need to share and highlight different (non-western) local and region contextual approaches and practices into global strategic frameworks
What concerns us?	• Faith communities have been the source of stigma and trauma for marginalized communities. Need to have open and affirming conversations about what marginalized communities need from the faith community • Barriers to access due to COVID-19 and misinformation and lack of trust in health systems • Lack of religious literacy in the secular community
What gives us hope?	• Bridging the gap between public health and faith leaders through initiatives at the local, national and global levels • Advocacy for marginalized communities • Draw on experiences and learn from previous Faith Action advisory Groups, what worked in engagement, what could be improved, how is there a two way flow of guidance from public health and faith
What constrains our ability to achieve our goals?	• Political will, access to resources, some faith communities create and reinforce marginalization • Burnout and discouragement of those working in this sector • Secular bias, need to understand faith as part of socio-cultural DNA, how religion and faith have shaped societies and nations

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	• Impact of COVID-19 on service delivery, access, and its implication on HIV health outcomes. Resources for HIV currently being diverted toward COVID-19 • Much needed conversations around stigmatization are still needed in faith groups • While some faith-based organizations (FBOs) play a pivotal role in providing HIV services, not enough FBOs are bridging the gap between public health and faith communities

What concerns us?	• Impact of COVID-19 on HIV: disruption of global supply chain and evidence of increased violence against women and children during the pandemic. • U.S. political, religious and structural factors. The prevalence rate of HIV and high number of covid-19 cases in the U.S. (despite being a high income country) points to a structural and political issue and is emblematic of a system that fails to put in place structures to support more marginalized populations at risk of disease. • The structures that are currently responding to HIV are not faith-based organizations; also, a lot of interfaith initiatives are heavily Christian led. • A lot of organizations, councils, or people that are making these decisions are not a part of the faith communities at all and therefore sometimes produce biased solutions, suggestions or advice that does not respond to the tenants of the faith they are trying to "help". • There is still a lot of incorrect information being shared within faith communities on HIV transmission. There is also denial and self-stigmatization, especially among the young.
What gives us hope?	• Learning from epidemics such as HIV and Ebola, and partnerships to engage faith based organizations in those responses have informed the current response to Covid-19 and have the potential to be re-engaged to re-vitalize the HIV response as Covid-19 comes under control. These structures and partnerships can be replicated elsewhere to good effect. • One of the recent vaccine trials agreed to include PLHIV in the vaccine trial as a result of advocacy. Advocacy for issues faced by PLHIV is still happening despite the current pandemic • Faith communities working together to address HIV stigma and to support those who are living with HIV or are at risk.
What constrains our ability to achieve our goals?	• The change of political landscape between 2010/15 and today, which has seen a shift from the political liberal center ground of many western political powers to the right: an increasing influence of nationalism, populism and in some countries a partnership with a conservative religious agenda. This has increased the power and influence of political and religious groups that undermine the core elements of human rights, gender equality and respect for good science, which underpin effective HIV (and other disease) responses. • This dynamic also strengthens the resolve of secularist states struggling to maintain a political liberal center ground, which includes to respect science, human rights and gender equity in politics and disease responses. And this can further lead them to exclude any religious voices or partners from their political negotiations processes. This dynamic, stands to reverse gains made over the last 20 years. • People who have been champions for the global response to HIV, have lost some of their credibility in the context of the Covid-19 pandemic (in the US specifically) some senior figures have been compromised by the current administration. What impact will this have on PEPFAR and the global AIDS response in the future is unknown. • More broadly science has lost credibility in the context of political wrangling around Covid-19. Cf: the number of countries where politicians have politicized scientific evidence to suit their own political

	ends, and undermined the neutrality and power of scientific evidence in health. • Cooperation, money, lack of research, different theological views, and lack of involvement by those directly affected.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	• Despite various leverages, faith communities still struggle to engage young people • Incapacity of faith to remain consistent/faithful to its commitments to HIV • How do you keep faith-engaged in HIV keeping in mind that HIV not a stand-alone issue and fit into boarder societal issues? • A need to contextualize strategies to the socio-cultural and religious realities of the locality
What concerns us?	• Meaningful engagement of local groups and people – they are those who better understand the environment • Manipulation of human rights by faith groups/UN/governments undermines real interest and needs of individuals (young people, or any other group) • The “unchurched” both within the HIV response and in the general public have no understanding or appreciation of the role of faith in public health. There also seems to be a fatigue not only with HIV, but faith and health
What gives us hope?	• Structures in place that allow people of faith and faith groups to raise concerns, recommendations and their perspectives • In general faith communities, in many parts of the world, are still able to influence the public.
What constrains our ability to achieve our goals?	• Creating systems where communities of faith can access funds, both multi-lateral, and national ministry of health and government funding • Getting young people who are interested in social justice and human rights involved in faith communities

EMERGING PATTERNS:

The table above aggregates a number of responses from participants across the focus groups and therefore represents the patterns that emerged in regard to key themes and messages.

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	*What is working that we must continue to do?* • Strengthen partnerships/communication/exchange among different faiths; and build bridges of collaboration among faith and non-faith actors (with governments, CS, all stakeholders in the HIV response) • People living with HIV leading responses to end HIV/AIDS
STOP	*What must we stop doing, that if we don't stop will ensure failure?* • Focusing on a limited number of faith traditions and partners to design and implement global strategies. Need to find a way to be more inclusive various voices • Stop campaigns that only call for a single approach. They do not work, the most effective HIV prevention, treatment and care approaches are when combination approaches are promoted • Faith communities need to be honest about their failure to advocate for key populations due to religious sensitivities, and de-stigmatize sexual and reproductive health and rights • Stop designing unrealistic goals that rely heavily on government leadership, instead focus on the local and community leaders
START	*What are we not doing that we have to start doing?* • More flexibility by faith community to response. Highlight regional and local innovations and best practices that faith communities can incorporate and adapt to their context • UNAIDS should have more inclusive engagement and outreaches, and diversify the voices that are heard. UNAIDS country officers should receive training on the intersectionality of faith and health. • Monitor and evaluate faith-based interventions and responses • Building bridges between the faith and secular communities. There is a need for dialogue within public health about naming and understanding secular bias and expanding religious literacy in the community. • Integrated services and funding for PLHIV, especially marginalized communities
What is the one key recommendation you want to reiterate for strong consideration?	• In the countries where UNAIDS is coordinating things like fast track and the global prevention coalition, UNAIDS must facilitate ongoing dialog between faith communities, (programs and churches), government and health sectors. • Make goals more achievable for countries and amplify an array of voices and opinions • Faiths, not centered heavily around just one (Christianity) and focus on other regions outside of Africa.

	• Establish and track quantitative targets and evaluate the effectiveness of faith-based interventions and responses.

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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