

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Zoom call with young women from 10 EAS Countries where the #WhatGirlsWant Focal Point persons come from .They are;

Kenya, Uganda, Tanzania, Zimbabwe, Zambia, Lesotho, Botswana, South Africa, Malawi, Namibia

Organizer: ATHENA

Date: 14TH 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@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: ATHENA

Date of discussion: 14TH August 2020

Theme to be discussed: HIV prevention for AGYW who are most left behind , most criminalized and most discriminated

Participants (types of organizations participating):

- Young women Living with HIV
- Young Women affected by HIV
- Young women leading HIV response interventions

Country, regional or global focus:

Eastern and Southern Africa

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 purpose of the dialogue is to;

- **Allow a safe space for dialogue and surfacing of different positions and perspectives on how to deliver an effective HIV response for AGYW in ESA**
- **Understand the changing external political, financial and health and development context and its impact on how the response to HIV continues.**
- **Understand the underlying root causes that prevent achieving goals specific to HIV and broadly in health and development.**
- **Explore lessons learnt, successful and unsuccessful strategies from and beyond the HIV response.**
- **Build a shared understanding of what the approach could be for the next 5 years with insights on what to stop, start and continue.**

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?	<ul style="list-style-type: none">• We are still behind and we don't reach the young people in need because we are failing to meet the real population in need. The AGYW living with HIV in areas considered hard to reach and rural areas are usually left behind and are always not given enough information around prevention and treatment or adequate services to maintain a healthy living.• There is lack of information and or poor information packaging on HIV and vital commodities i.e. ART, condoms, contraceptives and lack of youth friendly services as there seem to be high levels of discrimination and stigmatization in the current healthcare facilities making the AGYW shy away from seeking health services and related HIV and SRHR services.• Most times those who are in need do not know that they are in need. They sometimes fail to identify themselves in the situation that is, the victims to Gender Based Violence. Young women are not assertive enough to mention their problems to get help and Gender Based Violence seem to be escalating and elevating injustices towards the AGYW• Lack of accessible and affordable healthcare services- drug stock outs, expenses to get medicines for comorbidities and this has been highly contributed by the shift in focus from health and social interventions with the new emerging Covid19 pandemic and the AGYW living with HIV have been left behind in accessing HIV management services.• Cultural and religious barriers and ideologies that seem to define rights and responsibilities which also influences control over resources while reinforcing male power dominance and maximizing the idea of women's inferiority.
What concerns us?	<ul style="list-style-type: none">• Gender Based Violence is elevating and escalates the problem with Adolescent Girls and Young Women continually being treated unequally with less value placed on their lives because of their gender exposing them to more risks of HIV infections

	<ul style="list-style-type: none"> • Young women living with HIV are constantly getting pregnant and failing to adhere to their ARV medicines and this is highly linked to lack of professional communication skills to enable the AGYW to openly share key aspects of their identity and HIV status disclosure. There is a need to enforce professional standards among the healthcare providers that require anti-discriminatory and non-stigmatization practice. • The policies around HIV must enshrine non-discrimination for key population with respect to access to public services including HIV testing, management and treatment. • There is a huge gap in person centered approaches and the available services are not owned or offered by the population involved for example AGYW living with HIV leading in HIV response this is mainly because the capacities of young women are not built enough to deliver services to their communities • Research leaves the young women behind- Young Women are constantly being left behind in trials and researches aiming at HIV responses and their voices are not being heard or accounted for making their concerns not valued and prioritized especially with very few donors that fund programs that engage the AGYW living with HIV. • The ongoing training for health service providers mainly stays in the room and does not widely engage in practical outdoor approaches .The current approaches are not effective enough and they do not work to uphold the actual needs of the AGYW living with HIV and the commodities are not favorable to them.
What gives us hope?	<ul style="list-style-type: none"> • Early detection and treatment of health conditions including HIV and Aids with ensured competency to treat and manage diseases as well as the availability of care when needed by the AGYW for example, for the age and population that requires follow-ups in regards to treatment to ensure adherence. • We have the powerful and vibrant young people engaged in leadership and advocacy of the AGYW SRHR needs indicating that somehow the landscape is changing and the voices of AGYW are being considered important and a priority .AGYW are being placed at the forefront to advocate for what concerns them example being AGYW being involved to air their voices to influence the next UNAIDS strategy. • New innovations keep arising with things like new improved drugs coming out to support treatment of AGYW living with HIV, HIV prevention medicines example PrEP

	<ul style="list-style-type: none"> • Donors are looking to work with the communities affected and appreciating the leadership of the AGYW within the key population community with projects and interventions around HIV response beginning to be localized with more focus being to enable community based partnerships at the grass root level. • There has been a steady increase in the representation of marginalized populations at policy making seats which shows the importance of their voices with many young women and girls being included in programing and implementation of different SRHR advocacies and HIV responses
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • People are shying away from innovations, funding for grassroots organizations because of the bureaucracies and funders dictating where they want their money to be and how it should be spent. • Intimidation from security bodies, political environments, religious and cultural affiliations, capacities to encourage autonomy are still limited; bureaucracies to attain funds and consent as well as religious settings which mostly hinder the ability of young women advocates on reaching out fully with adequate information on HIV prevention and generally SRHR. • Governments sometimes fail to set their priorities right consequently what must be done urgently is often not done including ensuring adequate resourcing of healthcare sectors leading to lack of correct and productive mentorship programs within the communities for the AGYW. • There are high levels of corruption which leads to the employment of health workers who are not fully qualified or passionate about their jobs and with negative attitudes towards the key population thus perpetrating discrimination instead of focusing on service delivery. • SRHR information is mostly packaged in a language that is difficult for the AGYW to interpret and internalize .The advocacy mostly is not considerate of AGYW living with disabilities more so the deaf and visually impaired as they are mostly left out in the dissemination of SRHR information.

THE STRUCTURES THAT RESPOND TO HIV

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> • There is a lot of stigma and there is still ignorance that makes people living with HIV find it hard to accept themselves. • Focus has shifted from HIV to COVID-19 that even mobile facilities are attending to COVID cases instead of other young people issues. • The safety measures brought by COVID-19 forced people living with HIV to disclose their HIV status to officers to access hospitals. • The retention of young people especially young women has gone down significantly which will affect adherence. • Young women and women-led organizations are not being funded with funders citing lack of previous funding history and experience in managing funding. How can they have the experience if not resourced or even offered technical support.
<p>What concerns us?</p>	<ul style="list-style-type: none"> • Funding opportunities for youth led organizations are not as easy to come by. Preference is given to Organizations that have been there for a long time compared to younger organizations led by young women. • Young women are not engaged in the policy and decision making tables as effectively as they should. • Lack of a well-run healthcare system that meets priority health needs and availability and accessibility of medicines and the technology to diagnose diseases • Only Young Women living with HIV being given spaces to lead leaving behind young women who are not living with HIV yet running HIV response interventions. • Lack of actions to address social determinants of access to healthcare, SRHR and HIV services such as Education ,living conditions on the AGYW living with HIV and household livelihood • Leaving boys and men behind in the fight against new HIV infections delays further the goal of reaching zero new HIV infections by 2030.

<p>What gives us hope?</p>	<ul style="list-style-type: none"> • There are organizations that give Young living with HIV hope by providing leadership spaces and healthy working environments and the existence of support groups that allows follow ups and ensures adherence which makes them come out openly as young women living with HIV. • We are improving but we still need to do a lot to sustain quality healthcare services and ensuring access to medicines and screening of diseases including cervical cancer and other STIs • The new medication is better compared to the ARVs given in the past to support viral suppression and adherence as it is one tablet which is taken once a day as well as the availability and accessibility of HIV Self-test kits to test at home and at a person's convenience has continued to ensure more people are put on treatment. • Readily available information on SRHR and HIV prevention and management has seen stigma and discrimination declining meaning more people in the society are supporting safer spaces. • Organizations like UNAIDS and the existence of other NAC organizations which have supported education, care and treatment in the country and implementation even at hard to reach areas.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • Misinformation of the message on living with HIV making the general population imagine that HIV advocates are urging everyone to strive towards living with HIV. • Funding opportunities not present for young women -led organizations that support core funding instead of activity based funding. Organizations that have access to funding should stop working in silos as it's not helping instead work in collaborations with one another towards achieving an AIDS free world. • Inclusion of young women living with HIV in decision making spaces is not entirely appreciated as AGYW living with HIV are at times represented and being made decisions for by other people who are not HIV positive working in the same spaces. • Getting information to people on living with HIV is a challenge as people are still ignorant as families disown their own. Some religious institutions terming HIV as a curse with sex education still being considered a taboo in most communities in Africa and the AGYW are not taking it up as it should be for fear of being judged by family members and friends.

- Gender inequalities and the norms and culture especially in Africa are the most contributing factors to the high numbers of new HIV cases among young women and adolescent girls as they place AGYW at a vulnerable state and continue to identify them as inferior beings with no rights. The Laws that are meant to protect the AGYW only heighten toxic masculinity denying AGYW a rightful opportunity to become economically empowered and financially independent.
- Funders need to integrate funding of all social, health and HIV interventions instead of living behind organizations traditionally implementing HIV interventions to only apply for HIV funding streams and be on the know that the needs of AGYW living with HIV are more than just HIV care and treatment. Organizations should start looking beyond the just medication as the AGYW have other needs as well which do not stop being priorities because they are living with HIV.

CONTEXTUAL ENVIRONMENT

How do we see the current situation?

- There is still a lot of stigma surrounding AGYW living with HIV largely perpetuated by medical personnel and hospitals. For instance some hospitals have dedicated white rooms ONLY for those living with HIV i.e. there is no sense of discretion in hospitals/clinics. As a result AGYW living with HIV have fear and anxiety walking into this room as everyone in the clinic has a general idea about their status and thereafter treats them differently. Also Long queues at hospitals lead to default or some AGYW choosing not to access the services because they are kept waiting for too long. For example, if one goes to the clinic at 8.30 am, they receive healthcare at 4pm.
- Negative stereotypes are reinforced where women living with HIV are perceived as weak and a minority in households. Some husbands also believe they are doing women living with HIV a favor by marrying them and behave in a patriarchal manner, with some cases resulting in GBV and Abuse.
- Young girls are married off with the belief that they do not matter because of their status. Their family would rather get the tiniest amount as bride price because they feel their HIV positive daughter not worth more and this has seen the AGYW having fear of disclosing their status, especially to their romantic partners and family
- Religious leaders are at the core of promoting religious beliefs which argue against receiving HIV treatment but rather promote faith that God will heal the AGYW. They also believe the virus is a demon (Uganda). This has proved that there is still a lack of awareness in rural communities concerning HIV which increases stigma.
- Covid19 is intensifying AGYW concerns and bringing to light already existing inequalities including Gender Based Violence, high rates of teen pregnancies due to lack of contraception services including declining supply of condoms, unemployment, lack of education on safe sex .It is very scary as the world is on shutdown. Things are getting worse especially when it comes to ARVS accessibility. There is a shortage and most AGYW are no longer on treatment. Aspiration and commitment on reducing HIV among AGYW seems to be miles away

	<p>since at the moment, there is a lack of ARVS, SRHR commodities which seems to be increasing HIV cases.</p>
What concerns us?	<ul style="list-style-type: none"> • Due to the current situation, for instance stigma and healthcare provider attitude, we foresee a high increase of infections because people are afraid to disclose their status and this will lead to a high rate of new infections amongst children as AGYW who fall pregnant still choose not to disclose their status to their partner as well as women who choose not to access antenatal services because of the mandatory HIV testing put their child at risk of contracting the virus. • Stigma leads to AGYW living with HIV to be in denial about their status and then acting as if they do not have the virus as they indulge in reckless sexual behavior further spreading the HIV virus. This further constrains the effort of achieving Zero new HIV infections. • If health workers and family units continue to perpetuate stigma, many AGYW will be demotivated when it comes to accessing health services, thereby deteriorating their health. • Accessibility of ARVS which is currently a major problem since there are stock-outs of ARV which results in refilling problems putting one person to picking ARVs for everyone within a constituency and not being able to get their refill rights and pushing the enhancement of forced enclosure and defaulting • Schools closed and AGYW are at risk of engaging in risky behaviors that put them at even more risk of new HIV infections due to lack of SRHR information at the grassroots level because of the ongoing COVID-19 pandemic and this is worrying since COVID19 has resurfaced the existing social inequalities towards the AGYW including injustices as rape, killings in the socialities
What gives us hope?	<ul style="list-style-type: none"> • More AGYW living with HIV are bringing their voice to the forefront, demanding spaces. Demanding answers and holding those in key positions accountable. • We have allies, different organizations standing for young women who want to make our voices heard with more Young women standing up and encouraging other women to be part of meaningful involvement and also willingness for other girls to stand for their sisters and paving the future. • Number of policies, laws, guidelines and interventions arising for HIV infected people enabling people to begin to understand about the HIV with Projects, support groups and Peer to peer groups led creating a strong sisterhood with other AGYW, we are able to share our thoughts, ideas and encouragement that gives us hope to go on. and encourages young women to be confident to be part of program designs for them.

	<ul style="list-style-type: none"> • Male engagement on issues such as family planning, HIV testing is also giving us hope by ensuring the society's comprehension of HIV has increased with criminalization of HIV infected people has declined as well as seeing death as a must for them.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Diversion of SRHR and HIV prevention/treatment funds to other goals and Policy-makers or those in positions of power misusing SRH and HIV treatment/prevention funds. . • Religious and cultural leaders masking SRH and HIV health services as unnecessary and family units who control the decisions of AGYW on accessing SRH or HIV Prevention/treatment services. • Lack of Funding of the grassroots organizations and are mostly very difficult to apply for and access if they are available and in cases where funding is available , then it becomes hard sustaining the donor funding due to too many expectations from the donor. • The community that we target. Some communities don't allow the interventions as the cultures and norms are contradicting with the interventions. For example, LGBTIQ and the AGYW living with HIV hightening discrimination. • A lot of barriers are that AGYW living with HIV in the rural areas and AGYW living with disabilities continue to suffer as there is mostly a language barrier since most of them are not educated and cannot communicate in English

EMERGING PATTERNS:

- There is a need for a safe confidential environment, cultural sensitivity training and public health strategies to reduce HIV stigma and improve and increase access to public services including affordable HIV treatment, care and management services.
- Policies must enshrine non- discriminatory and forced disclosure towards AGYW living with HIV.
- There is need to increase access to youth friendly healthcare and SRHR services in all regions including the hard to reach to increase awareness of HIV and SRHR for AGYW both in and out of school in HIV response .This will help increase voluntary uptake of HIV counseling especially among the AGYW
- Ensures organizations work towards achieving gender equality and towards upholding Human and AGYW Rights by clearly highlighting what is not working well and advocating to reprogram and scale up programs and services that are effective to the AGYW
- Strengthen strategic partnerships between communities, funders and those implementing HIV response intervention while enabling AGYW in their diversities

including the AGYW living with disabilities and those living with HIV to remain meaningfully engaged and assess their own in leadership spaces.

- Integrate funding streams to include social, health and HIV interventions not living behind organizations traditionally implementing HIV reposes behind and limited to HIV funding streams only.
- It's critical to avail funding for the Young Women Led Organizations leading SRHR and HIV interventions instead of constantly citing lack of experience to manage donor funds. The least they should get is Technical support if not resources

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	<ul style="list-style-type: none"> • <i>What is working that we must continue to do?</i> • Make essential medicines available and subsidized for quicker access as well as availability of ART and the new structures i.e. the ED is really involving the AGYW. • Ensure meaningful young women participation and resource Young women Organizations leading HIV interventions by Bringing more young women in leadership spaces and allow their voices to inform new strategies and policies being revised and ensuring their voices are accounted for as well in the quest to achieve women and girls rights recognition.. • Following young people in places they are usually found, for example, social media advocacy for dissemination of SRHR and HIV information and ensuring provision of free condoms including female condoms and availability of youth friendly health facilities. • Ensuring girls are staying and school with the partnership for education for girls through the Education Plus Initiative in Africa • Continuation of adolescent girls and young women programs and interventions in HIV response including engaging key community gatekeepers and the grassroot communities to help dismantle patriarchy. • Continue availing HIV self-care like self-test kits and start focusing on how to engage the AGYW living with disabilities such as being deaf, Visually impaired more in spaces to help curb new HIV infections among the AGYW living with disabilities.
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"> • Inviting young women living with HIV in tables to share their stories when looking for funding and ignore them when the funds are now available. Stop using AGYW voices and ideas to access funds and not pay them or deliver the funds to the grassroots implementing organizations. It's not proper also Misusing and publishing stories of AGYW living with HIV without their consent. • Sabotaging young women's recommendations by placing focus on adult recommendations to determine the programing of AGYW programs. UNAIDS should just stop consulting other people for the problems that concern AGYW

	<ul style="list-style-type: none"> • Approaching young women as just end service receivers and start collaborating with them as partners and professionals. It's unfair making AGYW volunteer for work that should be paid for. AGYW should be compensated for the work that they do and contribute towards. • Engagement of AGYW in the middle of programs implementation. Engage them at every stage from mapping, formulation and implementation, monitoring and evaluation. • Focusing on the AGYW living in urban areas and on the AGYW who speak English and are well educated and fluent since the AGYW needs vary and goes beyond English as a language. UNAIDS should fund organizations running programs in rural areas to enable balance of service delivery across all regions and constituencies. Stop leaving out AGYW in hard to reach regions. • Should stop having funds predetermined on how they should be used but rather be more flexible to allow for people on the ground to use funds according to the priority needs of the AGYW as well as ignoring funding for young women led organizations
START	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> • UNAIDS should start taking seriously the course towards dismantling gender inequalities that affect and increase HIV cases among the AGYW. It's critical to focus on dismantling patriarchy and racial inequalities within the leadership spaces • Localize interventions and work closely with Young women as experts and professionals not just volunteers. It's critical to move the shift from policies to practice . It's critical to do more collaborative activities with organizations at the grassroots. • Start considering the importance of Universal Health Coverage, AGYW should not walk for health services but services should come to them. Work towards ensuring sustained development, poverty reduction and reduction of social inequalities in HIV response and work towards the provision of menstrual commodities and menstrual management equipment for AGYW • AGYW who are HIV negative should also be engaged and not left behind in UNAIDS platform and programming and for the sake of inclusion, focus on engaging more AGYW in their diversities regardless of their economic status and educational qualification and influence to fund researches that work to involve AGYW needs and researches involving the AGYW. • Continue to advocate for girl child education in Africa through the Education Plus Initiative since keeping girls in school reduces their chances of acquiring HIV by 50% • Support mentorship programs with regards to, policies, interventions, programs prototyping, follow ups, and SRHR advocacy by funding rural based organizations to allow them reach the AGYW living in hard to reach areas with a language they best understand.

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

- Young women living with HIV networks should be given power and a platform to hold UNAIDS country programs accountable.
- When engaging or working with AGYW, a level of understanding needs to be established not picking AGYW at random who most likely do not understand the processes and making them contribute to what they do not understand and consultations should be done directly on what really works for the AGYW and not having programs based on other people's opinions.
- Programming should be done to accommodate several interventions as AGYW are diverse and the priority of their needs differ with regions and constituencies and funds given should be more flexible to allow AGYW use them according to the real needs and concerns of the AGYW as well as Continue to engage young people in platforms on issues which primarily affect them to make sure that they are well represented.
- UNAIDS should make sure that AGYW in rural areas are meaningfully engaged and services made accessible to them to not only put their focus on the AGYW in urban areas in the quest of ending tokenism.
- Formal Education and scholarships, social-economic improvement, nutritional supplements for both AGYW and their children should highly be considered.

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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