

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Global

Organizer: Robert Carr Fund

Date: 25 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

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

Organization leading discussion: Robert Carr Fund

Date of discussion: 25 August 2020

Theme to be discussed:

Investing in Civil Society Networks as key to addressing gaps in HIV response among inadequately served populations (ISPs)

Participants (types of organizations participating):

- Athena Network
- MPACT (Global Action for Gay Men's Health)
- INPUD (International Network of People Who Use Drugs)_
- ICW (International Community of Women Living with HIV)
- MENA Rosa (Regional network for women touched by HIV in Middle East and North Africa)
- NSWP (Global Network of Sex Work Projects)
- ITPC (International Treatment Preparedness Coalition)
- APTNF (Asia Pacific Transgender Network Foundation)
- RedLacTrans (Red de Trabajadoras Sexuales de Latinoamérica y el Caribe)
- Eurasian Harm Reduction Association
- Harm Reduction International
- Southern African Litigation Centre (member of the HIV Justice Global Consortium)

Country, regional or global focus: Global

Introducing the theme

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

- Although reliable and up-to-date data on funding for community-led organizations is lacking, there **are clear indications that funding for civil society and community-led responses is grossly insufficient.**
- Funders continue to send the bulk of HIV funding to governments and international nongovernmental organizations, with limited “trickle-down” occurring to community groups.
- Funding shortfalls are especially acute for networks and organizations led by inadequately served populations (ISP), which are:
 - People living with HIV
 - Sex workers
 - People who use drugs
 - Gay, bisexual, queer and other MSM
 - Transgender and intersex people
 - Prisoners
 - Women and girls who are ISP
 - Youth who are ISP
 - Migrants who are ISP
- Despite the 2016 Political Declaration Commitment that 30% of the HIV response should be community led, and that 6% of funding should be allocated to social enablers, there are currently a lack of agreed upon definitions for these concepts, which hampers resource allocation, measurement and accountability.
- There is a need for:
 - Shared definitions to measure Community-Led Responses
 - Commitments to support Community-Led Responses, supported by clear targets
 - Accountability mechanisms to ensure measurement, funding and support align with definitions and commitments
 - Data on funding levels, coverage levels and effectiveness of community-led responses
 - Appropriate, participatory funding mechanisms should be utilized further to support civil society and community responses to scale, including global and regional networks

SECTION 2: People-centred 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"> The services which are provided by peer counsellors are dictated by international funding requirements. When service is provided by the communities, it can (and often does) respond not only to HIV but also to broader needs - housing, social, mental health – i.e. a person-centred approach. Domestic government funding is minimal; many domestic governments do not trust or respect community organisations, especially those representing key populations In Latin America & Caribbean (LAC) region, key populations have tremendous needs, and funds are not adequate. Key populations face institutional and personal violence. There is a severe funding crisis for key population organizations. Funding doesn't go to sex workers because of the strong abolitionist movements. Governments have swung to the right wing, further creating violence and limiting support. COVID-19 has heightened inequality and marginalisation
What concerns us?	<ul style="list-style-type: none"> Criminalization of behaviour and populations - sex workers, PWUD, MSM, LGBT, PLHIV - this MUST be highlighted in the strategy with targets for decriminalization. COVID-19 has exacerbated concerns we already had around key populations: mental health concerns for community members and frontline workers; scapegoating/violence towards key populations; many populations have no voice in their societies - PWUD, Sex workers, women and girls. Gender-based violence is a driver of HIV and deters women from accessing HIV and other health care Geographically, people living in rural areas, particularly women are more excluded, have lower access to services and lower realisation of rights. Funding for community-based organisations is not growing, yet the number of people being diagnosed with HIV is increasing. We have to do more with the same or even less funding. The power dynamic between civil society and donors needs to be addressed. Currently there is a top-down donor driven agenda
What gives us hope?	<ul style="list-style-type: none"> Communities are there for each other whatever happens. The HIV response would crumble without communities. In countries where there has been investment in capacity building and leadership development, communities provide services and contribute significantly to reaching goals Communities on the ground are responsive and agile. For example, they have been able to rapidly mobilise to support each other during COVID-

	<p>19. The crisis of COVID-19 gives us a window to reimagine the response to HIV, and health systems broadly</p> <ul style="list-style-type: none"> • New biomedical interventions, such as PrEP / injectable long-term ART • Linkages between UHC or HIV response - groups that are involved in both and the way in which the HIV response has engaged with and informed progress towards UHC. • National stakeholders are adopting and using normative guidance developed by global partners, e.g. WHO Key Population Guidelines and the Implementation Tools (SWIT, MSMIT, TGIT, IDUIT), and are taking note of recommendations in these tools for meaningful engagement of communities and community empowerment (however, many of these tools need to be updated)
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Resource allocations do not match commitments made to supporting community response • Lack of mechanisms and approaches to funding and partnering with community-led organizations

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	<ul style="list-style-type: none"> • Community organizations and networks ensure that global normative guidance is clear at community levels AND networks amplify the voices of communities at global levels and hold decision-makers accountable to their commitments (e.g. UN, Global Fund, etc) • Community-led networks create safe spaces and nurture leadership for the voices of communities to be heard in places of power • Communities generate evidence to show the realities on the ground and to inform programming at all levels (tracking funding, tracking progress, documenting lived experiences of communities, identifying solutions that are ineffective or harmful). By practice, communities test assumptions on which programs and policies are based to identify what really works. • Communities are unified and strong, but funding is low to support advocacy efforts (e.g. human rights space), so there are massive gaps
What concerns us?	<ul style="list-style-type: none"> • Lack of funding, despite evidence that community-led responses are effective. When funding is available, it often comes with restrictions or limitations, and little is going to the areas of need (e.g. removal of legal and policy barriers, advocacy). Given the rapidly changing priorities, the funding for long-term advocacy is fragile and is often not sustained over time to see results. • Community-generated evidence is not sufficiently valued or appreciated, particularly in decision-making by governments or the UN (power imbalance); communities must continuously justify their case and their worth, and are often excluded from policy dialogue because of language barrier (e.g. MENA region).

	<ul style="list-style-type: none"> • Lack of clear indicators for measuring impact of community-led responses limits the perceived contributions by communities (e.g. at regional level) • In addition to funding, technical assistance is needed to ensure that communities have the skills and resources needed to do their work and to secure other resources. • Impact of COVID-19 on access and service delivery for HIV services; diverted attention from HIV
What gives us hope?	<ul style="list-style-type: none"> • It gives us hope when we see that community responses/contributions are valued by UNAIDS, e.g. increased participation of communities in UNAIDS Programme Coordinating Board (PCB), Global Fund Board, etc. • PEPFAR committing greater funds to community-led monitoring shows that they realise and appreciate the role of communities in improving service delivery and demand creation • Greater visibility of the work and evidence of community driven work; capacity building over the years have generated community-led responses of great quality, our knowledge/expertise is seen more and appreciated • Greater funding of entities like RCF from donors show value of networks and the work of communities and civil society networks • Growing mutual understanding of a reciprocal relationship between communities and civil society and multi-lateral organisations than previously, where the role of communities and civil society is increasingly valued
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Legal environment, criminalisation of inadequately served populations including PLHIV persists • Not enough predictable and appropriate funding for community-led responses, which would allow community organizations to pivot and be flexible • Constraints on messaging: e.g. progress reports in some regions do not always recognize that progress is uneven across the region and hence do not paint the whole picture • Focus of funding on reaching 90-90-90 goals, but other targets (for example 2016 Political Declaration that 30% of response must be community-led, and 6% of funding should be for social enablers) are often left behind • Lack of disaggregated data by gender, by population, e.g. incidence, prevention, etc.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<ul style="list-style-type: none"> • Competing for issues: rush of funding to respond to COVID-19 with HIV response being left behind; increased focus on Universal Health Care and SDGs.

	<ul style="list-style-type: none"> • While COVID-19 is reframing discussion on health, the role of communities is left out. Decisions made without considering key populations (e.g. Uganda facing another lockdown) and communities face barriers to participate in decision-making processes. • Advocacy: always trying to back up your arguments with evidence, however, still no reliable information on size of key populations in many countries. Do we need to prove ourselves and always produce evidence? Hasn't UNAIDS already acknowledged communities' importance? • Question to UNAIDS: how to plan to address systemic issues of minimum consistency (support varying from country to country), difference in policies between global and local levels • Gains made in AIDS response set back and health systems made weaker
What concerns us?	<ul style="list-style-type: none"> • Production of misinformation; restrictions on access to information (e.g. difficult to access information on functioning of health systems in Zimbabwe, doctors hesitant to speak out) • Rights of communities and key populations: discrimination, stigmatization, criminalization making it difficult to access health services • Lack of adequate resourcing for community organisations, in particular lack of social contracting mechanisms from domestic governments. • Funders competing and setting up individual funds without synergizing and coordinating with each other • Transgender communities consistently left out of government response
What gives us hope?	<ul style="list-style-type: none"> • Resilience of communities • Efforts by key populations community to support their own organisations and networks • The ability of civil society and community organisations to work in partnerships and form coalitions
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Structural drivers of HIV persist, such as criminalisation, violence, stigma and discrimination. Key populations and women and girls are particularly affected.

EMERGING PATTERNS:

- Community organisations are best placed to reach those who have the greatest barriers to accessing services. Community organisations provide holistic, person-centred services. Community organisations are able to be flexible and responsive to the needs of communities.
- Global and regional civil society networks play a critical role in: building bridges between the global discourse and local reality, generating evidence, consolidating community evidence and experience and building capacity of members and constituencies. However, these networks remain underfunded.

- While there has been progress on some Fast Track targets and Political Declaration Commitments (particularly treatment targets), there has been insufficient focus on realizing the Political Declaration Commitments to 30% of the HIV response being community led, and 6% of HIV funding being for social enablers.
- COVID-19 has disproportionately affected communities who are already marginalized, exposed systemic inequalities and health system weaknesses, and has been a major setback for the HIV response. However, COVID-19 does provide us with an opportunity to innovate and reimagine.
- UNAIDS' championing of communities (at least at global level) is acknowledged. We also appreciate efforts to make donor and decision-making bodies more inclusive of communities and civil society.
- Structural drivers of HIV persist, such as criminalisation, violence, stigma and discrimination. Inadequately served populations are particularly affected.
- We have noted the impact of global normative guidance, developed by UN partners, and their increasing uptake at country level, and inclusion in national policies and strategies

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> <p>UNAIDS should continue to:</p> <ol style="list-style-type: none"> 1. Move forward with the process of building consensus on definitions of community-led responses, and developing mechanisms and tracking data and expenditure 2. Convene multi-sectoral dialogue and decision-making spaces (at global, regional and national levels) where communities, civil society, governments and donors can come together 3. Highlight the 'gaps' in services for inadequately served populations (for example by producing gap reports); call attention to the impact of criminalisation and human rights violations on inadequately served populations and be a bold champion of access to health and human rights 4. Either fund or mobilise resources for inadequately served populations – not only funding for service delivery, but also for stronger and more sustained community systems, advocacy and community mobilisation 5. Keep a focus on HIV, and double down on HIV targets, despite the curve ball thrown by COVID-19
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <p>UNAIDS should stop:</p> <ol style="list-style-type: none"> 1. Using community and civil society networks as a resource (to input to strategies and policies; represent communities on multi-sectoral platforms; conduct consultations with communities etc.) without ensuring that they are adequately supported to do so. 2. Following the changing priorities of bilateral and multilateral donors, (which are influenced by national political priorities), and transitioning out of countries where status as a middle-income country masks significant inequality and areas of unmet need. 3. Remaining silent on the influence of criminalization on inadequately served populations as a key barrier for HIV response (particularly at the level of UNAIDS country offices) 4. Stop cowering to Governments in country instead of defending those left behind including inadequately served populations

START	<p><i>What are we not doing that we have to start doing?</i></p> <p>UNAIDS should:</p> <ol style="list-style-type: none"> 1. Coordinate better between UN agencies to ensure complementarity and reduce duplication 2. Start being as bold in championing communities and inadequately served populations at country level as UNAIDS is at the global level. This should start with the sensitisation of UNAIDS country teams, which can be conducted by community-led networks 3. Also at country level, UNAIDS should do more to support community organisations, both with resources and technical support. 4. UNAIDS and all its co-sponsors should be bolder and braver about calling for decriminalisation of key population behaviours (this includes UN Women's stance on sex work)
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p><i>Create a specific pillar in the new UNAIDS strategy on community-led responses, which makes good on the promise of putting communities at the centre of the response, which tracks investment in community-led responses, which supports community-led generation of data (including community-based monitoring) and the use of this data for advocacy for improved access to HIV services, especially for inadequately served populations and advocates for appropriate funding levels to scale up such responses, including those of global and regional civil society networks.</i></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@unaids.org