

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Global

Organizer: International Network of People who Use Drugs

Date: 19 August 2020

UNAIDS STRATEGY REVIEW: Focus Group Synthesis

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@unaid.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)

Organisation leading discussion: International Network of People who Use Drugs (INPUD)

Date of discussion: 19 August 2020

Theme to be discussed: People who use drugs

Participants (types of organisations participating):

- Asian Network of People who Use Drugs (ANPUD)
- African Network of People who Use Drugs (AfricaNPUD)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Drug Harm Reduction Advocacy Network (DHRAN), Nigeria
- Dristi Nepal
- Empower Cameroon
- Eurasian Network of People who Use Drugs (ENPUD)
- European Network of People who Use Drugs (EuroNPUD)
- IDU Care, Philippines
- Indian Drug User's Forum (IDUF)
- International Network of People who Use Drugs (INPUD)
- Kenya Network of People who Use Drugs (KeNPUD)
- Latin American Network of People who Use Drugs (LANPUD)
- PasifikaNPUD
- Persaudaraan Korban Napza Indonesia (PKNI)
- Recovering Nepal
- Recovering Nepal Women
- Rumah Cemara / Asia Pacific NGO Delegate to UNAIDS PCB
- South African Network of People who Use Drugs Tanzania Network of People who Use Drugs (TaNPUD)
- Tanzanian Network of People who Use Drugs (TaNPUD) Ukraine Network of People who Use Drugs (UNPUD)
- Zanzibar Network of People who Use Drugs (ZANPUD)

Purple – Global response to HIV
Green – UNAIDS

Introducing the theme

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

- In the current UNAIDS strategy, the focus has been on the 90-90-90 testing and treatment targets. HIV prevention, including harm reduction and human rights barriers to access, are an afterthought, with disastrous results for people who use drugs.
- Last year, 62% of new HIV cases were amongst key populations, including people who use drugs, but political focus and funding fail to reflect this critical need.
- UNAIDS must focus the new strategy on health inequalities, but ensure that a focus on inequalities includes those driven and generated by criminal and punitive laws and policies.
- UNAIDS must seize the opportunity to think bigger and be bolder at developing political will towards decriminalising drug use and funding harm reduction and health services for people who use drugs.
- UNAIDS must develop new ways of working including ensuring stronger alignment and accountability between the global and country offices.
- There should be a data revolution: Criminalisation, stigma and discrimination, and meaningful community involvement must be captured in the targets.
- UNAIDS must champion investment and drive investment in community-led responses, meaningful participation of communities in governance and management, community-led monitoring, including through its partnership with Global Fund and other donors.

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"> • The current strategy, and its focus on 90-90-90 and “Zero HIV infections, Zero discrimination and Zero-AIDS Related Deaths” have failed, in part because of neglect of key populations, lack of investment in community-led responses for people who use drugs, lack of attention to comorbidities and harm reduction. • Criminalisation of drug use is a key barrier to access health services for people who use drugs, which is facilitated through global prohibition and the UN conventions. It must be clearly addressed in the new strategy. • The new strategy needs to be implemented with specific targets or adequate data disaggregated by each key population, for women and youth who use drugs, on gender-based violence, criminalization and community involvement. • We need community-led data to set targets at the country level, and to set population-specific and region-specific targets • UNAIDS new strategy must adopt and consistently use the definitions of “community-led organisations, groups and networks” recommended in UNAIDS/PCB(45)19.27 rev. 1 on page 7. Countries should not be left to invent arbitrary definitions. • New strategy must place more emphasis on people in prisons and other closed settings, and on intersectionality, including addressing the needs of women who use drugs and their children, sex workers who use drugs, LGBTI+ who use drugs and other forms of inequality. • Issues for women who use drugs -- not limited to HIV; there are SRHR issues and these are not being addressed. • New strategy must highlight the value of peer-led responses at all levels, including in delivering harm reduction services whether P2PN, secondary NSP, peer education, peer needle patrol, or stimulant harm reduction -- all of which build on the privileged access of communities. • Arising from this is the technical support and capacity building role that drug user networks and drug user technical support providers play and are best equipped to support with guidelines, technical training toolkits and virtual or face-to-face technical support missions. The value of being community-led is that it models best practice, shares community learning on a peer to peer basis and is motivational and empowering when done by us with us.
What concerns us?	<ul style="list-style-type: none"> • Criminalization • Lack of investment in comorbidities including viral hepatitis • Lack of access to harm reduction, as well as in prisons and other closed settings • Naloxone must be included in the implementation of harm reduction packages • New strategy must commit UNAIDS and co-sponsors to building sustainable partnerships with people who use drugs at the country

	<p>level and work harder at increasing our meaningful involvement at regional and national levels</p> <ul style="list-style-type: none"> UNAIDS 2016 Political Declaration stated that 30% out of all resources must be invested in community-led responses. What is happening with this goal, as there is no accountability?
<p>What gives us hope?</p>	<ul style="list-style-type: none"> Work underway in Canada on the concept of <u>“safe supply”</u>, the legal and regulated supply of drugs Examples of increasing meaningful involvement in the selection of harm reduction commodities in some countries. For example, with the Nigerian NSP pilot, peers are working to to establish a model whereby peer technical advisors working with the DHRAN network of CBOs were able to define what needles and syringes people who inject drugs need within Global Fund programming. This is far more effective than the (far too frequent) pattern of procurement with no drug user involvement, leading to millions of the wrong size syringes being bought, causing unnecessary harms and entrenching practices among people who use drugs that are then hard to shift. Peers in Nigeria are making good progress in this area with the UN and Global Fund, and this should be adopted more widely. People who use drugs and their organisations are pioneering players delivering peer-led harm reduction and innovating practice in areas like peer-to-peer naloxone distribution, secondary NSP, stimulant harm reduction and peer education more broadly. UNAIDS and co-sponsors should unequivocally support such approaches and should support people who use drugs and our organizations in engagement with governments and donors.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> New strategy must address the urgent need for funding for harm reduction; needle and syringe programmes, opiate treatment programmes and naloxone must be included in harm reduction implementation of packages. Harm reduction programmes often don’t address stimulants; need to review procedures and guidance for OST to ensure services for people who use drugs are accessible, acceptable and of quality. Because the strategy does not prioritise key populations, we see a lack of UNAIDS country office willingness to "get their hands dirty" and engage in advocacy for people who use drugs and support our networks Poor implementation and lack of prioritisation of human rights: territoriality and bureaucracy within the UN family; unclear who to go to with urgent issues, such as human rights violations Funding constraints and shifting priorities during the COVID-19 crisis Criminalisation, which is currently being legitimised by the UN drug control treaties

THE STRUCTURES THAT RESPOND TO HIV

How do we see the current situation?

- Because the current strategy does not prioritise key populations, there is a huge disconnect between UNAIDS rhetorical support for decriminalisation at the global level, and the reality in countries: "When we stand up and advocate and look behind for support, we find that UNAIDS are not behind us but are standing there holding hands with the government." The new strategy must prioritise decriminalisation.
- What is UNODC doing to address criminalisation of people who use drugs in most countries in Asia, to advocate for drug policy reform, or to promote human rights?
- Current strategy and implementation does not prioritise community-led organisations. What mechanisms have UNAIDS and UNODC put in place to monitor meaningful engagement of community-led organisations in country implementation? There are significant barriers to community involvement at the country level, and a lack of platforms for people who use drugs to raise concerns; especially in the African context. We need UNAIDS to promote greater visibility and participation by people who use drugs at the regional level as well. Community work and the challenges of reaching people who use drugs is not adequately reflected in current UNAIDS strategy documents.
- Current strategy prioritises treatment over other forms of prevention. However, treatment alone is not preventing new infections, and countries are able to self-define what it means to invest in prevention, without including harm reduction. "Whenever we talk about prevention with UNAIDS it's thrown to the prevention coalition." However, the prevention coalition is not addressing key populations or harm reduction. There is a lack of discussion of harm reduction at a global level, and lack of funding for it at national levels.
- Current focus on COVID at expense of HIV response. COVID-19 is a consuming focus of the UN system at the expense of HIV and harm reduction; stockouts are rampant, unemployment high, disruptions of services; UNAIDS must ensure now more than ever that civil society has a voice in national programmes in every country.

What concerns us?

- Lack of investment in or commitment to addressing viral hepatitis and other comorbidities; new strategy must clearly commit to addressing comorbidities
- Gaps in data on harm reduction; government self-reported data on harm reduction and people who use drugs is unreliable
- Because current strategy does not prioritise human rights, at country level there is a lack of discussion of legal barriers to the HIV response; addressing the structure must be a first step to reaching the targets, but currently there is more focus on targets and metrics than on the core issues affecting people who use drugs
- Very hard to maintain community-led responses without adequate and sustainable funding

	<ul style="list-style-type: none"> • New strategy must commit to respect for gender rights in service delivery and in meaningful participation by communities
<p>What gives us hope?</p>	<ul style="list-style-type: none"> • The principles of human rights and harm reduction. There are more friendly states on harm reduction than in the past, especially among the 22 member states on the UNAIDS PCB. • Strong relationships between UN and communities in some countries: In India, the joint UN programme is working well with community and civil society input; in Kenya, UNAIDS worked with other UN agencies and the Red Cross to provide food relief, change laws. • Targets have been missed so many times that the pressure is increasing to make serious progress and make real change • Younger policymakers who see us as experts. HIV2020 has also shown that we are the experts, and that we are better at organizing public convening than the traditional institutions • Global communities of people who use drugs are more connected; meaningful engagement gives us hope for the future. We have institutions like INPUD and regional networks of people who use drugs • More opportunities to change services to meet needs of women who use drugs • New pilot approaches to community accountability, which should also be adopted and scaled up in the implementation of the new strategy. With UNODC High Priority Country offices, we have agreed through our global partnership that one of their targets overseen by UNODC in Vienna will be audited by country civil society through our global / regional network partnership. This means country officers are incentivised to actively work with drug user networks. We recommend placing a similar mandate on UNAIDS Country Offices, backed up by an audit mechanism backed by Geneva management and UNAIDS performance management. It is only by structuring in our goals as performance indicators that we make it a benefit to career progression to work with us, offsetting the natural tendency to side with Governments and be conservative. • UNAIDS can support communities by advocating for more procurement agencies to procure Naloxone, NSP and methadone or other medical assisted therapy.
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • New strategy must take a clear position against the war on drugs and for harm reduction. When it comes to the legal environment at country level, UNODC has their feet on both sides of the aisle: harm reduction and war on drugs. UNAIDS and UNODC are not sufficiently engaged on harm reduction. We need the strategy to set clear objectives on decriminalisation and harm reduction, backed up with sustained advocacy and activism for the community integrated into the system; not reliant on individual willingness, which can be lost when individuals change roles. Because the current strategy emphasises services, the stress at country level is currently placed on services instead of on advocacy for human rights • Restrictions on UN system by member states means we have not even been able to mention the words “harm reduction” and “SRHR” at the PCB level or have them included in most high-level documents; US chairing the PCB until end 2020

	<ul style="list-style-type: none"> In the new strategy, investment in community-led response needs to be consistently defined in line with the definition in UNAIDS/PCB (45)/19.27 rev1 p. 7, not defined differently by each country. This should be accompanied by clear targets and regular reporting.
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CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<ul style="list-style-type: none"> The new strategy must clearly call for universal access to harm reduction, including take-home doses and community-led delivery of naloxone, and this should be backed up by advocacy at the country level. UNAIDS, UNODC and all members of the Joint Programme need to be unequivocal about valuing and championing the role of people who use drugs in policies, programming and research and HIV and viral hepatitis elimination. They must be vocal about changing the legal environment because this is good practice, highly cost effective and very efficient. The UN system is not fulfilling its mandate, and to ensure accountability at country level, there needs to be a community feedback mechanism The UN Conventions that perpetuate Prohibition are the systemic cause of blood-borne viruses and the vast majority of the harms associated with substance use. Because the strategy does not prioritise needs of key populations including people who use drugs, people who use drugs are not being involved routinely in every meeting -- even when communities are involved in a meeting, often the inputs of people who use drugs get left out. The new strategy must increase its focus on people in prisons and other closed settings
What concerns us?	<ul style="list-style-type: none"> UNAIDS and the UN system overall is too bureaucratic. This often makes it difficult to engage in meaningful and actionable dialogue that fosters effective communication and specific actions on issues affecting communities, particularly key populations at the country level. Tokenism and lack of meaningful inclusion; people who use drugs are often an afterthought in important discussions. Key Populations are not taken seriously on the UNAIDS agenda. There is a disconnect between office and country level needs. Agenda is not representative of the change required to effectively bring about a transformative impact for key populations. NSP programs in India do not seem to be functional, particularly during COVID-19
What gives us hope?	<ul style="list-style-type: none"> In some cases, the level of inclusion of peers at the higher levels of the institutions Growing movement and empowerment of marginalised groups, including people who use drugs, sex workers, LGBTQI+, black and people of colour, women
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> Because the strategy does not prioritise communities, there is a lack of accountability by UNAIDS in engagement with organisations, which makes it difficult to effectively advocate. There is too much dialogue

	<p>and not enough action by UNAIDS or the government, and not enough support for community-led advocacy and national networks</p> <ul style="list-style-type: none"> • People who use drugs are often sidelined in key discussions • Not enough action regarding: <ul style="list-style-type: none"> • Inaccessibility of harm reduction services • Intersectional issues in Nepal, such as women who use drugs • Broader social and structural issues that impede access to harm reduction • UNAIDS is not engaging effectively with country level issues in the country • Women who use drugs in sex work
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EMERGING PATTERNS:

- Current strategy and 90-90-90 targets do not prioritise people who use drugs, harm reduction, comorbidities
- Criminalisation and prohibition are long-standing issues which must be addressed in the new strategy; human rights must be clearly addressed
- Lack of funding for harm reduction, work on co-morbidities, human rights, community-led response
- Lack of commitment to drug policy reform in strategy, lack of advocacy for drug policy reform by UN agencies at country level, compared to global statements; poor or absent engagement with country-level representatives of people who use drugs
- Needs of women who use drugs and other intersectional needs must be reflected in strategy
- Because the strategy is weak on the needs of people in prisons and other closed settings, there is a lack of resources to address these urgent needs
- Gaps in indicators and weak data on people who use drugs, criminalisation, stigma and discrimination and meaningful community involvement. New strategy must address need to invest in and use community-led data and data from independent researchers, and use these to inform new targets
- Implementation of strategy must include more systemic accountability for meeting health needs of and working in partnership with people who use drugs

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"> • <i>Statements and reports calling globally for decriminalisation, harm reduction, and human rights; these must also be reflected in the new strategy and backed up with targets and implementation plans</i> • <i>Maintain inclusion of people who use drugs in high-level discussions and governance, while doing more to build sustainable partnerships with people who use drugs at the country level and work harder at increasing our meaningful involvement at national and regional levels. This includes ensuring meaningful involvement by people who use drugs in the selection of harm reduction commodities and building on and scaling up pilot projects that use this approach.</i> • <i>Continue to report on National Commitments and Policy Instruments NCPI annually and to include meaningful community engagement in the process.</i> • <i>Advocate for investment in community-led responses, consistently using the definition in UNAIDS/PCB (45)/19.27 rev1, setting clear targets and reporting regularly on progress: People who use drugs and their organisations are pioneering players delivering peer-led harm reduction, while innovating practice in areas like peer-to-peer naloxone distribution, secondary NSP, stimulant harm reduction and peer education more broadly. UNAIDS should unequivocally support such approaches, and should also support people who use drugs and our organisations to promote peer-led technical support on advocacy, peer-led harm reduction, and OST literacy and rights.</i>
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"> • <i>Stop promoting a strategy and targets that do not prioritise prevention (including harm reduction), and better address the barriers to scale up of testing and treatment for key populations, including people who inject/use drugs</i> • <i>Stop allowing countries to create own definitions of “community-led”</i> • <i>Stop relying exclusively on government data which often fails to capture needs of people who use drugs, and increase efforts to promote and use community-led data and data by independent researchers</i> • <i>To implement new strategy, country offices of UNAIDS and UNODC must stop tokenism and must address community priorities and the current the disconnect between global rhetoric and country office practices. Stop territoriality among and within UN agencies. Create more accountability and transparency about where and how to raise urgent human rights and health issues.</i>

START

What are we not doing that we have to start doing?

- The new strategy should have **health inequalities** as a central focus, but ensure that people who use drugs and other key populations are a priority within this framework. Criminalisation of drug use, sex work and same-sex relations must be included as a driver of health inequalities. The new strategy should also address the need to work on **viral hepatitis and other comorbidities**.
- The new strategy must adopt and operationalise new definitions of **community-led organisations** in line with the definition in the UNAIDS 2019 PCB report, increase financing and financial accountability of community-led responses and key populations networks as per the 2016 Political Declaration target
- The new strategy must commit to increased funding for **harm reduction** including naloxone
- The new strategy must commit to integrating **HIV within UHC2030** and be followed up with concrete action plans to break down vertical siloes at country level; at the same time, maintain strong and consistent advocacy for decriminalisation and law reforms as well as keeping the structures and frameworks for meaningful involvement of people who use drugs in UHC global and national discussions
- To implement the new strategy, UNAIDS and UNODC must start proactively **supporting people who use drugs at the country level**. This includes treating people who use drugs as experts; supporting national and regional networks, and establishing a regular community feedback mechanism. Directors and staff of country offices should have **community accountability** built into their performance indicators and annual evaluations.
- Promote representation of people who use drugs in **regional mechanisms** such as AU, ASEAN, SAARC.
- The new strategy must call for increased funding for work on **decriminalisation**, including work at country level, and treat it as a fundamental human rights issue.
- **Intersectionality**: Address needs of women who use drugs, younger people (under 30), adolescents who use drugs, children of people who use drugs, sex workers and LGBTI+ people who use drugs
- **On targets**: Set specific targets for regions and disaggregated by specific key populations, including by gender; commit to piloting and scaling up community-led data to inform target-setting; and make specific efforts to systematically gather better information on laws and policies. Push for resources to be allocated to community-led data collection on key populations. Include more data from non-governmental and community sources into official estimates
- The new strategy must call for increased work on **people in prisons and other closed settings**
- Revive past engagement by UNAIDS with parliamentarians as well as younger policymakers to champion harm reduction, decriminalisation.
- UNAIDS must return to being the honest brokers between key population communities including people who use drugs and government by facilitating exchanges where governments have to engage with communities.
- Include targets on decriminalisation and removal of punitive policies, stigma and discrimination and community involvement in the 2025 Target Setting Process and include these targets in the next strategy

<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p><i>Think bigger, engage in bolder action, advocate vocally for decriminalisation and harm reduction and follow this up with catalysing political support and funding, and hold country offices accountable</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.

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