UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: LAC

Organiser: RST with Plataforma LAC

Date: August 21, 2020

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organise 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:
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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 a host of Focus Group)

Organisation leading discussion: LAC Platform.

Date of discussion: August 21, 2020

Theme to be discussed:

Knowing the views of people living or affected by HIV and Regional civil society or community organisations working in response to HIV.

- The role of civil society and communities in the sustainability of the response to HIV, and the construction of the new UNAIDS strategy.
- Financing the response to HIV in Latin America and the Caribbean.

Participants (types of organisations participating):

- Chavica Moreira PLAPERTS
- César Coria Plataforma LAC
- F Javier Arellano Arellano (UNAIDS)
- Cynthia Navarrete PLAPERTS México / LANPUD (Cynthia Navarrete)
- César Coria Plataforma LAC
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- ALFREDO (AMD)
- Javier Hourcade CORRESPONSALES CLAVE
- Arely Cano ICW
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- Magdalena Provis UNAIDS (magdalena)
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- Orlando Montoya Herrera-Corporación Kimirina (Orlando Montoya Herrera)
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- Miguel Saurin PLAPERTS (Miguel Saurin PLAPERTS)
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- Osmundo vasquez REDCA+ (Osmundo vasquez)
- Gracia Violeta Ross Quiroga SOC CIVIL PCB
- Karina Bravo- PLAPERTS (windows)
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- Roxana Moscoso MLCM+ (Roxana)
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- Alessandra Nilo /Gestos (Gestos - Soropositividade# Comunicação e Gênero)
- Jazmin Ambelis
- Jazmin Ambelis
- Roxana Moscoso MLCM+ (ROX)
- Ernesto Cortés (LANPUD)
- Veronica Russo LANPUD (Veronica Russo)
- ANUAR LUNA PLATAFORMA LAC

Country, regional or global focus:

Regional

Introducing the theme

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

• Education empowerment of civil society to have a more presence in services.
• Community clinics - Delivery of community services
• Effectiveness of investments
• Visibility of the LGBTI movement and the reduction of inequalities
• Questions in terms of structures - simpler clinical circuits

• Stigma and discrimination - I = I
• Stockouts and improvement of stock management and purchasing processes
• Communities have their solutions.
• Role of civil society in the sustainability of the response
• Extramural work in the health system
• Strengthening the delivery of essential services and their recognition and certification
• Complement the State and actions
• How they see the role of civil society in UNAIDS strategy.
• Achievement of goals 95-95-95 by 2030
• Social contracting.
• How will primary prevention be revived and combined prevention strengthened.

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?	• Funding has been cut; CSOs do not have resources for prevention; there is overflow migration in LA and the US; intensified violence especially against women; laws that criminalise sex work, HIV, and even COVID-19. • COVID-19 erased all the agendas, and all the financing was rerouted towards this pandemic. Next year there will be a severe problem because the treatments were stopped. • The most vulnerable populations are sex workers and trans women. There is violence towards MSM, SW, TW, and there is no freedom to go out to buy medicine or food. Sex work is not recognised as work. Currently, there is a big crisis - sex workers have no income, and there is police brutality. • There is a lack of planning on part of the CS regarding the COVID-19 situation. The authorities in the ministries of health exclude the needs of the people. Also, the mechanisms in place to the deliver treatments are compromised. • Lack of communication between communities. We must look inward, to reform the Agenda, articulate and identify priorities, interests and concerns to move towards a common agenda. • Non-intravenous drug users are not included. It is the first time that this classification is included in a regional project. • There is a lot of stigma around drug use, and it limits the response to prevention and harm reduction.
What concerns us?	• We are concerned about the uncertainty of knowing how accessible treatment is, how the care units are, what the purchases would be and how they will be distributed in 2021, and how people will move around - mobility is restricted in some countries. • We are concerned that the sex workers will run out of supplies for prevention: condoms, lubricants, dental dams - it is a setback to everything that has been achieved

	• Punitive laws, which criminalise sex workers, drugs users, and migrant populations. • Only UNAIDS and UNDP have an inclusive approach. The lack of work with PPL and people with disabilities worries us. • We are concerned about the abolition of sex work in the civil society and governments, by UN Women and the United Nations.
What gives us hope?	• Young people give us hope. Their activism grows a lot, in feminism and in the fight against aids, with fewer fears, vices and prejudices. • The possibility to keep transferring knowledge. • The social changes that have been achieved and all the knowledge learnt from lobbying about HIV can be used today. There are allies within the governments. • The possibility of continuing to work on agreements with UNAIDS these past decades and raising awareness among agencies and financers - you already know the strength behind our response and hard work. • Generate a new strategy based on prior experience and commitment. We are part of the response to COVID-19. • The possibility of meeting more easily than before (we only need to coordinate via the internet) and to unite on advocacy issues. There is a because of regionalization, an association between Human Rights and health - it is seen more clearly focused on our LGBT, Drugs users, youth, PV populations. • Feminism gives us hope, in its truest form (not abolitionists). It has filtered into other sectors, and is intersecting with various health issues, such as universal access, universal coverage.
What constrains our ability to achieve our goals?	• The lack of regional and national resources limits us. No money is put into prevention - they pay for treatment, but not for prevention. • Commitment is not enough. We assume that we have access to technology and the internet, and we don't - that limits us. We need to strengthen communications and interconnectivity between individuals. • First, we need to satisfy basic needs, hunger has not been eradicated, and there is a lot of unemployment. • We must first resolve that and then push our activism. We need to introduce prevention and human rights into developing communities. • The internal stigma and fear of acquiring COVID-19 limit us.

THE STRUCTURES THAT RESPOND TO HIV (MEASUREMENT AND GENERATION OF EVIDENCE, SERVICES, MINISTRIES OF HEALTH)	
How do we see the current situation?	• The general demise of health services due to poor administration, lack of resources, corruption and the States ineptitude. • Since before the COVID-19 pandemic, there were significant cuts to health budgets.

	• The centralization of COVID-19 has caused all actions to be redirected and the response to HIV limited. • This has caused ARV shortages, neglect in medical care services of other health problems, including for people with HIV, and lack of supplies and laboratory exams (CD4 and viral load). • There are problems with the efficient distribution of medicines to patients; ARV regimens and changes in the regimen have diminished. • Many of the Health Centers and Hospitals have been assigned as COVID-19 Hospitals. In those hospitals, there are no masks to prevent the spread of COVID-19 - neither for the staff, nor for patients with HIV who go to hospitals for other ailments. • Some countries, such as Costa Rica, are doing better than others regarding the COVID-19 pandemic. However, El Salvador gives a more accurate representation of Central America, where the health system has collapsed, they have only focused on the issue of COVID-19 and have neglected other areas of health. • There are ARV shortages and many people cannot pick up their prescriptions due to quarantine, curfew etc. In some countries, attempts are being made to support people with HIV by delivering their ARVs, but it is done by the CSO, not the health services. In Ecuador, the services provided to individuals with HIV have been suspended, for example, giving substitute breast milk to mothers with HIV to feed their babies. • Tests for COVID-19 are not available, but neither are tests for HIV and other diseases, especially for key populations and vulnerable groups, such as the trans community and sex workers. The health of key population is being neglected and there are many deficiencies in the health care system. • As for the MCP, there is no real response to the needs of the population, not because the representatives of civil society are not advocating, but because the health authorities are not reporting the impact that this is having on the populations response, programs and services. • In Chile, there has been no comprehensive policy to address the HIV problem for a long time, and COVID-19 is used as a political bubble, which is not in tune with key populations. • Few organizations address HIV to make up for the lack of governmental response. There is no accord with the health needs of the communities; there isn't even a UNAIDS Office in the country (Chile) - the support received is provided from Buenos Aires. • The impact of UNAIDS on policies, resources and transparency of State actions on the issue of HIV is not so relevant.
What concerns us?	• The centralized attention surrounding COVID-19 worries us. People with HIV have not received a response or clear protocols from the health care system. • UNAIDS has highlighted the relationship between COVID-19 and HIV; this worries us. Their campaigns indicate that people with HIV have the same risk as other people, but they have not advertised that many times people with HIV suffer from other chronic illnesses derived from years of treatment or other health conditions; there is no alert for this topic. • In Chile, only the suspension of medical services and laboratory tests for people with HIV has been reported. The drug supply is maintained, but

	the advice provided by UNAIDS and WHO regarding multi-month distribution has been ignored. UNAIDS has not put enough pressure regarding the compliance with this recommendation, which dates back to 2016 - it is known that letters have been sent from UNAIDS to the Minister of Health for non-compliance with this recommendation, but, as they are diplomatic letters and should be of a more public nature, it is not known what response was.
What gives us hope?	• It gives us hope that there are many people, organizations and movements that raise their voices for the recommendation of multi-month therapy and that there is networking and public advocacy campaigns providing social and legal pressure to file protection resources for this and other rights to health. • The movement that fights for reactivating the delivery of multi-month therapy gives us hope. There is more significant positioning with the general population and political incidence of civil society in response to HIV. • It gives us hope that "now" everyone cares more about health and is already talking (not only the ministers of health but also the authorities of other sectors). • People are recognizing the importance of not having a political health agenda. This generated a process of enlightenment - people are aware that we are all affected by health policy. • Now, the press is also making HIV and COVID-19 visible. That allows us to rebuild the health system. • It is the opportunity to tell people that you can live with a virus and thus address the issue of stigma and discrimination.
What constrains our ability to achieve our goals?	• The issue of social networks and technology limit us - civil society still does not handle them well, but if we set ourselves the task to learn, we can use them. • We, as activists, have managed to implement various lines of work. Civil society is the one that has been articulated to serve the most vulnerable: the trans community, sex workers, migrants, etc. • We are limited by the political desire to implement public policies at the global, regional and local levels regarding HIV that benefit us all. • For example, in Chile, a law for Comprehensive Sexual Education is being promoted, but there are conservative sectors that oppose it. If we do not achieve a cultural change, a change of mentality, the conservative groups that lobby will not give way to its implementation. The same applies to other laws and reforms on stigma, discrimination, etc. • One of the most significant difficulties to organisations or networks is that we are not publicized, and we do not achieve more substantial political support, it will be difficult to find international or regional strategic alliances that allow more assertive dialogues around deeper and more structural problems. • The experience in some countries, such as Honduras and Colombia, where the social recruitment of activists has been implemented worries

	us. In any cases, that has meant that many of them keep quiet and are not belligerent for fear of losing the benefits and spaces won with the State.

CONTEXTUAL ENVIRONMENT AROUND COMBINED PREVENTION	
How do we see the current situation?	The current situation is tragic: • The deterioration of the structural and institutional conditions, the lack of response in health and lack of resources have been exposed. Resources are being diverted to address COVID-19. They are not paying attention to or giving recognition by states to the pandemics of HIV, COVID-19 and violence. • Hunger has skyrocketed - even if universal access to ARVs is guaranteed, there is no access to raw food. • Unemployment has increased, and the cessation of payment for essential services - people are not interested in prevention elements, they prefer food. • The streets are saturated with informality. Labor exploitation and greater secrecy in sex work, added to stigma and discrimination. • Unemployment increases and impacts care systems. • There is a lack of food security and housing resources for key populations. • The whole context affects sustainability - progress is being lost. Public financing will not be possible. • Growth of stigma and discrimination and more splendid hate speech in some countries of the region. • The pandemic of violence in vulnerable populations and also greater gender violence. • More depression and suicides. • Criminalization of drug users was significantly exacerbated. • Impossibility of civil society participation due to lack of resources and guidance, due to the restrictions imposed by the states. • Stigma and discrimination are growing in this context. There is greater fanaticism, and the information does not reach the impoverished population - this is a foretold tragedy. • The focus of the studies or digital surveys that are being carried out: many of communities do not have access to technologies, especially in users of psychoactive substances, sex workers, and people living in poverty. • Loss of visibility of HIV, with impact on populations and limitations on access. There is fear among people at risk of approaching health centers. Abandonment of treatment due to this fear. • In many cases, treatment is being abandoned. Prevention efforts led by governments have been - they focus more on treatments. The epidemic impacts treatment and adherence and slows down prevention efforts with or without funding. Diagnostics are suspended as well. • We will not meet the 90-90-90 goal, and we will not reach the end of the epidemic by 2030.

	• Prevention programs suspended due to sustainability issues; this is a vicious circle. • Increased corruption and poverty and growing inequality between countries in the region.
What concerns us?	• We are concerned that mortality from HIV will increase by 10%, TB by 25%, and Malaria by 35%. • The lack of priority of HIV in health systems concerns us - the targets will not be reached. • We are concerned about the increase in the violation of human rights. There is greater hunger and misery. • We are concerned that marginalized populations will be left further behind, without treatment, diagnosis, and prevention. • CSO participation and work will be restricted.
What gives us hope?	• The solidarity of society and the participation of CSOs. • CSO's leadership and empowerment in the response to HIV, in the context of COVID-19. • Evidence that income transfer reduces vulnerability to HIV. • The pressure the UN system is putting on governments to take control. • LAC has been a leader in the response to HIV, and we can take up this role again. We have been through many terrible crises, but we can move forward. We are warriors, we need new strategies and to reinvent ourselves. • The solidarity of society has grown
What constrains our ability to achieve our goals?	• There is a lack of resources for food security; however, there is money for COVID-19. • Before COVID-19, some people dropped out of treatment - they got tested, started therapy, and then dropped out. We must manage to maintain community adherence to ARVs. This is a challenge. • Financing is needed to ensure food safety. We are limited by changing priorities - billions have been invested in COVID-19. • The vaccine conglomerate is illiterate on the issue of civil society participation. • We need more activism from CSOs.

EMERGING PATTERNS:

- COVID-19 erased all the agendas, and all the financing was rerouted towards this pandemic. Next year there will be a severe problem because the treatments were stopped.
- Funding has been cut; CSOs do not have resources for prevention; there is overflow migration in LA and the US; intensified violence especially against women; laws that criminalise sex work, HIV, and even COVID-19.
- We are concerned about the structural and community impact - the structural one can stifle the community. Only UNAIDS and UNDP have an inclusive approach.

- We are concerned about abolitionism in the field of civil society and governments, in UN Women and the United Nations, the same with drug users.
- The lack of regional and national resources limits us. No money is put into prevention - they pay for treatment, but not for prevention.
- Growth of stigma and discrimination and hate speech in some countries of the region. The pandemic of violence in vulnerable populations and greater gender violence. More depression and suicides. Criminalization was significantly exacerbated in the community of drug users.

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 precisely?	
CONTINUE	• Continue to encourage the participation of CSOs and communities in the response and promote their access to funding. Continue including civil society in the decision-making tables, resources and tools that UNAIDS shares. • Continue supporting CSOs, even with small funds, because this sends the message to governments that social contracting is essential. • Encourage ending stigma and discrimination. Promote the work of peers in prevention. • UNAIDS must continue to speak about the union between human rights and health. • Continue the effort to articulate HIV with the other response agendas, such as tuberculosis, COVID-19 (although the Gates Foundation dominates this issue). • UNAIDS must continue with its diplomatic work - UNAIDS is a technical and political body, and we must take advantage of that in communicational terms. • Determine how innovative strategies are implemented. • Continue to highlight the weight and relevance of HIV - not all diseases have a specialized agency with resources to address their problems. • Activists must work closely with UNAIDS and its actions. It is essential to clarify whether information Michelle Bachelet disseminated about resources in Chile designated towards HIV being diverted to COVID-19 is true – this seems very serious, and UNAIDS has not clarified if this has happened and what measures must be taken. • Continue with the regional coordinators, in the case of the southern cone and the Andean region. • Continue monitoring public and private financing of HIV (MEGAS), which looks at how much governments are investing in national HIV responses. This will serve as a counterweight to the monitoring carried out by civil society. • UNAIDS must continue to produce data. Continue monitoring cases, tests, people in treatment, etc., ensuring that the breakdown of data per specific populations (key and vulnerable) is made, since most of the time many communities are invisible. • Populations are being included. There have been consultations, meetings and surveys. • It is not very clear how the proposals and opinions shared will be included.
STOP	*What must we stop doing, that if we don't stop will ensure failure?* • UNAIDS must stop downsizing / dwarfing its offices. We must have focal points again.

	• UNAIDS must not remain silent in front of the General Assembly and other agencies and must defend the issue and the populations. The context: Abolitionism, the criminalization of sex work and drug use; they do not allow the participation of communities. • Other UN agencies link sex work to human trafficking or criminalize drug use; UNAIDS must work with these agencies to change their perspective. • UNAIDS must move from speech to action. In some countries, offices have been closed. In Chile, the articulation with civil society comes from Buenos Aires (which gives a favorable response to civil society). There's a lack of coordination between government officials to fulfil their commitments in response to HIV. • Many UNAIDS officials or representatives have been around for years, and not all of them show good performance or results, some of them are neglecting issues such as human rights. ECLAC's presence in the region and criticism of the governments has been more visible than that of UNAIDS. • If UNAIDS strengthen its impact and strategy, it must have enough resources and staff to implement it in most countries in the region. • Civil society and UNAIDS must work jointly to achieve our goals. • Enough with UNAIDS' exaggerated optimism and the politically correctness. You must make the realities of this region visible – it will no longer be classified as middle-income, but rather a poor region. • ECLAC has provided worrying data, and UNAIDS has failed to highlight the shortcomings and deficiencies of the response. • UNAIDS must show the reality of poverty, femicides, hate crimes, violence against trans people in the region. You do not have to be afraid; you must tell the truth. "Enough of that *machista* idea that we do everything well" in the region; You need to be more realistic in your reports, which are Swiss style (politically correct). • It is not clear to what extent CSOs are strategic actors. Do not focus participation solely on some CSOs and be more inclusive with grassroots organizations, for example. • Stop doing and let others do - 150 surveys in the last three months. How are studies being done and how are populations linked? • Fewer goals, speeches and slogans and more operability.
START	*What are we not doing that we have to start doing?* • Go back to the national offices, that serve all populations equally: secular people, anti-abolitionists, progressives. • UNAIDS must interact with the government. Some offices do not insist on the level that they must. • UNAIDS must seek other work opportunities and position themselves a little better in the health ministries and in other ministries that are also related to HIV. • Begin with the inclusion of all drug users, including users of legal and illegal drugs. See the intersectionality of consumption in the different key populations, inclusion in decision-making, care, prevention and reduction of harm in other substances, not only in those injected. Drug users should be

	part of the answer, address drug and gender policies, stop prohibitionist policies, E&D and denial of drug use. • Start with comprehensive care for sex workers, SRH and work with mental health programmess, give attention to violence and general access to health. • Recognize mental health as part of the right to health to move forward. • Defend the HR of sex workers, migrants, rights defenders. Mental health goes beyond COVID-19; it is necessary to attend it in activists as well. • UNAIDS must give body, shape and territory to the campaigns and slogans it announces and promotes - the last one was "communities make the difference", but, as communities, we have not been sufficiently supported or identified. Work with organizations in other countries, but also with governments. UNAIDS must be articulated with the governments of each State, because they are the ones who give sustainability to public policies. • Communities have taken charge of the monitoring resources and actions. Still, UNAIDS must support us to deepen our participation in the worktables, committees, CONASIDAS. In some countries, such as Chile, these participation tables were broken, and the CSO are blamed of this. The work of UNAIDS in this sense is the articulation, and the link in institutional terms to restore those tables or spaces for participation and to generate coherent policies that are developed jointly. • UNAIDS, in its role as mediator, can also strengthen its technical input with the government or HIV programs, and facilitate civil society to be placed in decision-making spaces. UNAIDS must mobilize more resources. • Because of diplomacy, UNAIDS ignores the demands and needs of civil society; They must be more belligerent with their positions, so that civil society feels heard, since many people are unaware of our role in the response. UNAIDS should hire more people from civil society organizations who are qualified and have not been given a chance. In Chile, articulated work has been done with local governments and civil society. This has improved the rate of new diagnoses – this is the kind of strategy UNAIDS needs to improve. • Confidence of UNAIDS was questioned around the world. You must regain this confidence. UNAIDS must once again take center stage and give identity to communities. Recognize the work and expertise of key populations. • Re-found UNAIDS for all and regain leadership. You must connect the dots and coordinate the agencies in one united response. UNAIDS must listen more to the communities, especially those who have been left behind, such as drug users or consumers. They should remember that UNAIDS is a coordinating body and review the no-harm approach of some agencies. • UNAIDS is underfunded. • There is a lack of greater transparency in the use of resources and accountability throughout the region. • UNAIDS should manage the greater participation of civil society in all agencies.

What is the one key recommendation you want to reiterate for strong consideration?	• UNAIDS should have country offices and more staff - Staff ToRs should include laypeople, not abolitionists or religious people. • UNAIDS must be accountable, transparent and know its criteria, not only in economic terms but also in political terms. • Regional PCB and include leaders of the indigenous population in all spaces. • Moreover, promote the access to social financing for communities and CSOs to design and implement prevention strategies. Encourage the participation of people who use drugs in decision-making mechanisms and articulation with other United Nations agencies. Accompany the populations in the discussion, technical and decision-making tables. • Strengthen the budget issue - the agency has a smaller budget each cycle. If this is not considered to respond to the multiple needs, UNAIDS will not be able to do its job, or support CSOs or governments. • In countries like Chile, due to its classification as a medium and not low-income country, there is no country office. There is a gap in the access to international cooperation resources and the government. • In scientific and technical terms, it has not been proven that more than half of the PLWHIV don't have access to care services, that they have other ailments as well, that there is no psychological and emotional care, and that there are economic deficiencies that should be made visible. • UNAIDS should strengthen multi-month dispensation campaigns; reaffirm the political nature of the campaign and, in the face of it, take on a leadership position. With greater leadership, UNAIDS would be strengthening the actions of civil society. Continue supporting populations, because the State puts many obstacles in their way, preventing an effective response. • UNAIDS must give more space to civil society organizations in the region. We have a civil society with a very clear vision of where it wants to go, and UNAIDS must take advantage of this. CSOs must be given more security. UNAIDS should define its identity as the facilitating and coordinating agent of CSOs. Greater participation of CSOs is needed. • Furthermore, UNAIDS must keep HIV on the Agenda, including in the context of COVID-19. • Keep HIV on the Agenda and define its identity as the coordinating entity to sustain and integrate the issue of HIV throughout the region. • Strengthen, empower and facilitate the participation of key populations and civil society that have access to the most vulnerable groups due to their personal experiences.

Please share with us any references you think would be useful for 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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