

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: **Latin America and the Caribbean**

Organizer: **RST LAC – MLCM+**

Date: **23 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 brief and as straightforward 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@unids.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)

Organization leading discussion:

Date of discussion: 2 August 2020

Theme to be discussed:

- Women and the challenges they face in the response to HIV.
- Women's perspectives, in all their diversity; discuss the recognition and guarantee the access to essential health services; and address gender-based violence against women and girls.

Participants (types of organizations participating):

- Dayra Garcia
- Miriam Gonzalez (Soranyi Martinez)
- Maria Consuelo Raymundo
- Mirta Ruiz Diaz 2
- Magdalena Provis (UNAIDS Magdalena Provis)
- Christa Colley-Illueca
- Gabriela Bonilla
- RedTraSex
- Míriam González
- YARI CAMPOS 1
- Arely Cano
- Sylvia Sanchez
- Cesar Nunez
- Ninel- AVE de México (Ninel- AVE de México)
- Marcela Romero
- Eduardo Batista
- Gabi Cob

- Katy Castillo Red Bonaerense Argentina
- Marcela Alsina 3
- Rosa Ramos
- Mirta Ruiz Diaz 2 (Mirta Ruiz Diaz)
- Mabel Bianco FEIM
- Clarisa Brezzo
- Lídice Lopez - CC
- Elena Reynaga 3
- Marcela Alsina 1 (Marcela Alsina)
- Gina México
- Katy Castillo Red Bonaerense Argentina (Marcela)
- Marie Garcia
- Alejandra ONUSIDA (Alejandra Corao UNAIDS)
- Elena Reynaga 3 (Elena Reynaga)
- Veronica Russo LANPUD (Veronica Russo)
- Leonardo Ernesto GONZALES LOPEZ (Leonardo Ernesto GONZALES LOPEZ)
- Fidelia Suarez de SINTRASEXCO COLOMBIA (ASMUBULI 1)
- Maria Consuelao raimundo
- María Elena Dávila Girasoles NIC (Ephraim Flores)
- Gracia Violeta Ross Quiroga
- Marie Garcia Panambi Paraguay
- Lídice Lopez - CC (Lí Dice)
- Herminda Gonzalez
- Alessandra Nilo/GESTOS (Gestos - Soropositividade# Comunicação e Gênero)
- Palestina Sulca (Maria Sulca)
- Marcela Romero – SECRETARIA REGIONAL REDLACTRANS

Country, regional or global focus: Regional (LAC)

Introducing the theme

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

- Women and challenges in the response to HIV - The political focus of this FGD was the transform ONUSIDA into a feminist organization in the next 5 years through the women's movement in the response to HIV.

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"> • According to the available data, women’s current situation is dire (low participation of women, overload, GBV, a deficit of SRH services, low budget, inadequate legal environments, low investment budget for NGOs led by women in the region). • The aspects of GBV, poverty and hunger are significantly affecting women in our region. • Job loss, mainly because women PLWHIV mostly work in the informal sector. • It was not made clear that HIV services are essential services. • The agenda of women PLHIV in LAC (historically excluded in LAC for prioritizing key populations) has not been prioritized.
What concerns us?	<ul style="list-style-type: none"> • The exclusion of women from the states’ responses because of the COVID-19 pandemic concerns us. • Women’s needs have not been reflected in recent analyses carried out by UNAIDS. • You must make different “kinds of women” visible – women of African descent, young people, adolescents, indigenous women, rural, ethnicity, etc. • Combined prevention strategies were NOT fully implemented. Education on sexuality was NEVER implemented. • Investments in the region did not respond to the needs of women. We do not have financial resources to continue our support, communication, transportation, food, etc. • Sex workers must be included in women’s agenda.
What gives us hope?	<ul style="list-style-type: none"> • The joint work between different organizations gives us hope. • Our experience, passion, and heart in the response give us hope, so long as we have resources to sustain ourselves. • Work efforts are being interlinked among networks in LAC. The pandemic is putting health on the agenda - this is an opportunity. There is also the possibility of establishing partnerships and alliances. • UNAIDS has a feminist executive director. • UNAIDS is strengthening the role of community organization led by women and is addressing the fact that funding isn’t in line with their needs. • The women’s movement, specifically women living with HIV, has a clear presence in the region and has grown significantly since its beginning. • Progress in articulating the women’s agenda, and the women with HIV agenda in the civil society response has been made. This should be consolidated in the governments’ agenda.

	<ul style="list-style-type: none"> • We have data that supports the idea that conditional transfers work.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • The lack of financial resources and not having our basic needs covered. • Some countries do not have financial or technical support; this hampers their response. • Countries must spare no efforts in their responses. • Deaf, dumb and blind governments that do not want to recognize their need for civil society and their work with key populations, migrant populations, trans communities, people with disabilities. • Institutions that defend human rights are often aligned with governments and are inefficient. • We are yet to go from paper to reality. • The HIV programs in some countries are not solid, there is insufficient access to information, and they do not respond to CSOs; there are changes to these programs, and they're being weakened – there is no response and prevention efforts have been stopped. • EyD even from the Ministries of Health themselves. • Volunteers are qualified personnel, and their skills and contributions are not recognized - professional work is done, and a decent job is required.

STRUCTURES that respond to HIV, about women with HIV and their specific needs

How do we see the current situation?	<ul style="list-style-type: none"> • There are several situations, especially regarding the access to treatment, which affects women particularly. • The fragility of the health systems. There are elements of prevention that have been left aside: for example, contraception. Not all populations are being reached with care and prevention services. • Some women are still invisible because they are not of childbearing age: older than 40, 50 years old and older adults (women who are not of reproductive age), or are women living with a disability. • The social and political situation is focused solely on COVID-19, and HIV is being left behind. Governments/sates are slow and indifferent. • Stigma and discrimination have increased, now accompanied by COVID-19. Women with HIV continue to suffer violence in all its forms.
What concerns us?	<ul style="list-style-type: none"> • Gender-based violence. We are concerned about the integral health of women throughout their lives. • There are few strategies for social support, including sexual, reproductive, and mental health. • Conservatism and anti-rights movements have intensified. • The states in the region have not carried out any new studies on women living with HIV, their vulnerabilities and characteristics. We have been made invisible - the last study was in 2012 and focused mainly on women who were recently diagnosed. • We are concerned by the vertical transmission of HIV, the lack care to pregnant women, and the possibility of reversing the progress

	achieved in medication, sexual health and provision of female condoms.
What gives us hope?	<ul style="list-style-type: none"> • The possibility of organizing ourselves. • Great activism in the region - we have carried out joint actions and can continue to do so. • Reinforcing alliances to strengthen ourselves and make the voice of civil society heard. • It gives us hope that the current problems in LAC are evident – this is the time to unite our voices. • The possibility of taking on a more feminist approach and alliances between women give us hope.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • The process of responding to the COVID-19 pandemic and lockdowns limit our capabilities. • The lack of cooperation and planning between different organizations and causes. • The lack of resources (cooperation). • Poverty. • The advance of conservatism. The COVID-19 pandemic made the setbacks we were experiencing visible. • You must have a strategic plan based on complexity, diversity, and feminism, in favor of women. HIV has been made invisible in feminism. We must continue participating with a feminist approach.

CONTEXTUAL ENVIRONMENT: AROUND WOMEN WITH HIV AND THEIR SPECIFIC NEEDS

How do we see the current situation?	<ul style="list-style-type: none"> • The situation in the Region is diverse. Some countries do not have financial resources to respond. Prevention efforts have been stopped, and the needs of key populations, women in their diversity, trans women, women with HIV, women with disabilities and women in prison are being neglected. The needs of women who require palliative care are not being met. • Attention has been focused on the COVID -19 pandemic, and the rest of the problems have been neglected. • The COVID-19 situation proved that LAC does not have a plan or strategy to work and address a pandemic. • There are social inequalities - it is essential to talk about poverty and the social exclusion of trans women. • In some countries, the response has focused on testing, and other needs are neglected. • The 90-90-90 goals were not achieved – governments and agencies didn't work hard enough towards achieving these goals. Civil society worked extremely hard to achieve universal health coverage. • It is necessary to work towards sustainability, solving food needs and financing CSOs.
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	<ul style="list-style-type: none"> • The agenda must be based on poverty, forced migration, stigma, and discrimination.
What concerns us?	<ul style="list-style-type: none"> • We are concerned about the lack of prevention efforts and problems in adherence (in some places, medicines are delivered monthly, and people cannot always pick them up). • The MMD strategy is not respected in some countries. • The lack of articulation of the different programs to give a joint response to complex demands. • The 2030 agenda is not being met. What is the real influence of UNAIDS in the states? How can we make the recommendations binding? • Violence against women and sexual violence has increased during COVID -19. • The lack of attention to other diseases, lack of financial resources, lack of work, lack of resources for food, stigma, and discrimination. <ul style="list-style-type: none"> • Stigma, discrimination, and the importance of human rights during the COVID-19 pandemic. • Gender-based violence, women living with HIV in general are more frequently exposed to different types of violence. This is a situation that can be exacerbated by confinement measures • Problems of access to care services and adherence; economic issues or fear of becoming infected with COVID-19 have generated a decrease in care services and the dispensation of ARVs, making the lack of strategies and the fragility of the health system visible. • Sexual and reproductive aspects: The infectious outbreaks and confinement measures have generated a lack of access to sexual and reproductive health services.
What gives us hope?	<ul style="list-style-type: none"> • The response of the programs could be more efficient. • The experience we have, the passion, and the commitment. • The possibility of improving the response of HIV programs towards women sex workers, trans women, women living with HIV, women in prison or women living with a disability gives us hope. • Plans are inclusive, and they use strategies that have been proven effective – inclusive and comprehensive plans and responses, and inclusive policies. • The opportunity to make use of the expertise of civil society and people living with HIV. • Civil society has had an undeniable impact on the response to HIV / aids. We must recognize the contribution, and the lessons learned from civil society in community health. • Regarding COVID-19, civil society’s experiences have not been considered.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • The lack of resources - how are we going to sustain the response if we have limited resources to support ourselves as activists? Some have many resources and others have none.

	<ul style="list-style-type: none"> • The countries where the ALEP project is being implemented have an advantage; however, the other countries do not have the resources to advance towards achieving the goal of the right to health. • Lack of recognition by the States of the needs of civil society. • Fragmentation, weak institutions and weakened aids programs. There is not a very strong alliance with other social movements - there have been few alliances. The view that all work should be free limits us.
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EMERGING PATTERNS:

- The HIV programs in some countries are not solid, there is insufficient access to information, and they do not respond to CSOs; there are changes to these programs, and they're being weakened – there is no response and prevention efforts have been stopped.
- Conservatism, violence against women and anti-rights movements have intensified.
- The states in the region have not carried out any new studies on women living with HIV, their vulnerabilities and characteristics. We have been made invisible - the last study was in 2012 and focused mainly on women who were recently diagnosed.
- The situation in the region is diverse in terms of resources. Some countries do not have financial resources to respond.
- Prevention efforts have been hampered, and the needs of key populations, women in their diversity, trans women, women with HIV, women with disabilities and women in prison are being neglected.
- The needs of women who require palliative care are not being met.
- The response of different countries' HIV programs must be more efficient.

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	<ul style="list-style-type: none"> • Quarterly delivery of ARVs. Continue to guarantee access to ARVs for all PLHIV, taking care of confidentiality - do not deliver them fractioned. State purchases of enough ARVs to ensure timely deliveries. Strengthen the search for better drugs that generate fewer side effects. • Strengthen the 1 to 1 strategy, with the delivery of ARVs, monitoring tests, promotion of SRH and prevention of STIs. UNAIDS guide for the purchase of medicines. • Continue treating other comorbidities. Laboratory studies not only focused on HIV but also on comorbidities. • Continue with mental health care and access to male condoms (primarily), female condoms, and lubricants. Ensure a sufficient supply of condoms for those who need them, especially sex workers. • Continue with the inclusion of communities in thematic panels, guaranteeing their effective participation. Strengthen and guarantee the MIPA. • Continue articulating with organizations. The functionality of the GCTH - this group should be strengthened. • UNAIDS has taken leadership in human rights, making the rights of populations visible. • Keep generating data and information – make sure organizations are carrying out this work. Continue to develop tools and make changes to maintain UNAIDS credibility. The stakeholders themselves should be the main source of data - stop cold statistics that do not represent populations. • Continue supporting small civil society projects - a little goes a long way. • Strengthen UNAIDS leadership in the local, regional and global level.
STOP	<p><i>What must we stop doing, that if we do not stop will ensure failure?</i></p> <ul style="list-style-type: none"> • Stop the lack of coordination between UNAIDS, governments, civil society, and key populations. • Stop gender inequality, stigma, and discrimination. • Stop the lack of recognition of the value of community work and civil society's experience, and the lack of funding. • Stop the belief that the SC can work with or without resources. It must be recognized that SC is in a situation of economic vulnerability - we are social fighters, but we are not martyrs. Activism is not the same as free work. • Stop prioritizing some population over others (children with HIV / people over 50 with HIV). UNAIDS must stop prioritizing unequal participation between men and women in its staff. Women must be included - neither women nor feminists are at the forefront of the response. SC cannot allow this to happen. • UNAIDS must stop focusing its gaze on what states say. The countries in LAC are very corrupt. Moreover, what is reported is far from the realities of the region. • The dominant way in which HIV/aids is discussed is set by the individual countries, and this is the approach UNAIDS adopts. This prevents us from making progress.

	<ul style="list-style-type: none"> • UNAIDS must recognize positive leaderships that are empowering, and not those that discriminate and negatively appreciate the achievements of SC. • UNAIDS must stop leaving countries alone - offices in each country would be beneficial. • Populations should not be discriminated against (the case of officials in a Caribbean country who did not respond to sex workers): they must be secular and anti-abolitionists.
<p>START</p>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> • Begin articulation with civil society to collect the lessons learned. • Return to peer education, counselling, and post counselling, resume comprehensive sexuality education. • Begin to recognize SC's human rights, benefits, and decent work. Activists should be viewed as a skilled labor force. • Communities and their organizations must be placed in the center of the response; inclusion must be strengthened. • Begin to include women as key populations - all the diversity of women: trans, sex workers, indigenous, etc. • This strategy must be translated and implemented at the regional level. • The information available on LAC as a region is very positive - it seems that everything is fine here, and the region is losing strength. It is necessary to show the region in all its fragility. That optimistic and <i>macho</i> vision must be changed. We must make the needs of the region visible. UNAIDS must show the reality of the region with measurement and collection tools. We must emphasize and show the needs of the population. Countries have their diverse realities, with gaps that we must exhibit. • Accessibility to health services is NOT real. • Thematic panels with key actors: governments, CSOs, International cooperation agencies. • UNAIDS must recognize the dignity of key populations, such as women who are drug users. • Crude reports are needed. • It is necessary to look for more resources and to approach small organizations more. • Civil society shadow reports should be started again.
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> • Programmatic, political and economic accountability. • Greater articulation with organizations and between the different United Nations offices. Articulate with the States as key players. There should be more coordination between SC and UNAIDS country offices - there is more coordination with national programs than with the communities. • The lack of UNAIDS offices in all the countries of the region makes coordination difficult. It is necessary to include the actors who have made history in the response to HIV and to articulate with all stakeholders: agencies, governments, civil society, key populations and private initiatives, especially the chemical-pharmaceutical branch. • Be more aggressive in supporting the most vulnerable populations, especially women and girls.

	<ul style="list-style-type: none"> • Guarantee the HR of women and mainstream the gender perspective. • UNAIDS must emphasize that drug users are people with rights. Women are invisible in the response. Ensure the inclusion of key populations and people with disabilities. • The realities of LAC must be made visible. • UNAIDS should work on the systemic approach and promote comprehensive care and inclusion. Keep working on SyD. Provide attention to basic needs, from food needs to excluded sectors. • Campaigns by governments should include people from key populations, not stakeholders. In the case of including stakeholders, they must be allies that they are sensitized and that they use an appropriate language. • Resume prevention efforts and ensure sufficient financial resources for these efforts; do not only focus on biomedical alternatives. • The experience and dignity of SC and communities must be recognized. • Recognize the good practices in use in the communities.
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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@unaid.org

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