UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Region: Caribbean

Organizer: UNAIDS Caribbean Sub-regional Office

Date: 24 August, 2020

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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: UNAIDS Caribbean Sub-regional Office

Date of discussion: 24 August, 2020

Theme to be discussed: Perspectives from young people living with HIV who are involved in peer care and support

Participants (types of organizations participating):

- Monique McDonald – Eve for Life (Jamaica)
- Renatta Langlais, Caribbean Regional Network of People Living with HIV (Dominica)
- Alex Blair, National Care and Treatment Centre (Guyana)

Country, regional or global focus: Country/ 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)

- Points of view from young people living with HIV in the Caribbean
- Perspectives from people involved in national and regional HIV peer support and advocacy work
- Perspectives from people who have worked with UNAIDS and have views on strengths and weaknesses of our technical support

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?	• Overall there has been improved access to care and treatment. Medicines are available. Formulas have been improved. Many PLHIV are able to stay healthy by taking treatment just once a day. • PLHIV are increasingly aware of what it means to be undetectable and are accessing support to achieve and sustain this goal. • Attempts at healthcare service integration so that patients living with HIV are not differentiated from other patients are appreciated where they have been implemented. This makes a meaningful difference in the way PLHIV access healthcare. • Efforts have been made to accommodate young men in terms of treatment access. For example in Guyana, some treatment sites are opened after work hours and on Saturdays. Still, males are less likely to be tested, to initiate treatment and to adhere. Across the region treatment outcomes for men are significantly worse than for women.
What concerns us?	• Young Caribbean people living with HIV who are also poor and/or those who live in remote areas, often have inadequate access to resources to thrive. While the HIV response attends to their healthcare needs and, to some extent, their mental health, there are often persistent challenges around access to education, housing and job opportunities that social services do not currently address. This is particularly problematic for young, single mothers living with HIV and those far-removed from city services. • Notwithstanding progress, breaches of confidentiality and stigma and discrimination in healthcare settings are still far too common. This is particularly true for small societies where patients may be known to healthcare staff. For people living with HIV who are not empowered and/or have not received adequate psychosocial support, this remains a barrier to treatment access and adherence even where services are available. To keep patients in care, healthcare staff must be kept accountable. Quote: “I don’t feel too good about some of the healthcare workers. My personal experience is that we are a discordant couple. Early in our relationship we went to get tested. Not knowing that I had already disclosed, one of the nurses pulled my partner aside to say ‘you have to be careful’.” • Too many LGBT people in the Caribbean are still being left behind. While they have access to healthcare in principle, they must still contend with discriminatory attitudes by some healthcare staff and prejudice from the wider society.

	• People living with HIV who are experiencing gender-based violence face an added layer of vulnerability that actively undermines their ability to remain adherent. • There is reduced international funding for Caribbean HIV programmes despite persistent vulnerabilities.
What gives us hope?	• Increased collaboration between government and the CSO/NGO sector. As a byproduct of reduced international funding in the Eastern Caribbean, there is an effort to optimize HIV investments through enhanced collaboration and turning to community organizations to reach people on the ground. • The work of the NGO sector to provide psychosocial support and address the needs of clients. In particular, evidence-based peer support methodologies work to empower young PLHIV around treatment, care, disclosure etc. This improves treatment and life outcomes. • Their own journeys. A couple respondents said they see themselves as examples to their peers. They know that their empowerment, self confidence and sharing can make the difference for people who are newly diagnosed or are having a difficult time coping.
What constrains our ability to achieve our goals?	• Ineffective strategies to address persistent stigma and discrimination and social attitudes that undermine the HIV response. • Reduced/inconsistent financial support for psychosocial initiatives including peer groups.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	• Some governments are unable to fully fund KP programming or adequately sustain peer support initiatives.
What concerns us?	• CSOs are largely reliant on international investments, including from the USG and GF. As these donors transition from Middle- and Upper-income Countries, prevention, KP and care programmes are at risk.
What gives us hope?	• State-funded social workers are playing an important role with respect to reducing loss to follow-up.

	• In some countries there is some state funding/ subventions for CSOs, though it may be inadequate.
What constrains our ability to achieve our goals?	• Steadily declining international donor support for Caribbean HIV responses which put HIV programme branches apart from treatment in jeopardy.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	All respondents agreed that the most immediate threat/challenge to the HIV response is COVID-19. They made the following observations: • MOHs, NAPs and CSOs have adapted service delivery models to ensure treatment continuity during COVID-19 and to meet some social support needs. CSOs are using the phone and social media to stay connected to clients and provide adherence support. • Still, PLHIV are still facing challenges relating to social isolation or remaining adherent in households where there has been no disclosure. • CSOs are unable to meet many of the social support needs of PLHIV out of work, employed in the informal sector or otherwise impacted by COVID-19 restrictions. The most immediate needs are for nutrition, housing and financial support as well as emotional and mental health support. • The vulnerability of Small Island Developing States to natural disasters (particularly hurricanes) means some countries are perpetually in rebuilding mode. This is a major stumbling block to development, including in the realms of health and social service delivery.
What concerns us?	• Many clients do not have access to the internet and are therefore completely cut off from social support mechanisms now and for the foreseeable future. • Government COVID-19 relief is not adequate to the needs, particularly for informal sector workers, those experiencing gender-based violence and those existing on the margins of society. • Hurricane season is here. The Caribbean may face another crisis in the midst of responding to COVID-19.

What gives us hope?	• The ability of CSOs to adapt and provide support, notwithstanding limitations.
What constrains our ability to achieve our goals?	• Inadequate financing for social support • Inadequate consultation at government level about the needs of most-at-risk populations • Incapacity of governments to fund full gamut of development priorities given strains imposed by health and natural disaster crises.

EMERGING PATTERNS:

- The risk of reduced treatment adherence and peer support programming as international funding decreases and domestic funding is increasingly strained.
- The need for more complete/comprehensive social support service delivery to address the needs of those most in need or most on the margins.
- Government/CSO collaboration is critical to optimizing available resources and achieving the best possible treatment outcomes.
- Strategies are still needed to address stigma and discrimination in and out of healthcare settings. We have to get clear on what works and what doesn't with a view to tackling our most intractable challenges.

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	*What is working that we must continue to do?* • UNAIDS should continue providing data and analysis to show how HV responses have progressed and what gaps remain. • UNAIDS should continue to provide governments and CSOs with technical support around policy development, law reform and programmatic improvements. Some priority areas of concern are: ○ addressing workplace discrimination (law reform and implementation); ○ supporting PLHIV disclosure (programmes); ○ bolstering social support for PLHIV (policy and programmes); ○ addressing gender-based violence as part of the HIV response (law, policy, programmes)
STOP	*What must we stop doing, that if we don't stop will ensure failure?* • <u>UNAIDS must stop initiating promising/positive projects and failing to follow through. In some cases country partners need capacity building and some ongoing technical support for initiatives to fulfil their true potential.</u>
START	*What are we not doing that we have to start doing?* • UNAIDS should start including smaller country data in international reports and analysis. There must be inclusion for people from populations of all sizes, particularly as it relates to understanding our epidemics and responses. • UNAIDS should specifically cultivate and promote young leaders. Place an emphasis on capacity-building so that a new generation of PLHIV leaders can emerge in the Caribbean.
What is the one key recommendation you want to reiterate for strong consideration?	*When we say "leave no one behind" we are not only speaking about LGBT people or sex workers. We also mean smaller countries, young people and GBV survivors.*

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***