UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Latin America

Organizer: Grupo de Cooperación Técnica Horizontal

Date: 26/08/2020

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UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

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

Organization leading discussion: Grupo de Cooperación Técnica Horizontal

Date of discussion: 26/08/2020

Theme to be discussed: Response to HIV in LAC – 2020 and beyond.

Participants (types of organizations participating):

Participants of the National AIDS programmes, representative of regional NGOs, the Global Fund, PEPFAR/USAID and UNAIDS.

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Country, regional or global focus: Regional (LAC)

Introducing the theme

The UNAIDS Regional Director for LAC introduced the state of the HIV epidemic according to the latest UNAIDS report: Seizing the moment. The key messages were:

- The aids pandemic is still a global crisis aggravated by countless inequalities; even though there are stories of great success in the global response, progress between regions and countries varies greatly, serving as evidence to these inequalities. These inequalities will be the reason we won't meet the goals established in 2020!
- Even before the sanitary and economic crisis caused by the COVID-19 pandemic, reaching those global goals was still out of reach; now, the COVID-19 pandemic is having a major impact on the response to aids and threatens to throw us off course.
- Gender inequality continues denying women and girls the ability to make decisions about their health. In our region, stigma and discrimination towards women, trans women and members of key populations, like men who have sex with other men and sex workers, continue to pose barriers to their access to HIV prevention and treatment services.
- The response to aids serves as a lesson learned for the development of a response to COVID-19: innovation, as well as community resilience and participation are showing us the way to mitigate the impact of both COVID-19 and HIV.
- In Latin America, 44% of new infections are among gay men and other men who have sex with men. On top of this, 77% of new infections are among members of key populations, and only 23% are found among the rest of the population.
- In our region, almost one quarter of people living with HIV aren't aware of their status, and 40% of people living with HIV don't have access to life-saving treatment.
- Access to HIV treatment lags behind other services in the region.
- There are still high levels of stigma, discrimination and violence which impede members of populations affected by HIV to access health services.
- In this context, it is especially important to work towards law and policy reforms that not only protect key populations, but also bring light to the stigma and discrimination they endure.
- Seven countries in the region have some form of punitive measure against sex work.
- Fortunately, no countries in the region punish sexual relations between persons of the same sex with prison or death, as in other regions of the world; however, there aren't any laws that protect the rights of this population either.
- In most of our countries, parental permission is required for teenagers to access HIV testing – this is very worrying.

SECTION 2: People-centred response to HIV – key emerging messages

COMBINATION PREVENTION IN KEY AND VULNERABLE POPULATIONS	
How do we see the current situation?	• The pandemic has affected the implementation of different strategies and interventions. • The connection with civil society has been affected and the focus has been directed towards activities related with the pandemic. • A failure to implement combination prevention was identified.
What concerns us?	• Lack of testing, especially in some populations. • Supply shortages, as well as poor distribution (particularly of condoms) • Lack of integration of some populations – in this case they emphasized vulnerable young populations. • The situation of migrants is now less visible. • Difficulties in the implementation of PrEP.
What gives us hope?	• Sharing strategic lines and interventions that other countries may be implementing. • Coordination and collective work among countries. • Having the support from UNAIDS to keep the collaboration between countries and follow-up programmatic actions
What constrains our ability to achieve our goals?	• The lack of solid information systems. • The ability to maintain the support through resources with civil society for the continuity of work, social contracting.

INNOVATION IN TESTING, OPTIMIZATION IN ARV TREATMENT AND ADHERENCE	
How do we see the current situation?	• The implementation of self-testing as the initial response is beginning, although ownership by the states is limited. Transition to TLD has started in almost all countries. • Reduced viral load screening and monitoring in these times of pandemic is a concern. • Low implementation of the Index Testing strategy and self-tests. • The pandemic has affected the delivery of treatment schemes thereby limiting adherence. • Limited lab staff because they are busy responding to COVID-19.

What concerns us?	• The resistance of health personnel to treatment innovation. Resistance to migration towards TLD. • Concern for an increased pressure on health systems that many countries have not been able to resolve. • Concern for the possible demobilization of Civil Society Organizations due to the economic impact these may suffer, and the fragile social networks resulting from the pandemic. • Case search and HIV index testing is a concern. This strategy will face many challenges – the pandemic can hinder this strategy that has proven to be efficient. • The Venezuelan migratory crisis and the pressure on health services is of concern. The pandemic has exacerbated their vulnerability. • The supply chain and logistics as a crucial factor to ensure ARV stock is of concern. Besides, the limited health personnel – deaths caused by COVID-19, fear of working in the health sector – is concerning.
What gives us hope?	• We are moving forward in the implementation of MMD. This will also improve ARV costs. • The COVID-19 pandemic has boosted the transition to TLD. It has also strengthened the implementation of self-testing. • The CSOs and CBOs are designing strategies with the health services to promote adherence. • PEPFAR and Global Fund support. • Technological innovation of APP use for prevention and treatment adherence.
What constrains our ability to achieve our goals?	• Limited Budget. Legal rigidity in financial structures: changes in the budget structure to allow the use of savings generated in the procurement processes through the Strategic Fund are needed. • Fear of change. • Absence of state policies. No continuity in the decisions. Little political will. Poor involvement at the highest level. • Competition of human and financial resources with COVID-19. • The priorities of the CSOs and key populations have changed: right now, they're focusing on surviving.

HUMAN RIGHTS, STIGMA AND DISCRIMINATION	
How do we see the current situation?	• This is a cross-cutting issue. There is progress but the manifestations of stigma and discrimination continue, especially towards the trans population and MSM. Episodes of violence and discrimination persist, in addition to the traditional stigma. • In care services, PLWH perceive that there is some improvement in the way they are treated and the services they are provided,

	however, society continues to create an unfavourable environment, and this is the area where we are least acting. • There is some progress in the systems to collect evidence of stigma and discrimination. More evidence is now available. REDCA conducted INDEX studies with crossed variables and found that, for instance, unemployment is predominant amongst women, highlighting trans people. Furthermore, the reporting mechanisms are not being used, which could point to a lack of awareness or access to them. • There is discrimination in the access to basic rights such as education, work, etc. A greater empowerment of PLWH to face these situations stands out. • There is progress in the health services, including advances in the legal frameworks, but the stigma persists at a societal level, including episodes of violence and hate crimes, which force key populations to migrate outside of their local environment (internal displacement) or to other countries (migration).
What concerns us?	• Weak links between the systems that identify human rights violations and complaints and the justice systems. • Low percentage of effectiveness of legal frameworks in favour of the human rights of members of the LGBTI+ community and PLWH. • High level of organization of the conservative sectors to void the rights of LGBTI+ people, and their efficiency in linking rights issues with the promotion of unrelated aspects (abortion, paedophilia, etc.) that damage the image, claiming process and the exercise of their rights of LGBTI+ people. • Budget cuts that affect the responses to stigma, discrimination and human rights due to the COVID-19 pandemic. This hinders the application of strategies, including the quality of care and the progress achieved so far. There is still a debt which goes beyond medicines and other inputs; however, resources are scarce – especially for the response to stigma and discrimination. Due to the emergency situation, there's a greater effort to find investments in these areas. • There will be setbacks in the responses to HIV, TB and malaria because there is no contingency plan – the level of impact is already evident and is also not homogenous. This will affect the levels of adherence. The focus on COVID-19 is neglecting the HIV response in many countries.
What gives us hope?	• The diversity populations and PLWH know their rights better and can identify and proceed with reports. The linkage with justice systems in favour of these issues focusing on key populations and PLWH. • There is influence in the training curricula of the human rights offices that focus on staff working directly with key populations. The ALEP project has just started and seeks to position the issue

	of human rights, stigma and discrimination with the strengthening of CS, even in the oversight of PLWH. • The effort that has been constant in the population sectors and other institutions, even in the context of the pandemic. Virtuality has favoured participation and the possibility of discussing these issues. The legal framework in Ecuador allows the strengthening of actions and direct work with key populations and the possibility of managing budgets and maintaining funding. • The subject of stigma seen from the COVID-19 pandemic has helped expose the lessons learned with HIV and to open a space of empathy and empowerment. Besides, the level of empowerment and the capacities of the civil society in the region and its knowledge on these issues give us hope. • The integration of young people in the HIV response at a regional level.
What constrains our ability to achieve our goals?	• The limited ability to have a wide strategy with all sectors to promote the human rights of LGBTI people and PLWH, which is associated with budgetary elements. • Differentiated messages for populations with specific needs limit us to only reach those we want to reach – this limits our capacity to address conservative sectors opposed to the issue of exercising the rights. The participation of key populations must be increased. Technology can be a limitation for integrating some key populations, which hinders the ability to reach everyone. • The capacity of political influence of the civil society, despite the investment to increase capacities, has still not achieved sustainability in its advocacy actions. Furthermore, there is no horizontal relationship due to the lack of real empowerment. Besides that, political changes can affect the progress made. • The absence of a culture of citizen reporting affects the exercise of rights, coupled with the slowness and the limitations inherent to the justice systems and their response capacity which, in addition, has no citizen oversight, hinders our ability to achieve our goals. • Inequalities have increased in the region, which has affected vulnerable groups and, hence the challenges associated to their care. This generates more competition among priorities.

GENDER EQUALITY AND GBV	
How do we see the current situation?	• Visualization of the gender perspective as well as gender-based violence. Trans and indigenous women are not being included. Difficulties to include different strategies for gender roles. • Violence against women and feminicides has increased. There is also movement within the Government structures to respond to this issue. Vulnerability is exacerbated by the economic deficit.

	We must determine how we can strengthen the first level of care and access to services (the demand for condoms and PrEP has increased) • In LAC, gender-based violence is historic and has affected STI and HIV. It is another issue that is aggravated by COVID-19. • COVID-19 has exposed all vulnerabilities, particularly those within the trans population. The trans population is one of the most unprotected populations and of which we don't have enough information – it's important to generate more evidences. Before COVID-19, it was already a population being left behind – COVID-19 has worsened their situation • Gender and migration must be addressed, especially with the migrations we are experiencing with all countries. People have had problems reaching services, even more amongst key populations.
What concerns us?	• Venezuelan migrants have limited access to health. • Adolescents and girls are being deprived of sex education. Next year, we will see an increase in STI and HIV cases and pregnancies. • The first line responders to COVID-19 are women: less autonomy for women. The situation of inequality and loss of autonomy creates a fertile ground for contracting HIV: higher vulnerability. • Due to COVID-19, the accession processes have been interrupted: with female sex workers, for example. • NGOs are facing greater difficulties. There's a lack of resources dedicated to humanitarian aid for women: food security, some women are not part of social programmes.
What gives us hope?	• Assisted contact notification process – we have seen the need to provide more structure to the violence aspect. • Thinking of the first 95, trying to include more clear routes for the health personnel and provide means of response to GBV. • Empowerment of the organizations of trans people – now we also have trans men organizations.
What constrains our ability to achieve our goals?	• Lack of clear public policies for women. • Lack of resources for women on equal terms. • Lack of good practices that exist in the region to respond with a gender and human rights approach. • Financial and human resources and telework. In many countries, NGOs aren't very active. • The response is led by the health aspect, however, a country outlook is required, with the involvement of other government and private sectors.

SUSTAINABILITY OF THE HIV RESPONSE	
How do we see the current situation?	• When COVID-19 started, there were no mitigation measures for HIV – the beginning of the pandemic was chaotic, and the current situation still presents us with problems such as the reception of ART, mobility restrictions and shortages. This has caused treatment interruptions. The situation is very difficult, governments are not interested in HIV or key populations (they are left out of all activities), the progress is lost with changes in government, and key populations are cared for by the Ministry of Culture. Sustainability of work looks critical. Lobbying and advocacy are needed to access external funds. • Many of the key populations work in the informal economy sector and have lost their jobs – we are still trying to find ways to cope with this situation as the countries open their economic activities. People have been seriously affected and state resources have not reached the populations. There will be more poor people in the region as a result of COVID-19 and the resources available for HIV will potentially be reduced. • One population that has a particularly difficult time is female sex workers – governments have attempted to help the general population but have forgotten some key populations. Institutional violence is exacerbated, the mobility situation for trans women is an example of this. No country was prepared for this disaster, and violence against women has increased considerable. • Programmes stopped distributing condoms and lubricants, and the provision of many health and HIV services stopped. CS organizations have responded, using resources from donors to finance the needs of key populations and reprogramming resources allocated to political advocacy to cover other basic needs. Something of particular concern is the role that the community has played to meet the needs and sustain the response without governmental support – the funding that these organizations had to promote their work is currently being used to address emergency and short-term situations. • Training is provided on networks and use of platforms. Essential services: telephone and Internet.
What concerns us?	• Right-wing governments that do not believe in human rights and have prejudice against key populations. • The economic crisis affecting the entire region and impacting programmes, humanitarian aid, procurement and importation of medicines. ARV prices may rise; treatment sustainability and humanitarian aid are threatened. • Regarding human rights, we have good protection tools and communication channels for the community to express themselves, but sometimes people do not dare to step forward and assert their rights – too much fear of becoming empowered.

	The population does not express itself the way it should, and many groups do not seek resources out of fear of being discriminated against. • Police reprisals for reports of human rights violations – there is no street protection for key populations. • All programmes are focused on COVID-19, including services for infectious diseases, putting aside our agenda. To date, we do not know what impact the pandemic will have on HIV. What will happen in a few months when we realize the medium- and long-term effects it will have on programme continuity, treatment shortages, the lack of social protection, and the lack of resources?
What gives us hope?	• We are here fighting together, the UN, CSOs, programme managers. Our resilience is our added value. • The innovation and reinvention of activism – it has brought us together, with meetings the communities make an effort to hold; we have adapted and made an effort to bring connectivity and technology access to the people. • The great impact that the COVID-19 pandemic will have on our HIV responses. We will have to make clear what the needs of the region are to determine what needs to be financed urgently. • The studies on sustainability made over the years have not been real or have lacked sharpness. COVID-19 has left in evidence the frailness of HIV programmes and the response; this is a warning to better the search for information.
What constrains our ability to achieve our goals?	• Sustainability has to do with resources and, if these do not come to the region, responses will be hampered. Besides, it is difficult to speak only about theory, the reports and studies available must be linked to reality. • It is important that the cooperation agencies understand the new situation in the region. Governments influence the ministries to finance basic responses – there are no resource for social protection because they are destined to prevention and care. • The GF resources should be used to cover connectivity needs, at least for a period of time, to ensure that everyone is included in our HIV responses. • Having evidence is necessary! Having information systems that allow us to show the actual situation and needs associated with the response in order to apply for resources.

STRATEGIC INFORMATION	
What are the needs of strategic information	• Develop the prevention cascade! • We must ensure that the data on actions by the civil society are reflected in national information systems.

amongst vulnerable and key populations?	• Comprehensive information systems that include data on key populations. • Review of history charts in health centres to include comprehensive information regarding gender, sex, age, risky behaviour and geographic area.
What concerns us?	• There has been a lot of investment over the years with minimal results. • Donors and other partners (mostly international) do not standardize indicators to enable using the complete data. • The CS does not have strong and valid information systems to be able to contribute to national systems; therefore, their efforts and results are not accounted for.
What gives us hope?	• Data access for the entire public. • Some countries are making progress, but there is much to be done. • In some countries, there is progress in the ability to use the information in decision-making.
What constrains our ability to achieve our goals?	• The data is presented in a language that is inappropriate for non-technical/variable audiences. • The lack of feedback from international organizations hinders the participation of national groups in decision-making. • Lack of qualitative data and the capacity to triangulate all the available data.

EMERGING PATTERNS:

- Encourage social contracting and strengthen NGOs so that they may participate in prevention actions that target vulnerable and key populations.
- Continue promoting innovative actions like self-testing, index testing, migration to TLD, etc.
- Budget cuts that affect the response to stigma, discrimination and human rights due to the COVID-19 pandemic. There is now a greater effort to obtain funding in these areas because the pandemic has been given priority.
- The COVID-19 pandemic threatens the sustainability of the response to HIV in a region where the Global Fund and PEPFAR are already on their way out. Lobbying and campaigning to access external and national funds are needed.
- Strengthening of information systems that include data disaggregated according to key population, gender, age, race, etc, and that include data reported by CSOs with a clear focus on key populations.

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?* • Reinforce the concept of Combination Prevention in KP and continue socializing it, ensuring new technologies and focusing on people and not on HIV. Besides, continue with the delivery of MMD, the testing strategies, the TB-HIV coinfection approach, the transition to TLD, the surveillance and audit of the drug procurement processes and the monitoring of adherence with viral load. • Emphasize the importance of a comprehensive sexuality education, with a gender and human rights approach. • Maintain the progress made with the trans populations and sex workers, in addition to the key populations, with a rights approach. Besides, continue raising awareness on the rights of key populations. Maintain the support to civil society organizations within the ministerial structures and regulatory components of the programmes – it must be strengthened with a human rights perspective and a gender-based approach. • Continue strengthening civil society to favour the application of the laws regarding the access and enjoyment of rights. The activism of the CSOs must be resumed and reinforced. The virtualization of spaces allows for a greater inclusion of the populations in the processes, including the provision of equipment and the access to connection services to ensure participation. • Continue to prioritize interventions that promote gender equality, differentiated for each country and specific populations. Continue with interventions that document GBV to promote effective actions and research with a gender focus, overcoming the emphasis on men and including the specific needs of women who are substance users, with their participation. • Continue with the access to community therapy with help of civil society, to be strengthened with the support of more partners. Bring the therapy to people without access – the lack of human resources has worsened and must be fixed. • Continue searching for strategies and consider drug users; continue working on issues of criminalization and create trust frameworks that favour participation. • Strengthen countries' capacity to conduct economic assessments, showing that budget increases are not necessary, but instead the introduction of cost-effectiveness

	concepts in programmatic areas. Double the efforts to end stigma and discrimination. • Bet on technical sustainability, innovations, TLD, index testing – investing is necessary to continue implementing them as a long-term option. • Strengthen CS capacity in data collection and the use of this data in advocacy for better programming and fund allocation. Strengthen capacities and data availability to build the prevention cascade.
STOP	*What must we stop doing, that if we don't stop will ensure failure?* • Stop the approaches based on fear – they should be based on pleasure. • Stop ARV delivery for only one month, splitting between various programmes and the lack of standardized protocols between the Health Ministries and social security institutions. • Stop the prejudice against substance users so that they may become involved with the responses to their needs, the design of programmes and projects, including their links with HIV. Avoid bringing external models into the region to treat specific issues and respond to the cultural and social characteristics of Latin America and the Caribbean. • Stop defining everything from the HIV perspective and focusing only on the rights of PLWHIV and have a more comprehensive approach. Take into account other aspects that include the rights beyond the right to health. • Stop promoting policies from the desks and include more participation of society and its needs. Define more clearly the responsibilities for these issues, who is responsible and the clear role to play. • Stop criminalization and police-approaches towards drug users. Promote harm reduction strategies beyond intravenous drug users. • Stop individualistic efforts and implement regulations that would ensure sustainability and continuity. Isolated work occurs both within our own programmes and those of civil society organizations – integration must be ensured. • Stop the lack of coordination among partners, specifically donors and other international partners.
START	*What are we not doing that we have to start doing?* • Implement innovative strategies to minimize the impact of stigma and discrimination on the access to services, including the access to rapid tests, drug provision for multiple months, etc. Work to reduce the stigma against substance users and open spaces for their participation in the decisions and design of programmes and policies that affect them. Education for the

	health staff to eliminate their stigma against substance users and other key populations. • Promote a truly comprehensive response, including the self-testing strategy. Besides, within the context of COVID-19, discuss the optimization of the cost of drugs and the budgetary allocation. Promote improvements in the supply chain to avoid shortages. • Generate evidence and reinforce data quality and transparency. Better strategic information data is needed. Start the coordination and collection of good practices and lessons learned in pandemic responses, to be implemented in other countries. Systematize capacity building. Promote studies, access to health services and harm reduction actions that target key populations. • Work more in depth the issues of criminalization against substance users, people living with HIV and people engaged in sex work (dismantle this approach). Take a position with respect to substance users in the Latin America region and avoid imposing models from other regions. • Strengthen political will and reactivate and strengthen, with UNAIDS support, the role of civil society. Responding to a pandemic is impossible without the active and sound participation of civil society. Promote external funding with continuous civil society involvement. • Catalyse and strengthen coordination between different actors to address GBV and women empowerment. Strengthen alliances. Include and address masculinity issues within the responses. Disaggregate data according to gender. • Generate evidence – in some cases, information is available, however, it is not systematized and is outdated information that cannot be used for decision making (what is said to exist doesn't reflect the actual situation). Promote work in the 2nd and 3rd pillars of the cascade.
Main recommendations	• Work in close collaboration with donors and national actors to standardize data and strengthen information systems that include data on key populations. Unify the care guides in order to guarantee a standard treatment for all. • Monitor the impact of the COVID-19 pandemic on the response to HIV. Use the global picture to optimize the procurement processes and the use of flexibilities and improve the supply chain. Greater transparency in procurement processes. Strengthen civil society to collect data and use it to advocate for funds. Move forward and urgently in the development of prevention cascades. • Promote public policies at community levels. Do not forget the commitments already made: 90-90-90 – we must reassume our commitments. Have a joint work plan between GCTH and

	CSOs. Strengthen the joint response. Promote adherence with information technologies. • Coordinated inter-sectoral strategy between civil society organizations and the states, to eliminate stigma and discrimination, that includes articulation from national institutions such as the ombudsman or its equivalent. Greater emphasis on analysing the access barriers to design actions that have a direct impact on them and that reduce stigma and discrimination. Promote the population approach, minimizing stigma and discrimination in services. • Resume inclusion and recover the cooperation processes within the thematic roundtables. Recover organization roles within the GHTC. Ensure the inclusion of CS from the drafting of proposals to the management of resources. The multilateral spaces within the UN have be weakening, permanent alliances with CS and governments must be made. Civil society requires strong states, the states require UNAIDS to be strong.