

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Global

Organizer: The PACT and UNAIDS Secretariat

Date: 27 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.

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If you are not able to enter it on line you can send us a copy via e-mail strategyteam@unaid.org

Date of discussion: 27 August 2020

Theme to be discussed: Young People and HIV

Participants (types of organizations participating):

The PACT	Mo Barry	Chair
Y+	Daren Paul Katigbak	Vice-Chair
The Youth Coalition for SRHR	Gareth Jones	Co-Chair of the Leadership & Projects Working Groups and Vice- Chair of The PACT
Youth Lead	Chinmay Modi	Board member
Teenergizer	Yana Panfilova	Founder
Dance for Life	Yvonne Ochieng	Youth Program Coordinator at Cities RISE and International master trainer
GayLatino	André Meré	Youth Coordinator
MPACT Youth Reference Group	Sergio Lopez	MPACT Youth Reference Group
The Adolescent Treatment Coalition	Julian Kerboghossian	Coordinator
SIBA – MENA youth HIV and SRHR network	Rewan Youssif	Regional Coordinator
YOUTH VOICES COUNT	Abigail Amon	Communications Officer
HER VOICE FUND	Beverly Mutindi Chogo	Ambassador
READY	Tumie Komanyane	Programme Manager

YOUTH STOP AIDS	Molly Pugh-Jones	Regional Coordinators on the Youth Stop AIDS Steering Committee
Young leaders for health	Tanya Herfuth	Co-founder & board member
WCC	Joy Eva A. Bohol	Coordinator Youth Engagement
Let's Stop AIDS	Arihant Boli Analisa Smit	Members
Education ss a Vaccine	Ito Ekanem	Advocacy
International Indigenous working group on HIV – Youth reference group	Zoe Verlaan	CAAN's Youth Leadership Coordinator
International AIDS Society Youth Voices	Gladwell	Active grantees
African Network of young positives	Aaron Sunday	Board member
UN Youth Advisory Council	Nargiza Shanazarova	Member

Country, regional or global focus: global focus

Introducing the theme

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

- Despite the reduction of new infection among young people 15-24 years old by 47% since 2000, we are far behind achieving the targets set for adolescents and youth included in the 2016 Political Declaration on HIV/AIDS and the UNAIDS Fast Track Strategy 2016-2021
- In 2019, adolescents and youth accounted for more than one-third of all new HIV infections globally. Adolescent girls and young women (AGYW) accounted for 60% of all new infections in this age group and 71% of these infections occurred in young women aged 15–24 in Sub-Saharan Africa.
- In SSA and the Caribbean, AGYW are more likely to acquire HIV than young men but, in other regions, young men are at higher risk. Although the HIV prevalence among young people remains in 0.3%, if we zoom into the populations most at risk we will find that HIV prevalence reported from countries in the past recent years among key populations younger than 25 years old was on average: 4% among YSW, 6% among young gay men and MSM, 5% among YPWID, 10% among young transgender people, and 1% among young prisoners.
- A crucial aspect of HIV prevention is the provision of comprehensive and friendly services tailored to young people, including CSE. Although most countries report that they provide CSE in secondary schools, knowledge of HIV prevention among young people is alarmingly low and only a third of them have accurate knowledge about HIV transmission and prevention.

Regarding the access to services, in 40 of the 104 countries with data available in 2019, adolescents younger than 18 needed parental consent to take an HIV test, and in 26 of 90 countries, adolescents need consent to access contraceptives, including condoms. Structural barriers such as the age of consent laws and policies, criminalization of HIV transmission and key populations, the lack of CSE, poverty, gender inequalities, and GBV, negatively affect young people's access to prevention services.

- Young people have the right to be represented on decision-making platforms but still, youth participation varies across regions, from around 80% in LA, WCA, and ESA to less than 50% in the Caribbean.

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?	<p>The COVID pandemic is negatively impacting young people’s access to HIV prevention, treatment, and support services (due to insufficient facilities, limited financial resources, reshuffling of priorities).</p> <p>Governments have not responded fast enough to the challenging context and there is a limbo in the information on how to access services and navigate the restrictive measures and conditions due to the COVID-19 pandemic, especially for young key populations.</p> <p>Stigma and discrimination continue to be one of the main challenges to access services. Continuous stigma towards LGBTQI youth contributes to increasing the rate of infections (sexuality is hidden, which increases pressure). Young people who sell sex and use drugs are the most marginalized as well in terms of accessing services and facing multiple challenges imposed by the criminalization law and S&D. The situation is worst for the adolescents below the age of the consent. YKP living with HIV has more harsh realities due to their YKP status.</p> <p>Need for more comprehensive sexuality education in and out of schools.</p>
What concerns us?	<p>We are concerned about the economic situation and how this is affecting so many people from diverse groups and pushing more people into poverty and vulnerability. The already marginalized and vulnerable groups are more affected by this global crisis. The access to harm reduction, condoms, and other prevention services and commodities is greatly affected in the context of the COVID pandemic, as well as access to food and other basic needs.</p> <p>The lack of structures to ensure healthy sexual practices. These include affordable testing facilities that are free of stigma, comprehensive sexual education in schools, stigma towards the LGTQI community.</p> <p>YKP with multiple statuses (meaning- young people who sell sex also use drugs and also living with HIV) have huge issues in terms of getting affiliation for support and services at the country level. We need to understand that KP and PLHIV networks at countries do not always work harmonically (except few countries) and people with multiple statuses will have difficulty in getting the affiliation.</p> <p>The lack of data on youth and adolescent participation. There has been progressed towards the recognition of young people’s right to participation in decision-making but still, youth participation is insufficient in the HIV governance structures at all levels. Limited efforts have been taken to ensure meaningful youth participation and avoid tokenistic and adult-centric approaches to youth participation.</p> <p>Migrants and LGBTI people are populations completely neglected by the governments. People who are homeless are often neglected and this is not seen as an issue to be addressed in terms of HIV prevention.</p>
What gives us hope?	<p>Civil society has massively increased its presence; there is a lot of more grassroots community-led organizations and representation at different levels of the decision-making bodies of the response.</p> <p>The youth movement and the significant contributions of young people to the HIV response, especially in reaching out to our peers, especially from key and vulnerable populations like indigenous groups, women and girls, LGBT, among others.</p>

	<p>Young people working with UNAIDS and other organizations. Good donor collaborations happening such as scientific research on prevention and treatment.</p> <p>Stigma against LGBTI people is decreasing in some geographical areas as the new generation is more open-minded to more inclusive communities.</p> <p>It is easier to access information on an individual basis for young people thanks to the internet.</p>
<p>What constrains our ability to achieve our goals?</p>	<p>Lack of financial resources for youth-led organizations. Young activists and community workers cannot dedicate full time to community work and activism because they need to take other jobs to earn money, these are important constraints.</p> <p>The lack of response from our governments to racism, discrimination, and inequalities that really affects our ability to achieve our goals.</p> <p>The lack of education CSE and comprehensive youth-friendly SRHR services.</p> <p>The lack of more online platforms for immigrants and highly racialized and discriminated communities when they do not have resources to reach public clinics or charity organizations.</p> <p>Laws and policies that hinder young people's free access to services due to age or marital status; negative social and genders norms such as child marriage, gender-based violence, and inequalities; and violations of human rights due to stigma, discrimination, and racism need to be removed to achieve universal access to services.</p> <p>The lack of political will and tailored strategies from governments to address the needs of populations most at risk and vulnerable. Also, international donors and stakeholders do not often consider community needs. Communities are undervalued and programmes are still missing out on young key populations.</p>

<p>THE STRUCTURES THAT RESPOND TO HIV</p>	
<p>How do we see the current situation?</p>	<p>Many political changes and commitments have been positive – these are the culmination of years of advocacy and work, but this is currently at risk of vanishing due to the complex global situation and reduction of resources to CSO.</p> <p>Age-appropriate and stigma-free mental health support remains unaddressed in the HIV response for young people, especially for key populations and vulnerable populations. The COVID-19 pandemic is severely impacting the mental health of individuals of the youth community.</p> <p>Access to CSE and friendly SRHR services tailored to young in all their diversity are a crucial aspect for HIV prevention, but governments have not delivered on their commitments of providing universal access to these services. Therefore, the knowledge of HIV prevention and transmission is low among young people, especially among those most affected by discrimination and inequalities.</p> <p>National HIV strategies are biased by the lack of data around young key populations to inform Evidence-based approaches.</p> <p>Laws and policies that hinder access to education and prevention services are still in place.</p> <p>The COVID-19 pandemic may contribute to the further deterioration of the quality of education, especially for those more affected by inequalities.</p>

	<p>Vulnerable populations, indigenous youth specifically require different strategies, ones that address their cultural differences and keep youth engaged in the services provision.</p>
<p>What concerns us?</p>	<p>Due to the COVID-19 pandemic, many young people and YPLHIV cannot access their medications, and services, partly due to lack of resources, social protection, or human rights violations.</p> <p>Stigma and discrimination had not been adequately addressed in the response.</p> <p>Restrictive laws and policies such as age barriers to access SRH/HIV services. Young people face the fear of being punished/prosecuted if they don't seek parents' and guardian's approval. When restrictive laws are changed are not always followed by health providers.</p> <p>The lack of comprehensive youth-friendly CSE integrated into education systems. We need accountability systems to track if this is really taking place in schools or out of schools. Parents are often shy and unprepared to address this topic.</p> <p>Funding for grassroots organizations is being reduced by international donors. Donors tend to work in siloes and only with international NGOs rather than grassroots organizations that know their community.</p> <hr/> <p>Very few interventions on prevention taking into consideration the situation and needs of young key populations, especially to provide information that considers their diversity.</p> <p>Patriarchal structures and conservative traditional religious beliefs and religious leaders that negatively influence people reinforcing stigma, myths, disinformation and demonizes the discussion about HIV, SRHR, women, and LGBTI rights.</p> <p>Lack of commitment from human rights organizations on the human rights of PLHIV.</p> <p>HIV prevention is not been prioritized in the current context of health and economic crisis. Testing and treatment are the priority but very little has been done to address the side effects of treatment, especially intolerable side effects.</p>
<p>What gives us hope?</p>	<p>Young people to be at the forefront of shaping policies and to be at the decision-making tables</p> <p>When the diversity of adolescents and youth people are taken into consideration for programming.</p> <p>Religious actors and churches have a big influence even in areas where the government is not present to carry out advocacy on human rights.</p> <p>The support to peer support groups, including for teenagers on mental health issues.</p> <p>Increases seen in domestic funding, but still insufficient to cover the shortfall from international donors pulling out.</p> <p>Good donor collaborations happening, including scientific research on prevention and treatment.</p> <p>Improvements in laws and government commitments towards HIV</p>

<p>What constrains our ability to achieve our goals?</p>	<p>Conservative traditional leaders and religious actors – they can both reinforce stigma, myths, misinformation, and discrimination but can also be enablers for change. Young people need to challenge the churches and stigma they create and talk openly about HIV, including children.</p> <p>In the context of the COVID-19 pandemic, youth-led organizations find it difficult to find partnerships and to scale up work. There is a risk work is getting repeated due to a lack of communication and coordination among grassroots youth-led organizations.</p> <p>International donors and stakeholders do not often consider community needs.</p>
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<p>CONTEXTUAL ENVIRONMENT</p>	
<p>How do we see the current situation?</p>	<p>Restrictive measures imposed due to the COVID-19 pandemic are playing against people most at risk and vulnerable to HIV who are facing challenges to access HIV services and are affected by human rights violations and are being further marginalized and pushed out the economic, health, and social system. It is concerning the violence and personal attacks toward activists and their families.</p> <p>Structural barriers are threatening the ability of youth-led organizations & networks to contribute to community-led responses.</p> <p>Youth-led organizations face challenges accessing funding due to the lack of organizational and individual capacities.</p> <p>Lack of political will to address HIV to address social and cultural barriers to access services, including legal barriers to HIV access services (age of consent) and stigma and discrimination.</p> <p>Most of the regions are below targets (90-90-90) and the health and financial crisis threaten the possibility of reaching or sustain the targets in many countries.</p>
<p>What concerns us?</p>	<p>The reductions of funding for civil society, particularly for youth-led organizations. COVID may increase the funding gap due to the economic collapse in countries. Governments are tending to work with international NGOs rather than grassroots organizations that know their communities.</p> <p>The limited access quality youth-friendly services and legal support when needed/violated.</p> <p>The lack of knowledge about HIV prevention and transmission among young people.</p> <p>The lack of security for community-led organizations, including direct hate crimes towards LGBTI groups, documented arbitrary detentions and arrests, offices were broken into and raided as well as other personal and digital attacks to members. The ability to respond from a community network/organization because this might fire back on the community or family.</p> <p>Treatment access in lockdown, travel restrictions, and treatment importing.</p> <p>The lack of data on young key populations.</p>
<p>What gives us hope?</p>	<p>The resilience and adaptability of the youth-led organization that are responding with innovative approaches to the challenging situation.</p>

<p>What constrains our ability to achieve our goals?</p>	<p>The lack of funding opportunities for youth-led organizations,</p> <p>The limited access to capacity building opportunities for young people and youth organizations</p> <p>The lack of political will and undervalue of communities, especially marginalized and vulnerable groups.</p>
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EMERGING PATTERNS:

- The restrictive measures and the health and financial crisis that have emerged due to the COVID-19 pandemic, are greatly affecting the access to HIV prevention, treatment, and support services for young people, especially migrants, LGBTI, indigenous, and other vulnerable and most-at-risk groups; and place a great risk to sustain and achieve targets in the HIV response. Governments and donors need to adapt quickly to provide services with the support of community-led organizations
- Stigma, discrimination, and other human rights violations have not been adequately addressed in the AIDS response. Particular attention needs to be paid to the people-centered human rights-based approach in the AIDS response to improve universal access to HIV services and protection of PLHIV and key and vulnerable populations.
- Age of consent laws and negative gender norms are hindering young people’s access to services and need to be removed if we want to achieve our targets.
- CSE and youth-friendly SRHR services need to be provided in and out of schools and must be integrated into the education systems. Youth-led accountability must be supported to hold governments accountable for their international commitments.
- A strong youth & HIV movement has emerged in the past years. Funding opportunities, capacity building, organizational strengthening, and participation of youth-led organizations and leaders are crucial to build a more inclusive and effective AIDS response.

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	<p>Partnerships between civil society organizations and Governments. CSO provides valuable information that positively contributes to informing decision-makers to be able to consider a wider range of needs and challenges.</p> <p>Support to youth-led organizations and networks, particularly to YPLHIV and YKP to strengthen the capacity of youth in different spaces.</p> <p>Support youth-led organizations and networks to outreach and empower young people to advocate for their own needs and goals.</p> <p>Continue to facilitate the exchange of knowledge and best practices among youth-led organizations and other partners.</p> <p>Looking after social determinants of health and social protection.</p> <p>Funders requiring the formation of consortiums to apply for project funding is positive to ensure an intersectional approach.</p> <p>Continue production of disaggregated data as it is important in identifying gaps in service provision.</p>
STOP	<p>Stop sub-granting and doing social contracting merely to check a box. We need to retain the human talent in the communities, and communities need funding to do their work.</p> <p>Stop focusing funding on the global and regional levels only. We need funding for local organizations and people in the field.</p> <p>Stop using legal barriers as an excuse not to reach adolescents and young people in need.</p> <p>Stop defunding programs that provide HIV services that are critical such as ARVs and other prevention programmes.</p> <p>Stop referring to “young people” as a single, homogenous unity. Recognize and engage young people meaningfully – not only as part of trainings, consultations, or for isolated events.</p> <p>Prevent tokenistic participation and promote the ethical engagement of youth and focus on more specific needs, giving young people a voice and agenda and respecting their requests. Young people must be considered as key partners.</p>

<p>START</p>	<p>Increase access to innovative and intersectional strategies that include young people in all their diversity – we are not a homogenous group!</p> <p>Engage more grassroots organizations (those who are mostly interacting with the communities) and support the institutional and implementing capacity strengthening. Including young people at the grassroots level rather than as a token gesture or in a minimal way</p> <p>Start engaging more diverse young stakeholders. .e. religious communities – this is required to end stigma and to be more inclusive of HIV-positive people</p> <p>Support and give more space to mental health in the HIV response, especially for young people living with HIV and key populations (including it in stigma and discrimination programmes and UHC). It is important to improve adherence, build trust in services, and the overall wellbeing of young people. We need to begin working on eliminating the barriers to accessing mental health care including training of healthcare workers, affordability, and access to mental health services, reduction of stigma, and discrimination, among others.</p> <p>Acknowledging that economic empowerment of young people is a huge component of youth empowerment (also preventing at-risk behaviors due to inequalities and livelihood)</p> <p>Trusting young people in leading the response and youth-led process. We must make sure that young people in all their diversity is represented in different sectors and decision-making bodies of the HIV response.</p> <p>Tackling punitive laws and harm reduction services more forcefully</p> <p>Support youth-led monitoring to demand accountability from the pharmaceutical industry and governments and particularly monitor the implementation of comprehensive sexuality education per country.</p> <p>Collaborating with stakeholders/researchers in the Covid-19 pandemic response to learn from what they have been doing and apply this to the HIV response – for instance in pooling knowledge and working together</p> <p>Guidelines on ethically engaging young people in advocacy and activism, including positive actions to protect young people and young leaders.</p>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p>Vital that HIV is not seen in isolation but linked to other health concerns, in particular with mental health.</p> <p>HIV cannot be a standalone issue – needs to be seen in the wider social context and underlying social factors need to be addressed to reach our goals.</p> <p>Fund young people’s networks and organizations directly, without gatekeepers.</p> <p>Holding leaders in the HIV response and key stakeholders (such as the pharmaceutical industry) accountable for their words and promises to include</p>

	<p>young people. We must ensure that we begin to see young people as an essential part of the AIDS response, see them as an intersectional group, and view their voices as equal.</p> <p>We need clear disaggregated data – age, race, gender, sexuality, key-affected population.</p> <p>Support institutional strengthening of youth-led organizations</p> <p>Guidelines on ethically engaging young people in advocacy and activism</p> <p>Provide funding opportunities for youth-led organizations for the empowerment of young people.</p> <p>Support the strengthening of referral and linkages of legal support for young people</p> <p>Adequately address stigma and discrimination and the enforcement of protective laws for PLHIV and key populations.</p> <p>The governments should prioritize the concerns of young people in fragile and conflict environment</p>
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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

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