

# UNAIDS STRATEGY DEVELOPMENT

## **UNAIDS STRATEGY REVIEW: Focus Group Synthesis template**

Country/Region: Caribbean

Organizer: UNAIDS Caribbean Sub-regional Office

Date: Thursday 27 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 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@unaid.org](mailto:strategyteam@unaid.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: August 27, 2020

Theme to be discussed: Caribbean lens

Participants (types of organizations participating): Total number: 34

- Civil society
- National AIDS Programmes
- Health Ministries
- Academia
- USG
- Regional development partners (e.g. PANCAP, CARPHA)
- Caribbean HIV response luminaries

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)

- Strategies to help the Caribbean close the gap on testing and viral suppression
- Approaches to ensure no one is left behind in the Caribbean
- Re-imagining partner inputs into the HIV response
- Feedback on UNAIDS' footprint and strategy in the region

### **SECTION 2: People-centered response to HIV – key emerging messages**

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

<b>REACHING THE PERSON</b>	
<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> <li>• There are significant 90-90-90 gaps, particularly for the most vulnerable e.g. young transgender people and youth-at-risk.</li> <li>• Factors like poverty, disability and geography (e.g. inner city/rural) continue to be barriers to service access</li> <li>• The consistent lowering of HIV budgets year by year is a threat, particularly to prevention targets.</li> <li>• Despite frameworks and commitments around youth access to sexuality education and services, there is inadequate follow-through and progress. (e.g. HFLE curriculum implementation in the Caribbean context.)</li> <li>• We have to be mindful to generate better data to understand the landscape, including by sub-population groups.</li> <li>• Differentiated, comprehensive approaches are needed to reach everyone. (e.g. consider factors such as ethnicity, trafficking and migration status.)</li> <li>• COVID-19 has highlighted the need to focus our attention on inequalities, including gender inequalities.</li> <li>• Trans-Men and prisoners are groups that require more attention.</li> <li>• Too many governments and formal leadership structures continue to maintain discriminatory attitudes toward HIV and strategies to address HIV. e.g. reluctance to adopt PrEP.</li> <li>• The social determinants of health need to be considered more in framing and delivering the response. We must address social issues if we want to get to the social drivers. The Double epidemic of COVID-19 &amp; HIV make this an imperative.</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>• We identify the same problems and say the same things for years and years. We need to innovate and to try new approaches.</li> <li>• The vertical approach to HIV remains problematic. The same drivers of HIV are also responsible for adverse SRH outcomes (e.g. patriarchal traditions, incest and religious taboos.) Still, HIV has not been taken out of isolation.</li> <li>• The vertical approach to HIV management was necessary initially but has created a silo that requires re-examination. With shrinking funds, an integrated approach is required for HIV programming support. Integration of HIV and SRH can allow us to achieve this integrated framework.</li> <li>• Challenges around equality and gender persist.</li> <li>• Populations at risk are not fully engaged.</li> <li>• Stigma &amp; discrimination are persistent, stubborn challenges.</li> <li>• Future sustainability of CSOs is an issue. Where, how and who will invest?</li> </ul>

	<ul style="list-style-type: none"> <li>• Governments have not taken sufficient responsibility for securing the human rights of all people, particularly marginalized groups.</li> <li>• Accountability – Governments and stakeholders have to do better.</li> <li>• Resistant attitudes of politicians and policy makers to fully engage on issues related to sexuality and sexual health of young people.</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>• Governance structures and standards within organizations.</li> <li>• CSOs' watchdog role and commitment to providing services for all</li> <li>• The potential of corporate social responsibility.</li> <li>• Increased assurance of human rights for PLHIV.</li> <li>• The potential of donors to commit to, and facilitate, integration.</li> </ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>• Lack of succession and sustainability planning among civil society organisations. There is a need for CSO staff to be trained to wear different hats and there should be deliberate strategies to maintain human resource expertise for critical areas of work.</li> <li>• Overall lack of attention to sustainability.</li> <li>• In the Caribbean we are facing a resource crisis. Donors are moving out of the region, our categorization as mostly middle- and upper-income countries eliminates important funding opportunities.</li> <li>• The rise in conservatism and the nexus between policy and politics.</li> </ul>

## THE STRUCTURES THAT RESPOND TO HIV

How do we see the current situation?	<ul style="list-style-type: none"> <li>• The regional response and its results have slowed. There is a need to interrogate this and other similar patterns in a deliberate way with a view to identifying concrete causes. We can better inform, map and coordinate the way forward for the region by understanding the gaps.</li> <li>• There is a need to address duplication of efforts. We need to determine who does what best.</li> <li>• There is a hyper-focus on key populations (KP) that reinforces S&amp;D against these communities. There is a need to consider a different, more strategic and focused approach. Perhaps there should be a focus on the general population rather than just KPs. The current approach sends a message to the people that KPs are responsible for HIV. The new approach must be mindful about the negative impact upon KP community and no longer reinforce the sense by other communities that they are being left behind.</li> <li>• COVID-19 could stall progress of the regional response. Partners must identify and map key areas of work.</li> <li>• National programmes and civil society must be aware of the targets to work towards.</li> <li>• A clear understanding is needed of how to sustain funding and programming to civil society in the face of decreased resources.</li> </ul>
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	<ul style="list-style-type: none"> <li>• We must examine new and innovative approaches that may be acceptable to target populations and have the impact of decreasing new infections.</li> <li>• Continue advocacy for, and strengthening of, social contracting.</li> <li>• Address how CSOs and government entities interact.</li> <li>• Go to the site level to monitor targets like 90-90-90.</li> <li>• Update the Modes of Transmission country studies with more recent data.</li> <li>• Understand the programmatic and policy funding gaps to better to inform mapping and coordination of the regional response</li> <li>• There are concerns about the capacity of national teams to deliver.</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>• Sometimes goals and targets are not realistic putting stress on programmes to meet them and resulting in demoralization of staff.</li> <li>• There needs to be a working partnerships and processes to identify problems and corrective strategies in real time and on an on-going basis (e.g. physician-initiated treatment).</li> <li>• Civil society partners can be constrained by pressure to produce unrealistic results.</li> <li>• Coercion of community members sometimes occurs with index testing in order to reach targets.</li> <li>• There is a need to look at civil society strengthening at national level and how we enable the civil society sector as a whole.</li> <li>• HIV needs to be more broadly framed.</li> <li>• Lack of availability of accurate and timely data.</li> <li>• There is uncertainty about what is our real goal at this time. (Is 90-90-90 still on?)</li> </ul>
<p>What gives us hope?</p>	<ul style="list-style-type: none"> <li>• Donors are responsive to issues/ red flags raised during implementation reviews. (e.g. PEPFAR has aligned targets with national program targets)</li> <li>• Donors receive feedback through regional fora</li> <li>• Training has been given by USG to address programmatic weaknesses</li> <li>• CARICOM's continued investment in PANCAP</li> <li>• UNAIDS' continued investment in the regional programme helps to consolidate efforts</li> <li>• Continued use of targets as they are driving progress</li> <li>• Focus on patient survival at one and five years</li> </ul>

<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>• Reduction in the political will to support HIV in the development agenda</li> <li>• COVID-19 pandemic. There is a need for more effective planning for the next 2-3 years as the pandemic impacts political decision making.</li> <li>• Only lock-down will help control the surges in COVID-19 infections yet programmes must be sustained. The coming months pose challenges to HIV programme continuity.</li> <li>• We are not looking enough at other vulnerable groups such as drug users</li> <li>• We are not clear on the challenges facing communities that are currently being left behind or are not reached with services.</li> </ul>
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<b>CONTEXTUAL ENVIRONMENT</b>	
<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> <li>• The Caribbean is currently undergoing severe economic impacts. Country size can be a challenge vis-à-vis ability to compete at the global level.</li> <li>• As a result of population sizes, smaller Caribbean countries are not counted as part of global reporting processes. For example, OECS Countries are not published in UNAIDS reports.</li> <li>• COVID19 impact on domestic and donor economies is resulting in reduced access to services.</li> <li>• Stress on economic and social dimensions, leading to degrading health outcomes, lack of adequate access to services, increasing domestic violence and human rights challenges</li> <li>• Climatic challenges, especially vulnerabilities to weather-related events</li> <li>• Supply chain management issues continue to impact countries' capacity to deliver services</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>• Surge in COVID-19 cases in the Caribbean has affected the domestic allocation of resources to health and impacted countries' revenue.</li> <li>• Stigma and discrimination and their impact on human rights constitute an ongoing crisis in the Caribbean</li> <li>• Religious conservatism is adversely impacting progress toward a discrimination-free society</li> <li>• The Caribbean is going through an economic crisis and COVID19 is putting more pressure on the economy</li> <li>• Attitudes, perceptions and behaviours of citizens as it relates to health decision making. For example, resistance to abide by public health guidance, and calls for reduction in risky behaviours are ignored in some quarters.</li> </ul>

<p>What gives us hope?</p>	<ul style="list-style-type: none"> <li>• Caribbean countries have a high levels of resilience and continue to fight for development, equality and freedoms, despite all the odds</li> <li>• Regional and governmental leadership in ensuring that the Caribbean countries are represented as a group in the international market</li> <li>• Experiences and lessons learned which can be applied to our future strategy</li> <li>• There is high capacity in the region and we have to maximise on existing capacities to accelerate</li> <li>• The actions of civil society organizations and some of the innovations have demonstrated that there is hope moving into the new strategy</li> <li>• Community-led initiatives have been encouraging and have demonstrated the strong roles of communities in development.</li> </ul>
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>• Political complacency. There is a feeling that the number of HIV cases are low and therefore poses no risk.</li> <li>• Low fiscal space for health impacts provision of access to resources and therefore dependence on Development Assistance.</li> <li>• Structural and environmental challenges. The Caribbean is faced with natural disasters, which divert resources to recovery efforts</li> <li>• Low UNAIDS Footprints in the Caribbean. UNAIDS trimmed down its technical and financial resources to the Caribbean, which has impacted the availability of strong advocacy, programming and Strategic Information support. This has severely affected the ability of countries to implement programmes with robust technical guidance.</li> </ul>

**EMERGING PATTERNS:**

- Notwithstanding the commitment in principle to leave no one behind, the current UNAIDS strategy has left many groups vulnerable. The emphasis on key populations has deepened stigma against some communities while diverting needed resources and attention from other groups not perceived to be high risk. Further, there is a lack of data, understanding of the challenges and targeted strategies to reach **all** under-served groups. Some KPs remain largely invisible to the HIV response (repeat mention of trans men, people who use drugs, people who live in rural or remote areas, indigenous people etc.)
- There is a feeling that the Caribbean region has been left behind by UNAIDS, the Global Fund and PEPFAR. This is evident in the very minimal UNAIDS presence in the Caribbean and lack of technical staff to support countries in the region. This negligence has put in a lot of technical pressure on the small island who are currently battling both at the economic, environment and refugee and migrant population fronts.
- The global system for prioritizing countries in the AIDS response based on a combination of HIV prevalence, population size and income has effectively marginalized the Caribbean. The region has become ineligible for donor funding and has even suffered drastic cuts in UNAIDS human resources. There must be an emphasis on vulnerable communities, going forward. Wherever those vulnerabilities persist, investments and efforts must be sustained.



- Civil society are called upon to play a watchdog and advocacy roles while providing services to the most marginalized groups. But there is an ongoing and even urgent need for capacity building and investment to build institutional and financial sustainability.
- COVID19 is a real threat. Already apathetic governments now have new, pressing priorities. It has become easier and easier to take their eyes off HIV. We have to do something to get their attention, to make the case for protecting domestic HIV and health resources and to encourage more progressive decision-making at policy and statutory levels (e.g. re PrEP and SRHR). All this against the rising tide of social conservatism.
- Prior strategies have emphasized the need to take HIV out of isolation. This has not been done. In terms of research, advocacy, policy, funding and programmatic reform agendas, this must be achieved this time around!

### 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?	
<b>CONTINUE</b>	<ul style="list-style-type: none"> <li>• <b>Strategic Information:</b> <ul style="list-style-type: none"> <li>• Strengthen capacity to monitor our response and reporting</li> <li>• Target setting: building national competencies around target setting</li> <li>• Resource tracking and ensure domestic needs estimates</li> <li>• AIDS Spending Assessment</li> <li>• Providing accurate information and analysis to guide programming (Global AIDS Monitoring reports).</li> </ul> </li> <li>• <b>Target Setting and Normative Guidance:</b> Setting global targets and providing guidance and recommendations. Countries really try to come on board and have been able to push themselves to achieve recommendations and procedures set forth in guidance documents.</li> <li>• Improved efforts to recognize and include different stakeholders. Improvements still need to be made re full engagement but having more and more at the table has worked. Consider how we can reimagine approaches to sustain and deepen this.</li> <li>• UNAIDS is a technical and political leader. UNAIDS has strong influence with governments around the region and needs to ramp up your work with Governments to facilitate increased shared financial responsibility.</li> <li>• Emphasis on leaving no one behind - Focus on universal access. The equity perspective. Facilitating conversations around how communities are affected</li> <li>• UNAIDS roles in leadership, innovation, and advocacy</li> <li>• Support and guidance for coordination and convening strategies &amp; partnerships</li> <li>• Ensuring cross-cutting principles are included in strategic programming           <ul style="list-style-type: none"> <li>• Integration of HIV Service delivery</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Decentralization of services</li> <li>• Coordination of responses</li> </ul>
<p><b>STOP</b></p>	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ul style="list-style-type: none"> <li>• The false equivalency of spreading information and thinking this is education should cease. There is a need to connect to sharing information in a way that speaks to people's needs.</li> <li>• UNAIDS should stop lumping the Caribbean with Latin America. These two regions are culturally and linguistically different and do not have similarities in attitudes, perceptions and beliefs. This is adversely impacting progress in the Caribbean as all services are directed to Latin America.</li> <li>• Stop the generic approaches to HIV normative guidance. Focus on being more tailored at the country level and the key population level. Respond to their situations rather than forcing broad spectrum approaches that may not relate to every single country. Allow them to achieve what is possible with what is available while continuing to be ambitious, driving toward improvement.</li> <li>• The vertical/siloed approach must stop. COVID-19 has emphasized this. The Caribbean is used to reacting and recovering from unexpected disasters (hurricanes) but as SIDS we need to further develop our capacity for disaster resilience and response.</li> <li>• Using jargon and jumping with the wind. UNAIDS should stop using concepts and terminologies that change with leadership and donor-contribution.</li> <li>• UNAIDS must stop defining and imposing a one-size fit all jacket for all regions. The new strategy should tailor interventions, targets and priorities specific to each region.</li> <li>• Reduce focus on numerical values. Emphasize human stories that adds weight and colour to the stories told by the data.</li> <li>• Stop demanding reporting on current schedule. Revisit frequency of reporting as it is difficult to disaggregate denominators. Allow more time to develop the required frames (&amp; research) for reporting.</li> </ul>
<p><b>START</b></p>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> <li>• <i>Engaging non-traditional sectors such as private entities and corporations</i></li> <li>• <u>Re-establishing footprints in the Caribbean.</u> We need UNAIDS capacity in Strategic Information, Gender and Human Rights. These three areas are critical in the work towards meeting targets in the Caribbean and addressing the enabling environment.</li> <li>• <i>Stronger advocacy plans for PrEP around the region. It should not be left to Governments to make the decision to pursue this.</i></li> <li>• Engaging the health authorities more since they are the ones in charge of the health care delivery system.</li> <li>• Building the capacity of CSOs in the Caribbean to enable full engagement in the response as they will always have a key and central role in reaching the actual population members, bringing them</li> </ul>

	<p>into service and reaching persons where they are. Their role in keeping Governments accountable is critical.</p> <ul style="list-style-type: none"> <li>• Expanded focus on Migration and HIV: Expanding focus to countries beyond “priority” countries. Support reporting and robust prevention planning in consideration of high rate of migration in the region, and the regional social/cultural context and related vulnerabilities.</li> <li>• Focus on Regional Priorities: There is a need for more of a focus on regional priorities so that region-specific issues are addressed.</li> <li>• Initiate MOUs with the universities to look at training being provided to students going into the health care and social welfare systems</li> <li>• Providing support to initiatives in the Caribbean for a better appreciation of planning and management (strategic plans and operational budgeting.)</li> <li>• Include Caribbean Stakeholders in discussions and review of UNAIDS reports: bring together partners to discuss the report beforehand.</li> <li>• Focused strategy that targets youth through effective communications and innovative approaches.</li> </ul>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> <li>• Increase UNAIDS Capacity in the Caribbean to support Estimates and HIV Surveillance systems. UNAIDS Capacity in Strategic Information, Gender and Human Rights are critical to supporting the Caribbean meet the 90-90-90 Targets and end AIDS by 2030.</li> <li>• Prioritize capacity building for civil society (sustainability, service-delivery &amp; resource mobilization) in order to move the agenda forward.</li> <li>• Empower PLHIV! Strengthening efforts at behaviours change communication rather than simply sharing information and focus on social determinants of health</li> <li>• Manage the regional conversation differently to address some of the issues highlighted in this exercise as well as ones raised in the GAM.</li> </ul>

*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](mailto:strategyteam@unaids.org)

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