

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Regional - LAC

Organizer: UNAIDS

Date: 29th. August 2020

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

Organization leading discussion: UNAIDS regional office for Latin America and the Caribbean

Date of discussion: 29th, August 2020

Theme to be discussed: UNAIDS strategy to 2021

Participants (types of organizations participating):

- Young people and teenagers from over 11 countries (Argentina, Bolivia, Chile, Colombia, Costa Rica, Honduras, Nicaragua, Panama, Peru, Mexico, Paraguay) who are representatives of civil society networks and organizations that respond to HIV AIDS in the region.
- Young people living with HIV.

Country, regional or global focus: Regional Focus (LAC)

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences:

- The situation of young people in the COVID-19 pandemic.
- UNAIDS strategy to 2021.
- What we should continue, stop, and start doing.
- Key recommendations for UNAIDS

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

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

COMBINATION PREVENTION FOR KEY POPULATIONS	
How do we see the current situation?	<ul style="list-style-type: none"> • There is currently little to no auditing, archaic measures have been implemented (numbers, waiting tickets) and priority is given to people who are detectable over those who are undetectable. Besides, there are extremely long waiting times and young people's needs for transport are not understood or considered. • Messages on health care services are unclear and imprecise, confidentiality is not guaranteed and not all STIs are managed. • ARV shortages in the region are especially worrying (uncertainty). Besides, fundamentalist movements are hindering the progress towards implementing new strategies, such as HIV self-testing. • The language used by medical personnel discriminates between people who are detectable and people who are undetectable. • Different UHC models for each country (both public and private models). On top of that, health services and medical personnel are not always people centred. No one is concerned with young people's mental health.
What concerns us?	<ul style="list-style-type: none"> • The access to medication and the lack of access to laboratory tests. • Bureaucratic processes that delay the delivery of medicine. • Illegal commercialization of ARV. • All efforts are focused on COVID-19 and HIV is being progressively forgotten. • Inadequate regulations that limit access to testing or self-testing.
What gives us hope?	<ul style="list-style-type: none"> • The existence of NGOS/SCO that speak up for others and demand our human rights. • The participation of young people in important spaces because we are far more than just statistics and PLHIV. • The COVID-19 pandemic which has generated changes in social awareness.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Lack of comprehensive sex education. • The lack of capacity of each country's health programmes to adapt. • Lack of awareness among health personnel – they need to adopt a more psychosocial approach rather than just a medical one. • The stigma surrounding HIV.

THE STRUCTURES THAT RESPOND TO HIV

How do we see the current situation?	<ul style="list-style-type: none"> • Those of us living with HIV are not fully aware of the steps to take to get access to health services. • We are worried about the increase in new cases. • HIV prevention campaigns are becoming less relevant in the face of COVID-19.
What concerns us?	<ul style="list-style-type: none"> • The delivery of medications by each country's health services has become extremely difficult. Besides, other health conditions aren't receiving the attention they need. There has also been an increase in people abandoning treatment. • The lack of social security with regards to work (and how this implies not being able to access health services). The social determinants of health: food security, primary health care, emergency services and social welfare. • COVID-19 has increased the stigma surrounding HIV (criminalization of HIV transmission, for example). • The lack of access to laboratory test – we can't find out what is happening inside our own bodies. • Mental health.
What gives us hope?	<ul style="list-style-type: none"> • The opportunity to reorganize health centres. • The lessons learned from COVID-19 will help us build a new normal that is better than how it was before the pandemic. • New communication strategies that have appeared in civil society thanks to the pandemic.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • The lack of physical spaces for organizations to develop their activities. • We need to bear in mind age differences and improve civil society's mechanisms of, and capacities for positive influence across all age groups. • The lack of cooperation between governmental organizations and civil society.

CONTEXTUAL ENVIRONMENT

How do we see the current situation?	<ul style="list-style-type: none"> • There is a political problem – country's budgets have been diverted to respond to the COVID-19 pandemic, leaving other areas underfinanced. Moreover, governments have failed to communicate clearly their actions taken to tackle both COVID-19 and HIV, and the vocabulary used is difficult for young people to understand. • There have been changes to ARV regimes during quarantine. Moreover, it has become even harder to access ART, even though attempts were made for home delivery of medicines – in some cases, extra supplies of medication were dispensed, and attempts were made to increase ease of access to ARVs. Access to medication has also been challenging due to the danger or exposure to COVID-19. Young people have lost their jobs and the lack of public transport has thwarted our access to the medicines we need due to the high cost of private transportation. • Young people and teenagers have been challenged with the difficulty of revealing their diagnosis and have been forced to give up their right to confidentiality due to quarantine. Confinement due to the pandemic has
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	<p>been a source of anxiety among many young people living with HIV because many haven't shared their serological status with their parents.</p> <ul style="list-style-type: none"> • People living with HIV have lost their status as very vulnerable people due to the COVID-19 pandemic. • Activities and programmes to protect vulnerable populations have been centralized during the pandemic. Moreover, food supplies have been scarce.
What concerns us?	<ul style="list-style-type: none"> • There is little to no attention given to mental health. Young people's mental health must be addressed since it is crucial to both their adherence to treatment and overall wellbeing. • Due to the COVID-19 pandemic, other public health services have been neglected, including gynaecology, cardiology, etc. • The increase in domestic violence and the lack of mechanisms to guarantee family wellbeing is particularly worrying. • The lack of laboratory exams to test CD4 and the viral load is worrying. In addition, we are concerned about the lack of medication and the centralization of services. • The lack of attention to key populations, such as the trans community, is worrying.
What gives us hope?	<ul style="list-style-type: none"> • Online consultation services have improved, and the progressive reopening of face-to-face assistance has reminded young people about the care available. • Priority attention is being given to people living with HIV and other comorbidities. • The new initiatives that have blossomed in civil society give us hope. • Political advocacy processes are being introduced at the regional and national levels. Moreover, some new grants have been implemented, such as the Global Fund grant to improve the quality of lives of people living with HIV and of us young people. This recognition that community's matter, and are key, shows us that people living with HIV have resources to tackle this and other pandemics.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Young people's access to new technologies – not all of us have smartphones or access to internet. • The lack of a safe space where young people can talk about their needs. • Lack of job security and lack of jobs overall.

EMERGING PATTERNS:

- The language that is considered technical is neither inclusive nor accessible to young people.
- Young people must be included in all areas of the response to HIV, especially in strategy planning and development.
- The COVID-19 pandemic has affected young people's access to health services, their medicines and laboratory tests (CD4 and viral load).
- Comprehensive sex education must be accessible to all, especially young people.

SECTION 3: RECOMMENDATIONS

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	<p><i>Should we continue to implement the strategies that are working?</i></p> <ul style="list-style-type: none"> • Continue to recognise that there are people with risky behaviours (unprotected sex, drug use, etc.). • Continue caring for high-risk people. • Continue promoting virtual collaborations, public dispensing policies and campaigns on prevention and risk.
STOP	<p><i>What should we stop doing that, if we don't stop, will guarantee failure?</i></p> <ul style="list-style-type: none"> • The design, monitoring, implementation, and accountability of public policies for young people, WITHOUT involving young people. • Information campaigns on prevention aimed at young people that are NOT innovative, friendly, or engaging to young people. • Avoid excluding people living with HIV from the teams that design campaigns. Do not stigmatize people living with HIV, empower them. • Inclusive language is not considered technical. This must change. • Listen and prioritize the voices of those of us who are getting ourselves noticed and taking part in political discourse, and do not pigeonhole us into your epidemiological parameters. Moreover, stop stereotyping those of us who are active as political subjects.
START	<p><i>What aren't we doing that we should begin to do?</i></p> <ul style="list-style-type: none"> • Develop and implement preventive educational programmes geared towards people living with HIV, with a focus on rights, technical language (undetectable, untransmissible, etc.), aspects of living with HIV, drugs and how to take responsibility and be an agent of change. • Reorient technology towards more ethical perspectives, as an educational tool. Improve and strengthen the already existing digital tools, develop new tools, and educate key populations on their use in achieving our goals. • Educate people without HIV and the public at large to become familiar with the issues surrounding HIV and to reduce stigma. Create information campaigns led by young people, for young people, using language that young people understand. Do not focus merely on prevention, but rather on other factors associated with people living with HIV and stop using medical jargon to refer to one single "normal". • The response to HIV must be intersectoral, bringing together different agendas that involve young people, the LGBTI+ community, people with disabilities, feminists, etc. • Share roles within decision making spaces so that all key populations within the HIV community are made visible and have a voice and take actions within the context of each country.

<p>Key recommendations</p>	<ul style="list-style-type: none"> • Young people who are HIV-positive must participate in ALL decision-making spaces that relate to HIV responses. Communication must be maintained between UNAIDS and young people living with HIV. • It is crucial for UNAIDS to focus on mental health, especially in the context of the COVID-19 pandemic. • It is crucial to develop campaigns that tackle stigma and discrimination. Moreover, the language should be instantly comprehensible and directed towards those population we want to reach, and make use of correct, non-discriminatory terminology. • Approaches should be intersectoral and not solely based on epidemiological data. Women must participate equally in all areas of designing response strategies. • UNAIDS must implement actions designed by, and destined towards, young people living with HIV and intersecting communities (LGBTI+, gender and race, within the social and political context of individual countries). UNAIDS must recognize the need to implement preventive educational campaigns focused towards people living with HIV, which goes hand-in-hand with guaranteeing their access to literacy campaigns and digital technology, which will be the principal means of access to information and communication. UNAIDS must encourage comprehensive sex education.
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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@unaid.org