

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Regional

Organizer: Golda Eid, Patricia Haddad, & UNAIDS Country RST Office with support of Dr. Gary Jones, UNAIDS HQ

Date: September 9, 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

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 RST MENA

Date of discussion: September 9, 2020

Theme to be discussed: "In humanitarian settings, HIV services must ensure no one is left behind"

Participants (types of organizations participating):

Name	Organization	Position
Wilson Nevin	IOM	Senior Project Coordinator
Qayyum Saiful	IOM	Technical Officer (Public Health) – MER
Bishwa Rai	IOM	Project Manager
Gabi Khamashta	IOM	Health Manager
Nada Najem	IOM Lebanon	Technical Officer (TB/HIV)
Taline Torikian	MENAROSA	Programme Officer
Rita Wahab	MENAROSA	Regional Coordinator
Mostafa El Nakib	NAP Lebanon	Manager
Nasrin Dakik	NAP Yemen	Manager
Fara-Had Hassan	UNAIDS CO Djibouti	UCD
Elfatih Abdelraheem	UNDP	Policy Specialist; HIV, Health, and Development
Ibraheem Abusiam	UNHCR	Public Health Officer
Carol Ng'eno	UNICEF Somalia	Programme Partnership Officer – HIV/RSSH Programme – Health Section
Faiza Abirashid	UNICEF Somalia	Communication for Development Officer

Abdinor Elmi Mohamud	UNICEF Somalia	Program Officer
Abdirashid Abdi	UNICEF Somalia	
Tariq Sonnan	UNODC ROMENA	Regional HIV Adviser
Ahmed Sabry	WHO	HIV Consultant
Bridget Mugisa	WHO EMRO	Technical Officer (HIV, Hepatitis, & STIs)
Ziad Aljarad	WHO Syria	National Professional Officer (TB, HIV/AIDS)
Rasena Mohammed	Yemen Social Services Association	President

Country, regional or global focus: **Regional 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)

- Address the HIV response beyond 2021 in light of the unprecedented scope and intensity of population mobility across the region and the increasing climate-based disasters and violent conflict
- Explore effects and impact of emerging difficulties, such as COVID19, on HIV and related services in humanitarian settings
- Discuss effectiveness of current practice in reaching migrants and displaced people in the HIV response
- Highlight on rights-based strategies for providing stigma free services to PLHIV and hidden populations including irregular migrants, LGBTI persons, sex workers, PWID
- Explore the possibilities in raising the profile of HIV in concentrated low epidemic settings
- Finding a community-based way forward
- Build a shared understanding of what the approach could be for the next 5 years with insights on what to stop, start, and continue

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?	<ul style="list-style-type: none"> • Limited coverage and access to HIV services to certain refugees and migrant populations (based on nationality) in some contexts depending on government regulations and/or funding issues • Difficulty in providing comprehensive coverage of HIV services (i.e. viral load testing) for some host populations, while such services are provided for refugee and migrant populations within the same country • There is a need to examine other health areas for intersectionality • No precise health information system set in place in some countries, and particularly for HIV. Attention during the epidemic is strengthening the health system and COVID diagnosis but HIV is less prioritized.
What concerns us	<ul style="list-style-type: none"> • No clear definition of integration of services of HIV with other health services (HIV services should be integrated) • HIV testing has been severely affected in countries with humanitarian crises (limited HIV services modalities depending on the countries) • Access to treatment and retention in care for refugees • No efficient cross-border collaboration to improve access to services/issue of smuggling and trafficking (Djibouti example) • Limited resources for community-led interventions (ex- lack of interpretation; resources in English instead of Arabic can hinder community participation) • Timing of the response should be very well calculated (avoid barriers to bureaucracy and funding requests)
What gives us hope	<ul style="list-style-type: none"> • Evidence-based recommendations (data) • Existence of platforms such as the Middle East Response grant • Global Fund- covering essential services during crisis (ensuring ARVs are in place and some provision of HIV testing) • Low number of PLHIV in the region can be an opportunity to effectively reach and support different groups
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> • Stigma and discrimination (example- risks of deportation for migrants and refugees) • Gender-based violence adding an additional layer of difficulty in reaching key populations within humanitarian settings • Lack of data and innovation (need for evidence- aggregated data to be able to influence and provide evidence-based recommendations for interventions and investments)

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	<ul style="list-style-type: none"> • Overall, the health structure is weak in relation to HIV; the system is fragile with limited flexibilities to tailor and respond to the need during the COVID pandemic, (Lock down, lack of stock and supplies, etc..), it was not able to counter or respond to the situation on the ground

	<ul style="list-style-type: none"> • Community structures are resilient naturally in adapting to different contextual settings. Develop internal structural system and scaling up (strengthen community structure in humanitarian settings) • Lack of involvement of key at risk population in development of strategies. They are not taken into consideration in different national strategy within the humanitarian context. • Coordination between the different stakeholders and players including donor, is challenging • Need for contingency plan for next year procurement (medication, kits...) considering the COVID crises and shipment challenges. • Need for HIV policies related to KPs, migrants and refugees, which are not given proper attention
<p>What concerns us</p>	<ul style="list-style-type: none"> • HIV is not a priority in the humanitarian context: Lack of processes to integrate HIV needs in the context of Humanitarian crises and lack of interest to build HIV programmes which was worsen with the emerging COIVD19. There is a strong need of advocacy on high level. Beside the MER programme, there are no interest in HIV with few UBRAF resources in some countries. This is concern that people might be left behind (PLHIV, KPs). • Legal and programmatic concerns related to human rights (i.e. Testing is part of the registration for refugees done in a mandatory way) • Lack of policies and guidelines that addresses migrants and KP needs in national platforms • Leveraging the health system to become robust • Need for a coordination mechanism: there used to be a UN interagency standing committee and a specific one related to HIV in humanitarian settings, that set the guidelines and mandate to mainstream of HIV response into the humanitarian service delivery. Regional intergovernmental authority like IGAD also need revitalization for efficient and cross-border collaboration and setting service delivery strategies (mobility issues).
<p>What gives us hope</p>	<ul style="list-style-type: none"> • Capacity of local CSOs who can build a strong response programme coupled with experienced and skilled human resources (i.e. NAP) • Strong partnerships with donors, National programmes, Civil society • Achievements in MER - almost no interruption in drugs / diagnosis for over 3,500 PLHIV in four countries with self-testing introduced in Lebanon • Active participation and involvement of Civil Society in implementing services (Lebanon, Jordan and Syria) • Slow but steady increase in Health Care Technologies (HCT) in all four countries - several challenges, and requires a lot more support, but definitely improving
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> • The security authorities are involved in decisions related to mandatory testing and activities implemented by CSOs to target high-risk groups. Decisions are not always based on the agreements between MoH and technical bodies; involvement and decisions of security operators "<i>push us back</i>". • Laws, guidelines and policies hindering any efficient service delivery • Stigma and discrimination, and GBV remain major constraints, limiting access and uptake of services • No availability of comprehensive pre health services for the migrants and refugees (i.e. sexual reproductive health) • Lack of proper communication and available education materials tailored to community needs (i.e. Community representatives under COVID are

	not provided with appropriate resources to raise their needs and actively participate in developing strategies.)
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CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<ul style="list-style-type: none"> Challenges driven by humanitarian crises are changing and influenced by external factors (protracted crises, COVID-19, climate change, etc) – this should be taken into consideration in the new strategy No sustainability of funds, while there is increase in demand with very limited funding opportunities Limited access to services and treatment for refugees during COVID 19 crises and curfew
What concerns us	<ul style="list-style-type: none"> Unprecedented influx due to civil wars in many countries in the region worsen further the weak infrastructure. (40% of refugees are coming from MENA region) while coverage of treatment care and support is still very limited in the region HIV is currently not prioritized in the humanitarian setting. PLHIV, KPs left behind are influenced by structural issues Stigma, which perceive HIV as the problem of certain population including migrants
What gives us hope	<ul style="list-style-type: none"> COVID-19 is creating a global momentum and bringing attention to health issues. Ex) strengthening health system should also be used to deliver HIV services/ use of digital technology and innovation to ensure that HIV is incorporated and contextualized (digital innovation to make supply chain agile resilient and intelligent, and make use of it for cross border service delivery with mobility while ensuring confidentiality) National laws which have given effort to help to provide services Some donor's interest to fund programs in humanitarian context, i.e GF support
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> Mobility of migrants and refugees and difficulty of delivering services to them Accessibility to conflict areas, accessing vulnerable and KPs in humanitarian context is difficult (i.e. Drug users) Issue of key populations is not well addressed in the region due to political sensitivity

EMERGING PATTERNS:

- Leveraging health systems and integration of services: the HIV response in humanitarian settings should be applied through a multi-sectoral approach based on human rights values and gender equality, instead of “silo” approaches to testing, treatment, care, and support to address interlinkages with other issues
- The rapidly changing environment in the MENA region (migration growth, COVID19, decreased HIV funding) requires increased use of innovative interventions and technology within the HIV response
- Funding priorities and efficiency: HIV is currently not prioritized in the humanitarian settings in MENA due to the perception of low prevalence. Actions based on robust evidence and data on

HIV situation and vulnerability is needed to attract donor support and domestic investment in HIV in humanitarian emergencies

- Services for PLHIV and KPs in humanitarian settings are influenced by structural barriers: emerging pandemics, laws, funding priorities, stigma and discrimination, mobility and cross-border follow-up as challenges to service provision for various KP groups, whose vulnerabilities are intensified with increased layers of risk.
- CSOs structures and capacities: increased engagement of CSOs within the HIV response is fundamental for reaching the people in need
- Enhanced coordination and communication are strongly needed between various stakeholders involved in the HIV response in humanitarian settings including UN, CSOs, Government, donors and other humanitarian partners

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	<ul style="list-style-type: none"> • Strengthening NGO institutional capacities and structures, and increase engagement with and support to National AIDS Programs and community response in countries affected by humanitarian emergencies • Ensuring a coordination role among various stakeholders and CSOs to: a) avoid duplication of efforts; (b) promote intersectoral collaboration to expand protection space for high risk groups; and (c) ensure accountability, resilience, sustainability, and efficiency of interventions • Providing technical support to National Programmes and CSOs and promote partnership for effective implementation of multi-country grants with international donors and global financing mechanism – e.g. (Global Fund Middle East Response (MER) grant for the provision of essential HIV services in countries affected by humanitarian emergencies) • Meaningful engagement of civil society and communities in data generation and utilization, programme design, implementation and monitoring of integrated services packages/interventions, to ensure that these interventions address the multiple, intersecting and growing needs of people living with and affected by HIV and other vulnerable population in humanitarian crises • Promoting and supporting for a holistic, multi-sectorial, evidence and human-rights based approach to health (physical, mental, and social health) and HIV in humanitarian emergencies
STOP	<ul style="list-style-type: none"> • One strategy does not fit all (need for tailoring the strategy to different contexts and ensuring segregation of interventions to address the specific needs of key and vulnerable population
START	<ul style="list-style-type: none"> • High level advocacy and direct engagement with governments and policy makers, in relation to discriminatory legislation, punitive laws, policies, and guidelines for protection of PLHIV, KPs and vulnerable populations in humanitarian settings

	<ul style="list-style-type: none"> • Building resilience of individuals, communities and systems in humanitarian context through enhanced investment and involvement of communities • Comprehensive analysis and Stock-taking of humanitarian settings to assess the situation, identify gaps, and how to address them • Integrating HIV interventions and positioning the AIDS response in all preparedness and emergency plans and strategies at the national, regional and global levels • Alignment of HIV and humanitarian issues within global strategies: integrating humanitarian contexts and needs into global UNAIDS strategy and National strategic Plans and & incorporation of HIV within the humanitarian response plans at various levels • Building robust HIV information systems; including capacity building for data-driven decision making at national level, and generating data to inform evidence-based programs and response • Prioritizing SGBV in the new UNAIDS strategy: women and young men, girls and boys are particularly vulnerable to gender based and sexual violence, including trafficking in persons for sexual exploitation in the humanitarian context
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p>HIV in Humanitarian Settings and addressing the needs of PLHIV, KPs and vulnerable population in humanitarian emergencies should be integral part of the new UNAIDS strategy with emphasis on Human rights and evidence-based approaches, increased investment and community led response.</p>

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@unaidso.org

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