

UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: n/a

Organizer: Global Network of Sex Work Projects (NSWP)

Date: 11/09/2020

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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:

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Would you accept for UNAIDS to make your report publicly available: Yes / No

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

Organization leading discussion: Global Network of Sex Work Projects (NSWP)

NSWP is a global network of sex worker-led organisations, with over 300 members in 93 countries, that exists to uphold the voice of sex workers globally and connect regional networks advocating for the rights of female, male and transgender sex workers. It advocates for rights-based health and social services, freedom from abuse and discrimination, and self-determination for sex workers.

Date of discussion: 11/09/2020

Theme to be discussed: This submission brings together the key priorities and recommendations identified by regional sex worker-led networks and our members, some of whom have also engaged in regional-level focus group discussions, organised by UNAIDS regional offices and other stakeholders as part of the strategy development process.

Country, regional or global focus: Global

Introducing the theme

SKIP TO EMERGING PATTERNS AND RECOMMENDATIONS

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?	
What concerns us?	
What gives us hope?	
What constrains our ability to achieve our goals?	

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	

What concerns us?	
What gives us hope?	
What constrains our ability to achieve our goals?	

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	
What concerns us?	
What gives us hope?	

<p>What constrains our ability to achieve our goals?</p>	
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EMERGING PATTERNS:

A number of emerging issues in the wider global environment mean this next strategy is of particular importance for sex workers, as UNAIDS looks at its future role and priorities.

UNAIDS latest report¹ estimates that **62% of all new infections globally are among key populations** and their sexual partners, with Asia Pacific and Middle East and North Africa regions recently reporting 98% and 95% respectively. The report acknowledges that “progress towards ending AIDS as a public health threat by 2030 was already off-track before the COVID-19 outbreak.” In addition, the global 90-90-90 milestones for 2020 have been missed. Globally, at the end of 2019, **81%** of people living with HIV knew their HIV status, only **67%** were on antiretroviral therapy, and under **59%** of people living with HIV had suppressed viral loads.

The UNAIDS press release² for the report, as well as acknowledging progress in some countries, also notes:

- Missed targets have resulted in 3.5 million more HIV infections and 820,000 more AIDS-related deaths since 2015 than if the world was on track to meet the 2020 targets
- 690,000 people died of AIDS-related illnesses in 2019 and 12.6 million of the 38 million people living with HIV were not accessing the life-saving treatment
- Some 1.7 million people were newly infected with the virus, **more than three times** the global target
- Eastern Europe and Central Asia has seen a staggering 72% rise in new HIV infections since 2010.

António Guterres, UN Secretary-General, said in his introduction to the report:

“the HIV epidemic remains enormous, unfinished business. Gender inequalities, gender-based violence and the criminalization and marginalization of vulnerable groups continue to drive HIV forward. This crisis is a wake-up call to do things differently. We need a recovery based on economic and social justice since response gaps in pandemics, whether HIV or COVID-19, lie along the fault lines of inequality.”

¹ UNAIDS, 2020, “[Global AIDS Update: Seizing the Moment – Tackling entrenched inequalities to end epidemics](#)”.

² UNAIDS, 6 July 2020, “[Press Release](#)”.

Universal Health Coverage³ is also part of the SDGs for the year 2030. However the UHC political declaration⁴, agreed at the High-Level Meeting of the UN General Assembly in September 2019, does not mention of key populations - gay and bisexual men and other men who have sex with men, people who use drugs, sex workers, and transgender people - nor does it address the impact of their criminalisation. They are 'sanitised' and made invisible, within vague language such as "vulnerable" and "marginalised" groups, leaving far too much latitude for governments to ignore their needs and fail to act. UHC will not be achieved unless the legal, political, and social determinants of health are addressed. UHC must take a human rights-based approach, that ensures equitable access to health services for all. To do this, we must put the last mile first, and ensure that sex workers and other key populations will not be left behind.

"If universal health coverage is to be truly universal it must encompass everyone, especially those who have the most difficulty accessing health services, such as migrants, rural populations, people in prison, LGBT community, sex workers, drug users, poor people #Healthforall"

- Tweet by Dr Tedros Adhanom Ghebreyesus, immediately after a side-meeting during 72nd World Health Assembly organised by GNP+, NSWP, and Aidsfonds⁵

The COVID-19 pandemic, as with other global health crises, has exposed existing inequities and has disproportionately and severely affected sex workers in all their diversity, who are already criminalised, marginalised and often in precarious financial situations, and yet are often excluded from social protection mechanisms. Sex workers all over the world are experiencing extreme hardship, a total loss of income and increased discrimination, harassment, and violence. The criminalisation of sex work in the majority of countries has magnified the already precarious situation of sex workers in the informal economy. Sex workers have been left unprotected, increasingly vulnerable, and unable to provide for themselves and their families.

NSWP and UNAIDS, in our joint statement, have drawn attention to the particular hardships and concerns facing sex workers globally, calling on countries to ensure the respect, protection and fulfilment of sex workers' human rights⁶.

The COVID-19 pandemic has led to a marked deterioration in the health, stability, security, and legal status of sex workers. At the same time, it has emphasised countries' unequal access to resources and health care. In countries where resources for HIV were already limited, the reallocation of resources to COVID-19 has drastically reduced sex workers' (and other key populations') access to vital prevention, testing, and treatment services.

What is clear is that there are still 'miles to go' to achieve the global targets for HIV and address the health needs of sex workers. This is a critical point in the history of the HIV epidemic, and as noted in the UNAIDS 2020 Global AIDS Update⁷:

"In 2019, funding for HIV fell by 7% from 2017, to US\$ 18.6 billion. This setback means that funding is 30% short of the US\$ 26.2 billion needed to effectively respond to HIV in 2020."

³ NSWP, 2019, "[Briefing Note: Universal Health Coverage](#)".

⁴ United Nations, July 2019, "[Political Declaration of the High-level Meeting on Universal Health Coverage](#)".

⁵ Dr Tedros Adhanom Ghebreyesus, WHO Director-General, [Twitter, 24 May 2019](#).

⁶ UNAIDS & NSWP, April 2019, "[Joint Statement: Sex Workers must not be left behind in the response to COVID-19](#)".

⁷ UNAIDS, 6 July 2020, "[Press Release](#)".

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><i>What is working that we must continue to do?</i></p> <ul style="list-style-type: none"> UNAIDS, including all co-sponsors, must reaffirm commitment to the removal of punitive laws, policies and practices, that target and undermine the health and human rights of sex workers and other key populations (gay and bisexual men and other men who have sex with men, people who use drugs, and transgender people). These commitments must be reflected and strengthened in the new strategy and backed up with funding, targets and implementation plans. Continued support for decriminalisation of sex work is critical for the health and well-being of sex workers around the world, as 'End Demand' approaches and abolitionist ideologies have steadily increased, including during the COVID-19 pandemic, these approaches heighten sex workers' vulnerability and further exclude them from meaningfully participating in HIV responses. The criminalisation of sex workers⁸ and other key populations, compounded by the low level of investment in proven responses, such as sex worker-led programming and harm reduction programming and the lack of political and institutional will to effectively address human rights and gender equality continues to be a significant barrier to ending HIV and achieving SDG3. "Decriminalisation of sex work would have the greatest effect on the course of HIV epidemics across all settings, averting 33–46% of HIV infections in the next decade."⁹ UNAIDS must be more deliberate in addressing the structural barriers to realising human rights, equality, and access to comprehensive HIV services. For sex workers, structural barriers include criminalisation, stigma, discrimination, and violence, including within healthcare settings. Social justice must drive its decision-making and not simply be a paper commitment. UNAIDS must increase its focus on health inequalities and reach the most disadvantaged, criminalised, and inappropriately or under-served, including sex workers and other key populations. UNAIDS must become more serious and committed to ensuring meaningful involvement of key population-led organisations and networks, in decision-making, programme development, implementation and monitoring.¹⁰ It must recognise and give equal weight and status to the skills, knowledge and expertise of sex workers and other key populations, as professionals and experts in their related fields.¹¹
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ul style="list-style-type: none"> UNAIDS should reduce reliance on government generated data and champion the inclusion on community data as having equal validity. In highly

⁸ NSWP, 2017, "[Policy Brief: The Impact of Criminalisation on Sex Workers' Vulnerability to HIV and Violence](#)".

⁹ Shannon, Kate et al, "[Global epidemiology of HIV among female sex workers: influence of structural determinants](#)", The Lancet, Volume 385, Issue 9962, 55–71.

¹⁰ NSWP, 2017, "[Briefing Paper: The Meaningful Involvement of Sex Workers in the Development of Health Services](#)".

¹¹ NSWP, 2020, "[Smart Person's Guide: Recognising Sex Workers as Experts](#)".

	<p>criminalised settings particularly, government data, epidemiological information, official estimates and reporting on targets do not reflect reality for sex workers or other key populations.</p>
<p>START</p>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> • UNAIDS must increase investment, as well as political commitments, to reinvigorate the HIV response, which is already experiencing unprecedented financial reductions. In addition, the COVID pandemic has exposed the specific acute vulnerabilities of sex workers and other key populations. UNAIDS must ensure that HIV prevention, treatment and care, particularly for key populations, are not neglected in times of crisis. • UNAIDS must increase investment in strengthening the capacity of key population-led organisations. Their meaningful engagement in systems for health is critical to improving outcomes by addressing health inequalities. • UNAIDS must prioritise prevention, with a focus on key populations - gay and bisexual men and other men who have sex with men, people who use drugs, sex workers and transgender people – among whom new infections have risen year on year accounting for 62% of new infections in 2019. Addressing the structural barriers cannot be an afterthought but must be central to effective HIV prevention and social justice. • UNAIDS must adopt and operationalise definitions for key population-led organisations and responses and community-led organisations and responses that will inform success in meeting the 2016 Political Declaration target of 30% funding for community-led responses. Key population-led organisations and responses are integral to a resilient and sustainable system for health. • UNAIDS must fight for the explicit inclusion of sex workers and other key populations in the UHC agenda. The lack of recognition of the impact of criminalisation on the health of key populations means significant risks are invisibilised and governments fail to consider or act to reduce the vulnerability of criminalised populations. “Putting the last mile first” will ensure the realisation of UHC and ensure it lives up to its commitment to <i>“leave no-one behind”</i>. • UNAIDS must develop better alignment between the UNAIDS Secretariat and UNAIDS and co-sponsors’ country offices. Country offices must implement the global positions agreed by UNAIDS and work with, and be accountable to, communities at country-level. Country offices should act as brokers between key population-led organisations and governments to ensure engagement and inclusion in national policy, strategy development and programming – tackling corruption and a lack of transparency and accountability. There is currently a disconnect between the global rhetoric and country-level practice and implementation.
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p>NSWP would like to see the new global AIDS strategy: be bolder, putting the meaningful involvement of key population-led and community-led organisations and responses led by them as a top-line commitment, and catalyse political support and funding to address health inequalities.</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@unaids.org

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