

# UNAIDS STRATEGY DEVELOPMENT

## UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Regional

Organizer: UNAIDS RST Office with support of Ms. Simone Salem, UNAIDS RST MENA facilitated by Golda Eid and Patricia Haddad, consultants for UNAIDS RST MENA

Date: September 17, 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 / No : 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 17, 2020

Theme to be discussed: “Community mobilization, Gender, and Human Rights”

Participants (types of organizations participating):

Name	Organization	Position
Rasha Younes	Human Rights Watch	Researcher – LGBT rights program
Hiba Zayadin	Human Rights Watch	Researcher – MENA Division
Abdallah Hanatleh	Regional Arab Network Against AIDS (RANAA)	Board Member
Nadia Badran	RANAA	Board Member
Jules Issa	M Coalition (network of MSM)	Program Officer
Elie Ballan	M Coalition	Head of Health Department & Regional Coordinator
Moulay Ahmed Douraidi	Coalition + (network of Harm Reduction)	National coordinator in charge of advocacy and human rights at ALCS
Mohamed Khammas	Coalition +	ALCS National Manager for the PWID Project and harm reduction program
Rewan Youssef	SIBA Network (youth affected & living with HIV in MENA)	Regional Coordinator
Alim Al Giddari	ITPC MENA	Regional Coordinator
Sandy Mteirek	MENAL (Legal Network)	Drug policy specialist

Hassan Turaif	MENANPUD (People who use drugs)	Regional Coordinator
Zeeshan Ayyaz	MENANPUD	Regional Coordinator
Hassan Fakih	MENA Harm Reduction Association (MENAHR)	Communications Officer
Hamid Mussaab	AMAAN (Network of Media Leaders)	Coordinator
Taline Torikian	MENA Rosa (WLHIV)	Project Coordinator
Amal Karouaoui	GFATM MENA Platform	Coordinator
Rasena Mohammed	Yemen Social Services Association	President
Adel Zeddami	UNAIDS Algeria CO	UCD
Tahani Abbas Ali	Nawara Women's Network - Sudan	Activist & head of the legal office of the women's rights initiative "No to Women's Oppression"

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 and the critical and sustained role of the communities in MENA in scaling up the response in all the region taking into consideration the diversities across countries
- Explore effects and impact of emerging difficulties, such as COVID19, on HIV and the marginalized communities and ways to mitigate risks of leaving people behind.
- Discuss right based strategies for providing stigma free services for people living with and affected by HIV with particular focus on LGBTQ, sex workers, PWD
- Discuss approaches to ensure gender equality is a coherent component of the AIDS response in MENA with particular focus on GBV
- Explore the possibilities for raising the profile of HIV in concentrated low epidemic settings
- Ensuring a stronger more resilient civic space for communities working on HIV within the UHC and SDG agenda
- 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

<b>REACHING THE PERSON</b>	
<b>How do we see the current situation?</b>	<ul style="list-style-type: none"> <li>• Specificity of the region in terms of the language and needs (Arabic IEC not always available)</li> <li>• There is poverty and lack of information among PLHIV</li> <li>• Continuity and access of community services challenges have increased, especially due to the COVID situation</li> </ul>
<b>What concerns us</b>	<ul style="list-style-type: none"> <li>• Due to COVID-19, some outreach programs at community levels have stopped.</li> <li>• Drug users: people who use drugs for recreational purposes can be also at high risk for HIV but are not as well targeted. There's a need to better target drug users access to treatment.</li> <li>• Lack of outreach within some countries of the region making it harder to reach the people in need.</li> <li>• Harm reduction interventions in the region are not as available as it seems (coverage &amp; accessibility are usually limited where services are available).</li> <li>• Lack of partnership between the governments and the community which imposes even more challenges for PLHIV to reach services.</li> </ul>
<b>What gives us hope</b>	<ul style="list-style-type: none"> <li>• Access to treatment: working on the intellectual property of ARVs and advocacy to make medicines accessible and affordable (example of Morocco).</li> </ul>
<b>What constrains our ability to achieve our goals?</b>	<ul style="list-style-type: none"> <li>• Criminalization and incarceration of drug users (unable to access services in prisons).</li> <li>• Lack of data in the region/ access to treatment, quality of care) – importance of data for advocacy and program work.</li> </ul>

<b>THE STRUCTURES THAT RESPOND TO HIV</b>	
<b>How do we see the current situation?</b>	<ul style="list-style-type: none"> <li>• Despite the demand for preventive measures such as PrEP, these services are not as widely available as they should be.</li> <li>• Importance of access to preventive treatment.</li> <li>• Importance of involvement of young people in the HIV response and decisions.</li> <li>• Community led response is underfunded with lack of resources. WLHIV do not have technical resources in terms of technology</li> <li>• More work on new legislations and policies that support KPs is needed</li> <li>• There is a need for more focused leadership from UNAIDS in the HIV response</li> </ul>
<b>What concerns us</b>	<ul style="list-style-type: none"> <li>• PLHIV are facing difficulties in accessing health services due to COVID-19 (online appointments not effective for all cases; long delays in appointments)</li> </ul>

	<ul style="list-style-type: none"> <li>• Drug users that are living with HIV and Hepatitis C are not given ARVs due to issues relating to adherence (policy constraints their access to medication).</li> <li>• Government monopolizes access to treatment and during COVID-19, and PLHIV fearful have been fearful to go to the hospitals due to COVID-19.</li> <li>• Government slow to adapt new preventive measures such as PrEP and PEP when they can be beneficial.</li> <li>• PLHIV that are migrants could be deported in this region and this affects uptake of testing services.</li> <li>• Lack of integration of HIV services with other health services.</li> <li>• There are less community led activities – there is a need to clearly define what is meant by community led organizations. More active and real partnerships with the communities are needed</li> </ul>
<b>What gives us hope</b>	<ul style="list-style-type: none"> <li>• Government's flexibility in emergency responses in context of COVID-19.</li> <li>• Regional observatory is being established in 5 countries on quality and sharing of data (delays due to COVID-19).</li> <li>• COVID showed how communities are mobilized to volunteer and be supportive of one another. This means community led initiative works</li> <li>• Youth work: support of UNAIDS on the development and launch of SIBA network strategy.</li> </ul>
<b>What constrains our ability to achieve our goals?</b>	<ul style="list-style-type: none"> <li>• Need for evidence-based interventions and advocacy -&gt; need to involve communities to respond (communities should be included in the data collection and analysis).</li> <li>• Community networks are not working in complementarity</li> <li>• Funding sustainability for civil society on the ground to be able to act on short and long term basis as well</li> <li>• Stigma and discrimination (even within organizations and agencies working on this issue).</li> <li>• Top down approach (even within UN agencies) is often seen during implementation and preparation for interventions.</li> </ul>

<b>CONTEXTUAL ENVIRONMENT</b>	
<b>How do we see the current situation?</b>	<ul style="list-style-type: none"> <li>• Economic challenges during COVID-19 situation are negatively affecting HIV services</li> <li>• Decreasing priority of HIV: <ul style="list-style-type: none"> <li>○ HIV is not the priority in the current context; COVID era</li> <li>○ HIV is not a priority within the SDGs</li> <li>○ HIV interlinks with many other issues but is not given a lot of priority within these interlinkage Ex. GBV.</li> </ul> </li> <li>• COVID has worsened the situation, however it has put the local, national global health systems to question. These systems need to be more open and embrace the changes needed in view of the global challenges.</li> <li>• LGBTI community, and other KPs, are under a lot of challenges including hate, violence and criminalization. There is a need to increase advocacy on stigma and discrimination</li> <li>• Community response is key, but the countries need to support this response, Parliamentarians have to play their roles to ensure laws are responding to Human rights and are implemented.</li> </ul>

<p><b>What concerns us</b></p>	<ul style="list-style-type: none"> <li>• Socio economic challenges. HIV cannot be treated as a standalone issue.</li> <li>• Targets (UNAIDS strategy) are catered to the global situation rather than regional one. Need for more understanding of the regional context. Does the global strategy take the specificity of the region into consideration?</li> <li>• Channeling the funding at national level. Funding should be directed to the organizations that really work and are community based and led. There is a lack of finances to support services and access to medication.</li> <li>• Yemen, as other countries hit by humanitarian context, is facing wars and civil unrest, with COVID the services have stopped. The stigma is even getting worse against key populations. Yemen also does not have a national HIV strategy</li> <li>• How can we be part of the UHC agenda at the national level? There is a need to identify how to link up with other development partners – there is a need for support to integrate HIV services within UHC</li> </ul>
<p><b>What gives us hope</b></p>	<ul style="list-style-type: none"> <li>• The acknowledgement of the regional specificity and disparity among regions when it comes to reaching UNAIDS goals</li> <li>• The strong strategies being developed by UNAIDS and their leadership can contribute to overcoming current challenges.</li> <li>• COVID challenged the social protection systems which urged governments to take action. Governments realized that social protection has been exposed during the COVID 19 and this is an opportunity to put pressure on governments to include Social protection for all and this can be a criteria for international communities to work with these countries</li> <li>• Sustainable financing for key population-led civil society and community groups is forefronted. It is great to have TRP support on this, yet more involvement is needed</li> <li>• TRP. Window 2 observations clarifies the need for more community led services in the region</li> </ul>
<p><b>What constrains our ability to achieve our goals?</b></p>	<ul style="list-style-type: none"> <li>• Lack of the Political will to change on the ground</li> <li>• Socio economic considerations to be included as well as advocacy at the political level to ensure a strong civic space and the voice of marginalized communities</li> <li>• Lack of global and national leadership</li> <li>• Conflict in the MENA region is affecting community responses</li> <li>• Lack of emergency plans and adequate funding are constraints that reduce capacities of the civil societies to act</li> </ul>

**EMERGING PATTERNS:**

- Access to information and evidence that is specific to the region is a challenge in terms of communication and language barriers and the diversity of the region. There is a need to enhance communications with more region and language appropriate tools and information, as well as relevant studies and data.
- The specificity of the MENA region, in its cultural and security context, requires more efforts and focus in relation to UNAIDS leadership and support in order to achieve targets that are set at the global level. Further financial and human resource support is required for national and regional offices to drive the response.
- Funding priorities and efficiency: HIV is no longer a priority in itself. There is a need to identify and forge collaborations and partnerships with development partners to ensure coverage of the

HIV response within UHC efforts, link HIV to other SDGs and to attract donor investment in HIV from a developmental perspective.

- Access to treatment and prevention services for PLHIV and KPs are influenced by structural barriers: emerging pandemics, criminalizing laws, funding priorities, stigma and discrimination, are challenges to service provision for various KP groups. There is a need for an aggressive high-level advocacy with government and partners to focus efforts on political and legal barriers in countries of the region to enhance access and ensure interventions from the lens of Human rights.
- Enhanced partnership solidarity, coordination, and communication are strongly needed between various stakeholders involved in the HIV response to strengthen community led support and civil work, which are fundamental for reaching people in need

### 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>• Strengthening civil society and networks with increased dialogue between UNAIDS and regional networks and networks among themselves</li> <li>• Supporting communities and empowering their leadership, with focus on young people and increasing participation and work with youth-led initiatives</li> <li>• Supporting national strategic plans to be linked with the global strategy and support implementation of national programs for PLHIV and KPs</li> <li>• Recognizing that people face multiple and intersecting health and socio-cultural, geopolitical and environmental factors that affect their health and well-being, including for HIV. It is critical to ensure the integration of programs, services and funding, to address these needs holistically rather than continuing with the silo approach while linking the strategy to human right issues</li> <li>• Relaunching the work with the media and religious leaders and developing a clear strategy on involving these partners (Regional and national) to ensure that HIV and PLHIV are taken into consideration. Work on new media platforms including social media</li> <li>• Increasing positioning HIV amongst other UN agencies on global level, which influence the regional level through discussion and coordination with the Joint Programme to ensure linkages with other issues (Human rights, gender equality, SRH, and other SDG goals), complementarity of intervention, and more community support. UNAIDS to clearly indicate the interlinkage of HIV with other SDGs in their strategy</li> <li>• Leading discussions with partners with a more holistic perspective and a participatory approach in strategy development and interventions Conducting evidence-based advocacy with governments to push HIV agenda as well as evidence-based interventions (both situation-monitoring as well as performance monitoring).</li> </ul>



<p><b>STOP</b></p>	<ul style="list-style-type: none"> <li>• Being nice (more aggressiveness with policy and government for change is needed).</li> <li>• Seeing young people as a homogenous collective but as a diverse group and have them represented in constituencies (what may work for one young person may not work for others).</li> <li>• Duplication of efforts</li> <li>• Top to bottom approach in the HIV response planning and implementation of interventions with feeling of ambiguity in the agenda</li> <li>• Stigma and discrimination</li> <li>• Spreading fund to non-efficient parties ( not providing any support under HIV component)</li> <li>• Focusing on one community/population over another which creates discrimination</li> </ul>
<p><b>START</b></p>	<ul style="list-style-type: none"> <li>• The strategy to focus on the specificities of each group and to consider each community/ population and KP separately and to identify their specific needs and deal with them. <ul style="list-style-type: none"> <li>• Access to tailored services while considering the crisis and its impact on these groups. (i.e. currently queer women are being overlooked (How to quantify the discrimination and violations these women meet), transgender need to be included in the discussions trans men and trans women face different structural barriers to access to services) and there is a complete lack of umbrella dealing with their issues)</li> <li>• Highlighting issues related to women's' rights and vulnerabilities within the strategy ( specifically WLHIV), including SRH, women protection, and discuss more the linkage between cervical cancer and gender issues and increase tailored interventions specifically for women and girls</li> <li>• Addressing and highlighting PLHIV in prisons, as well as detained LGBTI and PWID communities (increase work with UNODC)</li> <li>• Friendly access to opioid substitute therapy OST</li> <li>• Institutionalizing youth participation and trust youth leadership while promoting youth friendly services and promoting innovation</li> <li>• The human rights topic should be taken into consideration when discussing KPs. The perspective should not be standardized as what we see in several programs.</li> <li>• Working and talking more about the decriminalization of key populations and focus on its benefits which will increase access the medication and testing</li> </ul> </li> <li>• Focusing on high level advocacy with government and other non-HIV human right and gender organizations on: <ul style="list-style-type: none"> <li>• better channeling of funds in strategic and efficient manner,</li> <li>• intellectual property for access to medicine;</li> <li>• Increasing access to services on national levels</li> <li>• Working on implementing Human rights (economic and social rights, health right...) international laws and treaties</li> <li>• Being part of the development agenda and UHC to give more leverage to HIV thematic organizations</li> <li>• Reducing legal and political barriers (i.e inequality, Individual rights for KPs and PLHIV..)</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• Generating Data and researches <ul style="list-style-type: none"> <li>• Capitalizing and using the stigma and discrimination index across countries (Help community groups working on stigma and increase support for women to fight stigma and discrimination in the region).</li> <li>• Collecting reliable data in 3 languages to facilitate community engagement: Need for disaggregated data and evidence on the multiple, intersecting and shifting socio-cultural, economic and health, challenges and issues in the region. Critical for evidence-based recommendations for strategies, programs and investments which address the diverse and specific needs of people in the region/ sex and age disaggregated data as well as support community led data collection and analysis (Data from the Ground Up)</li> <li>• Making sure the international guidelines and protocols are adapted to the regional context</li> </ul> </li> <li>• Community strengthening, coordination and country representation <ul style="list-style-type: none"> <li>• Developing a clear strategy for networking in MENA and opening a real and very transparent dialogue with all networks to address their concerns and to work in coherent and complementing manners</li> <li>• Supporting Community led advisors and build on existing skills on both regional and national levels to help in the response</li> <li>• Ensuring sustainability support for community especially in countries with no UNAIDS presence and especially those with no services (Yemen, Iraq, Libya, Syria, etc), to make sure none are left behind</li> <li>• Providing technical support to the community to develop contingency plans</li> <li>• Putting in place a mechanism of safety and support to CSOs and provision of psychosocial support ensuring food security specially in humanitarian settings and time of crisis</li> <li>• Working in synergy to support countries going through GF transition</li> </ul> </li> </ul>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<p>Integration of HIV services within the Global UHC agenda and development SDG agenda, giving more civic space and power to community based and led organizations and linking these organizations up at national level with key human right, gender and development organizations for sustainability of the response, while ensuring stronger partnership between the CSOs and the government for all development efforts ensuring leaving no one behind</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@unaid.org](mailto:strategyteam@unaid.org)

**UNAIDS**

20 Avenue Appia  
CH-1211 Geneva 27  
Switzerland

+41 22 791 3666

[unaid.org](http://unaid.org)