

# UNAIDS STRATEGY DEVELOPMENT

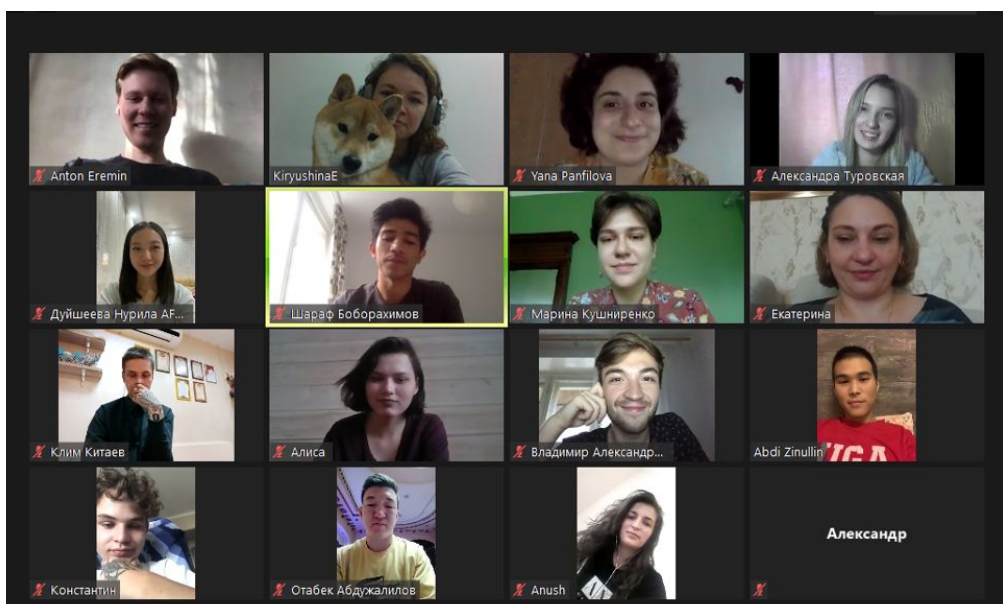
## UNAIDS STRATEGY REVIEW:

### Focus Group Synthesis template

Country: EECA region: Armenia, Belarus, Kazakhstan, Kyrgyzstan, Russia, Tajikistan, Ukraine Uzbekistan.

Organizer: Eurasian Union of Adolescents and Youth Organizations Teenegizer (<https://teenergizer.org/en>), Y-PEER network (<http://www.y-peer.org>), Dance4Life network and partners in EECA countries (<https://dance4life.com>), AIDS.CENTER Foundation ([spid.center/en](https://spid.center/en)).

Date: 26 of September 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: The discussion was organized and facilitated by 4 youth networks and organizations in the EECA countries, including the Eurasian Union of Adolescents and Youth Organizations Teenegizer, Y-Peer, Dance4Life network and partners in EECA countries, AIDS.CENTER Foundation and with support from EECA UNAIDS Youth Officer.

Date of discussion: 26 of September 2020

Theme to be discussed: Adolescents, young people and HIV in EECA countries

Participants (types of organizations participating):

- Anush Andreasyan, Armenia, Consultant NGO "Real World, Real People", 27 years old
- Alexandra Turovskaya, Belarus, coordinator of the volunteer center NGO Republican Public Association "Belarusian Association of UNESCO Clubs", student of the medical university, 22 years old
- Aida Muraveva, Kazakhstan, activist of Eurasian of adolescents and young people Teenegizer, 13 years old
- Aleksandr Kuznegov, Kazakhstan, activist of Eurasian of adolescents and young people Teenegizer, 17 years old
- Abdi Zinullin, Kyrgyzstan, activist of Eurasian of adolescents and young people Teenegizer, 23 years old
- Nurilya Duisheeva, Kyrgyzstan, coordinator of the Youth Center, 23 years old
- Marina Kush, Russia, Graduate of Vera HIV Med School, volunteer of AIDS.CENTER Foundation, SCORA coordinator in Russia, medical student and LGBT activist, 22 years old

- Vladimir Grichishkin, Russia, Graduate of Vera HIV Med School, volunteer of AIDS.CENTER Foundation, community-worker at Humanitarian Project, medical student and person living with HIV, 20 years old
- Alisa Chegolyaeva, Russia, activist of Eurasion of adolescents and young people Teenergizer, 16 years old
- Klim Kitaev, Russia, Champion4Life Charitable Foundation "STEP" and represent young drug users , 24 years old
- Anton Eremin, Russia, Infectious diseases clinician, Medical Director at AIDS.CENTER Foundation, 26 years old
- Sharaf Boborahimov, Tajikistan, Y-Peer EECA Alumni, 27 years old
- Mehrubon Pulodi , Tajikistan, Coordinator of Y-Peer Tajikistan, 25 years old
- Kostya Gaidaenko, Ukraine, HIV-positive activist of Eurasion of adolescents and young people Teenergizer, 17 years old
- Yana Panfilova, Ukraine, Founder of Eurasion of adolescents and young people Teenergizer, 22 years old
- Otabek Abdujalilov, Uzbekistan, Peer educator Day care center for children and adolescent living with HIV, 22 years old

UNAIDS representative: Elena Kiryushina, Russia, Regional Youth Officer, UNAIDS office for Eastern Europe and Central Asia

Country, regional or global focus: regional and country 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)

### **Epidemiological data on adolescents, young people and HIV available for the EECA countries:**

- According to UNAIDS data by contrast with other regions, the epidemic continued to grow in eastern Europe and central Asia (EECA), with new HIV infections rising dramatically by 72% between 2010 and 2019, along with the increases in the Middle East and North Africa (22%) and Latin America (21%) (Source: <https://www.unaids.org/en/resources/documents/2020/un aids-data> P6).
- Proportion of new HIV infections among young people aged 15–24 years by sex and by regions in 2000-2018 showed that adolescent boys and young men (12000) were at higher risk in Eastern Europe and Central Asia than adolescent girls and young women (8400) (Source: UNAIDS 2019 epidemiological estimates).
- Most recent UNAIDS data (2019) also show the following relatively low level of knowledge about HIV prevention among young people (15-24)<sup>1</sup>. In Armenia 17.66% of young women and men 15–24 years old who correctly identified both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission, in Azerbaijan

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<sup>1</sup> Percentage of women and men 15–24 years old who correctly identify both ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission. For the full definition, please see indicator 5.1 in the Global AIDS Monitoring Guidelines.

- 14.9%, in Belarus - 54.61%, in Kyrgyzstan - 23.4%, in Republic of Moldova 34.2%, in Tajikistan - 2.67% and in Ukraine - 23% (Source: <https://aidsinfo.unaids.org>).
- HBSC-2020 study (2017/2018 survey) showed 16% of respondents in the Russian Federation, 23% in Ukraine, 44% in Moldova aged 15 years old did not use either a condom or pill at last intercourse and leave themselves vulnerable and risk to acquire HIV and other STIs (Source: <https://apps.who.int/iris/bitstream/handle/10665/332091/9789289055000-eng.pdf>).

**Biggest challenges and key priorities to address in regard to adolescents, young people and HIV in the EECA countries:**

- legislative barriers and discriminative laws and as result reduced access for these groups to preventive services due to age of consent;
- lack of a systematic approach to comprehensive sexuality education in schools and prevention services for adolescents and young people;
- HIV status related stigma and discrimination towards adolescents and young people from society, adults, close ones, medical providers and in educational settings;
- insufficient data on young people on HIV testing, behaviors, estimates and other aspects;
- low meaningful adolescent and youth participation from EECA countries in decision-making bodies and spaces in AIDS response.

## 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>	
How do we see the current situation?	<ul style="list-style-type: none"><li>● Legislative barrier - reduced access to preventive services due to age of consent</li><li>● Lack of confidentiality between the teenager and the doctor</li><li>● HIV status related stigma and discrimination by healthcare providers</li><li>● Lack of a systematic approach to comprehensive sexuality education in schools</li><li>● Strong influence of the church and radical groups on comprehensive sexuality education</li><li>● Insufficient data on young people on HIV testing, behavior, estimates</li></ul>
What concerns us?	<ul style="list-style-type: none"><li>● Many countries in the region do not segregate youth as a separate programme category / group</li><li>● Adolescents and young people have restricted access to condoms, prevention services, HIV tests (due to age, price, attitude)</li><li>● Lack of psychological support for adolescents and young people living with HIV</li><li>● Lack of prevention programmes for adolescents and young people from vulnerable and key groups</li></ul>
What gives us hope?	<ul style="list-style-type: none"><li>● Youth activists, bloggers and social media influencers talking about the issue</li><li>● Openness, readiness and awareness of young people</li><li>● Community of practice and coalitions / partnerships</li></ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"><li>● Religion and beliefs</li><li>● Political will</li><li>● Funding restrains</li><li>● Education (formal and non-formal)</li><li>● Language barrier</li></ul>

## **THE STRUCTURES THAT RESPOND TO HIV**

How do we see the current situation?

#### Cultural and religious norms as barriers in access to services in Central Asia and Caucasus

- Traditional and religious behaviors prevent young people accessing services, including HIV testing
- The use of traditional medicine for treatment is widespread

#### Availability of NGOs and low-threshold centers for young people

- Young people in Central Asia have limited access to NGOs working on HIV prevention and treatment, NGOs advertise little about their activities and they do not have website and social media presence, very few NGOs working with children and adolescents living with HIV
- In some countries, there is access to both state structures and non-profit organization's services, such as counselling via chat, uniting the community of HIV-positive youth, etc.
- There are few low-threshold youth centers that provide quality services
- NGOs working on HIV programmes only function in the big cities and rural areas are left behind

#### Services and testing

- Young people rarely access services by state run centers, unless there is a need to obtain a certificate, which is mandatory for receiving any medical service (e.g. Tajikistan)
- Young people do not go for testing willingly, unless they are told to do so
- Lack of culture of regular testing among young people, despite their existing knowledge about prevention measures

#### Problems of disclosure of HIV status to children and adolescents HIV+

- There is limited access to support groups for children and adolescents living with HIV, children and adolescents living with HIV take medication, but do not why they are taking medications
- Parents do not disclose their status to their children and do not talk to them about the diagnosis leading to the lack of adherence to therapy

#### Lack of CSE

- Comprehensive sexuality education including HIV awareness education is unavailable for children and adolescents living with HIV

#### Other structural barriers and discriminatory laws

- Youth living with HIV have limitations, such as being unable to study in medical faculties and unable to speak-up (e.g. Tajikistan, Uzbekistan and in other some countries)

<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>● Young people are not getting tested for HIV, very little preventive work is done</li> <li>● Children and adolescents living with HIV have no access to information, little HIV prevention work is done</li> <li>● Insufficiently active work is carried out for the general population - quality of this work is not at the required level, as well as provided information is not interesting and does not trigger interest of beneficiaries, as a result, the information is not perceived by adolescents and young people</li> <li>● Growing conservative wave - carrying out high-quality preventive work is complicated by the fact that the general line promoted at the government level and a certain part of the population is narrowly focused only on loyalty, family values, etc. and does not support the topic of condom use and the formation of friendly services for young people by specialists</li> <li>● Efforts to reduce stigma and discrimination are inadequate</li> </ul>
<p>What gives us hope?</p>	<ul style="list-style-type: none"> <li>● The list of ARV drugs (Dolutegravir) is being replenished in Armenia, which gives rise to hope that this list will be replenished</li> <li>● In Uzbekistan and some other countries in Central Asia, there are some attempts from youth activists to disclose their status and speak up with a support of national structures and NGOs which gives hope to raise voice of youth with a positive status</li> <li>● Involvement of professional doctors, psychologists and development of a community of young people living with HIV (regular field camps, the work of Teenergizers and other youth-led initiatives) inspires hope, the community is growing stronger</li> </ul>
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>● Overall, stigma and discrimination towards young people living with HIV remain high and discriminatory laws in countries of Central Asia and related cultural and societal restrictions remain a barrier for productive life of adolescents and young people living with HIV</li> <li>● High level of stigma and discrimination against young people living with HIV</li> <li>● Restrictions for HIV-positive youth to study (study abroad, choice of profession)</li> <li>● HIV status gives many related restrictions: everywhere they require a HIV status certificate - before marriage, job entrance, etc.</li> </ul>

## CONTEXTUAL ENVIRONMENT

<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> <li>● Young people seek HIV testing and counseling, treatment, and psychological support in an open-minded environment.</li> <li>● Low awareness and trust to HIV-service organizations among youth and adolescents</li> <li>● Access to services is low as few organizations are providing high-quality services</li> <li>● Media resources needed to cover issues around HIV: bloggers, influencers, social media</li> <li>● There is a legislative barrier to HIV testing, counselling, and treatment for adolescents who would like to be tested, but who are below the age of consent</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>● Due to COVID-19 epidemic many public health authorities globally are focused on COVID-19 control, allocation of resources for HIV care could be diminished</li> <li>● Restrictions on at-home HIV testing and withdrawal of rapid HIV saliva tests from pharmacies in Russia</li> <li>● Legal barriers (Informed consent and HIV testing)</li> <li>● Many adolescents, especially among key populations, are in denial, afraid, misinformed or lack familial or social support</li> </ul>
<p>What gives us hope?</p>	<ul style="list-style-type: none"> <li>● Active media resources: bloggers, influencers, social media</li> <li>● Constant search for new approaches in HIV prevention (U=U, PrEP implementation, etc.)</li> <li>● Government-NGO Partnerships in HIV response</li> <li>● Equally conscious increasing interest of volunteers among and their social circle's involvement in testing and raising awareness</li> </ul>
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>● Lack/reduction in funding for HIV prevention programs among youth and key populations</li> <li>● Long-term strategic planning of prevention programs</li> <li>● Meaningful adolescent and youth participation from EECA countries in decision-making bodies and spaces in AIDS response</li> </ul>

### EMERGING PATTERNS:

- Legislative barriers and discriminative laws and as result reduced access for these groups to preventive services due to age of consent;
- Lack of a systematic approach to comprehensive sexuality education in schools and prevention services for adolescents and young people;



- HIV status related stigma and discrimination towards adolescents and young people from society, adults, close ones, medical providers and in educational settings;
- Insufficient data on young people on HIV testing, behaviors, estimates and other aspects;
- Invisible meaningful adolescent and youth participation from EECA countries in decision-making bodies and spaces in AIDS response.

### 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

*What is working that we must continue to do?*

- Request to continue various activities, including support groups for HIV + adolescents and young people
- Change legal barriers related to age restrictions and create conditions for confidentiality between minor patients and doctors
- Introduce comprehensive sexuality education programs in educational institutions, including school (minors), expansion of the work with parents
- Engage bloggers, opinion leaders to disseminate information about HIV and sexuality education
- Involve young people in HIV / AIDS program through peer-to-peer methodology
- Include HIV testing and condom distribution among adolescents and young people in *Fast Track Cities*
- Promote further Implementation of free condoms distribution programmes, not only in the health institutions, but also in colleges, universities and educational facilities
- Need for centralization of statistics of adolescents and young people living with HIV (testing among adolescents and young people, young key groups)
- Increasing number of sociological and bio-behavioral research to identify the extent of adolescents awareness about HIV, including stigma and discrimination
- Develop conceptually interesting advertising campaigns (fashionable and understandable), various large events in all areas with the involvement of bloggers and influencers, interesting collaborations, etc.
- Increase legal and technical support for the realization of the rights of adolescents, including those living with HIV
- Teaching teenagers about their rights and responsibilities
- Capacity building among adolescent and youth communities

#### STOP

*What must we stop doing, that if we don't stop will ensure failure?*

Age of consent laws and other laws

- Adolescents diagnosed with HIV infection have access to treatment only with the written consent of their parents (guardians). Legislation needs to be revised and stop using age of consent laws
- Stop criminal prosecution of people with HIV infection
- Stop non-compliance with the law - doctors for themselves have adopted the norm on the provision of a mandatory certificate before receiving any medical service, for example, from a dentist
- Stop non-compliance with the HIV status non-disclosure clause
- Stop enforcing outdated laws

#### Bullying, stigma & discrimination

- It is important to stop bullying against HIV-positive adolescents and young people
- Stop not fighting stigma and discrimination

#### Prevention & CSE

- It is necessary to stop the implementation of preventive programs during the educational process (they do not work), it is necessary to expand preventive programs, to carry them out not only in big cities
- It is necessary to stop the formal approach on the part of teachers and other specialists in prevention programmes
- It is important to strengthen support for the prevention component
- Stop poor quality and formal preventive work (change the format of information delivery)

#### Condoms

- Eliminate the inability to purchase condoms by adolescents (often adolescents are denied purchase)

#### Working with young people, working together

- It is necessary to stop focusing work on HIV and AIDS only on adults, it is important to focus work on youth
- To stop working separately in the AIDS service sphere, it is necessary to enter into a partnership and work together in this sphere

#### Stop not youth-friendly approach

- Stop discriminating, stop organizing the work of centers for young people in non-safe areas (such centers are opening, but only on the basis of polyclinics or other medical institutions)
- End the limited access of young PLHIV to receive friendly services
- The work to support the PLHIV community (opening of friendly centers, etc.) is carried out only with the support of donors and there is no sustainability of this work (the project ends, the work ends with it)

#### Sustainability

	<ul style="list-style-type: none"> <li>• The problem is that most programs are short-term, which does not have the ability to become sustainable</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>• Comprehensive sexuality education programs (at the moment there are no systemic programs in Russia and Ukraine; programs are being conducted in Tajikistan with the participation of international organizations, a law has been passed)</li> <li>• Legislative change: Legislators should address discriminatory practices or laws that limit access to HIV services</li> <li>• Increasing access to HIV prevention programs: condoms (funding, dissemination of information on distribution points), PrEP (creation of associations of organizations)</li> <li>• Meaningful participation of young people in decision-making processes such as planning, research, projects implementation</li> <li>• Representative and community-led HIV networks need to be established to advocate for and represent young people living with HIV and ensure that programmes meet their needs</li> <li>• High-quality support for young people living with HIV: increasing the competence of doctors, psychologists, consultants.</li> <li>• Focus on work with youth from key affected populations</li> <li>• Include adolescent and youth components in all Fast-track cities programmes in EECA countries</li> <li>• Collaboration and partnerships: young community advocates, clinicians, policymakers, and media should all cooperate to address the issues around HIV as a united force</li> </ul>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> <li>• Empower adolescents and young people in EECA to become more meaningfully involved in the HIV response</li> <li>• Do not ignore adolescent boys and young men in the future HIV programs in EECA and other regions</li> <li>• Encourage youth-engaged and youth-led research, program design and implementation on HIV &amp; AIDS</li> <li>• Remove legislative barriers for adolescents to access preventive services (e.g. age of consent)</li> <li>• Introducing a systematic approach to comprehensive sexuality education in schools and out of schools</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.*

Report “[Barriers in access to HIV testing for adolescents and youth in three EECA countries](#) » by launched Eurasian Union of Adolescents and Young People Teenergizer

*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)