UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Region: Global

Organizers: WFP, ILO and the UNAIDS Secretariat

Date: 11 September 2020

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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.

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

Organizations leading discussion: WFP, ILO and the UNAIDS Secretariat

Date of discussion: 11 September 2020

Theme to be discussed: HIV-Sensitive Social Protection

Participants (types of organizations participating: Lucie Cluver (Oxford University/University of Cape Town – Facilitator); Hugo Farias, Lisemarie Lequere, Mannan Mumma, Giovanni Giordana, Nonhlanhla Xaba, Juan Gonzalo Mejia, Mutinta Hambayi, Allison Oman, Fatiha Terki, Michael J. Smith (WFP); Kofi Amekudzi, Redha Ameur (ILO); David Chipanta, Helen Badini, Edgar Carrasco (UNAIDS); Shaffiq Essajee, Rikke Kirkegaard (UNICEF); Tessa Van Boekholt (UNHCR); Andrea Low (Columbia University – ICAP); Tia Palermo (SUNY Buffalo); Corinna Csaky (Coalition for Children Affected by AIDS); Audrey Pettifor (University of North Carolina); Delia Boccia (London School of Hygiene and Tropical Medicine); Kathy Ward (World Bank); Vema Jele (Swaziland Migrant Mineworkers Association); Priya Shete (University of California at San Francisco); Lorraine Sherr (University College London); Elona Toska (University of Cape Town); Mauro Guarinieri (INPUD); Ajita Banerjie (NSWP); Priya Narayan, Arushi Jain (London School of Economics);

Country, regional or global focus: Global

Key Messages and Specific Asks

Message 1: COVID-19 has made it evident that social protection is uniquely positioned to address the needs of the most vulnerable people. Over 200 countries have expanded or started 1400 social assistance measures in response to COVID-19. **Many of these schemes are implementing support that mitigate the impact of HIV and help reduce HIV risk**. UNAIDS should leverage these programmes, partnerships, and linkages, to maximize the support provided to marginalized and affected populations. It would be a grave mistake not to make social protection a strong and independent pillar of the next UNAIDS Global strategy.

Message 2: Social protection is a game-changer for the COVID-19 response, and an accelerator of the HIV and AIDS response. Social protection must be strategically positioned in the next UNAIDS Global Strategy to take advantage of its game-changing and acceleration potential. A piecemeal approach to social protection or presenting it under "integration", "key populations", "adolescent girls and young women" or "inequalities" is insufficient. COVID-19 has demand Governments to strengthen social protection, as a major Government policy intervention rebuild a new and equitable future desperately needed by the global HIV response. In 2016, when social protection was prioritised as one of the ten targets of the UNAIDS Strategy 2016-2021, the advent of COVID-19 was not yet present – now, the overwhelming demand for social protection systems and more resilient systems for health must only inspire us to prioritise it even higher.

Message 3: The COVID-19 pandemic, as with other health crises, has exposed existing inequalities and disproportionately affected people already criminalized, marginalized and living in financially precarious situations, often outside social protection mechanisms such people living with HIV, women, children, adolescent mothers, men who have sex with men, trans people, sex workers, people who inject drugs, people in prisons, migrants, etc. The socio-economic fall-out of the COVID-19 pandemic has had the greatest impact on some of the most vulnerable and disadvantaged groups around the world. Previous gains of the AIDS response are threatened by COVID-19 and may not recover strongly without stronger health and social protection programming. Social Protection is an investment in strengthening the resilience of people and systems to effectively respond to infectious diseases more broadly, including HIV and COVID-19.

Countries are demanding social protection. People affected by HIV are demanding social protection as a human right. Evidence is demanding social protection. And now COVID is demanding social protection. If we ignore these demands, we risk UNAIDS losing credibility and failing the AIDS response

Message 4: The notion that social protection is a budget and expenditure item that countries often think they cannot afford is being replaced by the perception that it is an investment in building resilience. COVID-19 proved that countries that had invested more in social protection schemes fared better in cushioning the impact on citizens, including the most vulnerable and marginalized. As countries move from the emergency phase into the recovery phase and rebuild their systems for health, social protection will be central to this new paradigm and the next UNAIDS Strategy must be part of, and lead, this new shift. Countries must also be prepared for upcoming crises, shocks, and future pandemics. Social protection also addresses SDG targets beyond HIV and TB-related targets, giving Governments added incentive if engagement on HIV-specific issues has been historically poor.

Message 5: If in 2016, when COVID-19 was absent, social protection was prioritised as one of the ten targets of the UNAIDS Strategy 2016-2021, the advent of COVID-19 and the overwhelming demand for social protection systems and more resilient systems for health must only inspire us to prioritise it even higher. It would be unfortunate and a missed opportunity if we fail to prioritise it. This could be a reversal of the gains made in expanding HIV-sensitive social protection systems globally and more importantly, not learning from the COVID-19 pandemic experience. The next UNAIDS Global Strategy is being

developed in the year in which COVID-19 had its greatest impact on humanity and there is no better time to learn from it than now.

Mid-term plans and next steps suggested by FGD participants

First "ask": HIV-sensitive social protection[1] stakeholders who engaged in the focus group discussions kindly request UNAIDS to reconsider repositioning HIV-sensitive social protection as a target and/or pillar in the next UNAIDS Global Strategy. This will require strengthened capacity in number of staff in UNAIDS Secretariat directly working on social protection. In a broader sense, this is a concern for a variety of key stakeholders involved in the HIV and AIDS response – how to ensure programmes consciously address the needs of PLHIV across the life course.

Second "ask": HIV-sensitive social protection stakeholders are aiming to develop a programme titled ENSURING HIV-SENSITIVE SOCIAL PROTECTION FOR KEY AND VULNERABLE POPULATIONS to be collaboratively implemented by WFP, UNICEF, WB, UNDP ILO and UNAIDS Secretariat, together with the support of other cosponsors, in a targeted number of UNAIDS fast track countries. The PROGRAMME will bring together the Heads of the Agencies concerned to generate the much-needed political support and strongly leverage the momentum around social protection. The PROGRAMME would also strengthen the partnership with the Global Fund and PEPFAR in the area of HIV-sensitive social protection programmes. This approach should coincide with an understanding of the elevation of the importance of HIV-sensitive social protection in all agencies concerned. This fresh perspective will inspire the next phase of the HIV-sensitive social protection response globally. Additionally, in-country capacity could also be strengthened and therefor mobilise additional funding for staff sitting at Government level to ensure social protection is embedded within the national agenda.

Third "ask": Many of the most marginalized adolescents and children who remain far from testing, treatment and continuum of care are in households being reached only by national social protection programming. This programming can be leveraged through integrated social protection initiatives, linking social protection and health sectors, to improve access to testing and treatment. Moreover, complementary and layered services can address a variety of intersecting inequalities like poverty, stigma, remote settings, mental and emotional distress will greatly improve effective access to essential HIV services. In order to encourage additional evidence on how to effectively combine health services and support at care points in order to improve HIV outcomes and decrease generalized HIV risk among adolescents, a regionally focused competition could be developed. Building from the recent Reaching All Children Positive Action Challenge to identify innovative examples of where social protection has been harnessed to improve HIV outcomes in children (co-sponsored by ViiV Healthcare and the Coalition for Children Affected by AIDS), this new competition will competition will encourage compelling evidence and proof-of-concept studies that highlight novel and effective social protection interventions that improve HIV outcomes amongst excluded adolescents and young adult cohorts, especially adolescent mothers.

[1] A definition that may need re-defining or re-evaluating for the next Strategy, providing additional clarity

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

Section 2 is presented as two segments. The first area focusses on a proposed new HIV-sensitive social protection initiative to drive the new thinking around social protection in the next Strategy.

The second area focuses on some areas identified for focused action. The aspects mentioned in the second area could well be implemented under the proposed new initiative.

PROPOSAL: A NEW AND ELEVATED APPROACH TO HIV-SENSITIVE SP	
What's Current	Currently HIV-sensitive social protection is presented in the UNAIDS Strategy 2016 – 21 as one of the ten targets. Through the Unified Budget Results and Accountability Framework, it is positioned under the section on "Integration" and a number of agencies contribute towards the achievement of the global target *75% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection* – more evidence is needed to ascertain whether this target is being met.
What's New	Going forward, a request is being made to create a programme with a clear title and branding to elevate HIV-sensitive social protection and build on the global momentum around social protection mainly due to COVID-19. A proposed name for the new programme could be *"Ensuring HIV-sensitive social protection programmes for key and vulnerable populations"* The UNAIDS Secretariat Head of Agency (HoA) would convene the HoAs of ILO, WFP, UNICEF, WB, UNDP and any other agency playing a critical role in the implementation of HIV-sensitive social protection to solicit for the political support required to drive this initiative. The idea is to ensure this initiative is well positioned within the internal structures of each of the partner Agencies. The membership of the partnership to implement this initiative will go beyond the UN family and include academia, private sector, community-based organizations, workers organizations, civil society, national ministries involved in social protection, national AIDS control programmes, and many other partners. The programme will also strengthen its partnership with major players such as the Global Fund to fight AIDS, TB and Malaria and PEPFAR. The programme will focus on several identified countries for which there is evidence that key and vulnerable populations are increasingly left out of national social protection programmes. There is currently enough evidence to generate this list of countries. A complete programme document spelling out all the details of the proposed initiative will be drafted by partners to guide the implementation. The programme will provide periodic reports to UNAIDS and the PCB on progress made in ensuring coverage for people living with HIV, key populations as well as other vulnerable populations. It will also be subjected to periodic evaluations to enhance its delivery.

The second area of section 2

REACHING THE PERSON	
What concerns us?	- There is a failure to implement the people-centred approach, as the HIV response appears to be increasingly overly medicalized and people living with or at the risk of HIV are treated merely as patients, rather than people, with multiple and intersecting social-economic and health needs. With this biomedical approach the focus is on the patient itself and therefore all those people who are affected by HIV are completely neglected and their needs are not considered and considered. - Key, mobile and vulnerable populations are largely excluded from social protection programmes and even where they are eligible, benefits fail to reach them. Some of these populations include: o Key populations: sex workers, men who have sex with men, people who inject drugs, prisoners and other incarcerated people, and transgender people o Adolescent girls and women, particularly adolescent mothers o LGBTI o Mobile populations: Migrants/ Refugees/IDPs o Persons with disability o Food insecure households o Children o Vulnerable households and PLHIV - There are often narratives of deservingness running amongst national policy-makers that beg the question of whether such populations "deserve" to access social protection benefits. This often stems from viewing social protection as a gift bestowed on such populations. These go against the very notion of a rights-based approach. Criminalization is a barrier that need to be addressed at policy/law and financial level: for example, to allow community actors to access to adequate funding and therefore support the response. - 1 in 14 PLHIV are living in humanitarian settings; national laws often prevent them from accessing social protection. They are also often excluded from data.
What gives us hope?	- The current strategy has been positioned as a people-centred strategy. This is crucial to ensure inclusivity and equitability of the HIV agenda, in line with the SDG agenda of leaving no one behind. - Community-led groups that work to facilitate access of key populations to social protection, such as USHA Cooperative in India, have been able to reach out to key populations much more extensively than national social protection programmes alone. This shows how a people-centric approach, where communities are themselves involved, enables improvements in coverage. In the 2016 UN Political Declaration on Ending AIDS, Member States affirmed the role of community in HIV

	response and committed to ensuring that at least 30% of HIV services are community-led by 2030. - Caseworkers have played an important role in ensuring access to those who are entitled to social protection benefits but have been unable to access them. Casework management has been increasingly introduced in pilot programmes in certain countries, which facilitates linkages between people living with, at risk and affected by HIV social protection programmes and national/ community-led health insurance schemes.
What constrains our ability to achieve our goals?	- Gaps in data hinder an understanding of social protection coverage in a given country, especially and including in humanitarian contexts. - National data sources like PHIA are only focused on high-impact countries and are not universal. They also often do not have data on certain key populations or severely under-report them. - There is a discord in understandings and acceptability of UN terminology of vulnerable and key populations amongst many national social protection policy-makers. - PLHIV, adolescent mothers and key populations experience stigma and discrimination that is insufficiently addressed. - Punitive laws prevent key populations and their children from accessing HIV services, heighten their risk of acquiring HIV and exacerbate the stigma and discrimination these populations face. - The lack of political leadership to prioritise investment in excluded populations - A lack of technical understanding on how to deliver a holistic approach in which any contact with a service is a window of joined-up support.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	- There are existing commitments in the current UNAIDS strategy to ensure that 75% of people living with, at risk of and affected by HIV benefit from social protection by 2020 through the strengthening of social protection systems (Commitment 6). This is grounded in broader development goals under the SDGs, specifically SDG 17. - 32 countries have conducted or are in the process of conducting HIV and social protection assessments. These constitute growing data and evidence on the impact of social protection on HIV, as well as a growing body of evidence on existing gaps and needs.
What concerns us?	- Many programmes aim to address HIV without looking at the underlying vulnerabilities that increase the risk of contracting HIV. A symptomatic approach that does not account for the underlying causes of HIV contraction will fail to eradicate the epidemic, as is the goal.

	- There is an urgent need to generate evidence linked to programming. We need evidence that clearly indicates if a programme is HIV-sensitive as well as evidence on how successful HIV-sensitive social protection programming is in improving HIV related outcomes. - The eligibility criteria set by most social protection programmes excludes those working in the informal sector, non-citizens, and key populations and their children. Furthermore, structures do not allow availing services if documentation is not present. Due to this, segments that are most vulnerable and at high-risk of contracting HIV are often denied the right to social protection. - There is a lack of integration and streamlining of social protection programmes at local, regional, and national levels. - Social protection is often implemented in select areas, rather than nation-wide. - There remains widespread lack of awareness and misconceptions around what social protection entails. - People are benefitting from one programme for short time (funding- not adequate for sustainable programme) - Insufficient linkages and referral systems to others programme (no referral system/integration of services in place) to ensure a continuum of care along the life cycle
What gives us hope?	- The importance of integrating HIV response within social protection and strengthening social protection systems has been recognized in the 2016 Political Declaration on HIV and AIDS. - In some regions, there is greater advancements on the structures in place that are needed for inclusive[2] social protection. These include separate departments for social protection in governments and systems connecting social assistance with health insurance. This is crucial as money alone cannot achieve the goals we have. - Responses integrated with other systems that extend beyond health can be effective. Social protection that facilitates access to education is instrumental in protecting against HIV, particularly among adolescent girls, as seen from evidence from South Africa, Malawi, and Uganda. We must continue to use such avenues to our advantage. - Programmes and initiatives which do acknowledge the vulnerabilities that lead to HIV, such as PEPFAR, and those which take a more holistic rather than a siloed view such as cash plus programmes (example: cash transfer along with a behavioural change component) are a step in the right direction. - The evidence shows that social protection has a real impact on HIV targets pertaining to prevention and treatment. For example, pilot projects in Malawi, Tanzania and Lesotho have shown the ability of social protection in reducing HIV/STI prevalence.

[2] Universal social protection schemes, available to everyone within a certain category of the population, such as an age group, are more inclusive and less likely to discriminate against people in need than so-called targeted schemes

What constrains our ability to achieve our goals?	- There is a lack of political leadership that can channel resources towards the marginalized and most vulnerable populations. Without this, they will continue to be left behind. - A broadened recognition of the need for integrated HIV-sensitive social protection is still lacking. Instead of 'othering' HIV to a separate segment, there needs to be an understanding that any individual can contract HIV at any point in their life cycle. To respond to that, we need a health system which provides support for prevention, diagnosis, treatment, care, and adherence over time. - Singling out PLHIV for their treatment and care runs the risk of exacerbating the stigma they already live with. - Also, people who are not HIV positive but strongly affected by the disease are frequently not included in the response (HIV negative children of HIV positive mothers).

CONTEXTUAL ENVIRONMENT	
What concerns us?	- The need and demand for social protection is only growing as made clear by the Covid-19 pandemic and mounting evidence. However, there exists a gap in evidence translation, creating barriers in impetus from political actors in responding to this need. - With increases in migration and refugee crises, there are increasing numbers of mobile people (i.e. refugees, migrants and IDPs) who, owing to the lack of citizenship and proper documentation, are excluded from social protection benefits. - In countries where HIV prevalence is low, developing tools that can support governments in HIV-sensitive targeting through social protection programmes is a challenge.
What gives us hope?	- As per the 2020 UNAIDS report, Covid-19 can be used as an opportunity to reimagine health systems to a people-centred approach and for maximizing efficiency.
What constrains our ability to achieve our goals?	- Key, mobile, and vulnerable populations are disproportionately affected by emergencies and covariate shocks such as Covid-19. This impedes progress in terms of HIV prevention, treatment and care.

SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
CONTINUE	*What is working that we must continue to do?* - Political advocacy and resulting funds obtained are prerequisites to successfully implement inclusive HIV-sensitive social protection programming. This hinges upon presenting such programming as investments for a thriving human community that has an improved standard of living and is satisfied with its political leadership. This must be continued. - Community-led engagement at all stages of the programme must continue and be further enhanced through financial and other support, as it is essential to the translation of strategy into action on the ground. Avenues worth considering for community engagement include the Montreal Declaration, coalitions, and key population networks. - We must continue to support casework management that is increasingly introduced in pilot programmes. It constitutes a key bridge between communities and social protection programmes to enable those entitled to benefits to receive them. - Government systems for social protection are more sustainable. These must be supported and improved. - Certain programmes such as WFP programmes have shown the benefits of strengthening institutional capacity and technical capacity and we must continue to strengthen them further.
STOP	*What must we stop doing that if we don't stop will ensure failure?* - Siloed views of HIV need to be stopped, be it in the context of it interacting with various other health areas and other sectors or in the context of non-health related factors influencing it. - One-off, short-term forms of support (driven by funding allocations) – we need more out of the box thinking on issues related to integration and referral systems across different social protection spheres – support must be available along the life-course, as HIV is a life-long condition. - We cannot simply 'biomedicalize' the HIV response. Social protection constitutes the future of the response, particularly one that is people-centred and treats people living with or at the risk of HIV as people and not merely as patients. - We need to stop ambiguity on what HIV-sensitive implies. Viewing it as programmes that do not exclude PLHIV on the basis of their affliction is not an enough parameter. Programmes need to be sensitive to their specific needs and explicitly include provisions for the same within their formal strategy.

	- Dealing with all the problems faced by vulnerable populations through the lens of poverty/extreme poverty may be too general and therefore inadequate. In order to effectively address them, a more robust understanding of the separate vulnerabilities faced by them and how they intersect with each other is required instead – all of which must be context specific. - The provision of social protection should not be contingent on employment in the formal sector, citizenship and documentation and the barriers to reaching migrants, key populations and non-citizens, and their children, need to be removed. - Notions of deservingness and charity need to be obliterated, as a person-centric approach and rights-based approach is called for.
START	*What are we not doing that we have to start doing?* - It is important for social protection programming to be HIV-sensitive, rather than HIV-specific[3], as the latter might exacerbate the stigma and discrimination these groups face by singling them out. - In advocating for HIV-sensitive social protection, the benefits to HIV prevention must be integrated into broader developmental benefits, such as increases in adolescent school attendance and reductions in adolescent pregnancies. These speak to political mandates and priorities, which can be more effective in obtaining funds and pushing the HIV agenda forward. This must be done in a way that ensures there is not confounding priorities across sectors. - It is important to 'speak the language' of national social protection policymakers in convincing them that social protection must be HIV-sensitive and extended to key, mobile and vulnerable populations. This requires building a common understanding of the marginalization, vulnerabilities and social exclusion that these populations face. Instead of focusing on the identities of these populations, advocating for their inclusion in terms of the vulnerabilities and social exclusion they face (particularly those that policymakers are already considering) might see greater success. - Countries in the process of revising their social protection programmes/systems might be more willing and able to initiate change at a national level. These junctures might thus be crucial entry points for the advocacy of HIV-sensitivity in national social protection systems. - It is essential to present national policymakers with data and evidence on which populations are systematically excluded and what the barriers of entry to social protection are for these populations. Without such evidence, it might be unlikely for policymakers to seriously consider these populations and how they can be meaningfully included. - National social protection systems must better integrate mobile populations and those living in humanitarian settings.

[3] HIV-specific approaches may have to be an initial approach to reach these populations in certain contexts

	- A people-centred approach requires the representation of key, mobile and vulnerable populations throughout the policy cycle. Support must be extended to ensuring community participation at every stage.
What is the one key recommendation you want to reiterate for strong consideration?	- Advocacy and fiscal space creation require us to make the most of the momentum that Covid-19 has provided in recognizing the dire need for universal social protection and the vast inequalities that exist. At a time when funds are being streamlined towards dealing with the pandemic, an integrated approach through social protection is an opportunity for the HIV response and for HIV advocates to increase their fiscal resources. Since this approach is grounded in jointly addressing the interlinked vulnerabilities and health issues faced by an individual, synergies and scale operations can allow for low-cost high-impact outcomes.

No more business as usual

SDG Target 3.3 aims at ending the HIV/AIDS epidemic by 2030. It has been long recognized that the threat of the HIV epidemic needs to be neutralized for the welfare and security of all. This is clearly reflected in UNAIDS' concentrated efforts and it's Fast-Track Strategy in combating it. As we edge closer towards 2030, we are at the critical juncture determining whether we can achieve our goals.

What was unexpected was 2020 confronting us with the mammoth challenge of the Covid-19 pandemic. What does this mean for HIV? Victories in the HIV battle are being offset. PHLIV are suffering because of the many burdens being cast upon them by circumstances beyond their control. A disintegrated health system prioritizing addressing Covid-19 over all else is subsuming all other priorities, HIV included. Does this mean that our hopes for achieving set goals are now dashed? No.

Now more than ever, the crisis has echoed the desperate cry for universal social protection which secures us against the many horrors this pandemic is inflicting, including those inflicted on PLHIV.

What is required is a radical shift in approach. An approach we have been building towards, but which we must take ownership of to leverage the traction Covid-19 has provided for both health services and social protection. This is a highly integrated social protection system, which is sensitive to HIV as well as the other inequalities faced by individuals.

In an overburdened health system, various health threats are pitted against each other even while having several common linkages. Basic economics would recommend a comprehensive, multisectoral outlook where funds are jointly utilized to achieve synergies and efficiencies over siloed, half-effective solutions. Instead of complementary health areas competing for funds, surges in attention to individual areas can be utilized for overall expansion of political will and fiscal space. The returns to such human capital investments are a secure and just society enjoying high standards of living.

A social protection floor through which no one falls through and where no one is left behind. A person-centred social protection grounded in rights and dignity for all. A transformative social protection addressing the multidimensional poverty and inequalities that are amongst the root causes of the threats to human security—threats that plague us such as HIV. This is an HIV-sensitive social protection that can alter the entire terrain of the existing health and livelihood security paradigms.

Priorities still play a role in the gradual integration process. The advantageous position social protection is in can be used as a tool to push forward the HIV agenda and resume its trajectory to achieve the 2030 goals through realignment and revitalizing the narratives built around it.

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.

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