

# UNAIDS STRATEGY DEVELOPMENT

## UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Online

Organizer: UNAIDS Advisory Group (UAG) Break-Out Group

Science, Strategic Information & Innovation

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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.

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@unaids.org](mailto:strategyteam@unaids.org)

Would you accept for UNAIDS to make your report publicly available: Yes.

### Background:

This focus group discussion (FGD) was convened by the UAG BoG on science & strategic information to garner input into the post-2021 UNAIDS Global AIDS Strategy. Participants were invited to think ahead around 3 critical questions as follows:

**What needs to be done in the next five years, across science, R&D and strategic information, to ensure that we are on track to end AIDS as a public health threat by 2030, specifically:**

- **What needs to be prioritized for R&D?**
- **How can science of implementation be enhanced?**
- **What data systems do we need to make informed decisions in countries?**

They were also provided with a link to the current [strategy](#) as well as information about the process to develop the next global AIDS strategy: [https://www.unaids.org/en/Global\\_AIDS\\_strategy](https://www.unaids.org/en/Global_AIDS_strategy). Finally, they were given the recently released UNAIDS document which reviews the evidence of implementation of the current strategy.

The report of the discussion is structured as follows:

- Review of the current UNAIDS Strategy from the perspective of science, R & D, innovation and data.
- Identification of challenges and opportunities facing the HIV response today from the perspectives of data, research and innovation in the context of COVID-19.
- Recommendations going forward for the Strategy and for UNAIDS. At this stage, it is not yet determined to what extent the next strategy will be aspirational versus operational and whether it will address the role of UNAIDS. Ideas that emerged are thus organized loosely around the respective headings of strategy and UNAIDS, bearing in mind potential overlap.

## The 2016-2021 UNAIDS Strategy on the Fast-Track to End AIDS:

The current 2016-2021 UNAIDS strategy: *On the Fast-Track to end AIDS* was reviewed from the perspective of science, research and development; data and innovation.

In terms of specific and explicit references in the current strategy to these terms, references included the following:

- diagnostics,
  - Home- or self-testing
  - rapid point-of-care diagnostics and viral load testing
  - early infant diagnosis
- antiretroviral medicines,
  - long-lasting formulations of antiretroviral medicines
- prevention commodities,
  - male and female condoms and condom-compatible lubricants
  - PrEP, post-exposure prophylaxis (PEP), microbicides, voluntary medical male circumcision (VMMC) devices
  - opioid substitution therapy and other harm-reduction measures
- monitoring tools,
- mobilizing scientific and ethical consensus on efforts towards a vaccine.
- mobilizing scientific and ethical consensus on efforts towards a cure
- contraceptive options,
- more effective and affordable treatment for common coinfections such as TB, STIs and hepatitis
- strengthening disease surveillance and strategic information systems
- Even with biomedical innovations and a service delivery system in place, legal environments, culture and society play a role in how and whether innovations are implemented and mainstreamed.

### Digital and social media

- connect people in innovative ways to share experiences, access information, deliver services and catalyze social movements
- provide a potentially inexpensive and efficient way to facilitate risk self-assessment, encourage prompt uptake and ongoing use of prevention methods, enhance treatment adherence and reduce loss to follow-up.
- can provide safe, anonymous spaces to share sexual health information, monitor real-time gaps and progress in the AIDS response, equip citizens with data, enhance their participation in the public sphere and extend their agency over development-related decision-making.
- can also promote inaccurate and harmful messages, increasing the importance of adolescents and young people receiving quality, evidence-informed education and information.

The strategy was also analyzed from the perspective of overarching key messages which included a call for:

#### Urgency

- rapidly expanding innovations in science and communication
- speeding up science for people
- that the most innovative and effective tools are made available without delay
- support efforts to overcome regulatory including by strengthening local and regional regulatory capacities

#### Fairness

- catalyzing innovation for people who need it most
- countries must ensure that trade and other commercial policies support public health goals
- remedy the policy incoherence between trade, human rights and public health in the context of HIV.
- to explore new incentive systems for needed research and development in which research and development costs are delinked from product prices

#### A new era of intersectoral partnerships

- to expand access to point-of-care diagnostics, second- and third-line antiretroviral medicines, treatment for children, and PrEP and other product-based preventive tools (UNITAID)
- to build African health systems better prepared to confront and deal with disease outbreaks and other public health emergencies. (AU, NEPAD, ADB and international partners)
- UNAIDS will catalyse North–South, South–South and triangular regional and international cooperation, enabling diverse stakeholders to join in sharing knowledge on science, technology and innovation.

The above issues are embedded in the current Strategy amongst a range of wider and related issues such as the political landscape and support for civil society activism which is celebrated and its role in research recognized. Moreover, the current Strategy talks about promoting health as a political and economic priority. Overall, the current Strategy was considered to demonstrate a comprehensive and robust approach to science while lacking a roadmap forward (except to flag that adequate investments are required).

### **Challenges and opportunities in the context of COVID-19**

This year's [Global AIDS Report](#) serves as a stark reminder that we are not on track. Deaths due to AIDS remain high and large numbers of people are acquiring HIV each year (1.7 million new HIV infections which is three times more than target for this year of 500,000). Moreover, key populations and other vulnerable and marginalized groups are being left behind.

The challenge for the next strategy will be to bridge this gap and spur progress in an increasingly complex environment particularly in light of COVID-19 (which is increasing its toll with a total of 22,5 million cases and a quarter million deaths so far). In many places, COVID-19 has caused tremendous

disruptions in HIV service delivery, particularly for key populations. Mitigating the unravelling of the gains made in response to HIV, TB and other related health challenges must be a priority. The sustainability of the HIV response is being threatened particularly where it relies heavily on donor resources. Many COVID-19 responses are being built upon, and supported by, existing structures and experiences from HIV. In short, COVID-19 has highlighted the fragility of the HIV response

On the positive side, COVID-19 has served as a reminder of how fast, compared to the the HIV response, that science moved, from the sequencing of the virus to developing treatment. Opportunities in the context of COVID for boosting the HIV response, include innovations on how to keep services going through virtual spaces and technology. COVID has underscored the critical role of online services and how these can be better leveraged in the context of HIV to improve prevention work among key populations. “Epidemic literacy” has increased among the general public as people have sought to gain better understanding and knowledge about COVID. This is an opportunity to boost “HIV literacy”. Finally, COVID has revealed how critical it is to work together and enable access to transparent and accessible data along with a sense of urgency when it comes to strengthening health systems, ensuring universal health coverage, and enhancing behavioural and biomedical science.

### Recommendations for the next UNAIDS strategy

- Be clear and **avoid “over-selling”** in messaging about science and the HIV response. In other words, avoid saying that “we can get to 2030 with the scientific tools that we have” while at the same time advocating for more research, for example, to find a HIV vaccine.
- Recognize how **science** (biomedical and clinical science; social and behavioural science; and political and economic science) shapes the direction of the HIV response and needs to be accelerated.
- Address unhelpful debates that pitch integrated versus vertical approaches by driving the evidence required to ensure that the **rationale for disease-specific approaches** is refreshed.
- Be cognizant that outbreaks will occur, and new epidemics may emerge, during the time-frame of the strategy (i.e. the present situation of COVID will not be exceptional but needs to be factored in).
- Focus and prioritize in the Strategy through explicit rationale, for example, focus could be on **countries that carry highest burden** e.g. Nigeria and the HIV burden among children.
- Articulate upfront **who is being left behind and why**. Capture the characteristics that make populations vulnerable to HIV. This strategic information should be the starting point for the strategy and where such information is lacking, the strategy should contain a strong commitment to fill this gap.
  - **Improve data on key populations**, adolescents, children and others who are disproportionately vulnerable or marginalized in the context of HIV. It is imperative that adolescents be defined coherently, and data collected on their health and wellbeing. More granular data is required not only to make progress towards the ending of the AIDS epidemic as a public health threat but also to address inequalities.
  - Capture the **diversity in epidemics** which, geospatially, are very different even beyond national level, to district and subdistrict level.

- Commit to data systems that allow us to better track interactions between new and novel service delivery modalities and platforms for treatment and prevention.
- Embrace **innovative leverage of data across sectors** for children, adolescents, youth, and pregnant women. For instance, education, social protection, and welfare.
- Strengthen **HIV prevention** supported by science of implementation. Tools exist and can yield concrete results when underpinned by a sustainable and long-term commitment as demonstrated among people who inject drugs (where harm reduction programmes including OST and NSPs) and men who have sex with men (when comprehensive prevention services are tailored appropriately).
- Address new and different forms of **substance use and HIV**. For example, across Asia, Europe and the UK, chemsex and Amphetamine-type stimulants (ATS) are spurring the HIV epidemic. Need to understand how reducing HIV risk has more to do with comprehensive rights, needle-exchange programmes and substitution therapy and less about access to PrEP including long-acting drugs such as PrEP.
- Commit to finding stronger solutions to **reach men not being reached e.g. Black MSM in the USA; or heterosexual men in sub-Saharan Africa** - this requires further focus on social, political and behavioural factors and the further unpacking of gender.
- Foster **greater engagement of adolescents** in the HIV response. For example, even when PrEP is available and accessible, adherence remains a challenge; only by engaging the young women and men, can we better understand why this is happening. Young people account for 1 in 4 new HIV infections globally, this is a new generation of adolescents from 3 decades ago but the consistent fact is that peers have more influence with young people than adults.
- End silence and invisibility around **children** who are still acquiring HIV despite PMTCT (e.g. through breastfeeding). Commit to determining whether the benefits of PMTC are translating into lower deaths among children and healthy adolescents.
- Use a lifecycle approach and include attention to **young people borne with HIV** and the challenges they face (e.g. transitioning from pediatric to adult-care; disclosing due to stigma, and aging while managing HIV as a chronic diseases).
- Review and improve **measurements of effective prevention** in light of new developments e.g. new definition of “safe sex” given PrEP.
- Commit to working with communities including young people to **identify innovative ways to integrate HIV services** and ensure effective and sustainable delivery mechanisms.
- Ensure strong integration of HIV services across health services including **prenatal services** with focus on adolescent girls and teen pregnancies.
- Address **coinfections** with HIV such as HPV and cervical cancer in women. Intersection with HIV, diagnostics, utilize HPV vaccines.
- **Foster innovation around HIV testing** including for example by engaging families through community-based organizations.
- Urge to keep the **R&D pipeline** moving and expanding (as it is starting to reduce in breadth). While great extension of drugs across treatment and prevention, less attention is being given to

innovation in new drugs or new ways that existing drugs can be used (e.g. oral and injectable medicines).

- Address the **risk of resistance as drugs** are recycled from prevention to treatment. Critical to have drugs that can move between treatment and prevention and that can be used effectively without risk of developing long term resistance.
- Encourage not only **local production** but also local distribution and effective supply chains. Spur **innovation in supply chains and delivery mechanisms**: the reliance on a few depots results in interruptions because of movement, lack of packaging etc.
- Explore the **impacts of treatment as prevention on stigma and discrimination** and further unpack that cycle (emphasizing positive feedback loops).
- Commit to **research aimed at understanding what makes decision-makers change** to reform laws, policies and practices that are ineffective, harmful and punitive.
- Embrace **new partnerships in particular with the tech community**. Support increased online or virtual service delivery recognizing that tech is central to an effective HIV response, while being cognizant that the digital divide has deepened with COVID-19.

## Ideas about the role of UNAIDS

The UNAIDS Strategy has potential implications for the priorities and overall institutional transformation of UNAIDS including the following:

- Map out the potential and existing partners in the wider research agenda and identify UNAIDS unique value-add compared to others in this context and **articulate UNAIDS role** as “the brave voice on science and evidence-based approaches”.
- Address the **organizational structure as well as the culture** which needs to foster innovation, risk-taking and bold leadership.
- Strengthen **UNAIDS capacity and ability to lead on science**, including its capacity for being able to lead science agenda-setting.
- Develop a **research strategy** that reinvigorates a “brave new voice”. This strategy should identify how UNAIDS can address many of the obstacles to an effective AIDS response. In other words, develop a political and structural research agenda (different from WHO, USG and other relevant partners) on “the politics of AIDS” that genuinely taps into the existing work in civil society.
- Emphasize continued importance of social and behavioural science in general - qualitative research including participatory and community-led research requires continued support from UNAIDS.
- Support science implementation, including concerted efforts to **translate data into useful information to guide programme managers**. While WHO guidelines are strong on science, they lack information about how to implement them as well as how to prioritize and what tools to apply. UNAIDS could fill this void with data systems on how implementation is done, for example, through a dashboard on implementation science across countries.

- **Engage the tech community and address the challenges facing the roll out of electronic systems** that capture individual data through unique identifiers and connectivity. Policies that respect privacy and confidentiality while allowing access to epidemiology data need to be put in place in countries. At the same time, traditional surveys must continue so that we can reach into communities and capture those who are not able to access services; such survey should be multi-disease oriented. Covid-19 has further underscored how disparities and inequalities fuel vulnerability and notably connectivity or lack thereof determines who participates in meetings on virtual platforms or not.
- Establish a **platform to interact with, and allow for better coordination among, players who can invest in R&D** including public agencies, foundations, pharmaceuticals and others (along the lines of what IAS has done on the work for an HIV vaccine). Generate a dialogue about R&D gaps over a ten-year time frame to 2030.

### List of participants:

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