UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Global

Organizer: UNICEF, WHO & UNAIDS

Date: 29 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.

You can enter your report directly into a form on SurveyMonkey:
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Would you accept for UNAIDS to make your report publicly available: **Yes** / No

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

Organization leading discussion: UNICEF

Date of discussion: 29 September 2020

Theme to be discussed: FOCUS GROUP DISCUSSION on how to enhance Health and Community Systems to respond to the needs of children, adolescents and pregnant women to improve HIV results

Participants (types of organizations participating):

First Name	Last Name	Organization
Dr Reinaldo	Mendes	Alliance Nationale des Communautés pour la Santé (ANCS)
Ider	Dungerdorj	UNICEF
Mazuwa	Banda	WHO
Chewe	Luo	UNICEF
Nicola	Willis	Africaid
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Placidie	Mugwaneza	Rwanda Biomedical centre
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Shiphrah	Kuria	Amref Health Africa
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Gang	Sun	UNAIDS
Cheick Tidiane	Tall	UNICEF
Peter	Elyanu	Baylor College of Medicine Childrens Foundation Uganda
Fanny	Epie	Cameroon Baptist Convention Health Services

Saeed	Ahmed	Baylor College of Medicine
Munyimwa	Tembo	Partners for Life Advancement & Education Promotion
Andy	Seale	WHO
Emilia	Rivadeneira	CDC
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Emmanuel	Njeuhmeli	UNICEF
Gerald	Cabildo	UNICEF
Kip	Beardsley	UNICEF
Chelsea	Coakley	Grassroots Soccer
Amonkon	Adou	Direction Regionale de la Sante de la me
Myungsoo	Cho	UNICEF
Eleanor	Magongo	MoH Uganda
Denis	Tindyebwa	ANECCA
Oumy	Thiam	Centre de Santé Sedhiou Senegal
Nandita	Sugandhi	ICAP
Alain	Azondekon	
Lazeena	Muna-McQuay	UNICEF
Linda	Nabitaka	MoH Uganda
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Mamie	Etondo	
Prisca	Kambole	PLAEP
Alexandre	Costa	UNICEF
Kathy	Ward	World Bank
Jacqueline	Kanywa	Baylor College of Medicine Children's Foundation Uganda
Nande	Putta	UNICEF
Meg	Doherty	WHO
Oona	Bilbao	UNICEF
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Shirley	Mark prabhu	UNICEF
Rikke Le	Kirkegaard	UNICEF
Pierre	Muzinga Ngolera	Mission d'Evangélisation aux Groupes Marginalisés''MGM''
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Country, regional or global focus: Global focus

Introducing the theme

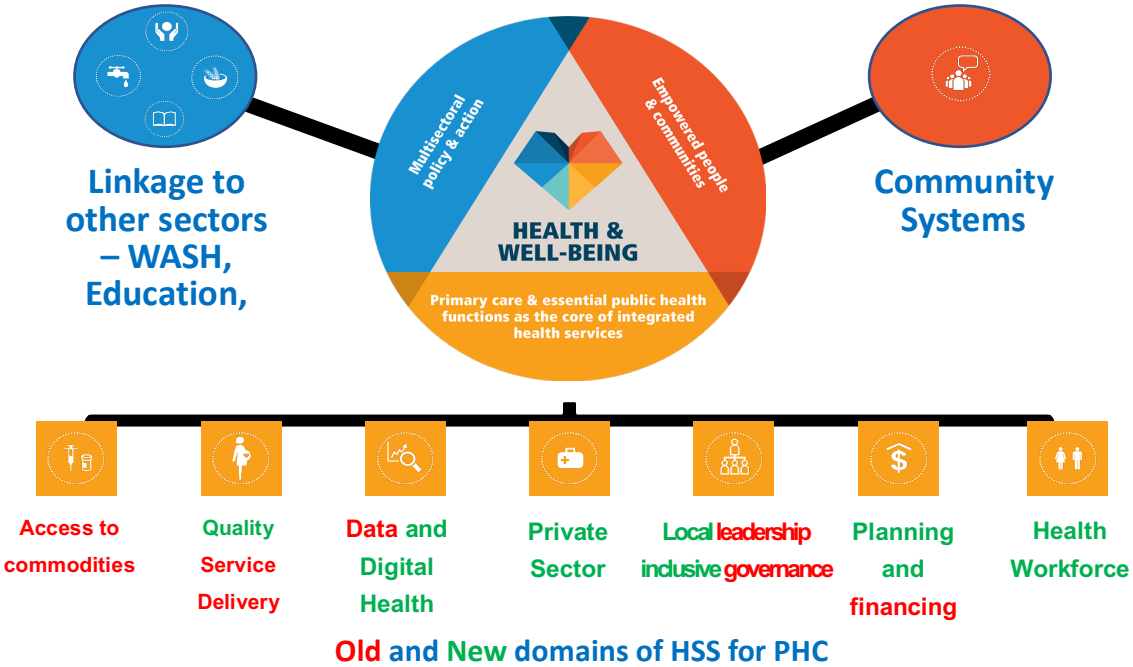
Recent years have seen a flat-lining of HIV treatment and prevention responses in children and adolescents. For example, relatively lackluster or limited progress has been seen in areas such as prevention of mother-child transmission, ART coverage among children, and HIV prevention among adolescents. The COVID-19 pandemic has upended health systems, and this will likely turn our minimal progress into negative growth. For the first time in history, end 2020 data will likely show a decline in rates of coverage.

If we are to achieve an end of AIDS for children by 2030, we need to find ways to mainstream HIV responses, link with and leverage the work of other sectors, ensure sustainability and build greater community capacity – all the while learning to do more with less as health systems and economies struggle to confront and recover from the COVID-19 pandemic.

Evidence-based interventions and innovations to find missed populations, improve quality and expand the reach of services are all essential to the response. But in order for these interventions to work optimally it is important to address the systems barriers and bottlenecks that hamper scale up of quality programming for women, children and adolescents living with and vulnerable to HIV. Functional health and community systems are the bedrock of effective people-centered HIV programming. The focus group discussion focused on the following objectives:

1. *To use a people-centred approach and examine the systems challenges and issues for specific populations of pregnant and breastfeeding women, children and adolescents*
2. *To identify specific activities within the domains of health systems strengthening to improve HIV outcomes for women, children and adolescents*
3. *To consider the impact of the external environment on priorities for health and community systems strengthening*

In order to structure the conversation we divided participants into groups focussing on mothers and children and groups focusing on adolescents. We considered each of the traditional "building blocks" of health systems and included consideration of some newer health systems domains such as community systems, cross sectoral connection, private sector and digital health see Figure.



SECTION 2: People-centred health and community systems strengthening responses for better HIV outcomes in women children and adolescents – key emerging messages

Over the course of the breakout groups, participants identified several elements across each of the domains that are either problems/bottlenecks, or solutions/opportunities for improved performance. For the purposes of this report, we have grouped these considerations into 4 priority areas: Commodity access and supply chain; Delivery of quality services; Local leadership and Inclusive governance and; Health workforce capacity. In addition, 4 domains were identified as cross-cutting aspects – Community systems strengthening, Private Sector engagement, Data including digital data and Finance and Planning.

REACHING WOMEN, CHILDREN AND ADOLESCENTS

Priority areas of attention grouped by HSS domains

Commodity access and supply chain management

What to stop (problems): Too many women, children and adolescents have suboptimal care due to outdated and inefficient approaches and systems to provide antiretroviral drugs (ARVs) and other critical commodities.

What to start (solutions): Develop **best practice standards** that are supported and monitored. In general, they should start from the perspective of what is best and most convenient for consumers (this is the heart of a people-centred approach). **Differentiated service delivery (DSD)** principles should be highlighted, which could introduce greater flexibility in areas such as multi-month dispensing, expanding the places and times where commodities can be obtained, and providing them in formats that appeal to adolescents and which better safeguard confidentiality for all who use them. Supply chain arrangements should be revised and improved to ensure that these best standards can be reliably implemented and achieved.

Delivery of quality services

What to stop (problems): HIV services remain highly vertical and siloed in many places, including in terms of distinct and separate programmes that serve mothers and their children. The diversity of adolescents often is not recognized or valued, which is a key reason that prevention and treatment efforts among them lag in reach and quality. Stigma and discrimination continue to prevent many people from accessing quality services, with the barriers especially pronounced among highly vulnerable and marginalized key populations.

What to start (solutions): More **integration and linkages** are essential to improved quality of HIV services for all. Systems, for example, should not look at mothers and infants distinctly. Clinical services for people living with HIV should not only be about providing antiretroviral therapy (ART), but also should incorporate ways to provide or refer to mental health, nutrition, counselling services and wide range of other services for pregnant women, new mothers, and adolescents. Moves toward greater integration should be accompanied by models of care that shift from ‘one size fits all’ to data-informed, differentiated services. This is how ‘smart’ integration, based on evidence, can have a significant impact on closing persistent testing and treatment gaps for children and adolescents living with HIV (for example). Ultimately, even bigger impacts can occur when integration in HIV programming for women, children and adolescents is prioritized not only in the health sphere, but more broadly regarding engagement and standards across other sectors such as legal regimes and education.

Local leadership and inclusive governance

What to stop (problems): Top-down approaches predominate in HIV responses. Programmes and services continue to be developed without the input and engagement of those who implement and provide them at the local level or the intended beneficiaries. This contributes to poorer results and slower progress in reaching and supporting women, children and adolescents in many contexts.

What to start (solutions): Local leadership and inclusive governance need to be increased to support health and community systems strengthening. Shifting from the current top-down to a more **ground-led approach** would allow for greater leveraging of local social capital and the introduction of more effective and efficient programmes based on what communities need and can deliver. Better understanding of the needs and motivations ‘on the ground’ requires finding ways for young people and women to be involved in, and to

meaningfully influence, planning, financing, design, implementation, monitoring and evaluation at the community level.

Health workforce

What to stop (problems): The health care workforce is not fully operational in the breadth and depth that is required to meet service delivery needs for all the women, children and adolescents living with or vulnerable to HIV. Limitations in the primary health care infrastructure and health worker capacity – including constraints caused by staff mobility and turnover – hinder the ability to provide or sustain high-quality services.

What to start (solutions): A conceptual shift is needed so that health and well-being are seen and experienced as something all people in a community are invested in – from doctors to community health workers to women, children and adolescents who are clients as well as their families, friends, neighbours and colleagues. Practical steps toward this goal centre on **broadening and deepening capacity and 'ownership' of health**. Task shifting has become common in HIV programmes, but it must extend beyond clinics to communities. Greater training and use of a skilled and compensated community health workforce is essential to bridge persistent gaps and create more opportunities for building capacity through continuing medical education. Effective ways must be developed – with wide community input and participation – to measure and respond to stigma and discrimination at health facilities and among the health workforce.

Underlying pillars to support the needed changes to better reach and support women, children and adolescents

Changes and improvements in the four HSS domains mentioned above rely on greater attention to several cross-cutting issues and priorities, including the following:

- ***Community systems building*** is a critical element of HSS. Equipping communities to ensure services within safe spaces are being delivered in a non-discriminatory way is critical to address many existing challenges. This requires finding ways to more meaningfully support and engage with communities, including young people (whose input and leadership is needed to overcome the lack of adolescent-friendly services in many places, among other challenges to their HIV and overall health care access). Policies and attitudes must change so that communities are no longer viewed as less professional, skilled or less efficient!
- ***The private sector*** should be seen as an equal partner throughout HIV responses for women, children and adolescents. This requires shifting the view of the private sector as a donor to that of an implementation partner and stakeholder that can deliver quality services in an efficient manner, including by introducing or supporting innovation. Exploring synergies with the private sector is not only a promising strategy, but increasingly it might be a necessary one during times of financial and health insecurity (e.g., the COVID-19 era). One approach to building partnerships could be to highlight that the private sector can also benefit from a long-term investment in society through child and family health care. Together with the private sector, we should be **building a shared value** for social responsibility
- ***Data and Digital Health*** are an essential element of modern health systems. We need more age- and sex-disaggregated data and also better data systems, particularly at the subnational level. Data collected through community monitoring should be more highly accepted and valued. Ending structures in which HIV data systems are siloed instead of being incorporated into national data systems can help promote linkages and integration. Digital solutions based on local context and evidence should be explored as ways to improve efficiency and results.
- ***Financing and planning*** need to change to ensure that the necessary steps forward in terms of commodity access, overall quality of services, health workforce, and local leadership can be taken successfully. Financing should be less donor-driven so that domestic funding approaches for community health can be more consistently prioritized. Also important is that financing be more rigorously evaluated; this could include, for example, regular assessments (e.g., every 3-5 years) of financing arrangements and activities to see what is and is not working across HIV responses, including with attention to components relevant to adolescents, children and women. Efficiencies in financing for HIV responses also might be obtained by identifying and leveraging opportunities that are arising due to COVID-19, including rapid advances in digital health. And regardless of the financing specifics, plans should be more inclusive at all stages, from development to implementation to monitoring.

SECTION 3: RECOMMENDATIONS

Planning and Governance of the HIV response should not only follow a top down approach but should allow for greater involvement of local leadership and integration of local knowledge. The HIV epidemic is not a single epidemic but many local and contextual epidemics
Despite the fact that people centered approaches are well recognized as important, for mothers and children services are still siloed. At the health system level there should be a restructuring of ways that services are delivered which promotes family based care. Parents and children are a unit and care systems should accommodate such approaches,
The private sector should be seen as a key partner in the response – not just a donor or a funder. In many countries private service providers care for over 70% of the population. They need to be part of one health system and the value they provide should be recognised, especially when it comes to new technology and harnessing efficiencies.
COVID-19 reminds us of the central importance of digital technology and community service delivery as elements of a functional health system. We must prioritize and strengthen these elements now to insulate against shocks. Communities need to be empowered and engaged especially communities of young people. We should move away from tokenistic efforts to include adolescents and youth and instead recognize that very often the solutions come from them

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