

UNAIDS STRATEGY DEVELOPMENT



UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Asia-Pacific region

Organizer: UNAIDS RSTAP

Date: 6 October 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@unids.org

Would you except 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: UNAIDS RST Asia Pacific Office, Bangkok

Date of discussion: 6 October 2020

Theme to be discussed:

Participants (types of organizations participating):

Eighteen regional partner participants comprising representatives from bilateral agencies including DFAT, the Global Fund and USAID (Bureau of Global Health) as well as partners from implementation and research organizations: FHI 360 and Institute of HIV Research and Innovation (IHRI) and the UN Regional Interagency Technical Working Group on HIV/AIDS (RITA): UNDP, UNESCO, UNFPA, UNICEF (EPRO and ROSA), UNODC, UN Women, WFP and WHO (SEARO and WPRO).

The meeting was conducted via Zoom on October 6, 2020, 10:00 a.m. – 13:00 p.m.

The Regional Director (Eamonn Murphy) and Senior Policy Advisor (Reeta Bhatia) of UNAIDS Asia Pacific Regional Office were speakers and 4 other staff attended as facilitators during the breakout sessions with one staff for IT support. The meeting was introduced by the Senior Policy Advisor in a Plenary session. Following this was a presentation by the Regional Director who outlined the process for developing the Global AIDS Strategy beyond 2021 and ways in which the participants could provide inputs during this meeting and afterwards. He presented the main findings of the Strategic Directions paper in order to inform the breakout session discussions.

Participants were divided into the three breakout groups. After one hour and 15 minutes' discussion, all groups reported back to the Plenary. The discussion points are synthesized in this report.

Country, regional, or global focus: Asia Pacific Region

Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

UNAIDS Regional Office has developed a paper on “Strategic Directions for Asia-Pacific” to guide the focus group discussion (FGD). The overarching themes for this FGD were **i) Reaching the person; ii) Structures that respond to HIV; and iii) Contextual environment**. Each of these themes was used to form a break-out group. For each of these, 6 discussion questions were provided to guide discussion as follows:

1. What needs to be amplified that would be a game changer to the response?
2. How can we make progress in this area?
3. What are the challenges and opportunities?
4. As partners, how would we work differently to deliver on this strategic area?
5. What are some of the Asia Pacific regional specificities in this area that the strategy needs to consider?
6. What would be 2-3 key messages for this area?

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

Please enter the main messages coming out, up to 5 points maximum per section

REACHING THE PERSON	
How do we see the current situation?	<p>AIDS is not over in the Asia Pacific region. The Asia Pacific region has a key population epidemic. Key populations and their partners accounted for an estimated 98% of new HIV infections in the region. A major concern is that there are rising numbers of new infections among gay men and other men who have sex with men (MSM). MSM accounted for 44% of total new infections in 2019. Some countries in the region are not on track to achieve the fast track targets.</p> <p>This has human consequences – too many people are becoming infected, many of them young – even babies and far too many are dying when life-saving treatment are already available. TB-HIV coinfection is being poorly addressed - TB remains a major cause of death among PLHIV. This highlights an urgent need for focused HIV response in the region. Response prioritization is critical, and we need to invest in where the epidemic is.</p>
What concerns us?	<p>Lack of political will is a barrier to scaling up of innovations and new technologies: This includes self-testing, PrEP and use of new testing technologies such as 4th generation HIV testing. A lack of political will also hinders the implementation of task shifting strategies to enable services to be delivered by lay providers. It is also a constraining factor in the provision and scaling up of high quality treatment services with community support.</p> <p>Current programmes do not adequately focus on key populations: Human rights and health programming need to focus on issues specifically faced by key populations.</p> <p>Lack of regional mechanisms to support capacity building of local community partners: There is a limited number of regional implementing partners and the countries in which they work. This constrains the provision of technical assistance to support the scaling up of innovations and the use of new technologies.</p>
What gives us hope?	<p>There are proven effective models for improving reach of key populations in the region. This can be shared across different countries for adaptation.</p>
What constrains our ability to achieve our goals?	<p>Stigma and discrimination: The task of finding hidden key populations is undermined by stigma and discrimination.</p>

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	<ul style="list-style-type: none"> - Achievements have been uneven across all countries and only a few are on track to end AIDS by 2030, some are experiencing a rapid rise of new HIV infections. - The overall picture is one of slow and insufficient progress towards the targets set in 2016. - This all points to a clear need to do things differently – better, more efficiently and more focused on key populations.
What concerns us?	<p>Health systems are too biomedical-focused rather than a public health approach which is inclusive of community health system.</p> <p>How to increase domestic financing? Each country has its own specific funding issue. Reliance on donor funding is considered unlikely to change in a short term.</p> <p>Updating knowledge of HIV: This is a fast-changing field. There is a need to ensure that policy makers, health care providers and the public are fully up-to-date in terms of knowledge of HIV, in terms of the availability of prevention measures and effective treatment along with better understandings of U=U to reduce stigma and discrimination.</p> <p>Weak program management structures: Program management needs to be strengthened at all levels to ensure that all necessary linkages are being made in service delivery. The quality of services also need to be improved.</p>
What gives us hope?	There are proven differentiated service delivery models for improving coverage of services among key populations in the region. This can be shared across different countries for adaptation.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> - Resistance among health care providers and health policy makers in allowing community engagement in HIV service delivery. - Capacity of community-based organizations. - Funding and domestic financing to support key population programs and services including KP led service delivery.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	<ul style="list-style-type: none"> - There is a distinct lack of political will in the region. Lack of resources – external and domestic required for the HIV response. - Integration of HIV/AIDS-related work and focus on key populations have not been as effective as they should be.

	<p>- There is a risk of a second wave of HIV epidemics which are centered among young key populations. Policy and strategy need to be able to adjust to rapidly changing situations.</p>
<p>What concerns us?</p>	<p>Political will: The government commitment to eliminate AIDS in the region is not comparable to that for example for Malaria elimination. Lack of political will and low levels of funding including domestic financing for HIV including for programs and services for KPs is a concern where new infection rates are increasing .</p> <p>Better integration of HIV and KP programming in existing initiatives: Agencies can look into strengthening the integration of HIV/AIDS-related work and focus on key populations in their existing programmes. For example, from UN Women’s perspective, activities related to HIV/AIDS interventions or key population empowerment can be included in ongoing work in humanitarian settings, gender-based violence (GBV) and economic empowerment initiatives.</p> <p>Promote youth leadership and participation: In order to strengthen the engagement of young people, youth leadership can be promoted; mentoring can be provided to young people to get involved in politics. Youth forums can be established and adolescent friendly or focused services can be strengthened to provide services that are friendly to young key populations. In order to strengthen youth leadership, champions among young people can be promoted and a community of young leaders can be formed. A youth advisory committee at the country coordinating mechanism (CCM) can be formed to ensure youth issues are included in the Global Fund grants. Also, Global fund can work with technical partners to issue guidelines to engage young people and promote youth leadership and participation in the Global Fund grants. Multi country grants can be used to undertake catalytic work to promote young key population participation.</p>
<p>What gives us hope?</p>	<p>Linking COVID and HIV services and the important lessons from the HIV response for COVID</p> <p>Good initiatives especially in some countries for example with young key populations particularly among transgender youth has demonstrated possibility of creating policy dialogue with the government to promote youth leadership and link them with parliamentarians and governments. This can be further scaled-up to cover all countries in the region.</p> <p>Comprehensive Sexuality Education (CSE) is a very important area. New guidance for CSE in out-of-school settings, to be released soon by UNFPA, will be useful for young key populations.</p>
<p>What constrains our ability to achieve our goals?</p>	<p>Weakened political commitment hinders progress towards domestic financing and the overall HIV response. Hierarchical care systems limit community involvement in service delivery.</p>

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	<p>Knowing the epidemics, targeting the right populations at the right locations with the right interventions - finding unreached key populations: This requires a better understanding of the heterogeneous nature of key populations, their social and sexual networks together with better definitions of risk. There are issues of key populations not willing to disclose themselves or not identifying themselves at risk of HIV infection that lead to them being unreached by services.</p> <p>Self-help programming may need to be considered as there are key populations who may not be willing to access conventionally delivered services. Strategies need to be focused on finding the PLHIV who are not virally suppressed. This group is at high risk of onward transmission. Finding and providing them with personalized support through risk network referral (index testing) strategies can help to improve case finding. In addition, expanded provider-initiated testing and counselling (PITC) can be considered for improving PMTCT programming and case finding among pregnant women. Recent methamphetamine use is found to be associated with not being virally suppressed among PWID. Therefore, there is a need for targeted interventions for methamphetamine use with specific focus on those with HIV infection.</p> <p>A more granular level of data to better understand epidemics and plan the response: The current HIV situation can be used to revitalize the HIV response. There is a need to look into the granularity of the epidemics - where HIV infections are rising and which population groups are most affected. There is a need for better strategic information.</p> <p>Key populations-specific approach: This is a need to move from HIV-centered approach to a key population approach which is led by key populations. Community-led or key population-led service delivery needs to be included as part of the health system.</p> <p>Scaling up on-line interventions: Use of online approaches needs to be optimized among key populations who use social media platforms for socializing and finding their sexual partners as well as conducting sex work. This region has a high level of mobile and internet penetration. Online technology can be used to scale-up the HIV/AIDS response and provide information in a confidential manner. It will improve the reach of services among key populations. However, this needs to be backed by quality service delivery.</p> <p>More effective urban responses: There is a need for more location and population approaches and the need to work with city councils and municipal bodies as they are closer to the people in the community. Resource availability may be a challenge. However, additional financial resources may not be necessary. For example, space for a drop-in center may not require the</p>

construction of a new facility and existing local government facilities can be utilized or repurposed.

Differentiated-service delivery (DSD): Expanded access to HIV services means bringing services to people not people to the services. This programmatically means more of DSD through non-governmental channels, mainly civil society, and community-based organization channels. Virtual space or online interventions need to be added to existing service delivery approaches. DSD approaches include community-based testing through lay providers, community ART dispensing as well as PrEP provision.

Building on a strong foundation: Supporting and strengthening National AIDS Programmes need to be more active in the National and sub-national AIDS response. Building their capacities for effective coordination of all partners in a country is an important strategy. As well the formal health system must develop/evolve to be able integrate the community health contributions into their world.

Social contracting partnerships between governments and civil society organizations and community-based organizations: A well-managed, resourced and 'nationally owned' national program with active participation of communities is needed. These are critical for improving key population programming and strategic reach. This needs to be introduced in many countries and scaled up in others.

Integrated service design, planning and implementation: In the region where HIV is not always a top priority, integrated service planning will be critical. For example, there needs to be better integration of TB and HIV programmes and services. Hepatitis C virus treatment may be integrated with programmes and services for PWID. PMTCT needs to be better integrated in MCH programmes.

A spectrum of service options and delivery models including community led service delivery: A variety of services for different contexts is needed to reach a wider group of key populations. Communities need to be capacitated to deliver the services and the health systems need to

Engaging with parliamentarians More parliamentarians especially at country level need to be targeted Engaging with the Government/parliamentarians for investment in health including HIV will help to increase domestic funding and obtain support for community networks. In order to provide quality and trusted services to key populations, in a safe and comfortable environment, social contracting between Government and NGOs/CBOs can be looked into.

Inclusion of KPs populations in planning and delivery of services: There are examples of inclusion of key populations in the COVID-19 response by governments or by court orders. There is a need to further improve the inclusion of key populations in all aspects of HIV programming.

Support to community: There is a need to strengthen the support for community level initiatives especially at country levels. The inclusion of lay

	<p>workers/ key populations, under UHC, needs to be facilitated and advocacy needs to be undertaken with governments.</p> <p>Rebranding and reframing sexual health: Sexual health programming and messaging need to be reframed to accentuate positive sexual health. HIV is not always the top priority of people at risk and service provision needs to be more holistic, differentiated and HIV status neutral. The UNFPA positive sexual health framework can be useful for enhancing sexual health and sexual rights. There is a need to move away from risk-based HIV testing campaigns</p> <p>A global partnership for stigma and discrimination: This can provide a platform to help reduce or eliminate stigma and discrimination. There is a need to work with police departments to address stigma and discrimination.</p>
STOP	<p>What must we stop doing, that if we don't stop will ensure failure?</p> <p>Bio-medical-approach to health systems.</p>
START	<p>Enhancing private sector engagement: This can have many different faces – from pharmacies to pharmaceutical companies. These have a role and responsibility to play. The private sector should be involved in the social marketing of commodities that governments are hesitant to invest in. Technical support to governments is needed to enable them to identify the scope and role of private sector contributions.</p>
What is the one key recommendation you want to reiterate for strong consideration?	<ul style="list-style-type: none"> - Rising HIV infections among MSM and young MSM in the region and stalled response in harm reduction programming for PWID. Punitive laws drive key populations underground. Contextual environments at sub-regional levels constitutes main challenges. These constrain the ability to plan and implement. Each country is different and requires different strategies, interventions and technical support planning. - A predominantly key population response is the only way forward in the region. Governments should be able to directly fund to CSOs/ CBOs to implement interventions through social contracting. This requires technical assistance to governments and CSOs on how to access funding. - There are encouraging models of domestic financing for key populations in the region: This is being provided by some Asian governments only, e.g. China, India and Thailand. This is specific to the Asia-Pacific region - The public health approach that includes community and key population-led service delivery needs to be reinforced as part of the health systems.

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.

NOTE: A regional strategic directions paper for the Asia Pacific region will be sent to HQ. It outlines regional specificities and can feed into the strategy development process.

You can send us additional documents via e-mail strategyteam@unaid.org

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