

# UNAIDS STRATEGY DEVELOPMENT



## **UNAIDS STRATEGY REVIEW: Focus Group Synthesis template**

Country: Asia-Pacific region

Organizer: UNAIDS RSTAP

Date: 8 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@unaid.org](mailto:strategyteam@unaid.org)

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: UNAIDS RSTAP

Date of discussion: 8 October 2020

Theme to be discussed:

Participants (types of organizations participating):

Twenty four civil society participants comprising representatives from regional key population networks as well as country-level civil society organisations (CSOs)/community-based organisations (CBOs).

This meeting was the second focus group discussion organized among CSOs/CBOs to obtain more specific inputs on the regional situations, response and what needs to be amplified beyond 2021. The meeting was conducted via Zoom on October 8, 2020, 10:00 a.m. – 13:00 p.m.

The Regional Director and Regional Senior Policy Advisor 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 synthesised 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

<b>REACHING THE PERSON</b>	
How do we see the current situation?	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. 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.
What concerns us?	<ul style="list-style-type: none"> <li>- The task of finding hidden key populations is undermined by stigma and discrimination and punitive laws in the region.</li> <li>- GBV involving LGBT as victims – reaching them with services becoming more difficult as a result.</li> <li>- Lack of expertise in technical areas among CSOs/CBOs.</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>- Models for reaching key populations exist in the region.</li> <li>- Strong regional key population networks.</li> </ul>
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>- Impact of COVID-19</li> <li>- Weakened government response to HIV</li> <li>- HIV prevention programmes are heavily funded by external resources.</li> <li>- Stigma and discrimination towards key populations limiting their willingness to seek information and services or be reached.</li> </ul>

<b>THE STRUCTURES THAT RESPOND TO HIV</b>	
How do we see the current situation?	- Low coverage of services for key populations.
What concerns us?	<ul style="list-style-type: none"> <li>- HIV service delivery are controlled by the government</li> <li>- Weak government programmatic structures, from procurement to programme management.</li> <li>- Decentralisation is an opportunity but there are potential weaknesses (e.g. confidentiality of and handling of data).</li> <li>- ARV stockouts and weak supply chain management systems.</li> <li>- Most clinics are less sensitive towards key populations.</li> <li>- Limited scale up of comprehensive sexuality education, especially towards younger populations.</li> </ul>
What gives us hope?	- Key population led service delivery models are available in the region.
What constrains our ability to achieve our goals?	<ul style="list-style-type: none"> <li>- Political will</li> <li>- Attitudes among health care providers on task shifting/community-led and key population-led service delivery</li> </ul>

<b>CONTEXTUAL ENVIRONMENT</b>	
How do we see the current situation?	- Weakened government commitment to HIV, exacerbated by COVID-19
What concerns us?	<ul style="list-style-type: none"> <li>- Universal Health Coverage (UHC) does not involve a comprehensive public health approach</li> <li>- Impact of COVID-19 on UHC, domestic financing and sustainability of the HIV response</li> <li>- Reduced funding on HIV programmes</li> <li>- Domestic financing mechanisms are not optimal for CSOs/CBOs to access</li> </ul>
What gives us hope?	- Some models in the region on domestic financing mechanisms
What constrains our ability to achieve our goals?	- Capacity of CSOs/CBOs in accessing domestic funding

### 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?	
<b>CONTINUE</b>	<ul style="list-style-type: none"> <li>- The region is home to large populations of the most marginalized people (the 12 population groups identified in the GAP report such as refugees, migrants, etc.) and there is need to ensure that we do more and better to reach these people.</li> <li>- Community ownership and leadership are critical to the response and we need to build the skills of communities to engage in community-led monitoring, service delivery, and in other elements of community-led responses that will help to ensure the availability of quality strategic information on which responses are founded.</li> <li>- Social protection especially in the time of COVID-19 is more important than ever and the new strategy must do more to ensure the safety of key population communities.</li> <li>- More emphasis on addressing criminalisation of drug use and sex work.</li> <li>- Social protection for sex workers, particularly during COVID-19.</li> <li>- Online platforms for reaching young populations.</li> <li>- Attention to people in detention centres.</li> <li>- Create programmes that are focused on specific key populations, creating more information, sensitivity and differentiated services specific to key populations.</li> <li>- Build KP-friendly and quality standards for healthcare facilities, and sensitize service providers, to ensure non-discrimination in these settings.</li> <li>- Create social contracting mechanisms that can cater and support key population-led efforts.</li> <li>- Targeted and differentiated HIV prevention messaging (i.e. PrEP) towards transgender women.</li> <li>- Build the capacity of HIV service providers, including CSOs, on differentiated HIV programming</li> <li>- Ensure systems are in place to build the capacity of key populations to understand the HIV and related programming.</li> <li>- Invest in local capacity of CSOs.</li> <li>- Key population organisations should look into domestic mechanisms, and should also cover internal work aspects of civil society (i.e. advocacy)</li> <li>- Improve data collection and processing which could help identify programming gaps (e.g. employment, sexual and gender-based violence). There is a need for improved data collection of locally-recognised diversity of gender markers and better understandings of gender and intersectionality.</li> <li>- Services tailored to the needs of young people.</li> <li>- As countries in the Asia-Pacific region move increasingly towards middle income status, there is an increasing need to advocate for countries to dedicate more domestic funding to HIV.</li> <li>- The region is home to a disproportionately large number of countries which criminalise HIV risk behaviours. This suggests that there needs to be strengthened efforts to address the legal and policy issues which impede engagement with key population communities.</li> <li>- Immediately scale up interventions but provide opportunities to pilot innovations, especially in the area of integrating key population-specific interventions into broader HIV and health package, as well as establishing an information-sharing mechanism for these KP-led innovations with government and related mechanisms (Thematic Working Group and the Global Fund Country Coordinating Mechanism - CCM). There is a need</li> </ul>

	for advocacy for government flexibility and support to register and accredit key population-led organisations, initiate setting up of social contracting mechanisms.
<b>STOP</b>	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <p>None</p>
<b>START</b>	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> <li>- As countries in the Asia-Pacific region move increasingly towards middle income status, there is an increasing need to advocate for countries to dedicate more domestic funding to HIV.</li> <li>- The region is home to a disproportionately large number of countries which criminalise HIV risk behaviours. This suggests that there needs to be strengthened efforts to address the legal and policy issues which impede engagement with key population communities.</li> <li>- Immediately scale up interventions but provide opportunities to pilot innovations, especially in the area of integrating key population-specific interventions into broader HIV and health package, as well as establishing an information-sharing mechanism for these KP-led innovations with government and related mechanisms (Thematic Working Group and the Global Fund Country Coordinating Mechanism - CCM). There is a need for advocacy for government flexibility and support to register and accredit key population-led organisations, initiate setting up of social contracting mechanisms.</li> </ul>
What is the one key recommendation you want to reiterate for strong consideration?	<ul style="list-style-type: none"> <li>- Reinforce rights-based service delivery especially in improving structures and building capacity of both service providers and key population communities.</li> <li>- Engage national and regional human rights commissions to fulfil, promote, and protect the rights to health of key populations.</li> <li>- Expand health systems, community systems and structures to ensure an integrated, holistic approach to care of key populations beyond HIV and STIs.</li> <li>- Establish and institutionalise service delivery points that are depoliticised so they are not affected by changes in political environment in the country.</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.*

*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@unaid.org](mailto:strategyteam@unaid.org)