

UNAIDS STRATEGY DEVELOPMENT



UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Country: Asia and the Pacific

Organizer: Youth LEAD, Y-PEER and Youth Voices Count (YVC) (with support from UNAIDS and UNICEF).

Date: 16 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:

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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: Youth LEAD

Date of discussion: 16 October 2020

Theme to be discussed: Young Key Populations and HIV in Asia and the Pacific

Participants (types of organizations participating):

Participant	Organization	Country
Sodoo Enkhangalan	Youth LEAD MNG	Mongolia
Kaushal Ranasinghe	Youth For Tomorrow	Sri Lanka
Fame Taqueban	Youth LEAD	Philippines
Rojal Maharjan	YKP LEAD	Nepal
Fletcher Chiu	Persons with HIV/AIDS Right Advocacy Association	Taiwan
Gilson Rex	Youth LEAD PNG	Papua New Guinea
Irene Audrey	Inti Muda	Indonesia
Chinmay Modi	Y+ Global	India
Aadi Baig	Wasaib Sanwaro	Pakistan
Tushar Baidya	Inclusive Bangladesh	Bangladesh
Dit Mangang	Ya_All	India
Nguyen Minh Trang	VYKAP	Viet Nam
John Michael Ouano	Pinoy Plus Advocacy Pilipinas, Inc.	Philippines
Eimon Kyaw	Myanmar Youth Stars	Myanmar
Mayank Singh	Youth RISE	India
Md. Rasel Ahmad (Jonny)	BANDHU	Bangladesh

Lily and Cphutera	KHANA	Cambodia
Kalis Biaukula	Youth Voices Count	Fiji
Nicky	Vientienne Youth Center	Laos

Country, regional or global focus: Asia and the Pacific

Introducing the theme

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

Contextual environment: Concentrated epidemics among YKP across Asia and the Pacific

Young people (15-24 years) account for 27% of all new HIV infections in Asia and the Pacific according to the latest UNAIDS estimates for 2019. Although some countries in the region have witnessed a decreasing trend in the number of new HIV infections among young people over the last decade, seven countries have experienced dramatic increases over the same time period. Approximately 99% of all new HIV infections among young people in Asia and the Pacific are occurring among key populations and their partners, with data indicating concentrated epidemics in most countries across the region. Especially concerning is the escalating epidemic among the young MSM community, fueled in part by regional trends of rapid urbanization and digitization among younger generations.

Accessibility, availability and quality of YKP HIV services

Recent data suggests that HIV testing services are less accessible for young key populations (<25 years) across the region, when compared to those aged over 25 years and similarly, treatment coverage among young key populations is very low, with very few countries meeting the second UNAIDS 90-90-90 target. It is clear that significant barriers exist for young key populations in the region to access essential HIV testing, treatment and prevention services, as well as routine SRHR services, due to urban-centric location of services, use of traditional prevention outreach and restrictive laws and regulations that limit access to HIV testing without parental consent. Currently, only 40% of countries in the region have non-restrictive laws or regulations that allow adolescents (10-19 years) to seek HIV testing without parental consent.

Emerging patterns: Implications of COVID-19 on the HIV response for YKP and new strategies to meet the HIV targets

The COVID-19 pandemic has highlighted and exacerbated many of the challenges and barriers faced by young key populations across the region as shifting priorities at international, national and local levels have brought to the forefront pressing health, socioeconomic and mental health concerns among key population groups. New strategies to meet the HIV targets, which include intergenerational partnerships and innovations to service delivery, are also critical to the ongoing discussion and strategy development.

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

<p>How do we see the current situation?</p>	<p>The need for differentiated service delivery to meet the diverse needs of YKP remains a challenge in many countries across Asia and the Pacific. In countries where differentiated HIV services are provided for key populations, services are often not adapted to the needs of young key populations, or cater for only one key population group.</p> <p>Significant inter-country disparities exist in access to HIV testing, treatment and prevention services for YKP across Asia Pacific, as services are often urban-centric, resulting in limited access for those in more rural and hard-to-reach areas.</p> <p>Access to reliable information and knowledge of the services available to young key populations remains a significant barrier for young key populations to access essential HIV services.</p> <p>Following a positive result of an HIV test, appropriate follow-up and treatment plans do not necessarily follow through a structured continuum of care. Lack of integration of HIV prevention and treatment services into primary health care is creating substantial bottlenecks for young key populations to seek and sustain treatment.</p>
<p>What concerns us?</p>	<p>A lack of differentiated service delivery for young key populations, excludes young people and young people from specific key population groups (depending on the country context).</p> <p>Increasing levels of conservatism in some countries across the region is resulting in certain key population groups being left behind.</p> <p>In some country contexts, young key population members are not being actively engaged in the decision or policy-making processes, which inhibits a sense of empowerment for already marginalized populations.</p> <p>The limited examples of good practice for community-based monitoring from the region, highlights the need for further support to develop effective, streamlined mechanisms for community-based monitoring.</p> <p>Among the participants from the region, very few examples were provided of government strategies or campaigns to increase the uptake of essential HIV services.</p>
<p>What gives us hope?</p>	<p>Lessons learned from COVID-19 have shown that peer support services (e.g. mental health helplines, counselling) can be effectively delivered through online channels, with the potential to reach more young people than can be achieved with more traditional outreach models.</p> <p>Social media plays a positive role in communicating messages about the lived experiences of YKPs and social media 'influencers' have the ability to shift opinions about the image of young key populations.</p>
<p>What constrains our ability to achieve our goals?</p>	<p>Policy and decision-making at national and provincial levels are often not inclusive of young key populations, resulting in decisions which do not reflect the lived experience of young key population members.</p> <p>Although online channels are increasingly being employed to effectively deliver peer-support services to YKP during the COVID-19 pandemic, it is not always possible to provide testing, treatment and prevention services through these channels as physical medical supplies and the presence of health personnel may be required.</p>

	<p>Young key population members who often experience a precarious socio-economic situation may lack the financial resources to access HIV and SRHR services that involve long traveling times.</p>
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<h2 style="text-align: center;">THE STRUCTURES THAT RESPOND TO HIV</h2>	
<p>How do we see the current situation?</p>	<p>Community-based service delivery is essential for making progress to end the HIV/AIDS epidemic among young key populations in Asia and the Pacific. Expanded community-based service delivery programmes will require increased investment from external partners and funding sources. It is critical that governments recognize the pivotal contribution of communities and allocate funding to community-based organizations accordingly.</p> <p>Limited availability of differentiated services for YKPs that cater to their specific needs and a clear lack of integrated service delivery in terms of SRHR and CSE.</p> <p>Discriminatory practices and stigmatizing attitudes act as a main deterrent for young key populations to attend government-run HIV and SRHR services.</p> <p>Social protection, including cash transfers, universal health coverage and access to basic services, are central to uprooting inequalities. In Asia and the Pacific, social protection schemes have large gaps in coverage and fall short of appropriately supporting young key populations.</p>
<p>What concerns us?</p>	<p>Young people are struggling to take up spaces in decision-making mechanisms such as CCM, national AIDS commissions and other platforms.</p> <p>Lack of resources in some country contexts has led to stock outs of items such as condoms, especially in remote areas.</p> <p>Issues around patient confidentiality pose a significant barrier for young key populations in accessing government-run facilities. Laws or regulations that stipulate the presentation of a national ID card in order to use national health services, threatens the safety of young key population members, some of whom may not possess such identification due to non-recognition of their gender identity or legal status (i.e. young migrants).</p> <p>Lack of job opportunities for YKP due to discriminatory hiring processes, which ultimately widens the social and economic divisions that already exist for young key populations.</p>
<p>What gives us hope?</p>	<p>CBOs play a vital role in not only providing access to essential HIV, SRHR and mental health support services, but also providing cash relief (especially in the context of COVID-19), when little support has been offered by governments.</p> <p>Several examples from this region demonstrate the positive and integral impact of community-led peer support groups who provide safe spaces for YKPs that may no longer be accepted by their families and communities due to their key population identity or HIV status.</p>

<p>What constrains our ability to achieve our goals?</p>	<p>Consistent reductions in government funding for CBOs is pertinent to the whole region and threatens the viability of sustaining community-based services for YKPs.</p> <p>Although in some countries, it is reported that young key populations are able to access HIV services from national health providers, lack of patient confidentiality, discriminatory attitudes and issues around patient safety act as major barriers.</p>
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<p>CONTEXTUAL ENVIRONMENT</p>	
<p>How do we see the current situation?</p>	<p>The precarious socio-economic situation of young key populations across Asia and the Pacific which is often fueled by societal disenfranchisement, discriminatory employment laws and unequal access to social protection, has been exacerbated by the COVID-19 pandemic.</p> <p>Stigma and discrimination results in people living with HIV and young key populations being reluctant to access treatment options and other SRHR services where individuals must disclose their HIV status. This is significantly impacting retention in care and adherence to antiretroviral therapy (ART) among young key populations</p> <p>There is a greater need for protection for people who use drugs and people living with HIV, as well as increased space for community-led advocacy around the punitive legal and policy environment. In some countries across the region, aggressive punitive laws against people who use drugs, infringes on their right to privacy.</p> <p>National lockdown measures across the region in response to COVID-19 have instigated a rise in GBV against the LGBTI community, YKP and PLHIV with young sex workers at especially heightened risk form psychological violence. Increased rates of suicide among YKP have also been reported.</p> <p>COVID-19 has highlighted the urgent need for increased mental health support for YKP and YPLHIV, especially in the form of peer-to-peer support.</p>
<p>What concerns us?</p>	<p>Policies and regulations designed to protect and empower young key populations are not being implemented as young key populations are not being included in the implementation processes.</p> <p>Although many countries in the region provide mental health support as part of universal health care – YKPs and YPLHIV are often excluded from such services.</p> <p>National COVID-19 responses across the region have not been inclusive of the needs of YKP, LGBTI persons and PLHIV.</p> <p>COVID-19 social distancing and lockdown measures have resulted in increased participation in riskier sex behaviours as online dating applications have gained popularity.</p>

	<p>In Viet Nam, the number of young people who reached out for testing services and the number of new HIV infections among young people increased three-fold as a result of the pandemic and the associated challenges in accessing HIV protection services.</p>
<p>What gives us hope?</p>	<p>Some governments in Asia Pacific have developed initiatives to encourage YKP engagement and policy making but further efforts are required to ensure that these are effective.</p> <p>The removal of parental consent law in the Philippines which allows young people aged 15 years and above to access HIV testing, provides an exemplar model for Asia and the Pacific. Viet Nam has also recently followed suit.</p> <p>Examples of community-led monitoring in Viet Nam where YKP are actively engaged in monitoring processes.</p> <p>Online platforms are being used to effectively deliver CSE programs in Myanmar during this time of restricted travel, however access to internet connection or mobiles remains an issue for CSOs.</p> <p>Examples of successful engagement with civil society partners in Viet Nam have been integral to ensuring the needs of YKP have been addressed.</p>
<p>What constrains our ability to achieve our goals?</p>	<p>Exclusionary education systems that discriminate against young transgender people, threatening their retainment in school and further limiting their lifelong opportunities.</p> <p>A lack of age and sex-disaggregated data for young people from a variety of data sources impedes monitoring at local levels. Although survey data is useful for aggregate-level assessments at country level, it fails to provide the much-needed granularity to assess the situation for YKPs at the community level.</p>

EMERGING PATTERNS:

- A commonality shared by most countries in Asia and the Pacific, is the lack of differentiated HIV testing, treatment and prevention services which cater for the specific and diverse needs

of young key populations. In countries where differentiated services exist for key population groups, there needs to be increased focus on making these services youth-friendly.

- COVID-19 and the associated government lockdowns and social distancing measures have intensified the already precarious socioeconomic situation for many young key populations in the region due to loss of income, closures of formal and non-formal education opportunities and lack of social engagement with peers and educators.
- The pandemic has initiated a rise in risky sexual behaviours among young key populations due to the restricted access to HIV prevention services such as PrEP and condoms, in addition to the increasing popularity of dating apps. Similarly, limited access to harm reduction services for PWID and loss of income has seen a rise in riskier drug use practices as young people seek out more readily available - potentially more harmful - substances.
- Intersectionality among young key populations is not being recognized or acknowledged by governments in national strategic efforts to support YKPs.
- Increased conservatism and the associated stigma and discrimination around YKP and YPLHIV has worsened during the COVID-19 pandemic, not only from the general public but also health professionals and those in a position of care for young people (i.e. teachers, mental health counsellors). In addition to the physical challenges in accessing HIV treatment, testing and prevention services during the pandemic as regular treatment hubs have closed, young people living with HIV have struggled to retain continuous treatment due to fears of breaches in confidentiality and safety when accessing government-run health services.
- Although lessons learned from the pandemic have proven the effective use of online channels to deliver information to and essential peer support services to YKP, young people living in rural areas or without access to internet or mobile phones are being left behind.

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><i>What is working that we must continue to do?</i></p> <ul style="list-style-type: none"> • <i>Supporting community based organizations and acknowledging the integral role they play in the HIV response to provide focused YKP friendly HIV, SRHR and mental health services which are based upon a human-rights based approach to care and support.</i> • <i>To continue advocating for policies and regulations designed to protect, empower and engage young key populations in decision-making processes, whilst also ensuring that this is followed through with implementation.</i> • <i>Continue developing and expanding alternative ARV distribution programmes that were initiated during COVID-19, to provide continuous treatment options to YPLHIV beyond the pandemic e.g. home delivery, decentralized community distribution, pharmacies.</i> • <i>Continue advocating for the eradication or age reduction of strict parental consent laws that restrict young people's access to HIV testing and SRHR services in many Asia-Pacific countries.</i> • <i>Young people call for UNAIDS to continue to be proactive in lobbying for increased investment on human rights advocacy work, in order to achieve systematic changes and policy reform which benefit young key populations. Increased investment to support campaigns, lobbying, groundwork, capacity building and legal advocacy can support change to the human rights landscape.</i>
STOP	<p><i>What must we stop doing, that if we don't stop will ensure failure?</i></p> <ul style="list-style-type: none"> • <i>Removing barriers related to identification requirements to access essential HIV services and finding alternative solutions that work for young key populations.</i> • <i>STOP/prevent the circulation of information that propagates opinions that perceive harm reduction services for PWID as a means of promoting drug use.</i> • <i>In line with the UNAIDS call for Zero Discrimination, advocate for an end to punitive laws and approaches that hinder the HIV response in the region, such as punitive approaches to sex work, drug use, sexual relations between men, criminalization of HIV transmission, residence and employment restrictions and access to services.</i>
START	<p><i>What are we not doing that we have to start doing?</i></p> <ul style="list-style-type: none"> • <i>Ensuring that HIV is not viewed in isolation of other health issues, especially mental health and SRHR, as well as the importance of considering the socioeconomic status of YKPs, as highlighted by COVID-19.</i>

	<ul style="list-style-type: none"> • <i>Developing continuum of care mechanisms that are integrated into universal health care systems, to ensure continuous access to and retention to antiretroviral therapy after receiving a positive HIV result.</i> • <i>Cultivating networks of experts and professionals, or communities of practice that can guide CBOs in strengthening community-based monitoring, whilst also ensuring the engagement of YKPs in community-based monitoring processes.</i> • <i>Advocating for expanded government-funded social protection measures, including cash transfer programmes and universal health coverage that is inclusive of young key populations and young people living with HIV. This is especially pertinent to the pandemic and other crisis situations.</i> • <i>As many countries in Asia and the Pacific become increasingly urbanized, it's important to acknowledge the regional disparities that prevail, to ensure that young key populations living in rural or harder to reach areas are not left behind in an HIV response which is increasingly harnessing online channels to deliver services.</i>
<p>What is the one key recommendation you want to reiterate for strong consideration?</p>	<ul style="list-style-type: none"> • <i>Developing and strengthening a streamlined approach to the continuum of care for young key populations living with HIV, which is key to ensuring their continuous retention in care and adherence to ARV treatment. The continuum of care should begin as soon as a positive HIV test result is received and referrals put in place to direct young people to the appropriate services.</i> • <i>Supporting governments to integrate HIV services into primary care whilst still prioritising the importance of differentiated service delivery for young key population members.</i> • <i>Responsive, data-driven and human-rights based national HIV responses that recognize the intersectionalities and diversity of young people, are pivotal for ending the HIV/AIDS epidemic in young key populations.</i>

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@unaids.org

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