UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Global

Organizer: Frontline AIDS

Date: 25 August 2020

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 reflects 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***

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

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

Organization leading discussion: **Frontline AIDS**

Date of discussion: **25 August 2020**

Theme to be discussed: **Addressing violence and human rights**

Participants – List of participants have been submitted to UNAIDS Secretariat and is not available for the general public due to the nature of the informed consents given by the participants. We thank all participants for their valuable contributions to this report!

Introducing the theme

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

Sally Shackleton, Frontline AIDS Lead on Key populations, introduced the theme for discussion, namely violence that affects key populations and that presents **challenges barriers and risks to ending AIDS. In her introductory remarks, Sally emphasized the following key points for consideration:**

- Violence against women is pervasive and normalised, leading to increased HIV risk. Women and girls in their diversity, are at the frontlines of violence and are exposed to multiple forms of violence which not only impacts on their risk to HIV-infection, but to accessing services and treatment. Marginalised women including HIV positive women, sex workers, women who use drugs and transgender women are especially vulnerable.

- Integrating a focus on violence into our AIDS responses is essential to address the key structural barriers that prevent us from ending AIDS, disjointed, or silo-approaches to combat both violence against women and HIV/AIDS characterizes current responses.

- It is crucial that we consider the root causes of violence, such as unequal power relations, harmful norms and values related to gender, to enable a more intersectional response and in

order to address the structural underpinnings of violence. More investment is also needed to encourage the implementation of this intersectional approach to addressing violence and HIV/AIDS, particularly at local level and within and among key populations.

- Locating violence against marginalised and key populations in the perceived transgressive nature of sex work, drug use, non-confirming sexual orientation and gender identity fails to transform gender relations of power that underpin violence against women in their diversity.

- Exceptionalising the experiences of women from marginalised and key populations fails to recognise the common drivers of violence including gender power relations, norms of femininity and masculinity; and the desire to control sexual or social deviance misses an opportunity; which is that ending violence against the most marginalised, is ending violence against *all* women and girls.

SECTION 2: People-centred 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?	• An increase in research and documentation on the impact of gendered violence on key populations has led to increased awareness and strategies in certain African countries to strengthen access to and provide services in response to these findings. • The sex work abolitionist movement fuels the worst kind of violence and human rights infringements experienced by sex workers. COVID-19 has exposed the discriminatory behaviour of politicians, governments, and UN agencies as relief during this time was extended to the general population but not to sex workers and trans women. Funding has also been cut to organisations that support sex workers and they have been left out of COVID-19 responses. • The quality of data used to inform responses to violence is inadequate and has a direct impact on reaching different groups of women. Insufficient data leads to women being treated as one homogenous group with no clear data on key populations. • Policies in some countries are blind to the needs of certain key populations and translates into a lack of comprehensive response services to address violence against various groups of women. • Multiple identities of key populations are not always recognised. For example, a woman who is a trans woman, sex worker and a drug user, may have difficulty accessing integrated responsive services that recognise this intersectionality.
What concerns us?	• An increase in violence against women during COVID-19 has made it evident that a more collaborative and integrated approach is required when responding to health crises. • Gender violence and challenging and transforming unequal cultural and gender norms that drive gender-based violence and reinforce gender stereotypes is not included in comprehensive sexual education but it is necessary to do this.

	• Diversity in gender identity is not yet fully included in comprehensive sexual and GBV awareness education, but needs to be or else discussions will remain heteronormative and key populations will be excluded from access to universal health care. • Trans women are excluded from government action and are experiencing multiple human rights violations during COVID-19 including assault and arrest; and they have also not been able to access HIV services and ARV during this time.
What gives us hope?	• Activists have spent their energy on building alliances and movements that are increasingly active around combating GBV and HIV/AIDS. • COVID has exposed the various levels of inequality, discrimination and violence that exist, so it should hopefully assist us in getting commitment from governments to address these issues of inequalities. • There seems to be acknowledgment that violence against women is not just women's problem, but everyone's problem, and that there is a role for men and boys to play in ending violence against women. When working in key populations, it is therefore important to include men and boys in education programmes. • Influential organisations and bodies are increasingly calling on governments and the UN to not only decriminalise but legalise and regulate drug use. This will assist people who use drugs to come out of hiding, experience less harassment and open access to services for them. • New technologies are enabling us to report and make our cases visible through social media, and as such we are getting more exposure to our causes through social media. Training in use of these new technologies is especially important.
What constrains our ability to achieve our goals?	• Prevention collaboration is needed for a more integrated, connected response on violence and HIV prevalence, otherwise we will not reach everyone who is affected by violence. • The existing HIV systems and resources currently available are still not enough to adequately reach and address those who are marginalised. • The next global strategy should consider what the social factors and drivers of violence and HIV are; identify where the violence is, what types of violence key populations experience, and the support they need. • Data on key populations is lacking. Violence against key populations is not easily quantified, and this must be considered when setting reduction indicators. The various indicators contained in the SDGs should also be integrated, and not only focus on HIV/AIDS, or GBV alone. • The SDGs and universal health care concept do not effectively consider and addresses the compounded impact of violence experienced by key populations.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	• Structures currently address GBV primarily in the context of violence against women, but it should be broadened to a focus on GBV within the HIV response. There is some movement towards integrating of GBV in HIV responses to HIV, but it needs to be expedited. • Gendered violence against key populations is not a momentary crisis, but part of a longstanding epidemic of GBV that also fuels HIV infection. • There is a tendency to approach violence against key populations in silos; they either work only with sexual diversity or only with violence against women. • There is increased awareness around GBV in communities through continued engagement but not enough resources are allocated to reduce or combat violence in the context of HIV at community level.
What concerns us?	COVID-19 increase the vulnerability to violence of key populations. Women were trapped in households with their abusers; and gender-non-conforming people and sex workers were also targeted violently by the police during this period. They also experience limited access to health another support services during the lockdown period • A silo approach to GBV and HIV continues to dominate. A larger intersectional analysis is needed to understand the root causes of and intersections of the links between GBV and the HIV epidemic. and this must be the approach followed in the future UN AIDS strategy. • There is need for a more intersectional approach in the LGBT sector because current violence prevention and intervention programmes are mainly directed at men, and women are excluded from the response. • Data from South Africa has revealed a high prevalence of HIV in transgender women, and that this prevalence is driven by their exposure to violence. • Donor criteria for what is considered as high prevalence of violence within key populations often fail to include violence against transgender women in this definition; this increases the burden on transgender support organisation to “make the case” for funding.
What gives us hope?	• Younger generations have a wider understanding of gender diversity and fluid sexuality, and this gives us hope that unequal gender norms and values can be positively transformed. • We hope that we will move from the theory and rhetoric around GBV and HIV into action, as we have best practice and evidence on interventions that have positive impact.

	• Data around the needs of transgender women are being made available to inform policy and programming
What constrains our ability to achieve our goals?	• Big NGOs get more access to resources, although community partners are often tasked with implementing programmes around violence and HIV in communities. Resources need to go directly to community based organisations. • Although GBV is becoming part of the rhetoric within the HIV/AIDS response, it lacks real action by certain structures. Pervasiveness of GBV needs recognition and must be matched with responding resources, particularly at community level. • HIV structures are set up in a very siloed way and their approaches lack an intersectional lens leading to the exclusion of key groups like lesbian women and women who have sex with women. • We often need to over-justify why we need resources to support GBV and other drivers of the HIV epidemic, and this is problematic; there seems to be a lack of willingness from certain groups and decision-makers in wanting to address this.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	• COVID-19 has highlighted the need to consider aspects beyond our control in our responses. These include pandemics, epidemics, floods, and other external factors. COVID19 has also shown that women are particularly affected, as they carry a heavier burden in managing the effects of the pandemic on their families and work. • Many key populations have been negatively affected by the economic impact of the pandemic on their access to income. Many have lost their jobs, and poverty and inequality are increasing as a result. • Recently there has been an increase in organised right wing religious and political groups, and global funding streams pushing back against comprehensive SRHR or GBV response policies. This is exemplified through the implementation of the GAG rule and anti-prostitution pledge. • During COVID-19 governments are using the pandemic as an opportunity to restrict access to SRHR services, which impacts on HIV testing and other essential services. • There are concerns about what appears to be a feminist pushback against broader gender ideology, which may have implications for creating artificial boundaries and divisions in our work.

	• There appears to be widespread discrimination and increased stigma against key populations by the police in communities during lockdown and this has threatened the safety of sex workers and trans women.
What concerns us?	• COVID-19 has caused a huge impact on ways of working requiring many online meetings; and this has led to the exclusion of many communities who do not have access to technology and are not technology literate. • COVID-19 is having a tsunami effect: HIV services are negatively affected, and SRHR services have been interrupted. Donors are now focusing on COVID-19, and there is a concern about how this will impact on future funding for GBV and HIV work. • GBV and gender equality is often talked about, but not followed through with action or funding; and this is now exacerbated by COVID-19.
What gives us hope?	• The pandemic has led to some innovative approaches to deliver GBV and HIV services to communities, using virtual platforms for example. Engaged, tech-savvy youth who are engaging with social issues and holding governments accountable, should be involved in our work. The Fees Must Fall movement in South Africa is an example of this. We are already seeing an increase in youth participation in community responses.
What constrains our ability to achieve our goals?	• Technology is not available to everyone in communities and this and other infrastructural barriers exclude communities from key engagements processes. • People who will engage in these forums in the future might be a more youthful generation which may leave older and less tech-savvy people behind. • COVID-19 has resulted in the redirection of donor funds, away from GBV and HIV, towards a COVID-19 response. This raises concerns about what this means for resource mobilisation in the next five years. • Restrictive policies such as the GAG-rule impacts on our ability to provide comprehensive GBV, SRHR and HIV-services to key populations.

EMERGING PATTERNS:

- Effective responses to the needs of key populations requires a more integrated response to gender based violence and HIV. More needs to be done to identify and address the root causes and drivers of gender based violence and the HIV-epidemic, and this includes the need to increase education around structural gender inequalities, and the impact of unequal gender norms and values on reproducing gender inequality and violence against women in their diversity.

- Marginalised and key populations continue to face violence from the state, exacerbated by discriminatory policies, stigma, criminalisation and the lack of recognition of their human rights

- Programmes that address the needs of sex workers, women who use drugs or 'AGYW' and other marginalised women are siloed, and do not adequately address their needs and experiences as people with multiple identities, for instance as lesbian women, trans women as migrant women, as mothers, as women of colour, as breadwinners

- Gender-based violence is pervasive, and a key driver of HIV-infection among marginalised women and key populations. The COVID-19 pandemic has exacerbated violence against women, AGYW, trans-women, sex workers and people who use drugs, which has increased their vulnerability to HIV-infection and illness. Yet, these groups are still left out of emergency responses from governments and health structures.

- The burden of providing support to marginalised women and key populations who have experienced violence falls on community based organisations because they are reaching these populations with HIV and SRHR services, but their response is seldom adequately funded nor counted

- There have been innovative strategies to deliver services to vulnerable communities during COVID-19, yet much of these interventions rely on technology and access to it.

- There has been an increased awareness of gender based violence, but the response varies based on "violence against women" or "gender-based violence" approaches and this distinction may have a negative effect on ensuring an integrated and collaborative response to violence.

- Comprehensive sexual education responses should include a focus on gender diversity, and multiple integrated identities and diversity amongst marginalised women and key populations.

- Funding and resourcing of effective responses to support marginalised women and key populations affected by violence is shaped by funding predominantly being awarded to larger NGOs, complicated by the diversion of resources to COVID-19 the concern is that this will continue

- There are significant gaps in data on trans women, and granular data on violence is missing, that can inform a clearer picture for prevention and more effective funding strategies

- The UN family sometimes do not speak with a unified voice, for instance in how people who use drugs are seen (UNODC) and sex workers (UN Women)

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	*What is working that we must continue to do?* • Continue talking about violence in terms of human rights, recognising that it concerns everyone. • Continue promoting violence and HIV prevention messages in comprehensive sexual education. • UNAIDS should continue to challenge the criminalisation of HIV, sex work, non-conforming sexuality, and drug possession and use. UNAIDS have been more confrontational than other institutions and need to keep this approach • Continue to support and encourage the significant improvement in young people's leadership and women's leadership in the past five years.
STOP	*What must we stop doing, that if we do not stop will ensure failure?* • Stop viewing women through a narrow lens. Sex workers, trans women, migrant women, women who use drugs, young women and girls, older women, etc. have complex needs that must be addressed in their diversity. • Stop the binary thinking when it comes to discussions on violence and which creates false distinctions between violence against women and Gender based violence. • Stop the conflicts of interest, and duplication of work between UN agencies, such as that between UNDP and UNAIDS. • Stop discontinuing support to community led NGOs, and specifically women-led NGOs. There is inconsistency in the financial and technical support being offered by UNAIDS.
START	*What are we not doing that we have to start doing?* • Start investing in and strengthening community-based and peer-led organisations; • Start being a unified voice for the decriminalisation of sex work and the recognition of sex worker rights. • Start implementing programmes that are based on an intersectional analysis and which recognises the diversity within key populations. • **Start the process to develop a gender responsive/transformative global plan to eliminate vertical transmission, which recognises how gender inequality and gender based violence can be a barrier to**

	women's treatment access, and which brings together different agencies and resources. Interventions must be both practical and political and UNAIDS needs to make this a top priority.
What is the one key recommendation you want to reiterate for strong consideration?	**Increased investment, ambitious political commitments and accountability mechanisms to support community-based and peer-led organisations in new strategy, including a unified cross-UN system position for the decriminalisation of sex work and the recognition of sex worker rights, are urgently needed to address gender-based violence more effectively, particularly among women from the key populations communities.** (highlighted above is the close-to-second key recommendation participants wanted to reiterate)

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***

Link to Global Plan of Action - https://frontlineaids.org/resources/global-plan-of-action-2020-2025/

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org