UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:

Focus Group Synthesis template

Country: Global: South America, India, and Africa
Organizer: Frontline AIDS
Date: 18 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 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@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: 18 August 2020
Theme to be discussed: HIV Innovation
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):

1. Innovation is not an end in itself. Innovation is a means to an end as it enables better outcomes, value and results. It leads us to doing things differently and better. In the HIV response innovation shines a light on the right areas to focus on and invest in, it can help us amplify positive HIV outcomes, improve service delivery and increase our resilience, our ability to deal with external threats such as COVID-19 for instance.
2. Since the beginning of the epidemic communities have been at the frontline of the response, championing new ideas, new ways of working and new ways of delivering HIV services. Innovation in this sense is also what enables communities to have the space, the freedom and support to initiate and make changes for themselves.
3. Community-led innovation in the HIV response is all around us. We saw it recently in the integration of community mobilisation for COVID-19 into HIV, we see it in the mushrooming of virtual outreach platforms, in the many community-based person-centred service delivery models. The list is long.
4. There are many successes and opportunities that should be leveraged that pertain to the HIV response and that can be considered innovative. New HIV medicines and new biomedical

prevention tools will become available in the next years, and existing DSD models are helping us tailor services in innovative ways to better respond to people's needs.

5. There are however also big challenges we still need to overcome. Despite the fact that communities play a vital role in innovating the HIV response, this role is not fully acknowledged by the structures that respond to HIV, and in parallel there is seemingly little appetite by the HIV donor community to accept failure and risk in general

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?	• COVID-19 has worsened the situation of vulnerable communities who are faced with increased poverty. among key populations. Basic needs are taking precedence amongst marginalised communities, particularly among sex workers and PLWHIV. • Setbacks related to COVID-19 include the limited availability of HIV services and/or complete suspension of HIV services, due to reallocation of resources to address the pandemic. Community organisations also work in restrictive environments to deliver HIV prevention and treatment services to key populations. • On the positive side, COVID-19 has led to innovative measures developed to ensure HIV services reach marginalised communities, both in urban and in rural areas. These innovations include multi-month dispensing of treatment in many African regions; the use of community delivery systems to decongest health facilities, and the use of technology to provide virtual support services. These include WhatsApp support groups and/or case management.
What concerns us?	• Psychosocial services and mental health care for People Living with HIV is not provided at scale and often not prioritized – Innovation is really needed in this field to make sure that these services are well integrated. • The recent increase in gender-based violence cases and human rights abuses (due to COVID-19) and reported by many community based organisations working in the HIV sector, is also there to tell us that the AIDS response is not doing enough to tackle the structural drivers of the epidemic. Innovation in the AIDS response hardly trickles to these types of interventions. • Our reliance on formal and/or non community-based systems means when COVID-19 happened, vulnerabilities increased. Communities have had to innovate outside of the health system which has been hollowed out by COVID-19 – e.g. SRHR services, which have highlighted the critical need for community-based organisations. • Civil society's role in innovating the HIV response is not recognised by governments and is not resourced - even though in many countries they are doing the lion's share of service delivery especially when it comes to the most marginalised populations.

	• Community innovations regarding delivering health services to marginalised communities during COVID-19, should not be considered as "temporary", instead, it must be brought to scale in the next five years.
What gives us hope?	• The adaptability of community-based organisations active on the ground that have managed to turn crisis into opportunities during COVID-19 (multi month dispensing, home delivery of ART, prevention supplied and even OST are a testimony of that). • The emergence of person-centred models of care, like differentiated service delivery models for HIV-testing and treatment in the last few years. • New tools for HIV prevention and HIV treatment are on the horizon. Injectables like cabotegravir; the positive feedback on the Dapivirine ring from the EMA; and new and improved Prep oral pills (F/TAF) can help us solve some of the current adherence issues and give more prevention options to people. However, a key challenge will be ensuring access to all these new innovative tools to marginalised persons and key populations. • Post COVID-19, communities are now seen as a critical pillar of the health system and have shown that they can and do lead innovative responses. We must capitalise on this.
What constrains our ability to achieve our goals?	• It is hard to find a real commitment to innovation among donors. Donors do not sustain funding to existing innovations, and rather provide funding to test new approaches. Funding is needed in both areas. • Key populations – especially MSM, LGBT and sex workers confront legal barriers in terms of accessing services; they also lack recognition within government responses; and some do not have ID documents, which restricts them from accessing government services • Community participation is crucial in decision-making structures where they can share their innovations and promote its inclusion into broader health service delivery. • The strain that COVID-19 is placing on resources might make it more difficult for marginalised communities to deliver the innovative strategies they have developed.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	• Within some country structures, such as the Departments of Health, and other Ministries, we are witnessing increased collaboration with civil society organisations in innovation. However, at times governments fail

	to see civil society as equal partners in HIV service delivery and adopt a top-down approach in engaging with civil society when it comes to innovation. • The pandemic has shown that community-based HIV-testing and ARV delivery in communities can be innovated and adapted. There has also been increased community collaboration for innovation that supports the community. • Significant progress has been made since the beginning of the HIV epidemic, but the current approach to HIV innovation is a medicalised one which will hamper the achievement of future targets. We need to go back to a community-based approach which is more integrated.
What concerns us?	• Communities must be engaged during the early stages of innovation to ensure efficiency. Agencies tend to only reach out to the community when there is a problem, or to execute but not co-design innovative services. We need a collaborative approach to innovation. • We are concerned about the impact of COVID-19 on the gains of the past, and whether it will set us back in reaching our targets. • Current innovations in HIV-services, created as a result of COVID-19, should not be temporary but should be scaled up in the next few years. • Donor specifications for programme delivery could curb innovation. Because community organisations work with limited resources, they will implement these donor-specified programmes, which may lead to a lack of focus on population such adolescents and young women.
What gives us hope?	• Having this focus group discussion and learning that COVID-19 has had some positives in advancing collaboration and new ways of working. • Advances in information technology to reach communities virtually, which has resulted from the challenges experienced COVID-19. Innovations built over the years are relevant now more than ever, e.g. innovations in technology to reach young people, testing kits becoming popular for PLHIV, medication delivered to people's homes, and the use of virtual means for adherence and counselling. • Learning from this pandemic and the possibility of keeping the innovations that are relevant. We must keep building on the momentum. • Reduction of the stigmatisation around HIV and how organisations are introducing issues of treatment in the communities. Treatment has been normalised in some communities.

	• Adopting a peer support approach to deliver prevention services within hard to reach communities have proved to be effective. We must continue to engage young people, using the peer support approach.
What constrains our ability to achieve our goals?	• Community-based organisations lack the resources and technology to report on innovations and participate in virtual platforms. This prevents these innovations from being further explored and funded. Communities may also be exclude due to the highly technical language used in the sector. • Bigger organisations often get all the funding, excluding many community-based organisations form accessing funding and resources. • Funding is very restricted to CBO's and prevents them from innovating. • Political instability at the local level and problematic local laws impede action and the achievement of goals.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	• The hard lockdown approach during COVID-19 resulted in a restrictive working environment for civil society organisations to deliver health and HIV-prevention services. HIV services are disappearing due to both the lockdown and government reallocation of health funds from HIV to COVID-19. • Different parts of the region have different impact and levels of ability to deliver HIV services, and it is important to note that innovation is needed in continued service delivery that is responsive to community needs. • COVID-19 has led to a significant increase in the rise of GBV, and child marriages, and unwanted pregnancies during this period, increasing the disproportionate incidence of HIV prevalence for Sub-Saharan women and girls. • COVID-19 has highlighted the vulnerability of key populations to violence and lack of access to treatment services. There is concern about the safety and increased vulnerability of trans women who were forced to return to their families; and sex workers who could not earn an income. The non-recognition of persons' gender identities accompanied with criminalisation is even more challenging during COVID-19.

What concerns us?	• The sustainability of funds to continue innovative service delivery developed during COVID-19. These innovations enhanced access from key populations to HIV-services and should not be temporary, but upscaled in the next few years. • Global, regional or national support brought to communities must be determined in consultation with communities, and based on basic needs, not prescriptive programmes. • Reactive means of providing support services should transition into efforts to rebuild communities; from reactive to more long term and sustainable support for the communities. • The lack of provision of mental/psychosocial support to marginalised communities which is often seen as a specialised service that can only be provided by health care professionals. This kind of support should be community- led and involve peer counsellors.
What gives us hope?	• Communities have demonstrated both resilience and the ability to mobilise local resources to respond to COVID-19. Communities can innovate and deliver differentiated services to communities and marginalised populations during challenging times. • A new study that will look at FTAF for women. There are new and exciting HIV prevention strategies. The results from the AMP study is coming in October. • The use of the community health network formations within and between communities, to build capacity in addressing the needs of different communities in future HIV-strategies during COVID-19. Post COVID, communities must be considered as a critical pillar of the health system as have shown that they can and do lead innovative responses.
What constrains our ability to achieve our goals?	• Limited funding constrains innovation. Donors have increased funding for COVID-19 support, yet this support comes with certain restrictions. We need more flexibility in the distribution of these funds to support HIV-services innovations developed during COVID-1. How can UNAIDS assist NGOs and CBOS with funding for prevention innovations to be brought to scale? • Unstable political contexts and legislative barriers stunt both innovation and prevent us from achieving our HIV targets. • COVID-19 has increased the urgency of addressing the basic needs of most marginalised communities. Donors should not expect

	organisations to implement HIV services, without also taking care of basic needs during this time. • Community-led organisations need sustained capacity building to support innovation, and organisational development that will enhance and accelerate HIV services to key populations. Capacity building and knowledge sharing should not only be limited to formal organisations.

EMERGING PATTERNS:

- Community organisations are leading on innovation approaches to reach marginalised communities. The COVID-19 pandemic is a clear example of that. Community organisations in lock down situations have been able to quickly innovate approaches and service delivery models to continue serving the most marginalised. Home delivery of medication; the use technology such as WhatsApp for case management; the institution of hotlines to report abuse; and the delivery of virtual psycho-social support are only a few of the examples that could be made.
- The innovations emerging from community led responses should not be seen as temporary but should receive the required financial support and resources to be scaled and sustained.
- Donor and government funding should be more flexible to accommodate innovation and UNAIDS should be more active in driving this agenda.
- While civil society HIV activists celebrate the innovation that's already on the horizon (cabotegravir, dapirivine ring, …) they call for UNAIDS and other HIV structures to keep supporting the involvement of communities in all stages of HIV research and of the HIV innovation process more generally.
- Across the breakout groups there is a shared concern about the impact of COVID-19 on the health rights and needs of marginalized groups and key populations, and their ability to access treatment, care, and other services. Furthermore, the pandemic has exacerbated marginalized groups' vulnerability to violence and risk of HIV-infection, particularly AGYW, trans-women and sex workers who struggled economically because of the lockdown.
- The demand for innovative solutions is surging across multiple elements of HIV and AIDS responses, particularly during COVID-19.

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?* • Prioritise key populations needs and ensure access to services for them at a decentralised, community level; working with and supporting community-based organisations to continue to reach these groups; and advocating for decriminalisation and an end to discrimination. • Democratisation of the public health system, decentralising of health services, and investment in community led services that has been strengthened by recent service delivery innovations due to COVID-19. • Advocating approaches that promote the principle of by communities, for communities and led by communities; including communities serving as human rights protectors and innovating at a local level.
STOP	*What must we stop doing, that if we do not stop will ensure failure?* • Stop allowing governments to use laws, policies, closing of space and allocation of resources to discriminate against and marginalise key populations. • Stop playing into the hands of governments on innovation; and only funding and supporting innovations by large agencies and in a silo approach which ignores communities. • UNAIDS should stop delivering services and using approaches that only recognise, fund and support large organisations at the expense of community based organisations.
START	*What are we not doing that we have to start doing?* • Start recognising and supporting community interventions that have made a significant difference in reaching marginalised communities with limited capacity and resources.

	• Start recognising, engaging with, supporting, investing in, and scaling innovative community approaches to ensure sustainable community responses that reach key populations. • Start engaging governments to stop using force and legal systems that close space for civil society and negatively impact their ability to do their work.
What is the one key recommendation you want to reiterate for strong consideration?	**Communities are key players, both in the creation and in the scaling of innovations, particularly innovations around the social enablers, notably the hardest one to tackle. For this to happen, more power needs to shift to communities and the value of communities as "innovation laboratories, incubators and accelerators" or creators of innovative ideas, approaches and services should be better recognised in the new strategy and by the structures that respond to HIV, especially the donor community. We need higher political priority and increased investment in innovation; as well as space 'for mistakes and learnings'; a fertile ground where new ideas can emerge freely.**

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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