UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Focus Group Synthesis template

Country: Global

Organizer: Frontline AIDS

Date: 27 August 2020

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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:
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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: **27 August 2020**

Theme to be discussed: **Focus Group Discussion on Sustaining Community-led Responses**

Country, regional, or global focus: Global: Latin America, Asia, Eastern Europe, Africa

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

Laurel Sprague, Chief of the UNAIDS Community Mobilization, Community Support, Social Justice and Inclusion Department, made the introductory presentation which was a collaboration between UNAIDS and MPact Global Action for Gay Men's Health and Rights. She provided a timeline of the development of the Global AIDS Strategy and highlighted the following key points on Community-led Responses:

- She reminded participants of the 2016 Political Declaration where Fas-Track Commitment 7 focuses on ensuring that "**at least 30% of all service delivery is community-led**, by 2020".
- She reflected that funding to community-led responses is a political issue, related to the service delivery architecture. That architecture privileges facility-based, biomedical interventions. **Resources are concentrated** in the hands of a few while community-led organisations are delegated to volunteer or outreach status.
- Sufficient **data is lacking** on funding levels and patterns for community-led responses; coverage levels and patterns for community responses; and effectiveness and costs of community led responses. This is because they are not measured and aggregated with general civil society outcomes and funding.
- Despite a lack of data, we do know some things. In many regions and countries, community-led organisations and responses are in a desperate funding situation, while in other regions,

especially where PEPFAR and the Global Fund are active, some countries and some communities are seeing dramatic increases in funds. However these funds are often mono focused.

- Despite using language of community leadership, many donors are reluctant to cede control and what is therefore needed are:
    - Shared definitions to measure community-led responses;
    - Commitments to support community-led responses; and
    - Accountability mechanisms to ensure measurement, funding and support align with definitions and commitments.
- Funding for community-led responses needs to be rapidly increased. There **are clear indications that funding for community-led responses is grossly insufficient.**
- Funders continue to send the bulk of HIV funding to governments and international non-governmental organisations, with limited "trickle-down" occurring to community groups.
- Funding shortfalls are especially acute for key population-led networks and organizations, especially those that focus on women and young people from key populations.

Laurel shared the work being undertaken to better define **community-led responses,** identify the best practices in funding Community-led responses and draft definitions of community led organisations and key population led organisations.

She ended her presentation by proposing some questions that she would recommend the focus group discussion consider.

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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 had a negative impact on service delivery: projects have been developed for but are not reaching young people living with HIV because of restrictions and the current crisis. Resources are being redirected from HIV-and other services towards the COVID-19 pandemic • We are moving towards a more top down approach to the health system – informed by the COVID-19 response. The focus is on bio-medical solutions and not community orientated. Nobody is clear on what constitutes community led. Serious situation where things are shifting. The new strategy should re-emphasise what UNAIDS has been emphasising for years on paper. • The current situation is really tragic!... It is an extremely difficult situation for CBOs who in addition to already challenging context now have to address additional challenges caused by COVID-19 and have very limited resources, including because of domestic and international economic crisis caused by COVID-19: 1) Increase of hunger fuelled by unemployment and increasing poverty which is affecting key populations directly; 2) Accessibility – there is a need to work to guarantee services are accessible online but not everyone has access to technology; 3) It is impossible to continue community work if communities don't have the capacity to create new partnerships with others working on other social issues. • There is limited political space for discussions related to community-led responses. The civil society space is shrinking in general and in terms of having concrete discussions of what this means. This has also led to quick trade-offs between self-determination and safety; and relationship and public health measures. Things seen as once normal are now open for negotiation; and there are a lot of risks.
What concerns us?	• Funding for community-led responses is insufficient! The situation is worse now with COVID-19. The governments and donors need to find new solutions to the deteriorating situation. Approved Global Fund applications for COVID-19 needs focus on supplies, such as PPE and do not include focus on community-led interventions. • Many community-led organisations and responses are in a desperate funding situation. There is a need for increased financing to address HIV and TB and the funding should reach communities who need it most. Where funding for community-led responses is available donors and governments are not fully trusting communities and do not base decisions on evidence about real experiences on the ground. Communities need to receive the services they need.

	• More urgency, synergy and collaboration is required. It is necessary to collaborate with organisations working on the SDGs, universal basic income, and the prevention of violence against key populations.
What gives us hope?	• During COVID-19, community responses have been critical and effective. There is a need to continue to use this approach and to make sure that the new Global AIDS strategy includes these results. • The new Executive Director of the UNAIDS and the leadership team are committed to the civil society and have in-depth understanding of the broader development cooperation agenda. They understand a broader development context, understand issues faced by civil society across different sectors and have committed to put feminist approach at the centre of the work. This gives a lot of hope during these tragic times. • The availability of data demonstrating the effectiveness of cash transfers in assisting communities to implement prevention measures; and new evidence showing what works and doesn't, is useful for future actions. • New innovations and research in terms of treatment and prevention gives hope that one day HIV will be eliminated. • New elections in the US brings potential for a change in government and this will be positive for the SRHR agenda.
What constrains our ability to achieve our goals?	• The increase in hate speech across some countries which is targeted at key populations is bad for communities. • Increased poverty and economic crisis will be even more devastating for people living with HIV in communities as the impact of COVID and resulting global recession goes beyond accessing treatment to a lack of access to service their basic needs, • Competition for funds should be monitored as this may block the capacity of communities to collaborate and partner. We also need to monitor resources for HIV which are being redirected to COVID-19. Reduced resources have tragic implications for work of community-led organisations and many are at risk of disappearing; or be an harsh competition against each other. UNAIDS need to develop a dedicated fundraising mechanism to generate sufficient funding for community-led responses in the greatest need - those whom current funding mechanisms are not reaching: key population-led networks and organisations, especially those that focus on women and young people from key populations. • In many countries critical services like harm reduction and SRHR are still available but the Global Fund's withdrawal from certain countries, especially countries where there is no government investment in SRHR, will cause a breakdown in human rights work. Countries with good services have had to shut down, e.g. Bulgaria. Donors also need to play a critical role in addressing this.

THE STRUCTURES THAT RESPOND TO HIV	
How do we see the current situation?	• The current situation is that national structures pay lip service to the needs of the community structures, and do not invest in community-led responses. Communities are invited to decision-making processes, yet their input is not incorporated into final plans (and resulting funding flows) and this is mere tokenism/lip-service on the part of governments. Chronic lack of investment from governments into community-led responses compromises the quality of community-led responses and threatens sustainable service provision to key populations. • Current funding primarily supports service delivery by community-led organisations, yet there is no investment in sustainable operational support or capacity building that is institutional and sustainable. We need a long-term investment strategy to support and strengthen community-led responses. • Community-led responses are delivered by people directly from the community/key populations. Funding is limited, and many community workers thus work on a voluntary basis, and it becomes difficult to retain them, because of a lack of funding. • Harm reduction for people who use drugs are not free of charge; and many other services related to co-morbidities and deepening HIV is not funded or covered by national health services. Access to a comprehensive service packages thus becomes expensive and inaccessible to key populations.
What concerns us?	• The international shift by key donors away from HIV, towards integrating services, e.g. a one-stop shop for services are nice recommendations, but in practice it is time consuming and needs more support in terms of staff and resources. It also results in the criminalized populations not accessing the services. • COVID-19 is putting a strain on local organisations to provide treatment to key populations during lockdown and there has been a lapse in treatment adherence as a result. • In many African countries, we are witnessing a lot of young people exiting treatment programmes. There are a lack of data (including age and sex disaggregated data) on adolescents and young people and their access to treatment. Without data, we will not be able to track new HIV infections and the different ways they impact young people. • Deepening humanitarian crises in countries like Lebanon, and because of the refugee situation and overall political environment across many countries, this threatens the sustainability of community-led responses

	• In the MENA region, quality health and HIV services are not decentralized but are instead concentrated in metros/big cities, with little or no service in isolated areas.
What gives us hope?	• This is a good opportunity to share our thoughts and help develop the new strategy for UNAIDS. It is our hope that the new strategy will take the concerns identified into consideration. The action plan for the strategy should be applicable and executable and supported by adequate funding. • There is hope that UNAIDS will play a key role in advocating to Governments to ensure adequate resource allocation for community-led intervention and CSS activities. • The resilience being shown by of the HIV community during COVID-19 as they continue with business as usual. Strong youth movements were seen across the globe and gives us hope. We must ensure that adolescents and youth are doing their bit to ensure that their peers access treatment. • The COVID-19 situation has also given us an opportunity to strengthen synergistic linkages and collaboration between all players to ensure decentralised service delivery and reaching out to unreached populations. This needs to be continued.
What constrains our ability to achieve our goals?	• We need more accountability from governments and donors on how much funding is being allocated to community-led responses; and how communities are engaged in the key decision-making processes. • The various RFP processes from donors enforces competition, rather than collaboration among civil society organisations. This leads to competing agendas and increasing competition among key players, and this compromises a community-centred approach. The competition for resources is increasing during COVID-19 times are resources are shrinking and this is of a real concern. Sometimes, in countries UN agencies compete with the national civil society and community-led organisations for the same resources and this needs to stop. • Donors must support existing structures that are implementing youth programmes and not just focus on “fun” new initiatives which leads to parallel structures. Build on and strengthen what exists before creating new.

CONTEXTUAL ENVIRONMENT	
How do we see the current situation?	• In Eastern Europe and central Asia, a number of key factors are influencing the situation, which includes, donors leaving MICs all at once (e.g.: GIZ, 5% initiative & Global Fund); and there is no funding for community services. Stigma means services are limited to HIV and not covering all related needs and populations. COVID-19 has also highlighted other issues in these regions including: livelihoods are suffering; the lack of readiness of health systems to service marginalised groups; and lack of outreach for LGBTI people and people who use drugs. • In LAC and for young people the context is that of violence and LGBTI phobia, with limited access to health services including HIV and COVID-19. Often key groups (like young people and people living with HIV) are not invited to participate in shaping policy and systems. The lack of a combination prevention strategy in LAC is also a considerable challenge. • There is more positive appetite at national level to address TB because of several global commitments to enhance community-led strategies. But there is still a limited understanding of community-led delivery. How can we leverage HIV/TB advocacy and not just focus on COVID-19? • The Global Fund seems more risk averse to supporting communities around programming and put more of a focus on integrating community systems into national health systems but without the funding. How do we protect community led programmes/organisations so they can survive? Money is not going to the right places. • The substantial financial impact of COVID-19 in SA and impact of HIV/TB services is negatively impacted by food insecurity and poverty, as well as unpaid social protection grants and other relief grants. This has resulted in a huge destabilization of treatment services, and defaulting on treatment adherence.
What concerns us?	• How will we be able to manage the difficult consequences of COVID-19 on key populations in future responses, and what is the best way to do this. In this regard, governments are not addressing the issue of Universal Health Care, and communities continue to be left behind. • Continued criminalisation of marginalised populations is increasing, thus creating more barriers to reach these populations; and their ability to access HIV-services from community organisations. • Systemic poverty, lack of access to basic social assistance and lack of access to harm reduction support in communities we are working with. • HIV-positive status enables sex workers and people who use drugs to access HIV services in Eastern Europe. What is needed is to include them in health policies as key populations, whether they are HIV-

	positive or not, so that they can be considered in HIV-prevention strategies.
What gives us hope?	• Increasing violence and weakening of service delivery, particularly prevention, for the key populations is a real concern. At the same time, it is an opportunity to surface what is not working in terms of addressing needs of the key populations within the universal health coverage agenda as well as integrated HIV prevention, TB, and COVID-19 services; and have a dedicated effort to fix these challenges, including within the weakening economic environment and any forthcoming health emergencies. • HIV 2020 conference which talked about prioritizing community needs, challenges that exist towards reaching these needs, and focused on community responses. • Positive developments in some countries and regions. In the MENA region, young people are given voice within the HIV/SRHR networks and this is being supported by UNAIDS, UNDP and WHO. In South Africa, programmes are stable and there is an expansion of HIV programmes, and some commitment to funding small community organisations. There is also a lot of political space for robust engagement from civil society with government. • The UN political declaration on TB is hopeful and the tools are now available to generate data which will help to develop evidence-based programmes for TB.
What constrains our ability to achieve our goals?	• The economic crisis and poverty due to COVID-19 is a constraint because COVID-19 has required a lot of additional resources. There are concerns about how this will it impact funding for HIV-services in the long term. In the short term, health and emergency funding is being redirected to COVID-19. • Communities are receiving less funding and do not have funding to advocate for sustainability of services, and in some countries governments will not fund advocacy against themselves. • Stigma and discrimination in health care settings continue, and is deeply ingrained and not addressed in medical curriculum or discussed by doctors. • Lack of disaggregated data leads to a range of challenges including not knowing where people who require services are; and how to reach them. As a result, HIV infections are rising and violence is increasing with little clarity on how and where to respond.

EMERGING PATTERNS:

What can be done to help the field re-shift power imbalances regarding where resources go? What is needed to convince people that communities can effectively and creatively deliver biomedical interventions?

- **Lack of official recognition and political support; need for UNAIDS the UN system partners to become more supportive of community-led responses on country level**. Participants of the focus-group discussion are concerned that many governments, some donors and big (I)NGOs do not recognize community-led responses to HIV as the key pillar of the response to HIV and AIDS; and key element of health and social care services; and do not allocate sufficient financial and political resources to community-led responses. At country levels, community consultations are often a mere tokenism, members of the communities are restricted from and have very limited access to spaces where key decision-making processes are taking place. UNAIDS the UN system partners need to become more active in brokering larger political space and more sustainable resources for community-led response, give visibility to the key populations issues and when needed take clear positions in support of the key populations-related issues at the country levels. Participants noted that often there is the inconsistency in positions related to community-led responses between UN organisations' headquarters and country offices and expressed strong hope that this coordination would be strengthened.

- **Insufficient funding, need for sustainable and long-term investment, need for dedicated fundraising mechanisms.** Insufficient funding for community-led responses by governments and donors is one of the recurring theme during the discussion. Donor RFPs often create competition for scarce resources among community organisations; and even between community-led organisations and UN agencies. Donors do not encourage collaboration with and within the community, and do not sufficiently support comprehensive service delivery packages which create sufficient space for community-led responses. Donors also do not consider long-term sustainability to community-led responses, focusing merely on service delivery, rather than allocating core funding and supporting strategy development needs, capacity building and operational support that promotes long term sustainability. Community organisations struggle to retain capacity, as many workers work on a voluntary basis, and leave to find paid work. Exploitation of the community-led organization and community workers is a real concern.

- **'A tragic and an emergency situation!'.** Amidst the dwindling funding and resources for communities during COVID-19 pandemic, communities-led organisations found creative ways to maintain the most critical service delivery and have responded by mobilising resources and building partnerships to address the most urgent needs of marginalised communities. This is evidence of the resilience of communities to respond innovatively during times of crisis. At the same time many services, particularly around HIV prevention and outreach have disappeared. COVID-19 has placed an enormous strain on community organisations' ability to render services to key populations. Lockdown has restrained movement, and negatively impacted the distribution of treatment services to key populations. In most countries community-led organisation are not recognized as essential health care providers, have difficulties operating during lockdowns and lack access to humanitarian aid provisions, like PPE. Community workers and community-led organisations often put themselves that the risk of COVID-19 to help the most vulnerable members of the community. Governments are limiting resources for advocacy and are redirecting funds from HIV services towards COVID-19 services.

- **Shrinking space to operate.** Civil society and community members are not part of COVID-19 response mechanisms in most of the countries. Top-down approaches to health service provision dominate, foregoing consultation and partnerships with members of the communities affected by

COVID-19 pandemic. Shrinking space for civil society is becoming common across countries; and lockdown policies have been used to strengthen this.

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?* • **Advocate for a key population related agenda and focus on real experiences of the communities:** play a convening role; build connections between communities and governments on difficult positions; give visibility to KPs, including taking clear position when needed. Support Community based organizations to be the trusted partner of choice for service delivery, by governments. • **Sustain and increase funding for community-led services and coalitions so that community partners are able to co-ordinate**, work harmoniously and deliver person-centered models of services. • **Ensure clear targets in relation to political support and funding to community-led responses are included in the new strategy** as well as delivery and reporting on the community-led responses related targets of the current strategy takes places.
STOP	*What must we stop doing, that if we do not stop will ensure failure?* • **Stop siding with governments when it is detrimental to key populations:** stop allowing governments to define what community-led responses, particularly when this is detrimental to evidence-based responses to HIV and AIDS. Participants expressed strong support for this recommendation. • **Stop service delivery architecture prioritizing facility-based, biomedical interventions; and allowing exploitation of community led organisations and workers: that is, by treating them as a last resort:** giving short-term funding without accommodating a longer term sustainability needs; and ensure ethical engagement of all the key populations and young people – engagement throughout the whole cycle of the decision making process. • **Stop unhelpful behaviors towards communities**: strengthen inter-agency coordination in countries, stop working in silos and stop inconsistencies in approach to the key populations and community-led responses between headquarters and country offices; and start giving more power and trusting communities.
START	*What are we not doing that we have to start doing?* • **Develop ambitious commitments, targets and accountability mechanisms to support and fund in a sustainable manner community-led responses and organisations; and develop a**

	dedicated fundraising mechanism so that more funding becomes available for most under-funded community-led organisations and responses (key population-led networks and organisations, especially those that focus on women and young people from key populations - not reached by international donors and governments and COVID-19 affected community-led responses, particularly services). • **Develop a bigger focus of service delivery architecture on community-led responses; develop a shared definitions and accountability mechanisms to ensure measurement, funding and support align with definitions and commitments; and address data gaps on funding, coverage, levels and patterns for community-led responses.** This will encourage governments to incorporate support for community-led responses into their national HIV sustainability plans post donor transition, thus ensuring communities are trusted and integral partners of a domestically resourced health system delivery architecture. • **Start investing more in young people, particularly from the key populations communities:** by increasing trust in young people, and back this up by financial commitments (there is often a mismatch in funding and work).
What is the one key recommendation you want to reiterate for strong consideration?	**UNAIDS must reinstate the commitment to ensure that 30% of all service delivery is community-led. To aid progress against this critical target, UNAIDS must develop and promote common definitions of what constitutes community-led responses for governments to report against and develop robust accountability mechanisms to deliver on these definitions and commitments. Within the new strategy, there must also be other ambitious political and financial targets to support community-led responses. Community-led responses should be viewed as a central pillar within the service delivery architecture - not an optional extra. Exploitation and tokenism of community-led organisations and workers needs to stop, particularly in the difficult and dangerous COVID-19 context.**

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/

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