

Strengthening HIV Primary Prevention UNAIDS Discussion Papers A Civil Society Critique



Feedback from Civil Society Consultation as part of
Taking the Lead: Communities in Prevention
Cape Town, 29 August 2017

Background to the consultation

In July 2017, UNAIDS compiled and published five discussion papers to inform country consultations and the development of a Global HIV Prevention Roadmap. The papers were developed by members of the Global Prevention Coalition Steering Group and other experts from various institutions and countries. UNAIDS are seeking feedback from civil society and other stakeholders on the draft papers in the run up to the launch of the Global Coalition on HIV Prevention in October 2017. The aim was to spark debate and discussion on what was needed to strengthen HIV prevention efforts given the worrying lack of progress in reducing new HIV infections.

In August 2017, the International HIV/AIDS Alliance (Alliance) brought together over forty civil society advocates from fifteen countries to inspire each other in building a stronger prevention movement. As a member of the Global Prevention Coalition Steering Group, the Alliance dedicated a part of this week-long strategic meeting to informing and strengthening civil society engagement with the Global HIV Prevention Roadmap. This included reviewing the five draft discussion papers and preparing for the country consultations.

Who was part of this consultation?

- Over 40 civil society partners from 15 countries: Botswana, Cambodia, Ecuador, Ethiopia, India, Indonesia, Kenya, Malawi, Myanmar, Namibia, South Africa, Swaziland, Uganda, Ukraine and Zimbabwe (includes 12 Fast-track countries).
- Partners included advocates and prevention experts from Alliance Linking Organisations as well as networks of people living with HIV, key population organisations and regional advocacy organisations.

Overarching feedback

Civil society partners appreciated the opportunity to learn more about the development of a Global HIV Prevention Roadmap and prepare for the imminent country consultations. However, they also expressed concern about the pace of these processes and the focus on meeting ambitious (often only quantitative) targets which compromises the quality of programmes. They called for global processes and players to better understand the realities on the ground. While many partners were advocating for new prevention tools to be rolled out in their countries, they were also reporting frequent commodity shortages (e.g. condoms and lube, testing kits etc). Across countries, they identified punitive laws such as criminalisation of sex work, drug use or same sex practices as the foremost challenge for HIV prevention. Another major shared concern was the HIV funding crisis facing most countries, in particular those deemed upper middle income countries where the Global Fund is planning to transition out by 2020. In light of this, there was concern that the focus on Fast-track countries would weaken the political momentum on and sustainability of HIV prevention efforts in other regions.

Some overarching feedback included:

- HIV prevention requires complex and long-term solutions and the Roadmap must focus on all aspects of combination prevention. Particular emphasis is needed on structural interventions - from setting targets and indicators to adequate funding and technical support.
- Stronger emphasis should be placed on the critical role and leadership of communities, including key populations, not just as service providers but as advocates for accountability and co-owners of the national response. If the document is to speak to communities, it must include more community voices and case studies

of community-led initiatives that contribute to achieving national prevention targets and goals.

- People living with HIV need to be at the centre of prevention efforts. Global and national roadmaps must include a focus on people living with HIV and the prevention framework for and by them – Positive Health, Dignity and Prevention (PHDP).
- There must be a stronger focus on gender equality, human rights and equity – these are integral to making progress on HIV prevention and ensuring that key populations do not continue to be left behind.

Specific feedback on the five themes

Strong leadership and adequate financing

- It is imperative to acknowledge and include leadership by communities/civil society in the HIV response not just leadership by governments.
- Also, the need for greater accountability alongside strong political leadership should be emphasised.
- There is a need for multi-stakeholder coordination at all levels. Prevention plans and funding should be evidence-informed and be developed in partnership with community/civil society groups.
- Much stronger emphasis is needed on addressing structural barriers such as criminalisation (of sex work, drug use and same-sex practices, as well as of HIV transmission); harmful gender norms and gender based violence; and stigma.
- Financing of HIV prevention: There needs to be greater investment in behavioural and structural, not just bio-medical, interventions. Also, a strong recommendation is needed on sustained investment in community-led programmes and advocacy, including highlighting the responsibility of international donors to continue funding critical programmes such as those for and by key populations.

National prevention targets and improved accountability

- National targets should reflect country context and evidence. There should be a stronger emphasis on the need for countries to understand their own epidemics as well as understanding what works, including how best to reach key populations.
- There is a need for district- and community-level indicators, targets and evidence. This should be supported by a strong national system that can collect, analyse and distribute data.
- A stronger emphasis is needed on the quality of services (not just availability) with indicators and targets to measure this.
- Recommendations should not focus only on governments, but also need to emphasise the role and accountability of other stakeholders from across sectors.

Systematic and efficient service delivery at scale

- There must be a focus on the quality of services and programmes need to use a person-centred approach and speak to the realities of people.
- A stronger emphasis is needed on the GIPA principle and the specific role that people living with HIV and key populations play in national HIV prevention efforts.
- Whilst the role of civil society in service delivery is acknowledged, it needs to be supported through specific recommendations. Civil society and community-led initiatives fill critical gaps in national programmes through, for example: the provision of integrated services; peer to peer approaches; harm reduction programmes; outreach in prisons; and provision of comprehensive sexuality education in schools.
- The critical role of civil society in monitoring quality service provision should be highlighted alongside a call for greater investment in their capacity to do this.

- Strategies and interventions to address structural barriers related to gender norms; human rights; and legal and policy environments need to be integrated into programmes and delivered at scale.
- The importance of using modern information communication technology to strengthen HIV prevention needs highlighting.

Providing prevention choices: a person-centred approach

- The approach as presented doesn't speak to all communities, for example marginalised communities or those living in politically-difficult or conflict regions. Whilst it highlights the agency of an individual, it assumes the person is able, educated and empowered to make decisions about their health. It is critical to emphasise *informed* choice, not just choice.
- The approach needs to build on, align and promote PHDP - the person-centred framework for and by people living with HIV and emphasise their meaningful involvement in the planning, implementation and evaluation of programmes.
- It is important to address the missing focus on the intersectionality of issues in the lives of individuals and communities as well as the lack of a gendered analysis.
- Recommendations should highlight the different roles that stakeholders might play in realising this approach, not just the individual. For example, who can help ensure access to quality services, supportive policies, and adequate resources?
- It is essential to highlight the need for prevention interventions around structural drivers as well as a call to operationalise a person-centred approach, including linking this to financing targets. Also, there is a need to link to the human resource strategy within the health system – to reach people you need people.

Strengthen technical support for prevention

- A stronger focus is needed on technical support for interventions and approaches for preventing HIV among key populations. It is important for other stakeholders to learn from civil society and key populations networks on how to reach “those left behind”.
- Technical support should not be confined to the five pillars of prevention but needs to be offered across all aspects of combination prevention, including support to operationalise PHDP, for example.
- A strong call should be made for adequate funding for technical support and the need for diversified resources to shift from project-based to longer-term technical support.
- It is important to note that civil society organisations and networks are capable of and can provide technical assistance to governments (not just their counterparts).

Renewed commitment from civil society

Participants at the meeting committed to continue engaging with the process of developing the Global HIV Prevention Roadmap including through participating in the forthcoming country consultations and building stronger regional collaborations. More importantly, they will continue to engage beyond the launch of the Global Coalition as governments set national targets and revise national plans and budgets to strengthen HIV prevention efforts. Community and civil society advocates see themselves as part of their country's HIV response and left the meeting with renewed energy and innovative ideas from their peers in other countries.

Participants at the Cape Town consultation

	Full name	Organisation	Country
1.	Felistus Motimedi	Bonela	Botswana
2.	Sopha Ratana	Khmer HIV/AIDS NGO Alliance	Cambodia
3.	Paola Sanchez	Kimirina	Ecuador
4.	Ferehiwot Abebe Atske	Organization for Social Services, Health and Development	Ethiopia
5.	Natnael Yohannes Tagesse	Organization for Social Services, Health and Development	Ethiopia
6.	Amruta Alpesh Soni	Vihaan Programme - Alliance India	India
7.	Sutirtha Dutta	Alliance India	India
8.	Vijaya Kumar Boddu	Vasavya Mahila Mandali	India
9.	Vinayaka Ellath Kavinkare	MAMTA Health Institute for Mother and Child	India
10.	Pritha Biswas	LEPRA Society	India
11.	Daxa Vithal	National Coalition of People living with HIV in India (NCPI+)	India
12.	Rohit Sarkar	Alliance India	India
13.	Aditia Taslim Lim	Rumah Cemara	Indonesia
14.	Ajeng Gandini Kamilah	Institute for Criminal Justice	Indonesia
15.	Peter Njane	ISHTAR- MSM	Kenya
16.	Grace Kamau	Bar Hostess Empowerment and Support Programme (BHESP)	Kenya
17.	Grace Kumwenda	Pakachere	Malawi
18.	Eddie Banda	Malawi Network of People Living with HIV	Malawi
19.	Maureen Luba	Centre for the Development of People (CEDEP)	Malawi
20.	Kyaw Nay Latt	Alliance Myanmar	Myanmar
21.	Salen Kambinda	Positive Vibes	Namibia
22.	Flavian Rhode	Positive Vibes	Namibia
23.	Dr Maureen Van Wyk	Networking HIV & AIDS Community of Southern Africa (NACOSA)	South Africa
24.	Marieta De Vos	Networking HIV & AIDS Community of Southern Africa (NACOSA)	South Africa
25.	Caroline Wills	Networking HIV & AIDS Community of Southern Africa (NACOSA)	South Africa
26.	Amanda Luyenge	Networking HIV & AIDS Community of Southern Africa (NACOSA)	South Africa
27.	Brian Kanyemba	Desmond Tutu HIV Foundation	South Africa

28.	Sally Shackleton	Sex Workers Education & Advocacy Task force (SWEAT)	South Africa
29.	Yvette Raphael	Centre for Communication Impact	South Africa
30.	Goodness Mvuyane	Desmond Tutu HIV Foundation	South Africa
31.	Danny Oosthuizen	Cape Town Drug Users Network	South Africa
32.	Shaun	Cape Town Drug Users Network	South Africa
33.	Emmanuel Ndlangamandla	Co-ordinating Assembly of Non-Governmental Organisations (CANGO)	Swaziland
34.	Sam Asiimwe	Community Health Action Uganda (CHAU)	Uganda
35.	Dennis Wamala	Icebreakers Uganda	Uganda
36.	Andriy Klepikov	Alliance for Public Health Ukraine	Ukraine
37.	Olga Denisiuk	Alliance for Public Health Ukraine	Ukraine
38.	Anton Basenko	Alliance for Public Health Ukraine	Ukraine
39.	Samuel Matsikure	Gays and Lesbians of Zimbabwe	Zimbabwe
40.	Definate Nhamo	Pangaea	Zimbabwe
41.	He Jin Kim	AIDS and Rights Alliance for Southern Africa (ARASA)	Regional
42.	Jeffry Acaba	Asia Pacific Council of AIDS Service Organizations (APCASO)	Regional
43.	Joyce Ng'ang'a	WACI Health	Regional
44.	Alankar Malviya	UNAIDS Regional Support Team - Eastern and Southern Africa	Regional
45.	Micheal Ighodaro	AVAC	Global
46.	Consolata Achieng Opiyo	Global Network of YPLHIV (Y+)	Global
47.	Christine Stegling	The International HIV/AIDS Alliance	Global
48.	Casper Erichsen	The International HIV/AIDS Alliance	Global
49.	Aditi Sharma	The International HIV/AIDS Alliance	Global
50.	Shaun Mellors	The International HIV/AIDS Alliance	Global
51.	Georgina Caswell	The International HIV/AIDS Alliance	Global
52.	Clare Morrison	The International HIV/AIDS Alliance	Global
53.	Laura Mundy	The International HIV/AIDS Alliance	Global
54.	Revati Chawla	The International HIV/AIDS Alliance	Global