UNAIDS STRATEGY DEVELOPMENT

UNAIDS STRATEGY REVIEW:
Global Focus Group Discussion on Adolescents and Young Key Populations
DRAFT Synthesis Report

(for discussion, do not disseminate, do not cite)

Country: Global – Community and government representatives from 21 countries across Africa, Arab States, Asia and the Pacific, Europe and Central Asia, and Latin America and the Caribbean

Organizer: UNDP in coordination with UNFPA, UNODC, UNESCO, UNICEF, UN Women, WHO and the UNAIDS Secretariat

Date: 19 October 2020, 7:30-10.30 AM EST

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)

Background

With less than 10 years to go to reach the goal of ending AIDS as a public health threat by 2030, the Programme Coordinating Board (PCB) has tasked the Joint UN Programme on HIV/AIDS (UNAIDS) to review its 2016-2021 Strategy: On the Fast Track to end AIDS. The review is taking stock of the significant gains already made and assessing areas not on track to reach the targets, especially for the most vulnerable in society.

The new global AIDS strategy will serve as a road map for the world to end AIDS as a public health threat by 2030, guiding key stakeholders to overcome the challenges and to ensure effective country-led AIDS responses. The development of the next strategy is data-driven and consultative, involving various stakeholders and communities. The Focus Group Discussion (FGD) on adolescent and young key populations (AYKP)[1] is part of this process and aims to explore and understand experiences and key contexts of HIV risk, prevention and treatment for AYKP who are at greatest risk. This report presents the experiences and reports of AYKP, and the perspectives of experts working with key populations in the countries and global level.

Organization leading discussion: United Nations Development Programme (UNDP)

Date of discussion: 19 October 2020

Theme to be discussed: Adolescent and young key populations

To ensure that the new global AIDS Strategy includes interventions and responses that address the needs of those that are currently out of reach and left furthest behind, the specific objectives of the FGD were:

- Understand the changing external political, financial and health and development context and its impact on scaling up HIV responses for AYKP;
- Examine the underlying root causes that prevent achieving goals specific to HIV and more broadly in health and development.
- Explore lessons learnt, successful and unsuccessful strategies HIV, health and development responses.
- Build a shared understanding of what the approach could be for the next 5 years with insights on what to stop, start and continue.

These areas were discussed in three breakout sessions providing participants with an opportunity to comment on the key principles and issues that should underpin the new UNAIDS strategy:

[1] Adolescent and young key populations (AYKP)—people aged 10-24 who belong to one or more of the following cohorts: young sex workers (aged 18 and above); sexually exploited children (younger than age 18); adolescent boys and young men who have sex with men; transgender or gender non-conforming individuals; young people who inject drugs. Young people in closed facilities and young migrants are also extremely vulnerable to HIV. Also, adolescent girls and young women in sub-Saharan Africa are heavily impacted by HIV epidemic.

- *Group A - Reaching people and communities that are hard to reach, removing inequalities and inequities*
- *Group B - Prioritizing the right interventions for the right populations and locations*
- *Group C - Reaching scale with speed, have impact, so that we reach and maintain epidemic transition across all the "three zeros"*

The thematic discussions were focused on two main domains:

- *'WHAT'* – explored the current situation, societal and systematic constrains, efficacy of ongoing programs, engaged and missing stakeholders, and current/future opportunities and risks;
- *'HOW'* – collected recommendations from young people and experts how to scale up, pivot, pause and purge HIV programmes.

Participants: (see list in annex)

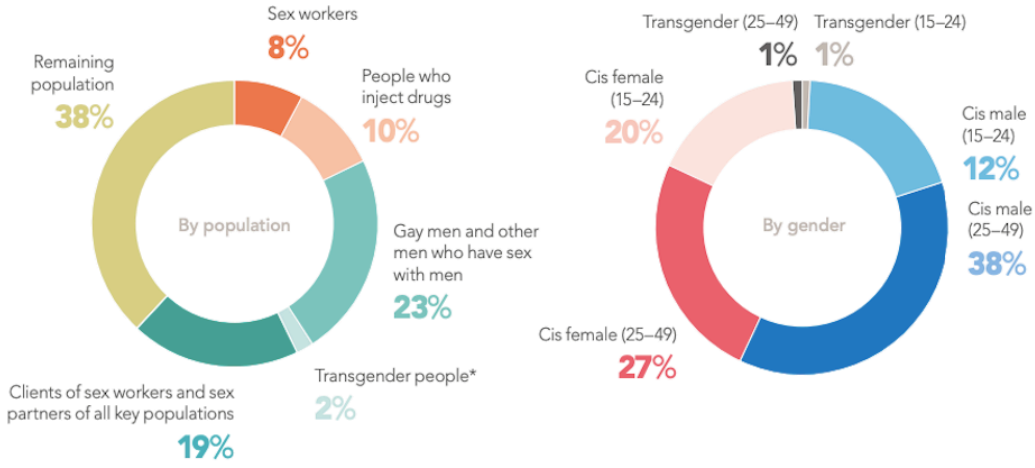
Country, regional or global focus: Global Focus

Introducing the theme

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

- UNAIDS estimates that key populations and their sexual partners accounted for 62% of all new adult HIV infections (>15 years), globally in 2019. They account for over 97% of new adult HIV infections in Asia and the Pacific, Eastern Europe and Central Asia, the Middle East and North Africa, and Western and Central Europe and North America. Even in Eastern and Southern Africa, they account for 28% of new adult HIV infections.
- A recent analysis of global and regional trends in the HIV epidemic among adolescents and young people (15-24 y.o.) reveals that they presently account for 33% of new HIV infections globally (see the table below).[2]

Distribution of new HIV infections by gender and population, global, 2019



- Progress will require digging deeper into multiple layers of deprivation, disadvantage and discrimination, prioritising the right interventions for specific local contexts and political commitment to eliminate inequities and finance priorities.

[2] Joint United Nations Programme on HIV/AIDS. (2020). *UNAIDS Data 2020.* UNAIDS, Geneva. Retrieved from https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

- A detailed presentation on the topic is shared together with the synthesis report.

SECTION 2: People-centred responses to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

2.1 REACHING PEOPLE AND COMMUNITIES THAT ARE HARD TO REACH, REMOVING INEQUALITIES AND INEQUITIES	
2.1.1 What is the current situation? ***(level and speed of progress, gaps, prospects)***	• There is **insufficient disaggregated data** on AYKP – especially those under 18, which negatively impacts the ability to tailor responses. • In 2018, the Global Commission on HIV and the Law re-confirmed that despite some progress punitive laws and policies and the lack of enabling legal and policy environments still negatively impact HIV responses. Laws affect AYKP in a specific way e.g. through barriers to confidentiality, age of consent restricting their ability to access information and other services, "anti-propaganda" legislation, restrictions in participation in decision-making processes, etc. • **HIV awareness among adolescents and young people is low**. Young people in general and AYKP are at increased risk for HIV/STI due to the many developmental, psychological, social, and structural transitions and risks during this period of their lives. HIV outreach programmes for hard to reach communities can be especially useful for young people, who otherwise would not know their status and how to access HIV and STI services. **Psychosocial components**, especially mental health services, are often not included in HIV prevention and treatment interventions and/or are not age-specific. • **The absence of standards on Comprehensive Sexuality Education (CSE)**[3] creates challenging environment for the wider outreach among AYKP and other marginalized groups. In some countries, school-based CSE extracurricular activities exist (e.g. 'healthy life-style education') but they have proven to be less effective than standard CSE. **The International Technical Guidance on Sexuality Education**[4] is still not fully adapted in many countries which creates a gap in the learning and knowledge information on the issue. Often the CSE programmes are including only partially topics from the Guidance, which hampers the full beneficial effect. • **Gender inequality and power dynamics** negatively affect the ability of adolescent girls and young women, key populations and female partners of key populations to prevent HIV.
2.1.2 What constrains our ability to achieve our goals?	• **Key populations and vulnerable groups** are very often **left out or not sufficiently/adequately covered by national HIV responses** due to various factors, including legal and human rights challenges, structural barriers, racial, ethnic and gender considerations, as well as other factors.

[3] Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.

[4] United Nations Educational, Scientific and Cultural Organization. (2018). *International Technical Guidance on Sexuality Education.* UNESCO, Paris. Accessible at https://unesdoc.unesco.org/ark:/48223/pf0000260770

(systemic, societal, legal, etc.)	• **Paternalism, traditionalism and political conservatism** in approaches to AYKP and access to services pose serious challenges. HIV programmes focusing on key populations are often politicized, especially AYKP. The challenge is often exacerbated by the general lack of political will to support marginalized communities and by punitive approaches to HIV and key populations. • **Stigma, taboos and religious prejudice, as well as lack of a systematic approach to CSE** negatively affect CSE services, including on HIV prevention among hard to reach groups such as AYKP. Backlashes against key populations (e.g. hate speech and violence instigation, police round ups, bullying), also lead to key populations going "deeper underground" and reverse HIV and other public health gains. • **Even when available, funding for mainstream HIV and health organisations** can exclude smaller marginalized communities, particularly key populations and AYKP. Funding sometimes does not "trickle down" to communities that are left further behind, especially key populations and AYKPs. • **There is insufficient disaggregated data on adolescents and HIV** including because adolescents' fear to be tested and many clinics not being allowed/able to work with youth, and/or not being youth friendly.

2.1.3 What is working or what could be a new approach?
 	
(with what impact, scale, speed, etc.)
	• **A differentiated approach that considers gender dynamics** to reach younger adolescents versus older adolescents should be prioritized:
	  ○ Recent experiences of AYKP organizations show that large donor organizations require consent forms. That can pose a barrier for out-reach to younger adolescents due to age of consent restrictions.
	  ○ **Intersectionality** (considering the needs of beneficiaries based on their gender/sexual orientation/cast/disability) is an essential perspective - there is a greater need to recognize the importance of intersectionality in HIV responses, in order not leave people, especially AYKPs, behind.
	• **There is a need to rethink and mobilize HIV funding for AYKP programmes**. National HIV responses in lower middle-income countries still rely heavily on external funding, while many middle-income countries are also struggling to transition to primarily domestically financed responses. Promotion of efficiency can help overcome these challenges, for instance through **integrated approaches** such as, including **systematic CSE** to help to decrease HIV transmission, **free access to condoms and other contraception, key population-led service delivery, etc.**
	• The **diversity of key populations,** if at all recognized, is mostly recognized among human rights development workers (CSO programme managers, service providers, UN employees, donors and some relevant government institutions such as human rights offices and antidiscrimination agencies) and isn't recognized everywhere – this poses another layer of threat to at-risk groups.
	• **Rapid urbanization and development of rural areas** poses challenges on one hand but on the other may help better absorb HIV interventions supported by the governments.

2.1.4 What stakeholders are engaged, who is missing?	*Who is engaged?* • **National AIDS Commissions (NAC) and similar bodies** • **Ministries of Health** • **The Global Fund** • **United Nations' entities** • **Non-profit Organizations/Civil Society Organizations** • Some political leaders. Working with **society/municipality leaders** is also important to influence smaller villages and areas. *Who is missing?* • The hardest to reach - **people in rural areas and children of migrants**. • There is a need to work with **parents** to promote acceptance of and support to AYKP, encourage communication, etc • There is a need to **promote teacher training**, including to correctly use CSE manual and materials. • Engagement of **healthcare service providers must improve, as must the provision of age-appropriate and** friendly services. • There is the overall need to meaningfully engage **AYKP and other marginalized groups** in program design and implementation, following the "nothing about us without us" principle and to address the challenges that prevent or hinder such meaningful engagement (e.g. laws, policies, practices, attitudes).
2.1.5 What are current/future opportunities and risks?	• It is critical to **increase investment in human rights and human rights work**. There is not enough financial investment going into changing the legal landscape, policies and systems to provide more enabling and encouraging spaces for young people, and AYKP in particular. • **The use of digital technologies** for HIV prevention and care should be scaled up and it could stimulate collaborations on innovative ways to improve HIV prevention among at-risk communities. • It is important to **recognize the effect of cyberbullying on AYKP. It is critical to ensure data privacy and to create safe online environments**, especially for AYKP and young people living with HIV. Many AYKP have experienced **harm through the digital world,** while at the same time virtual technologies provide **important opportunities** for service provision, data collection and peer support.

2.2 PRIORITIZING THE RIGHT INTERVENTIONS FOR THE RIGHT POPULATIONS AND LOCATIONS

2.2.1 What is the current situation?
 	
(level and speed of progress, gaps, prospects)
	• Structural and systemic barriers coupled with social norms create additional challenges for HIV programming, such as:
	  ○ **Age of consent laws.**
	  ○ **Harm reduction interventions among people who use drugs (PWUD)*** are not seen as core and are somehow associated with "promoting drug use".

	○ **Criminalization of sex work[5], drug use**, sexual orientation, gender identity and expression limits key populations to access HIV prevention services. ○ High levels of **stigma and discrimination towards people living with HIV** who are being identified as key populations – that limits their access to health facilities. ○ **AYKP programmes focus** mostly on urban areas, so AYKPs in rural areas are often left behind. • Some countries with punitive laws and policies, including laws that purport to "protect minors", prevent programming towards improving the rights of key populations. • In many regions **CSE is still a taboo** and although it has been introduced with different names sometimes it excludes a comprehensive approach.
2.2.2 What constrains our ability to achieve our goals? ***(systemic, societal, legal, etc.)***	• Many **systemic issues** prevent the community from discussing HIV prevention (e.g. it is hard to prioritize and implement interventions for young people who use drugs because of the criminalization of drug use and HIV). • There are **no "condom champions";** Communities and community leaders are underused in promoting the use of condoms and lubes which is a simple and inexpensive prevention service - and yet, some countries experience challenges with continued supply. • Added to **criminalization**, there are also other intersecting factors, including **social, religious and cultural** aspects that further prejudiced behaviour, promote **stigma and discrimination** and create constraints to implement certain programs. Hate speech and bullying as well as bias attitudes can affect AYKP much more than adult KP populations. • In clinical services provision, there is often no consistency in **implementing service packages tailored to the need of specific key population** groups – e.g. adolescent girls and young women (AGYW)[6] selling sex, or young MSM.
2.2.3 What is working or what could be a new approach? ***(with what impact, scale, speed, etc.)***	• Law and policy reform efforts have demonstrated that removal of punitive, and promotion of, enabling norms is strategically important for successful responses. These efforts take time but must be promoted as strategically important. • Community engagement is the best investment in ensuring inclusive HIV responses, both in terms of programme design and decision-making as well as implementation. It must be promoted and expanded to include AYKP. • Countries with strong **political will** have demonstrated that i**nclusive responses are possible -** and their example must be celebrated and promoted. • The success of national coordination of responses when multiple stakeholders work towards implementing a National Strategy and have a monitoring and evaluation (M&E) plan has been demonstrated and promoted.

[5] The term 'sex worker' is used to refer to all adults (18+) who sell or exchange sex for money, goods or services (e.g., transport). The term is used to refer to sex workers including consenting female, male, and transgender people who receive money or goods in exchange for sexual services, either regularly or occasionally.

[6] Adolescent girls and young women (AGYW) are females aged 10-24 years. Programming may also target older women (25-29 years) based on incidence levels, risk and needs in a context.

	• **Condom programmes work and don't cost much but need to be scaled up** and have a community of supporters to ensure they reach hot spots. • There is a need to **scale up CSE** to help students to understand their sexual rights needs and change attitudes, stigma and discrimination for KPs. • **Funding for communities left behind** and increased investment in more geographical coverage should be a priority of a new global AIDS strategy. • **An evidence and data driven approach** is important to tailor interventions for the needs of KPs, such as size estimates for different KP groups, stigma indexes to determine burden, etc.
2.2.4 What stakeholders are engaged, who is missing?	*Who is engaged?* • **National and local authorities** - engagement with them is extremely important for out-reach programmes. • **Service providers** are critical for reaching communities but it is not always possible to collaborate with them due to structural and geographical factors. • **Police and other law enforcement** – there is a need to focus more on relationship-building with specific relevant departments of these entities. • **Key community "gate keepers"** who are familiar with the local health landscape are important to support the right interventions. • **The international community –** UN entities, international donors, NGOs, the private sector – there is a need to foster meaningful dialogue with local communities and a fair share of funding for local partners. *Who is missing?* • It is important for **communities of AYKPs** be part of the responses and this not the case in all countries. • **Young people living with disabilities**, who are also part of key populations are completely left behind. Too often, they are not engaged in the spaces, or if they are – their participation is quite tokenistic. How do we make it more inclusive? • When it comes to policy formulation – **policy branches/departments in parliaments** can be very helpful, so when the language of proposed policies reaches relevant ministries, it is processed faster with increases chances of success. • **Faith-based organizations**: some countries have "ministries of religion" or similar institutions that can be vocal opponents to SRHR, CSE, services to some KPs. However, FBOs can also be important allies, especially at the local levels - there is a need to further develop expertise how to work with FBOs. • **Caregivers** need to be involved when working with adolescents • There is a need to develop/enhance **peer mobilizing/education**, professionalizing the role of AYKP to navigate with their social intelligence.
2.2.5 What are current/future	• Relevant stakeholders (multilaterals, donors, governments, private sector, NGOs) need to **promote "digital literacy"** and provide **technical support to people (AYKP, CSOs, government)** to safely

opportunities and risks?	and responsibly use digital platforms for advocacy, outreach, disaggregated data collection, service provision without compromising privacy. Stakeholders themselves must abide by digital ethics and data privacy. • Consideration needs to be shown towards areas/countries with limited internet connectivity, access to hardware and affordability, especially to youth grassroots. • There is a need for **responsible investments in digital technologies** - these are promising, however there are substantial **risks associated with privacy and confidentiality**. • At the global level, **the international community must prioritize violence, stigma and discrimination,** specifically in the context of AYKP.

2.3 REACHING SCALE WITH SPEED, HAVE IMPACT, SO THAT WE REACH AND MAINTAIN EPIDEMIC TRANSITION ACROSS ALL THE "THREE ZEROS"

2.3.1 What is the current situation? ***(level and speed of progress, gaps, prospects)***	• Although there is an **increasing recognition** of the impact of AYKP communities on HIV responses, there are still cases where their involvement and achievements are downplayed, especially **at the national level**. • The need to **support human rights-based** and community-led responses persists. Support, especially in the context of AYKP, is currently insufficient. • **Age restrictions can be obstacles for AYKP to meaningfully engage in decision making.** These challenges can be coupled with discrimination based on age and exacerbated by stigma and other factors (e.g. gender, gender identity/expression/sexual orientation, intersectional issues). In countries where behavior of adult key populations is criminalized/punished, AYKP are rendered "invisible by association", and cannot openly voice their concerns and needs**.** • In times of the COVID-19 pandemic, health/community workers have been experiencing even greater **challenges in reaching those left behind.** • Lack of disaggregated data and limited testing among key populations creates disproportionate fund allocation, as well as restricts development and roll-out of comprehensive packages tailored to the needs of AKYP. • **The inclusion of young people who use drugs (PWUD)**[7] in interventions is absent, or insufficient in many countries. Young PWUD are often omitted in strategic plans (WHO is currently working on a regional project targeting young PWUD in Africa). • Most funds from the **Global Fund** are distributed to big organizations and community organizations, especially youth KP-led networks are left behind.

[7] People who use drugs (PWUD) refers to people who inject psychotropic (or psychoactive) substances for nonmedical purposes. These drugs include opioids, amphetamine-type stimulants, cocaine, hypnotics/sedatives and hallucinogens. Injection may be through intravenous, intramuscular or subcutaneous routes.

2.3.2 What constrains our ability to achieve our goals? ***(systemic, societal, legal, etc.)***	• In some countries/regions, **culture and religion** are among the biggest challenges that AYKP face. Religious groups' active opposition to socially accept key populations, makes it especially difficult to address their needs. Considering **strong influences from the religious sector** on government, it is important to continue work with religious leaders within national/local multi-stakeholder platforms, where culture and religion are one of the biggest challenges. • There is a need to **hold governments accountable** to their commitments to change punitive legislations towards key populations through increased advocacy initiatives targeting various stakeholders. • **The mental health needs of AYKPs** are often neglected, or not adequately addressed. • **There is a gap in getting PrEP to the at-risk people** in most countries because of age restrictions, as well as structural and financial barriers (e.g. insurance, prices, etc.). • The absence of strong **multi-stakeholder partnership platforms** among the private sector, UN, governments, community-led organizations adds difficulties in reaching the hardest to reach. • **The status of "low prevalence" country** is often associated with reduction of international funding and limited domestic funding that almost never covers AYKP programmes sufficiently. The situation with AYKP should be evaluated separately from the general prevalence when decisions to reduce/withdraw funding are made.
2.3.3 What is working or what could be a new approach? ***(with what impact, scale, speed, etc.)***	• **Tools and resources**, such as community-led monitoring are needed for AYKP communities to monitor HIV responses in every country. • **The youth movement** has been quite strong in the HIV response, but it has to be scaled-up with further support to AYKP networks to meaningfully engage. • **The Global Fund and other international donors have to review policies** for fund allocation by shifting the focus strongly on KPs, including AYKP and to marginalized groups most vulnerable to HIV (e.g. migrants).,.
2.3.4 What stakeholders are engaged, who is missing?	Who is engaged? • **Multi-stakeholder partnerships platforms.** • **Governments** (Ministry of Health, National AIDS Commissions, etc.). • **Global Fund and Country Coordination Mechanisms** (CCM) . • **Civil Society Organizations, including youth-led networks.** • **The international community** (UN, donors, INGOs, the private sector). Who is missing? • There is a need to advance engagement of **religious leaders** in HIV programming on the local level. • **Funding mechanisms to smaller grassroots level organizations** should be improved. • It is important to promote **meaningful engagement of AYKP networks** in program design and implementation in the Global Fund CCM.

2.3.5 What are current/future opportunities and risks?	• It is important to **utilize digital solutions and the internet as a platform** to address existing high rates of ART non-adherence. • There is a need to advance **tech enabled health services** in the effort of leveraging innovation. • **Digital tracking of PLHIV, people on PrEP (e.g. with apps, smartphones, etc.)** could help improve adherence, but only if data privacy and confidentiality, are fully respected, as such practices may threaten PLHIV and KP, especially young people. • **Collection and reporting of disaggregated data** on testing and treatment outcomes will need to become standard practice to achieve more precise monitoring of outcome trends across the HIV treatment cascade by age, sex, key populations and other pertinent variables.

2.4 EMERGING PATTERNS:

- **Legal, social and structural barriers** that increase stigma and discrimination towards AYKP and those living with HIV are a priority that must be addressed.
- Tackling **criminalization / punitive approaches/ justice and law enforcement response** is vital to HIV responses, including among AYKP.
- **Tailored and integrated programs** addressing the broader health and wellbeing agenda of AYKP - these must be developed and promoted at a bigger scale
- **Stakeholder engagement: the meaningful participation of AYKP** in decision making is a priority.
- **Funding challenges** and diversification of funding mechanisms, as well as mechanisms for community-driven service delivery with government funding should be incorporated into the HIV response programmes.
- **Digital technologies** are useful for HIV programming and have a great potential put only if privacy, confidentiality, safety and security of all are fully respected.
- **There is a need and an opportunity to improved disaggregated data collection and analysis** – responsible use of new technologies and community engagement in this process can help.

SECTION 3: RECOMMENDATIONS

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?	
3.1 SCALE	*How to scale up programmes (existing and emerging)?* • Support addressing **legal and structural barriers t**o HIV responses and **promote enabling approaches** that **include AYKPs.** • **Promote advocacy initiatives to address propaganda against LGBT** communities and to end criminalization; • **Strengthen HIV responses** by tailoring interventions for the needs of various sub-groups of AYKP and in terms of geographical coverage – “one size fits all” simply does not work; • **Improve community-based outreach** programmes and capacitate communities and organizations; • **Include psychosocial services** into HIV programming, especially mental health interventions for young key populations;

	• **Collect age and gender-disaggregated data** to evaluate the impact of interventions. There is a need for more rigorous data collection and use; • **Support the establishment of multi-stakeholder networks and alliances** on HIV responses and build skills of community networks to engage in policy dialogue; • **Meaningfully engage AYKP in the decision-making process** at national/regional/global levels; • **Encourage partnerships between sub-grantees from community-based organizations and national governments,** in order to implement programs that will further/better reach YKPs and achieve higher impact; • **Diversify partners** and ensure strong accountability mechanisms are in place to evaluate the quality and sustainability of implemented programmes targeting hard to reach communities; • **Engage the judiciary,** especially in the context of decriminalization and policy reform (including through enabling court decisions). Invest in capacity building of paralegals and law enforcement government agencies; • **Address broader human rights violations**, including restrictive policies and legislations, stigma and discrimination and promote the creation of an enabling legal and policy environment; • **Ensure that youth led organizations,** including community-based ones, **can compete for funding** and that funding is not channeled only to bigger NGOs; • **Translate global guidelines** into concrete contexts – separate relevance to AYKPs, in a specific country/region; assess how global and regional guidelines are applied to national contexts and AYKP needs and how the national responses can be shaped to better address these needs; • **Support the establishment of dedicated budgets** for key populations and young people; • **Advocate for more key population networks** to be represented on the Global Fund CCM. • Engage with **UN HQs to connect with their country offices to support grassroots organizations**.

3.2 PIVOT	*How to continue current work with a different focus (inclusion of other marginalized groups, interventions, etc.)* COVID-19 pandemic caused disruption of services and key populations communities were affected. There is much potential to learn from this experience and make our health systems better. • **Continue group interventions for AYKP** with more protective considerations and ensure privacy and confidentiality in ways that secures the safety of engaged key populations; • **Maintain the political will of supportive governments** to protect the gains made over very sensitive issues; • **Strengthen joint programmes at UN level** for young key populations in a more structured and holistic approach to increase inclusive AYKP engagement opportunities; • **Build the sense of belonging and ownership** amongst local leadership and community representatives who know their communities best and influence them most; • **Provide opportunities** to experienced community organizations who already showed results to contribute meaningfully to the response; • **Empower CSO and KP-led representatives** and ensure they are supported by the community that they are representing – this includes large NGOs that are representing YKP but do not have any experience or do not have engagements with KPs; • **Increase investment for peer education programmes** and community peer leaders; • **Prepare risk mitigation** plans for potential future pandemics to be ready to support affected key populations; • **Invest in promoting comprehensive sexuality education;** • **Utilize the power of digital technology and social media/podcast platforms** to reach the most marginalized with consideration of internet accessibility and privacy.
3.3 PAUSE	*How to further evaluate the impact; if we pause these activities what does it open up for?* • **Assess, including with engagement of AYKP, ongoing activities for AYKP** to understand what kind of programs are working well and which are not; • **Initiate discussion on integrating AYKP HIV programmes into Adolescent Health and Development Programmes** to address broader health and wellbeing - HIV should not be a standalone; • **Reassess AYKP and broader community meaningful engagement** strategies and approaches - young people's voices must be heard and taken seriously; • **Ensure beneficiaries' feedback on their needs is collected**, including young people in rural areas, migrants on their needs; • **Revisit data collection and documentation processes**. There is a need to have a better sense of both challenges and good practices.
3.4 STOP	*What shall we stop doing entirely?* • Stop initiatives that are done **FOR** AYKP, and not **WITH** AKP and instead **promote ethical engagement (avoid tokenism)** of young key populations in programme development and implementation.

	• **Halt practices and activities** which exclude engagement of AYKP and AGYW partners in the HIV response initiatives; • **Conclude those target group selection practices** that aim to include only privileged/informed participants hindering the progress and broader AYKP group ability to participate fully. Bring new faces to the table, reach out to those who have not had the chance to speak yet. • **End societal, systemic and structural issues that constrain AYKP participation** in decision making processes.
3.5 What are the one key recommendation you want to reiterate for strong consideration?	• Support **building a connection between AYKP communities, governments and other stakeholders through multi-stakeholder platforms**, as well as **promote meaningful engagement** of AYKP in the programme design and implementation. • Continue **to address broader human rights violations**, including restrictive legislations, stigma and discrimination on the right to health of AYKP and other marginalized groups, and promote the creation of enabling legal and policy environment. • S**trengthen differentiated HIV response programmes** by tailoring comprehensive interventions for each key population's needs in terms of geographical coverage.

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.

- Wickramanayake, J. (2020). Don't let the pandemic marginalize LGBTIQ people further. *World Economic Forum*. Retrieved from https://www.weforum.org/agenda/2020/07/covid19-lgbtiq-youth-support-services/
- Global Network of People Living with HIV. *The PLHIV Stigma Index was a unique survey in nature, as it is for, by and with PLHIV, which enhances openness and builds confidence to allow us to share experiences during the interactions without fear.* GNP+, Amsterdam. Retrieved from https://www.stigmaindex.org/
- United Nations Population Fund. (2019). *My Body, My Life, My World.* UNFPA, New York. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/COVID19_My_Body_My_Life_My_World_.pdf
- United Nations Population Fund. (2019). *Operational Guidance for Comprehensive Sexuality Education*. UNFPA, New York.

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 email strategyteam@unaids.org.

Annex: List of participating organizations

- ***Young Key Populations (YKP) organizations/networks***
  - AMSHeR, Zambia
  - African Youth Adolescents Network (AfriYAN), Ghana
  - Citizen Council of Sexual and Gender Diversities of La Paz, Bolivia
  - Eurasian Coalition on Male Health (ECOM), Estonia
  - Health Options for Young Men on HIV/AIDS/STI (HOYMAS), Kenya
  - International Network of People who Use Drugs (INPUD), United States
  - International Youth Health Organization, Ecuador
  - Kyrgyz Indigo, Kyrgyzstan
  - Lighthouse Social Enterprise, Vietnam
  - National Network of People Living with HIV (RNJ+), Burundi
  - Peer to Peer (PEERU), Uganda
  - SOMOSGAY, Paraguay
  - Teenergizer, Ukraine
  - The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World), United Kingdom
  - Y-PEER Network, Tunisia, Philippines
  - Y+, India
  - Young Leaders for Change Foundation (YLfC), Ghana
  - Youth Sexual Awareness for Europe (YSAFE), Kyrgyzstan
  - Youth Voices Count (YVC), Fiji, India, Philippines
- ***Adolescent Girls and Youth Women (AGYW) networks***
  - ATHENA Network, Kenya
  - Global Network of People Living with HIV (GNP+), Zimbabwe
  - UNAIDS PCB NGO Delegate
- ***Government representatives***
  - Council for the Welfare of Children, Philippines
  - Directorate General of Disease Prevention and Control, Ministry of Health, Indonesia
  - House of Representatives, Congress of the Philippines
  - Judges Forum, Zimbabwe
  - National AIDS Council (NAC), Zimbabwe
  - Parliament of Zimbabwe
  - South African Development Community (SADC), Botswana
- ***United Nations entities***
  - Joint United Nations Programme on HIV/AIDS (UNAIDS)
  - United National Office on Drugs and Crime (UNODC)
  - United Nations Children's Fund (UNICEF)
  - United Nations Development Programme (UNDP)
  - United Nations Educational, Scientific and Cultural Organization (UNESCO)
  - United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
  - United Nations Populations Fund (UNFPA)
  - World Health Organization (WHO)