

Summary Topic 4: Focusing on the most at risk groups and addressing their needs [23.03 - 29.03]

Dear participants,

In week four participants in the e-dialogue on Universal Access were invited to discuss the issue of addressing the HIV prevention, care, treatment and support needs of most at risk groups. Specifically participants were asked to consider the following questions:

- What are the critical challenges that need to be addressed to ensure equitable access for most at risk populations, and how can we address them?
- What kind of specific strategies are needed to better reach out to most at risk populations?
- What support can UNAIDS Secretariat and cosponsors provide to accelerate progress for injecting drug users (IDUs), Men having sex with men (MSM), sex workers and other priority groups?

As in previous weeks, there were a broad range of contributions reflecting the diversity of the HIV epidemics and the contextual factors that make specific groups more vulnerable. However, a number of recurrent messages emerged from the conversations.

1. Knowing your epidemic

Participants strongly emphasised the importance of have accurate and disaggregated data on most at risk groups. Clearly this presents some challenges as was pointed out by a participant from Kenya that, for example, some men who have sex with men many not readily identify themselves as being “an MSM”. Botswana is currently undertaking a behavioural study on MSM, which may be a step that other countries may wish to learn from. The Global Network of PLHIV (GNP+) stressed on the importance of using that data to build commitment to make real policy changes which improve people’s lives.

2. Empowerment and participation

Contributors stressed that the best source of information on most at risk groups are the people themselves. Therefore, there was a clear demand for increased involvement and empowerment of most at risk groups to play a stronger role in the response to AIDS.

3. Innovative approaches to education and service delivery

There was a clear consensus that to be more effective in working with most at risk groups, more innovative. One contributor stated that peer education is often seen as “mere talk”, therefore more innovative measures are necessary. He suggested quizzes and prizes for young people. Other participants suggested using “culturally sensitive” educators, closer work with religious leadders and learning from missionary approaches to deliver messages and effect behavioural change.

With respect to IDUs, contributors called for improved access to safe needles, through needles exchange programmes and other approaches.

4. Stop stigma and discrimination – including criminalisation of HIV transmission

Stigma, including homophobia, was cited as one of the critical barriers to improving sexual health of most at risk groups. Participants from across the globe called for a decriminalisation of HIV transmission. GNP+ called for advocacy to policy makers,

media and health workers on the negative impact of criminalisation. The Seven Sisters in Asia referred to the recommendations of the Commission on AIDS in Asia to advocate for decriminalisation. Other manifestations of stigma, such as at health service delivery points in Nigeria were cited by participants as areas to be addressed. Participants called for UNAIDS and other stakeholders to take the issue of most at risk groups “out of the closet” in the global fight against AIDS.

Thanks once again to all participants in week four. Your views are appreciated and are being taken account of in shaping the future of UNAIDS policies. We look forward to remaining engaged with you in jointly working to achieve Universal Access.

Best regards,

The moderation team