REGIONAL STRATEGY FOR HIV PREVENTION, TREATMENT AND CARE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AMONG KEY POPULATIONS

PURPOSE of the Regional Strategy is to guide the adoption and institutionalization of a standard, comprehensive package that addresses the unique challenges in providing equitable and effective HIV and SRH rights and services to key populations in SADC. Additionally, guide Member States in designing and implementing appropriate SRH and HIV prevention, treatment and care programmes for key populations focusing on the major issues that need to be addressed at policy, legal, institutional and facility levels.

DEVELOPMENT PROCESS The regional strategy is a result of a series of participatory and interactive processes that involved members of key populations, young key populations, governments, KP led civil society organisations and development partners.

KEY RESULT AREA 1
Stigma and discrimination against key populations, particularly at service provision points is eliminated.

OUTPUT 1.1: REGIONAL AND NATIONAL MECHANISMS TO DOCUMENT AND ADDRESS STIGMA ARE STRENGTHENED

Strategy 1.1.1 Strengthening partnerships to reduce stigma against key populations: Regional and national systems put in place to establish and operationalize mechanisms for preventing, documenting and responding to situations that put key populations at risk.

KEY RESULT AREA 2
Violence against key populations is significantly reduced.

OUTPUT 2.1: ACCESS TO JUSTICE FOR KEY POPULATIONS WHO WERE VICTIMS OF VIOLENCE IS IMPROVED.

KEY RESULT AREA 3
SRH and HIV prevention, treatment, care and support programmes are scaled up for key populations and especially young key populations as per the core package of services, and are evidence informed and results-oriented.

OUTPUT 3.1: ACCESS TO QUALITY AND EVIDENCE-BASED SERVICES FOR KEY POPULATIONS IMPROVED

Strategy 3.1.1 Develop and implement a standard regional package of services for key populations: Technical support to Member States to develop and provide a standard package of effective, evidence-based, voluntary, community-empowering SRH and HIV prevention, diagnosis, treatment and care services to all key populations.
**OUTPUT 3.1: FUNDING FOR SERVICES FOR KEY POPULATIONS INCREASED.**

- **Strategy 3.1.1** Identifying and sustaining resources for key population interventions: Mobilise sufficient resources to provide sustainable scaled-up SRH and HIV services to all key population groups and ensure resources are utilized effectively and equitably.

- **Strategy 3.1.2** Strengthening the capacity of policymakers and health care providers: Member States make SRH and HIV services available, accessible and acceptable to key populations, based on principles of medical ethics, the elimination of stigma from health care settings and the rights to health and equity, including non-discrimination and confidentiality.

- **OUTPUT 3.2: LEGAL ENVIRONMENTS (INCLUDING LAWS, POLICIES, PRACTICES, REGULATIONS, ACCESS TO JUSTICE AND LAW ENFORCEMENT) FOR KEY POPULATIONS ARE IMPROVED.**

- **OUTPUT 3.3: EPIDEMIOLOGICAL AND SOCIAL DATA ON KEY POPULATIONS STRENGTHENED.**

- **OUTPUT 3.4: PARTICIPATION OF KEY POPULATIONS IN POLICY AND PROGRAMME DEVELOPMENT, IMPLEMENTATION, MONITORING AND EVALUATION INCREASED.**

**KEY RESULT AREA 4**

A reduction in legal, policy, and cultural barriers which impede key populations’ access to HIV and SRH services.

**Strategy 3.4.1** Key population groups engaged in policy and programmes: Develop and operationalize mechanisms to ensure that key populations groups can meaningfully participate in the collection of data for the development of policy and programmes with information being sufficiently protected so that key populations groups are not put at increased risk.

- **Strategy 3.4.2** Regional and national dialogue: Documentation and sharing of best practices on removing legal and policy barriers for key populations.

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