

#WeBelongAfrica



An Advocacy Agenda with and for Key Populations in Sub-Saharan Africa

UNDP/AKPEG Workshop Series Report – June 2021

#WeBelongAfrica brings together multiple initiatives that enable inclusive, just, affirming, safe, productive and fulfilling lives for all people in Africa, irrespective of sexual orientation, gender identity, gender expression or sex characteristics, and irrespective of HIV status or risk.

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Introduction

Some of the earliest responses to HIV in Sub-Saharan Africa included attention to (female) sex workers and their (often truck-driving) clients. In the 1980s and 1990s, male-to-male transmission and transmission related to injection drug use were widely assumed to be insignificant in the region¹. However, even this limited focus on certain key populations in the region began to wane, influenced by the concept of a “generalized” epidemic, the concentration of HIV surveillance among pregnant women, and the influence of the United States Government’s PEPFAR programme, with its so-called “Anti Prostitution Pledge”. As noted by Keletso Makofane et al, “By the end of the 1990s, most of the bilateral investment in HIV programming was conducted under the assumption that HIV in Africa was transmitted nearly exclusively through heterosexual transmission and that “its primary impact [was] on the ‘general’ population”².

HIV prevention and care work with the general population in Sub-Saharan Africa remains important, especially given that so many adolescent girls and young women in the region are newly infected with HIV each day. Nevertheless, over the last decade, more data and modelling work have made it increasingly obvious that even in Sub-Saharan Africa, key populations are increasingly central to epidemic dynamics and response. Unfortunately, HIV policies, strategies and investment decisions have not yet fully and effectively taken into account the shift in African epidemic dynamics that fully include key populations.

By 2019, approximately 50% of new infections in Sub-Saharan Africa were among key populations and their sexual partners. In West and Central Africa, this figure is nearly 70%, while in East and Southern Africa, key populations and their partners are associated with about 30% of new infections³. While countries are increasingly using their own financial resources for much HIV prevention and care work related to the general population, such public domestic expenditure accounts for less than 20% of funding for key population work⁴. As a result, the largest international donors such as PEPFAR and the Global Fund have a particularly large influence on key population work in the region. These donors and others have successfully used their leverage to increase attention to key populations in many national strategies and grant applications, but these shifts have not yet consistently led to appropriate key population programming or tangible results⁵.

In response to these needs and opportunities, the United Nations Development Programme (UNDP) and the African Key Population Experts Group (AKPEG) co-sponsored a series of three online workshops in May and June 2021, to **identify and refine the most important advocacy messages to assist international donors and the UN, with a view to strengthening key population programming and addressing related institutional and capacity issues in Sub-Saharan Africa**.

The workshops brought together 61 people, including officials from national HIV programmes and health ministries, key population activists, donor representatives, technical experts, regional organisation officials, and UN staff (see *Annex 1 for Participant List*). A *Discussion Paper* was prepared to set the context for the workshop series and subsequently enriched with inputs from panelists, group work discussions and messages on ‘chat’ (see *Annex 2 for the updated Discussion Paper*). These discussions were wide-ranging and substantive, so this document and its annexes can only summarize the most important insights and advocacy messages that emerged. Importantly, while participants agreed that the ‘programming’ issues for key populations may be roughly similar from one region to another, some of the institutional issues in Sub-Saharan Africa are distinct from other parts of the world and require specific messaging.

1 <https://pubmed.ncbi.nlm.nih.gov/23237066/>

2 <https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.25605>

3 <https://www.unaids.org/en/resources/documents/2020/unaids-data>

4 UNDP, January 2021. The Funding Environment for LGBTI Work in Africa: Donor Baseline Report

5 https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf

Advocacy Messages for International Donors and the UN

The following advocacy messages from participants at the UNDP/AKPEG series of workshops is not exhaustive. It includes messages that were prioritized by a large number of the participants, and where change is likely to have multiple impacts. It is envisaged that participants will adapt these messages according to the constituency they represent and to the contexts of their own sub-regions and countries.

1. Recognize and build on successes that have already been achieved

- 1.1 *Replicate and **scale up initiatives such as the PEPFAR Key Population Investment Fund** to get funding directly to key population-led organizations.*
- 1.2 *Use good practice developed at global level, such as **key population participation in Global Fund Board processes**, to update and align national governance mechanisms with epidemic dynamics.*
- 1.3 *Scale up **mentoring, country to country and South-South exchange**, particularly in program management and in the collection, analysis and use of data.*
- 1.4 *Invest further in national and multi-country multi-sectoral **key population forums** and technical working groups.*
- 1.5 *Document and build on successes in **strengthening key population-led organizational capacity**.*

2. Continue to invest in key population-specific funding

- 2.1 *Fund **comprehensive** prevention, care and treatment programs for key populations **with bold scale and coverage**.*
- 2.2 *Significantly **strengthen key population programming in West and Central Africa**.*
- 2.3 *Success depends on taking an adequately funded and **long-term approach** to shifting social norms and to structural change, so designate a **percentage of the overall program budget** for structural interventions.*
- 2.4 *Ensure that **interventions for less 'visible' key populations** such as transgender persons and young key populations are always explicitly included in national budgets even if the data is not yet available.*
- 2.5 ***Do not allow budgeting with 'lump sums'** as a way of evading certain types of key population programming.*

3. Invest in management of key population responses

- 3.1 *Designate **'management' as a technical area** for budgeting,*
- 3.2 *Define and **fund human resource needs and institutionalize technical assistance** for management of key population responses.*
- 3.3 *Urgently **strengthen data collection, analysis and use** and **support cross learning** on management approaches between sites and donors in country, and South-South learning in the region*
- 3.4 *Support the **harmonization of a comprehensive service package** with government (Ministries of Health, National AIDS Councils and other key institutions), key populations, NGOs, private implementers and other donors. **Align data collection methods** and requirements between donors.*
- 3.5 *Ensure **ambitious targets** are set and monitored, think critically about **key performance indicators** and involve key populations in framing them.*

4. Understand the importance of diversity

- 4.1 **Suboptimal outcomes cannot be acceptable** in any location or for any key population.
- 4.2 **Fund research on intersectionality** and on the needs of key populations who face diverse forms of discrimination.
- 4.3 Routinely **collect and disaggregate data that reflects diversity** within key population sub-groups
- 4.4 Ensure provision of **differentiated and integrated services**.
- 4.5 Prioritize **mental health support** in key population responses and support accountability mechanisms that promote universal coverage of sexual and reproductive health and rights (SRHR) services for key populations.

5. Promote key population-led responses

- 5.1 Small key population-led organizations have proved critical to an effective, scaled-up and comprehensive response. To include these organisations, develop more **flexible funding criteria** and **set targets for a proportion of funding** which goes directly to these key population-led organizations.
- 5.2 **Invest in organizational and technical capacity strengthening** using local and national long term mentoring models and/or peer-based south-to-south approaches.
- 5.3 Having local knowledge and contacts is critical in key population responses, so it is important to **prioritize indigenous** organizations over locally registered international organizations.
- 5.4 **Revise budgeting rules** to ensure they can recruit appropriately qualified staff, particularly in finance.
- 5.5 Promote **social contracting strategies and policies**, social enterprise practices, and other sustainability mechanisms for key population-led organizations.

6. Replicate, adapt and continue to improve “key population forums”

- 6.1 Build and **support equal partnerships of government, NGO and key population-led organizations** for proposal writing, planning, budgeting, problem-solving, review and other co-ordination functions.
- 6.2 **Document and disseminate lessons** from existing key population forums and create links between countries so that learning exchange can be ongoing.
- 6.3 **Update obsolete and parallel governance structures** at national level.
- 6.4 In particular **review constituency quotas and voting processes** in CCMs to reflect epidemic dynamics and so that key population votes and participation carry weight.

7. Ensure key population competence

- 7.1 Require **regular capacity assessment of Principal Recipients, Umbrella organizations and NGO contractors** applying for key population funding, and ensure **contracts oblige them to build the capacity of local key populations groups** to receive sub grants.
- 7.2 Require them to have staff/board members **that are representative of key populations** and who have a **connection to the community**.
- 7.3 Ensure that **key population competency extends to the service providers** they subcontract - clinics that are not key population-friendly should not receive key population funding.
- 7.4 Ensure that **donor/UN own internal culture and norms are key population competent**.
- 7.5 Ensure that National AIDS Councils, Ministries of Health and other institutions, also **have skilled human resources to address human rights barriers**.

8. Invest in key population leadership

- 8.1 **Support key population leadership at regional network level** and provide leadership mentoring for key populations.
- 8.2 Acknowledge that there is an increased likelihood of stress-related burnout amongst key population activists in Sub-Saharan Africa and invest **in strategic risk management** and mitigation to protect leaders.
- 8.3 Create leadership opportunities **for young key population**
- 8.4 Provide funding streams for key population advocacy that are **independent of government**.
- 8.5 Design grant mechanisms for key population-led organizations that **emphasize horizontal engagement and accountability** to the key populations they represent, as well as/instead of vertically towards donors.
- 8.6 **Provide easier access to existing (donor) national and sub-national data** for key population advocacy.

9. Level the playing field by addressing structural barriers and social norms

- 9.1 **Not addressing criminalization and other structural barriers** will result in the response to HIV in Africa taking longer and costing more.
- 9.2 **Guard against compromising** the sustainability of key population responses when there are changes at political level.
- 9.3 Make structural interventions **a condition of funding**, and task key populations to develop **appropriate indicators and targets**.
- 9.4 Ensure that key performance indicators **for addressing structural barriers** are included at both output **and** outcome level.
- 9.5 **Employ key populations as trainers, resource people and consultants** in capacity development for key stakeholders on addressing structural barriers and social norms.

10. Build synergies between work on gender and HIV and work on key populations

- 10.1 Many of the **same dynamics that make adolescent girls and young women vulnerable to HIV in the region also drive key population vulnerability**, including traditional gender norms among all people and the pervasiveness of gender-based violence.
- 10.2 **Encourage countries to widen their gender and HIV strategies** to recognize and respond to sexual and gender diversity.
- 10.3 Be sensitive to **other gender issues among key populations**, such as differential patterns of drug use among women compared to men.
- 10.4 Pay attention to **gender that includes issues affecting cis women and girls, as well as other populations and gender identities/expressions**.

11. Use regional and multi-country programmes to support countries and to insure against sudden policy shifts at country level

- 11.1 **Fund regional/multi-country spaces** with explicit accountability for building country sustainability.
- 11.2 Capitalize on regional spaces to **share lessons about review and reform of punitive laws, policies and practices**, even when the political environment is hostile.
- 11.3 Use **country-comparable measurement scales** to track progress in shifting social norms.

- 11.4 Promote the **interim use of regional/Regional Economic Community-level data** to support programming while member state level data is improved.
- 11.5 Promote the implementation of **model laws and sub-regional key population strategies** developed by the RECs and other regional institutions.

12. Make sure no harm is done

- 12.1 **Value key population knowledge and expertise**, listen to key populations and consult with them widely and routinely.
- 12.2 **Prioritise the employment of key populations** within donor organisations as consultants, researchers, staff etc.
- 12.3 Risk assess and ensure that programmatic activities such as data collection and use, virtual outreach and service provision do not compromise the **safety and dignity of key populations**.
- 12.4 Risk assess and **put in place mitigation measures** for staff of grass roots implementing organisations working in hostile environments.

Synopsis of Issues Highlighted by Workshop Participants

Workshop participants highlighted that the management of key population responses in Sub-Saharan Africa urgently needs improving and that key population interventions are often run as small scale 'projects' funded by donors, rather than as 'programs' managed by government. Participants pointed out that there is insufficient data to understand program coverage and performance, and limited use of monitoring data to understand progress and identify gaps. It was recognized that lack of data has restricted the scale and sustainability of key population programs – and therefore the funding available for these programs. In addition, participants noted that donors and the UN have bracketed key population responses under 'prevention' and that treatment is not automatically part of key population programming. They were clear that countries in Sub-Saharan Africa must now implement a full package of interventions for key populations – prevention (including essential structural interventions), care and treatment – and ensure that health promotion messages are linked to (rather than replace) provision of commodities and services. Participants noted how technical assistance and mentoring in some countries had led to significant improvements in managing the response.

Contracting key population-led organisations as implementers was understood by participants to be the 'gold standard' for an effective response. They noted that there is little investment in strengthening the organizational capacity of key population-led organisations who then fail to meet contracting criteria; also, that current donor practices can lead to competition between key population-led organisations. Participants felt that capacity issues should not be a reason to exclude key population-led organisations from managing or implementing programmes; that as well as more flexible funding criteria and a different approach to risk on the part of donors, key population competence should be included as a criterion for contracting non-key population-led umbrella organizations. They described key population competence as being cognisant of key population needs and having funding for staff who can implement a rights-based approach. Key population competent organisations should have the capacity and mandate to enable key population leadership to take over management of those programmes, whilst strengthening key population-led organisations to eventually take a lead role in the response themselves.

Governance issues were discussed at length, with participants seeing a need to strengthen donor accountability for key population responses and for key population expertise to be better used and acknowledged. Participants urged a move away from programs where the majority of decisions are made by donors and noted how successful multi-sectoral key population forums can be at national level. They also noted how Country Coordinating Mechanisms (CCMs) and other donor-related structures seem to have stagnated, with key populations increasingly reluctant to be associated with them. They suggested donors place more emphasis on leadership mentoring for key populations – including creating additional leadership opportunities for young key populations to ensure ongoing relevance and succession planning.

Throughout the workshop series, participants noted time and again, and with some frustration, that structural interventions in Sub-Saharan Africa remain a key impediment to an effective response and that this is a major barrier to achieving global targets. They were clear that short-term thinking by donors is short sighted, and as well as providing longer-term funding for key population-led advocacy (independent of government), participants felt that donors should use their own 'funding power', along with a level of conditionality, to push for the review and reform of punitive laws, policies and practices.

There was agreement that criminalization should not be used as an 'excuse' for not implementing key population responses. Participants also recognized that indigenous key population organisations can be an effective gateway to accessing communities in hostile settings, but that they and their staff can be exposed to considerable risk (for little reward). Participants noted that these national key population-led organizations rely on their regional networks to mount challenges that cannot be safely articulated at national level. They called for donors and the UN to develop, and generally ensure the sustainability of multi-country and regional key population platforms.

Participants noted that negative social norms, particularly in countries where the political environment is hostile, are a barrier to duty bearers at technical level (such as civil servants, law enforcement, health workers, the judiciary and others), being able to learn about, and engage with sexual orientation and gender identity and thereby transform attitudes and practices. Participants proposed South-South, regional or multi-country initiatives, that use peer sharing and learning, as effective ways to strengthen capacity in these situations, including leveraging and implementing model laws and sub-regional key population strategies developed by the Regional Economic Communities. It was noted that addressing this issue provides a buffer for sustainability of national responses when there are changes at the political level.

Finally, participants noted that some key populations such as trans persons, prisoners and people who use drugs are invisible in many countries and that this needs to change for key population responses to be effective and holistic. Whilst acknowledging the power of collective advocacy based on shared experience of discrimination, there was a call more generally for recognition of the huge diversity amongst key populations and of the need for differentiated, better integrated service provision and for a tailored approach to differentiated service delivery (DSD). This includes ensuring appropriate attention to key populations within broader social protection, sexual and reproductive health and rights (SRHR) and universal health coverage (UHC) programming. Psycho-social and mental health support were noted as being particularly necessary to include in service packages delivered to key populations, especially trans women.

Annex 1: Workshop Participant List

Name	Organisation	Contact
Alison Gichohi	EAC	agichohi@eachq.org
Allan Maleche	KELIN	amaleche@kelinkenya.org
Amitrajit Saha	UNDP	Amitrajit.saha@undp.org
Angela de Tommasi	UNDP	angela.de.tommasi@undp.org
Barbra Muruga	EATHAN	barbra@eathan.org
Berry Nibogora	UNDP	bnibogora@undp.org
Christian Tshimbalanga	UNDP	ckimbo2000@yahoo.com
Claver Toure	Alternative Cote D'Ivoire	claver022004@yahoo.fr
Daliso Mumba	NAC Zambia	dmumba@nacsec.org.zm
Daouda Diouf	ENDA Sante	dioufda@endatiersmonde.org
Daughtie Ogutu	AKPEG	daughtieog@gmail.com
Deena Patel	UNDP	Deena.patel@undp.org
Ed Ngoskin	GFATM	Ed.ngoskin@theglobalfund.org
Els Klinkert	Government of the Netherlands	els.klinkert@minbuza.nl
Emily Bass	AVAC	emily@avac.org
Erin Eckstein	PEPFAR	EcksteinET@state.gov
Farai Chirongoma	UNDP	Farai.chirongoma@undp.org
Felicita Hikuum	ARASA	felicita@arasa.info
Florence Riako Anam	GNP+	friakoanam@gnpplus.net
Frank Lule	WHO	lulef@who.int
George Biock	UNDP	george.biock@undp.org
George Schneider	Arc-en-ciel Togo	schneideo@yahoo.fr
Gift Trapence	CEDEP	trapenceg@gmail.com
Gina Dallabetta	BMGF	Gina.Dallabetta@gatesfoundation.org
Innocent Modisaotsile	UNFPA	modisaotsile@unfpa.org
Jeff O'Malley	UNDP	Jeffrey.omalley@undp.org
Jennifer Cole	PEPFAR	ColeJM@state.gov
John Viner	Government of Sweden	john.viner@gov.se
Jonathan Gunthorp	SAT Regional	gunthorp@satregional.org
Ken Abbot/Stella Bosire	UHAI EASHRI	stellah@uhai-eashri.org
Kenedy Abor Owiti	UHAI EASHRI	kenedy@uhai-eashri.org
Kent Klindera	USAID	kklindera@usaid.gov
Kyomya MacKlean	AWAC Uganda	awacuganda@gmail.com
Lamboly Kumboneki	SADC	lkumboneki@sadc.int

Name	Organisation	Contact
Lawrence Phiri	Rainbow Community	phirilawrence@gmail.com
Linda Mafu	GFATM	Linda.mafu@theglobalfund.org
Mac-Darling Cobbinah	CEPEHRG	macdarlingc@gmail.com
Mariam Traore	UNDP	mariam.h.traore@undp.org
Marie Engel	UNAIDS	engelm@unaids.org
Mark Dibiase	UNDP	Mark.dibiase@undp.org
Maureen Luba	AVAC	mluba@avac.org
Melanie Judge	UNDP	melanie@justcommunication.co.za
Mesfin Getahun	UNDP	Mesfin.getahun@undp.org
Mickael Akanji	AKPEG	akanjimichael@gmail.com
Monica Tabengwa	UNDP	Monica.tabengwa@undp.org
Moses/Grace	ASWA	grace@aswaalliance.org
Raymond Yekeye	NAC	ryekeye@nac.org.zw
Richard Muko	AVAC	richomuko@gmail.com
Richard Nininahazwe	African PUD	rich.africanpud@gmail.com
Dr Ruth Laibon Masha	NACC Kenya	ceo@nacc.or.ke
Dr Mochacha	NACC Kenya	ceo@nacc.or.ke
Sam Matsikure	GALZ	progs@galz.co
Senelisiwe Ntshangase	UNDP	senelisiwe.ntshangase@undp.org
Serge Douomong	Coalition Plus	sdouomong@coalitionplus.org
Steave Nemande	UNAIDS	nemandetchouas@unaids.org
Tilly Sellers	UNDP	tillysellers@gmail.com
Virginia Macdonald	WHO	macdonaldv@who.int
William Bosu	WAHO	wbosu@wahooas.org
Yves Kugbe	OHCHR	kugbeyves@gmail.com

Annex 2: Discussion Paper

Introduction

The United Nations Development Programme (UNDP) and the African Key Population Experts Group (AKPEG) co-sponsored a series of three online workshops in May and June 2021 to bring together a selected group of donor representatives, technical experts, key population experts, regional organisations, national and regional policy leaders and UN staff. The aim was to **build consensus around key advocacy messages which will assist international donors and the UN to strengthen key population¹ programming and address related institutional and capacity issues in Sub-Saharan Africa.**

More than 50 participants from across the region, and internationally, participated in the series (see *Annex 1 for Participant List*). This *Discussion Paper* was prepared to set the context for the workshop series and to provide a limited introduction to some of the key issues. Initially based on consultations with a wide range of key stakeholders and resources, it has subsequently been enriched with inputs from panelists, group work discussions and messages on 'chat' during the three workshops. These workshop discussions were very substantive, and a *Workshop Series Report* highlights some of the many issues that were flagged up by participants, along with specific advocacy messages for international donors and the UN system that they prioritized.

Context

It is well established that the risk of HIV acquisition is far higher among key populations than the general population in Sub-Saharan Africa, and that key populations access to HIV services is low. Responding initially to a more generalized epidemic, the HIV response for key populations in the region has lagged behind, and there is a now a growing understanding that recent attempts to increase and improve HIV investments for key populations have not consistently led to better results. The urgency of the situation has prompted a number of efforts from different stakeholders to renew the collective advocacy agenda for key populations. This initiative aims to add to these efforts by focusing on investments made by international donors to see what is working well, what is still problematic, and where more investment is needed. This is especially pertinent given the opportunities provided by the new Global AIDS Strategy (2021-2026),² the development of a new Global Fund strategy, and the potential for new approaches in the US Government's PEPFAR program.

Strategic Advocacy

Making a long wish-list in this context is unlikely to lead to change. Effective advocacy requires strategic messaging based on evidence. International donors need tightly focused messages which resonate with their constituents and their current strategic focus. Those responsible for key population programming need messages that concretely draw on and speak to existing policy and strategy, and which are achievable within the political context within which they operate. As such, careful analysis is required to understand the core areas where change will make the most impact. Once these core areas and priority messages are agreed, there needs to be a concerted effort by all stakeholders to address them in their own advocacy processes, in a manner that is mutually reinforcing. To maintain focus on strategic advocacy, the draft theory of change below, was developed to kickstart workshop discussions:

What do we know?

- There has been significant progress in reducing new HIV infections and HIV related morbidity and mortality in the general population in Africa, but much less among key populations. By 2019, approximately 50% of new infections in Sub-Saharan Africa were among key populations and their sexual partners. In West and Central Africa, this figure is nearly 70%.³
- The Global Fund and PEPFAR are particularly important in Sub-Saharan Africa, where public domestic expenditure accounts for less than 20% of HIV funding for key populations.⁴

1 Key populations include gay men and other men who have sex with men, people who sell sex, people who use drugs, transgender persons and prisoners

2 https://www.unaids.org/en/Global_AIDS_strategy

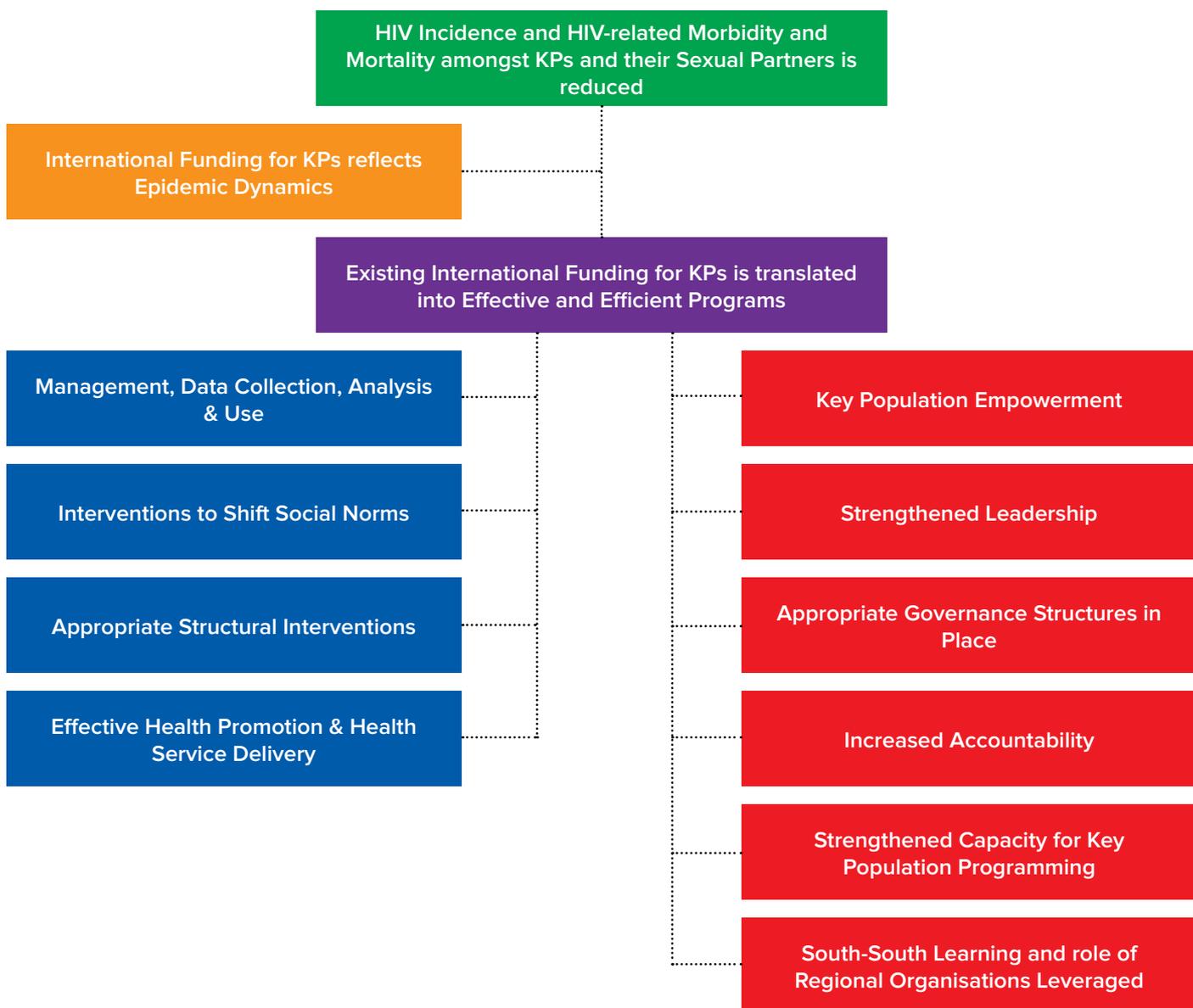
3 <https://www.unaids.org/en/resources/documents/2020/unaid-data>

4 UNDP, January 2021. The Funding Environment for LGBTI Work in Africa: Donor Baseline Report

- External funding requirements have been successful in getting key populations reflected in national strategic plans, but for various reasons *this funding is not consistently being translated into appropriate programming or tangible results.*⁵ Where there is key population programming, *it is hard to know whether current investments are being effectively utilised.*

Draft theory of change

Strengthening **the institutional environment** for key population programming will enable better understanding of how well **the programming continuum** is functioning. This will enable stakeholders to know whether current investments are being effectively utilised and provide evidence necessary to take action to **strengthen key population programming**. More effective use of existing funding will in turn reveal gaps, showing **where additional funding is needed**. With the appropriate level and use of investment, **HIV incidence and related morbidity and mortality amongst key populations in Sub-Saharan Africa can be reduced**.



5 https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf

Workshop 1. The Programming Continuum: Successes, gaps and areas for improvement – May 19th, 2021

The first workshop looked at the programming continuum for key populations (the blue boxes in the draft theory of change). Panellists included: **Gina Dallabetta (BMGF), Dr Ruth Masha (NACC Kenya), Virginia Macdonald (WHO), Marie Engel (UNAIDS) and Farai Chirongoma (UNDP).**

Key questions for panellists and subsequent group work included:

- What do different actors see as examples of the most important successes in key population programming in Sub-Saharan Africa?
- In what parts of the programming continuum are we still weak in most places?
- What changes will make the most impact on key population programming?
- Reflecting on successes and limitations of key population programming to date in the region, what are the most important advocacy messages for international funders of such work and for the UN system?

Management, Data Collection, Analysis and Use

Despite globally agreed guidance on good practice in data collection and analysis, quantitative and qualitative data on key populations is missing or unreliable across Sub-Saharan Africa.⁶ Reliable data is critical for developing an effective HIV strategy for key populations, and to design programs, indicators and targets that respond to actual need. Without good data, it is also difficult to design and implement a monitoring and feedback system which can be used to test program effectiveness, refine and improve interventions. Reliable data also enables improved coverage and scale of programs, which in turn can stabilize or even turn around growing incidence rates.⁷

Issues Raised About Management, Data Collection, Analysis and Use

- Management of key population responses in general in Sub-Saharan Africa urgently needs improving. Key population interventions are often run as small scale 'projects' funded by donors, rather than as 'programs' managed by government.
- National plans often lack robust data on population size, HIV incidence, attributable risk and structural risk factors among key populations. There is little data of any sort on transgender persons. Young key populations remain largely invisible.
- There is a lack of sensitivity to sex, age and gender across the full range of strategic information gathered, including epidemiological monitoring, design, implementation and service monitoring.⁸
- The limited population-based data that are available for key populations show that testing and treatment coverage among key populations remains disproportionately low, with no key population group close to achieving 90-90-90 targets.⁹
- The lack of data has restricted the scale and sustainability of key population programs – and therefore the funding available for these programs.
- Stigma, discrimination, violence and punitive legal and policy environments are not only barriers to service provision and demand, but also deter key populations from disclosure for surveillance purposes.
- Few researchers and programmers have expertise in working with key populations, and social norms can make the environment hostile for this type of work.
- There needs to be a better understanding of the heterogeneity of key populations and that they can experience multiple and intersecting forms of discrimination.

6 <https://www.unaids.org/en/resources/documents/2020/unaids-data>

7 <https://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

8 https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf

9 90% of key populations living with HIV aware of their infection, with 90% of them on antiretroviral therapy, and 90% of them with suppressed viral load – valuable UNAIDS measure to guide the response and measure progress

- Investing in innovation can strengthen data collection - in Senegal, for example, a gay dating app was used to rapidly generate data from a large online community of MSM, which could then be used for advocacy and tailored program decision-making.
- Mobilising strategic partnerships can increase coverage - PEPFAR and the Global Fund worked in partnership to conduct key populations cascade assessments in eight African countries. By working together, major funders and national stakeholders were better able to align packages of services, training, geographic coverage, and also data collection.¹⁰
- Information gathering processes, and the information itself, can only be useful if it serves to protect, and not put at risk, the safety and privacy of key populations.

Possible advocacy messages for Improving Management, Data Collection, Analysis and Use

1. Designate 'management' as a technical area for budgeting.
2. Define and fund human resource needs and institutionalize technical assistance for management of key population responses.
3. Increase technical and financial support and requirements for key population data collection and analysis
4. Ensure at the minimum that data is collected on population size, HIV incidence, attributable risk and structural risk factors among key populations
5. Align data collection methods and requirements between donors
6. Ensure data collection and analysis does not put key populations at risk in any way
7. Find innovative ways to involve key populations in data collection and analysis
8. Strengthen data collection and analysis for trans persons and young key populations
9. Nuance data collection so that analysis can reflect the heterogeneity of key populations and the fact that they experience multiple and intersecting forms of discrimination
10. Find ways to reduce stigma attached to key population research

Shifting Social Norms

Social norms refer to the explicit or implicit rules specifying what behaviours are acceptable in society. What people see as normal, desirable, or aberrant determines their sense of right and wrong, and can both drive and hold back the pursuit of public health and social justice. Social norms about sex work, drug use, sexual and gender diversity in Sub-Saharan Africa are often highly negative and stigmatizing. Key populations may be perceived primarily as people involved in stigmatized behaviour, rather than as full and respected members of families and communities. These harmful social norms undermine effective HIV responses in many ways. They can undermine self-confidence, health-seeking behaviour and mental health among key populations themselves. Hostility from health workers undermines demand for services. Hostile norms undermine family and community support and exacerbate the threat of violence from police and others. More broadly, negative social norms about key populations can make it politically difficult to recognize, respect, and protect people's rights. Social norms may appear to be 'fixed', but norms are a continuously evolving system. There has been widespread success in Africa in shifting social norms around child marriage, the value of education for girls, and around female genital mutilation. These examples show that it is possible to shift social norms that undermine effective HIV responses.

Issues Raised About Shifting Social Norms

- There has been considerable attention to relevant norms among frontline health workers in many countries, as well as some to norms among the police or among groups like faith leaders. There has however been little attention to shifting social norms among the population at large.

- Interventions for shifting social norms are often politically sensitive. They yield results over the long term and impacts are difficult to measure. As such, they are largely absent from, or de-prioritised in national plans.¹¹
- Key performance indicators (KPIs) for shifting social norms are lacking, in particular those crafted with substantive inputs from key populations themselves.
- The “KP Reach” project in southern Africa, financed by the Global Fund, is a rare example of a project that was intended to influence social norms about key populations at a broad scale, using evidence-based approaches. Unfortunately, when the Global Fund stopped financing regional projects in Africa, the project ended after its first phase of testing and developing interventions, and before wide-spread implementation.
- Measurement scales can also draw attention to the status of social norms across different countries and sub-regions – for example, the LGBTI inclusion index and the DRC key population adaptation of the Stigma Index 2.0.^{12,13}

Possible advocacy messages for Shifting Social Norms:

1. Develop KPIs and interventions for shifting social norms in collaboration with key populations
2. Ensure KPIs for shifting social norms are included in funding applications and that corresponding interventions are budgeted for in program design
3. Ensure that KPIs for shifting social norms about key populations are monitored and reported on
4. Continue to fund capacity strengthening on key populations for duty bearers such as the police, health workers, the judiciary etc.
5. Scale up the use of multi-country and regional initiatives to shift social norms about key populations
6. Involve key populations in capacity strengthening as a way of shifting social norms
7. Develop innovative ways to shift negative social norms about key populations amongst the general public
8. Use country-comparable measurement scales to track progress in shifting social norms about key populations across countries

Structural Interventions

It is difficult to demonstrate a causal relationship between legal, policy and regulatory environments and HIV outcomes for key populations. Nevertheless, there are strong associations between improving legal environments and increased service use, and vice versa. Structural interventions are designed to address key human rights barriers to access to and delivery of HIV and related services, such as violence and other human rights violations. Structural interventions can include advocacy and technical support for the review and reform of law and policy, as well as support for national legal and policy environment assessments, strategic litigation, legal literacy and capacity strengthening for duty bearers such as the judiciary, lawyers, prison, police and health workers.¹⁴

Issues Raised About Structural Interventions

- Negative social norms relating to key populations mean there is often a lack of willingness or motivation to plan or implement structural interventions that would increase access to HIV services for key populations.
- Many organisations report decreased HIV funding for work on social enablers and human rights, and donors are increasingly reluctant to fund efforts that may only yield results in the longer term.
- Analysis of Global Fund project implementation shows that human rights interventions have relatively lower absorption than other modules, pointing towards difficulties in implementing these programs in some contexts.

11 <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-018-0398-x>

12 <https://www.stigmaindex.org/>

13 <https://www.undp.org/content/undp/en/home/librarypage/hiv-aids/lgbti-index.html>

14 https://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/Key_Human_Rights_Programmes_en_May2012.pdf

- International donors face significant challenges in how to leverage their investments and political standing among implementer countries without jeopardising existing gains.
- While PEPFAR key population programming guidance includes attention to the role of both social norms and harmful laws, researchers have shown that *16 of Africa's 21 PEPFAR-funded countries had laws characterized as harsh in relation to homosexuality, yet none of the 16 African 'Partnership Framework' (PEPFAR) policy agreements between African governments and the US State Department ... call for reducing penalties on individuals who engage in homosexual behavior.*¹⁵
- Social enablers and human rights work are different to service delivery work, requiring a more flexible funding approach, with monitoring, evaluation, reflection and learning systems which are fit for purpose.¹⁶
- There is a lack of technical support for structural interventions and countries often do not know where to start. Consequently, most national strategic plans refer mainly to health-service interventions, with essential activities to overcome major structural barriers to service uptake for key populations receiving little attention.¹⁷
- Targets and indicators for structural interventions remain at output rather than outcome level, making it hard to demonstrate evidence for what is working and what is less useful.
- Structural interventions matter, it can be difficult to implement key population services in hostile environments. For example, research has demonstrated that the implementation of a harsh new 'Same-Sex Marriage Prohibition Act' in Nigeria was linked to decreased HIV service use among men who have sex with men.
- While slow and unpredictable, prior efforts to address some of the structural barriers to effective HIV programming for key populations have been successful. The Global Fund supported "Removing Legal Barriers" initiative created neutral and safe spaces for supportive civil society groups, parliamentarians, judges, civil servants and others to learn from each other, develop advocacy strategies and strengthen their capacity on key population issues. This was especially useful for influencing stakeholder actions in countries with particularly severe stigma and/or criminalization.¹⁸
- Prioritising South-South exchange and learning can help demonstrate the 'how' of structural interventions - Kenya has successfully integrated violence prevention and response services into their national key population programme, showing that it is possible to address violence against key populations under the leadership of the national government, even in an environment where sex work, same-sex sexual practices and drug use are criminalized.¹⁹
- Recent research carried out by ARASA showed that ensuring the accessibility and availability of Core Funding for organisations working to advance critical enablers and human rights can be critical, especially in hostile political and social environments.²⁰

Possible advocacy messages for Strengthening Structural Interventions

1. Accept that structural interventions need a longer-term view and that not addressing structural barriers will result in the response to HIV taking longer and costing more
2. Be less willing to compromise the sustainability of key population responses when there are changes at political level.
3. Make structural interventions a condition of funding
4. Ensure as a matter of priority that KPIs for addressing structural barriers are included in funding applications at both output AND outcome level, and that corresponding interventions are budgeted for in program design
5. Make it a requirement that KPIs and budgets for addressing structural barriers are monitored and reported on

15 <https://www.tandfonline.com/doi/full/10.1080/16549716.2017.1306391>

16 <https://www.arasa.info/media/arasa/Resources/expanding-needs-diminishing-means.pdf>

17 https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf

18 <https://hivlawcommission.org/2015/02/04/mid-term-evaluation-report-strengthening-regional-and-national-legislative-environments-to-support-the-human-rights-of-lgbt-people-and-women-and-girls-affected-by-hiv-and-aids-in-sub-saharan-africa/>

19 https://www.iasociety.org/Web/WebContent/File/JIAS_Vol21-S5_complete_file.pdf

20 <https://www.arasa.info/media/arasa/Resources/expanding-needs-diminishing-means.pdf>

6. Ensure that technical assistance in implementing structural interventions is provided by organisations with a strong track record in human rights
7. Lobby to align key population needs for addressing structural barriers with political imperatives
8. Increase the availability of core funding for organisations working to advance critical enablers and human rights, especially in hostile political and social environments

Effective Health Promotion and Health Service Delivery

External funding requirements have been successful in getting key populations reflected in national strategic plans in countries in Sub-Saharan Africa, but even in the relatively uncontroversial area of health promotion and health service delivery, this funding is not always being translated into appropriate programs. Despite globally agreed guidance on good practice for key populations, few countries have been able to put in place services that cover the entire cascade of HIV prevention, diagnosis, treatment, and care, along with other priority health needs such as sexually transmitted infections, hepatitis, tuberculosis, mental health, and sexual and reproductive health. Key populations living with HIV may also be at higher risk for opportunistic infections and co-morbidities. For example, drug use has many potential co-morbidities such as hepatitis, tuberculosis, and mental illness which can impact overall health and complicate HIV medical management.

Issues Raised About Effective Health Promotion and Health Service Delivery

- The weaknesses described in the section above, related to collecting, analyzing and using data about key populations, also extend to HIV testing and treatment.
- For planners, key population programming may appear to be a lot of effort for little funding and for what might seem to be very small numbers of people.
- Where services exist, access is problematic for key populations, primarily, as already mentioned, because of barriers related to human rights and gender, including criminalization, religious laws, cultural norms, stigma, discrimination, and violence.
- This is compounded by under-utilization of key population-led organizations who know the particular needs and circumstances of their members and who could use appropriate and innovative means to facilitate service access and delivery.
- Because key population-led organizations lack organizational capacity, umbrella grants are often allocated to organizations with sound financial management practices, but which have no experience of human rights or working with key populations. This results in sub-optimal service provision for key populations as well as reduction of the direct resource allocation for service provision.
- Because grants are focused on HIV-related outcomes, recipients of umbrella grants are sometimes wary of sub-granting to more civil-rights focused CSOs.
- Faith-based organizations are critical because they provide such a high percentage of HIV clinical services in many countries. However, members of key population communities may face barriers to accessing care in faith-based facilities because of religiously motivated stigma and discriminatory practices.
- Trusted access platforms can be used as a foundation for multiple interventions and services. This is a way of working with key populations communities to establish trust and improve access to services, involving close collaboration on program design, implementation and monitoring, and on addressing critical enablers. It includes a common minimum program, along with clear targets for uptake and utilization and dashboard reviews of key indicators.²¹
- The type of service provider really matters. Services aimed at key populations are often contracted out to NGOs – whether international or national – that do not have key populations themselves in leadership, strategy design and service delivery roles.
- It is possible to fund key population-led and local organizations to implement the response. In Southern Africa, 67% of PEPFAR's Key Population Investment Fund funding went to key population-led or key population-

21 <https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/04/Budget-Considerations-for-KP-Trusted-Access-Platforms-April-2-2020-Final-V-1.1a-no-TCs-1.pdf>

competent local organizations, and 40% of Global Fund grants 2018-2020 went to local civil society organizations.²²

- PrEP can be a particularly promising approach for key populations. A small number of countries in Africa have achieved important early successes in promoting and making available PrEP to certain key populations, including among men who have sex with men and women involved in sex work, depending on the country. However, these countries remain exceptions. To date there has been relatively little success at PrEP promotion with trans populations.^{23,24}
- Providing key population-led organizations with access to funding and technical assistance for organizational development, can enhance investments in health service delivery to key populations. Projects carried out by the Centre for the Development of People (CEDEP) in Malawi, for example, have effectively mobilized key populations and enabled stronger linkages with health providers.²⁵
- Investing in research can develop efficient and acceptable ways to provides services for key populations – a pilot intervention to distribute oral HIV self-testing kits to MSM through key opinion leaders in Nigeria, found that oral self-testing is feasible and highly acceptable among MSM.²⁶

Possible advocacy messages for Strengthening Health Promotion and Health Service Delivery

1. Support the harmonization of a comprehensive service package with government (MoH and NAC), key populations, NGOs, private implementers and other donors.
2. Provide/fund mentoring and technical support for program planners and implementers in evidence-based programming for key populations
3. Provide clear targets for uptake and utilization of services
4. Set up dashboard reviews of key indicators that are transparent and comparable across countries
5. Find ways to address political and other concerns of planners and PR/Umbrella organisations about providing services for key populations
6. Ensure/require recipients of funding to involve key populations in program design, implementation and monitoring
7. Strengthen the organisational capacity of key population-led organisations to provide services
8. Adapt funding mechanisms to address barriers to key population-led organisations successfully applying for funding
9. Require regular key population competence capacity assessment of PRs, Umbrella organizations and NGO contractors applying for key population funding
10. Ensure contracts oblige PRs, Umbrella organizations and NGO contractors to build the capacity of local key populations groups to receive sub grants.
11. Require these organizations to have staff/board members that are representative of key populations and who have a connection to the community.
12. Ensure that key population competency extends to the service providers they subcontract
13. Ensure that donor/UN own internal culture and norms are key population competent and that NAC, MoH and other institutions also have skilled human resources to address human rights barriers.
14. Do not allow budgeting with 'lump sums' as a way of evading certain types of key population programming.
15. Prioritize mental health support in key population responses and Support accountability mechanisms that promote universal coverage of SRHR services for key populations.

22 SAT 2021. Turning off the Tap: The State of HIV Prevention Funding in Southern Africa. A SAT Evidence into Info Publication

23 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7206896/>

24 <https://www.prepwatch.org/country/zimbabwe/>

25 <https://www.ncbi.nlm.nih.gov/books/NBK379687/>

26 https://www.iasociety.org/Web/WebContent/File/JIAS_Vol21-S5_complete_file.pdf

Workshop 2. The Institutional Environment: Governance and accountability, the roles of different stakeholders – May 26th, 2021

The second workshop looked at the institutional environment and capacity for key population responses (the yellow boxes in the draft theory of change). Panellists included: **Kyomya Maclean (AWAC Uganda), Barbra Muruga (EATHAN), Raymond Yekeye (NAC Zimbabwe), Jonathan Gunthorp (SAT), George Biock (UNDP DRC).**

Key questions for panellists and subsequent group work included:

- What do different actors see as examples of the most important successes in strengthening the institutional environment for key population programming in Sub-Saharan Africa?
- What are the main institutional and capacity constraints?
- What changes will make the most impact on the institutional environment for key population programming?
- Reflecting on successes and limitations of key population programming to date in the region, what are the most important advocacy messages for international funders of such work and for the UN system?

Key Population Empowerment

Evidence shows that health policies and programmes are more effective and have a more positive impact on health outcomes when affected populations take part in their development. WHO defines key population empowerment as a collective process that enables key populations to address the structural constraints to health, human rights and well-being; make social, economic and behavioural changes; and improve access to health.²⁷ According to UNAIDS, progress in recent years demonstrates the essential role of community-led HIV responses in global efforts to end AIDS. Communities have led efforts to identify and address key inequalities; expanded the evidence base; supported the planning and implementation of national HIV responses; identified key issues and gaps for national and multilateral governance and coordination bodies; expanded the reach, scale, quality and innovation of HIV services; and played a visible role as defenders of human rights.²⁸ The potential of key populations themselves to contribute to the HIV response in Sub-Saharan Africa has not been fully realised.

Issues Raised About Key Population Empowerment

- Key population empowerment' is often conflated with 'community engagement', and 'community-led' is often conflated with 'community-based'. This can lead to less-than-optimal investments.
- It is difficult to conduct advocacy and hold government to account when government controls the resources coming from international donors, particularly the Global Fund.²⁹
- Key population-led organisations often lack opportunities to build sound financial management and other organisational capacities, including an understanding of how results are evaluated by international donor organisations. This has led in some cases to unrealistic and inappropriate expectations which have set key population-led organisations up to fail.
- Budgeting rules for sub-grants can often preclude these organisations from recruiting and retaining quality staff at competitive rates—particularly staff with financial/operational skills.
- As a result, key population-led networks and organisations are generally very under-resourced. Lack of core funding is particularly an issue.³⁰
- Key performance indicators (KPIs), which are crucial in monitoring the progress of key population empowerment, are lacking, poorly designed or not prioritised in funding bids or national plans. If they exist, they are sometimes not reported on.
- Creating and nurturing safe or neutral spaces at technical level can strengthen key population empowerment and build much needed solidarity amongst organizations that are often set up in competition with one another

27 <https://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/>

28 https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/march/20210325_new-global-aids-strategy

29 UNDP, January 2021. Lessons learned from regional programming with LGBTI and other key population groups in Africa

30 <https://www.arasa.info/media/arasa/Resources/expanding-needs-diminishing-means.pdf>

for funding – examples include the national Key Population Forums supported by AVAC in a number of countries which show how strong, collective advocacy can lead to change.³¹

- Working in hostile environments can have serious consequences for key population activists, including risks of burn out and poor mental health. Key population-led organisations can be targeted by authorities especially in times of political change. Staff may have their offices raided or closed, they may face violence, be arrested or even imprisoned.
- The strength of key population groups in a certain country generally corresponds to the level of development of civil society organizations in the country. It is therefore important to strike a balance between integrating KP organizations in the broader civil society and the need to address their vulnerabilities. Isolation from the broader movement may even them easier targets for attack and suppression.
- Prioritising resources for regional key population networks like the Africa Key Population Experts Group (AKPEG) can help to support the development of national key population-led organisations. As well as providing peer support for key population activists, AKPEG has successfully supported the development of sub-regional key population strategies which have been used for advocacy at national level.
- Strengthening linkages between key population networks and other CSOs like human rights pressure groups, human rights lawyers and legal aid networks can help strengthen advocacy for citizens' rights, build defences against arbitrary detention and police harassment, and access entitlements.

Possible advocacy messages for Strengthening Key Population Empowerment:

1. Consult with key populations about what interventions lead to empowerment, and provide funding for these
2. Ensure funding streams for key populations that are independent of government
3. Revise budgeting rules to ensure that key population-led organisations can recruit appropriately qualified staff, particularly in finance
4. Make funding available to strengthen collective and multi-country key population networks and initiatives
5. Make funding available to strengthen linkages between key population and broader civil society and human rights efforts
6. Consult with key populations about ways to address the stresses and strains of activism, accepting that activism is a key part of making the HIV response happen
7. When making funding decisions, prioritize indigenous organizations over locally registered international organizations.

Strengthened Leadership for Key Populations

From the early days of the HIV/AIDS pandemic, it has been acknowledged that strong leadership is crucial in mounting an effective response at the community, national, and global levels. Leadership structures are likely be most effective when those most affected are not mere recipients of services and participants in other sectoral responses to the pandemic but are actually enabled to assume leadership positions themselves.³² In Sub-Saharan Africa, leadership for key population issues appears fragmented.

Issues Raised About Strengthening Leadership for Key Population

- There is currently no single, regional, multi-sectoral group that exists solely for the purpose of leadership on key population issues in Sub-Saharan Africa.
- Strengthening key population leadership is not a priority for funding support and technical assistance in Sub-Saharan Africa.

31 <https://www.avac.org/blog/key-population-planning-zambia>

32 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2810248/>

- AKPEG is a loosely constituted group, with no funding of its own, which provides some leadership on advocacy for the collective groups of key populations. Each key population also has its own Africa regional network, but with varying levels of funding and organizational capacity.
- For the UN system, under the UNAIDS division of labor, UNDP and UNFPA share responsibility for key populations, along with UNODC. In practice, this means that UNDP takes responsibility for human rights and policy leadership for key population and LGBTI issues, and UNFPA leads on sex work and key population health service delivery. UNODC takes responsibility for drug use and prisoner health service delivery.³³
- Without clear structure, leadership can become stagnant, and transition within key population groups can be problematic – same faces, same issues, no new ideas or approaches.
- Investing in leadership development, training and mentoring can strengthen the key population response in Sub-Saharan Africa. For example, the Community HIV/AIDS Mobilization Project (CHAMP) is a US-based non-profit NGO working to bridge HIV/AIDS and human rights. The CHAMP Academy is a training, technical assistance and capacity building program dedicated to strengthening an HIV/AIDS movement rooted in social, economic and racial justice.³⁴

Possible advocacy messages for Strengthening Key Population Leadership

1. Make funding available for key population leadership training and mentoring
2. Clarify and strengthen existing leadership roles in the region
3. Support key population leadership at regional network level
4. Acknowledge that there is an increased likelihood of stress-related burnout amongst key population activists in Sub-Saharan Africa and invest in strategic risk management and mitigation to protect leaders.
5. Create leadership opportunities for young key populations
6. Provide funding streams for key population advocacy that are independent of government
7. Design grant mechanisms for key population-led organizations that emphasize horizontal engagement and accountability to the key populations they represent, as well as/instead of vertically towards donors.
8. Provide easier access to data for key population advocacy.

Appropriate Governance Structures in Place for International Funding

Key population representatives are increasingly included in key global and national processes and deliberations, including as members of country delegations to US Government PEPFAR Country Operational Plan (COP) meetings and as Board representatives and/or participants in Country Coordinating Mechanisms (CCMs) of the Global Fund. However, given that, social, political, economic and cultural status determines who has what kind of power and how much of it they have, key population representation in governance structures in Sub-Saharan Africa remains under-exploited as a key part of the response.

Issues Raised About Appropriate Governance Structures for International Funding

- Power inequalities, legal constraints and social norms result in key populations not being seen or treated as equal and respected partners in the response.
- Sometimes the majority/minority voting processes used for decision-making, result in key population voices not carrying sufficient weight to make a difference.
- Procurement systems are weighted against community-led recipients at all levels in the response, favouring governments, UN agencies, large INGOs and NGOs.

33 UNAIDS JOINT PROGRAMME DIVISION OF LABOUR. Guidance note 2018.

34 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2810248/>

- Having an NGO principal recipient or umbrella organisation does not automatically mean resources will be made available for key population-led responses.
- There is no separate funding stream for key populations from the Global Fund or PEPFAR that is not controlled by governments and that can support communities to advocate for their human rights to be respected and protected.
- Organizational registration is a requirement for receiving funding and sometimes for representing a constituency in governance structures. Key population-led organizations often face serious challenges in legally registering themselves and can face frequent de-registration.
- CCMs have not all adjusted their composition as epidemic dynamics have shifted towards key populations. As a result, key populations are not adequately represented on decision-making forums. In some cases, members of the CCM have not changed for a decade, despite considerable changes in relative incidence and prevalence.
- Members of key populations who participate in governance structures are often not able to speak with an independent voice. They may have been ‘chosen’ by government or by an NGO Principal Recipient or umbrella organization, or by the donor themselves, often to tick a required box.
- Because key population behaviour is criminalized, this can be used as a reason to exclude key populations from governance structures or even to use the term in official documents. For example, Ministers in EAC decided to not refer to ‘key populations’ in official HIV-related policy documents.
- Evaluating and replicating key elements of good practice models, such as how delegations to the Board of global health institutions are selected and mentored, can improve governance. This includes carefully identifying key population voices through a diversity and inclusion policy that looks at representation of groups, regions, races, etc.
- International funding systems have not been designed with key populations in mind. They are administratively demanding, and they fail to recognize that the impact of criminalization, and the resulting stigma and discrimination and lack of trust, is a major barrier to key population-led organizations and networks receiving funding or being involved in social contracting.
- Multi-sectoral, technical working groups for key populations can substantially improve management of the response. Examples include the national and sub-national TWGs in Kenya and Zimbabwe.

Possible advocacy messages for Strengthening Governance Structures for International Funding

1. Level the funding playing field and review criteria so that key population-led organisations are better able to access funding – despite being handicapped by social norms and criminalised behaviour
2. Promote social contracting strategies and policies, social enterprise practices, and other sustainability mechanisms for key population-led organizations
3. Support key population-led organisations to legally register
4. Review CCM compositions so that they reflect epidemic dynamics within countries
5. Review voting processes in CCMs and other governance structures so that key population votes carry weight
6. Replicate key elements of good practice governance models at country level - such as how delegations to the Board of global health institutions are selected
7. Build and support equal partnerships of government, NGO and key population-led organizations for proposal writing, planning, budgeting, problem-solving, review and other co-ordination functions
8. Update obsolete and parallel governance structures at national level, in particular review constituency quotas and voting processes in CCMs to reflect epidemic dynamics and so that key population votes carry weight.

Increased Accountability

Donors and the UN have a duty of accountability both to their beneficiaries as well as to their benefactors. Many have systems in place to monitor transparency, particularly around funding, although they are not always accessible to

communities. Key population organisations and networks also play an important role in ensuring more responsive and responsible national and local action to address HIV. It is therefore essential that communities of key populations are well equipped with the factual data, technical expertise, organizational capacity and funding required to take individual and collective ownership of their HIV response and to hold governments, donor organisations and the UN system to account. Social norms play an important role in regulating opportunities that promote choice and control and access to valued resources, including data/information.

Issues Raised About Increasing Accountability

- Accountability mechanisms are not adequately in place, where they do exist, they lack the resources they need to function.
- Key population activists feel constrained in their ability to directly criticize their own governments, as their financial dependence on those governments has increased.
- Funding data is not always disaggregated, and it is difficult to compare HIV funding and expenditure data for key populations across funders, regions, populations, issues and strategies.
- Investments in funding for specific populations, such as trans persons, do not match the need and there is inconsistency in terms of resource allocation for key populations in different sub-regions. For example, East and Southern Africa spend more on key populations than West and Central Africa.³⁵
- The funding situation for key populations has become even more precarious with the onset of the COVID-19 pandemic, with clear signs that this will impact all forms of finance and the level of resources available in developing countries – domestic and international, public and private.³⁶
- Support for community empowerment can strengthen accountability – An example of this is the Human Rights Defenders Coalition in Malawi (HRDC), which has helped create an active citizenry in Malawi, to ensure greater accountability for those in power in relation to their performance and promises.³⁷ Putting in place requirements for more reliable and appropriate data collection and analysis can greatly facilitate these types of accountability mechanisms. Although organisations like AMFAR are facilitating access to data for accountability purposes,³⁸ financial flows are not always transparent at national level and are hard to track. This hampers key population ability to hold government accountable for expenditure, and for meeting key population-related targets.

Possible advocacy messages for Increasing Accountability

1. Provide access to funding and technical support for key population-led organisations to strengthen their own capacity for accountability and transparency
2. Ensure that financial flows are easier to track. This includes allocations and expenditure and progress on agreed targets
3. Strengthen disaggregation of funding data so that funding and expenditure comparisons can be made for key populations across funders, regions, populations, issues and strategies
4. Increase funding for trans persons and young key populations even if the data is not yet available

Strengthened Capacity for Key Population Programming

A relatively high level of technical capacity is required to effectively allocate and spend funds for work with politically contentious population groups such as key populations. National strategic plans (NSPs) play a vital role in fostering the understanding of and guiding the collective response to HIV epidemics. Many stakeholders are involved in key population strategy development and in key population programming. These include amongst others, civil servants, police and prison authorities, health service providers, the judiciary, lawyers, human rights institutions, civil society and key populations themselves.

35 UNDP, January 2021. The Funding Environment for LGBTI Work in Africa: Donor Baseline Report

36 <https://www.arasa.info/media/arasa/Resources/expanding-needs-diminishing-means.pdf>

37 <https://www.facebook.com/pages/category/Non-Governmental-Organization--NGO-/Malawi-Human-Rights-Defenders-Coalition-HRDC-277746996207320/>

38 <https://copsdata.amfar.org/>

Issues Raised About Strengthening Capacity for Key Population Programming

- Key population expertise is a key resource which is under-utilised and under-valued. Public health and technical experts bring vital knowledge and experience to the table, but except in rare circumstances, they are not experts on the lives of key populations. Key populations bring important insight to and understanding of the realities that communities on the ground face.
- Donors and the UN have bracketed key population responses under ‘prevention’ and treatment is not automatically part of key population programming.
- Compared with the WHO comprehensive package and recommendations, there are significant gaps in intended or planned HIV services described in many national strategic plans. Programmes are mostly piecemeal rather than comprehensive.
- Mentions of the WHO recommendations in national strategic plans refer mainly to health-related interventions. The essential structural interventions, or critical enablers – activities to overcome major barriers to service uptake, including social and economic exclusion, marginalization, criminalization, and stigma – are only sporadically addressed.³⁹
- Health promotion and behaviour change interventions often replace actual provision of commodities and services.
- Specific interventions to address multiple intersecting discrimination as a means of improving HIV-related prevention and treatment outcomes among key populations with diverse identities are also lacking in most strategies.
- Despite comprehensive guidance, there is a wide variation in strategy and programming for key populations at national level.
- Multi-country approaches to strengthening capacity for key population work can provide a safe space for discussing social norms and for South-South exchange of learning.⁴⁰
- Investing in developing the capacity of key population members as trainers and resource persons in capacity strengthening activities can deep participants understanding of issues faced by key populations and help shift social norms and practices.⁴¹
- Ensuring that capacity strengthening for working with key populations is institutionalised in national curricula can be key to sustainability. KELIN in Kenya in their work with the police, and others demonstrated the importance of institutionalising capacity building in national curricula.⁴²
- Technical assistance and mentoring in some countries like Kenya, has led to significant improvements in managing the response

Possible advocacy messages for Strengthening Capacity for Key Population Programming:

1. Provide technical support to strengthen strategy development and programming so that specific interventions to address multiple intersecting discrimination as a means of improving HIV-related prevention and treatment outcomes among key populations with diverse identities can be included
2. Increase funding for multi-country approaches to strengthening capacity for key population work and for South-South exchange of learning
3. Invest in developing the capacity of key population members as trainers and resource persons
4. Ensure that capacity strengthening for working with key populations is institutionalised in national curricula
5. Pay attention to gender that includes not only issues affecting cis women and girls, but other populations and gender identities/expressions as well.

39 https://www.theglobalfund.org/media/9753/core_hivservicesforkeypopulationssixregions_review_en.pdf

40 UNDP, January 2021. Lessons learned from regional programming with LGBTI and other key population groups in Africa

41 <https://hivlawcommission.org/2015/02/04/mid-term-evaluation-report-strengthening-regional-and-national-legislative-environments-to-support-the-human-rights-of-lgbt-people-and-women-and-girls-affected-by-hiv-and-aids-in-sub-saharan-africa/>

42 https://www.kelinkenya.org/wp-content/uploads/2018/12/Treat-us-with-dignity_Improving-police-relations-and-cooperation-with-key-populations-for-better-public-health-community-safety-and-human-rights_17102017.pdf

Opportunities for South-South Learning and role of Regional Organisations Leveraged

Multi-country work is especially important in contexts where there is a relatively hostile environment for key populations. It also provides a neutral space to address negative social norms. Regional and sub-regional products, such as those developed by SADC and ECOWAS, are often much stronger than strategies and guidelines at country level, benefiting from evidence and experience from multiple contexts as well as from fewer political constraints.⁴³

Issues Raised About South-South Learning and the Role of Regional Organizations

- Very little key population funding has ever been invested in regional or multi-country work in Africa, and that small amount has been declining over the last three years.
- In 2017, the Global Fund decided to cease support to regional and multi-country projects with key populations in Africa. Several other funders have also reduced such regional funding.
- Lack of funding may be because most effective multi-country programmes make their contributions via improved legal environments, stronger policies and guidelines, improved government and civil society capacity, and/or building of evidence. With the exception of some cross-border service delivery initiatives, very few multi-country programmes will directly contribute to reduced HIV incidence and morbidity. Expecting them to do so is to set them up for failure.
- Strong leadership demonstrated at sub-regional level for developing key population-related strategy can often lack crucial support when it comes to implementing these strategies.
- Working at a regional or sub-regional level can be instrumental in supporting South-South learning and adoption of good practices. Multi-country initiatives have (i) created safe spaces for inclusive interactions; (ii) supported the development of regional strategies; (iii) galvanised national-level responses; (iv) widened advocacy opportunities; (v) helped build the evidence base on creating enabling environments; and (vi) improved human rights norms and laws
- Investing in sub-regional strategy development and implementation can result in consensus building on the need for, and the benefits of including structural interventions in key population programming – In November 2017, Ministers responsible for Health and HIV and AIDS approved SADC’s “Regional Strategy for HIV and AIDS Prevention, Treatment and Care and Sexual and Reproductive Health and Rights among Key Populations”, which broke new ground for most of the governments involved, including in its attention to transgender people and its clear guidance to reduce barriers to service access for a broad range of key populations.
- Drawing on the SADC strategy to improve their own sub-regional responses to key populations, ECOWAS has recently developed a Regional Strategy for HIV, Tuberculosis, Hepatitis B&C and Sexual and Reproductive Health and Rights among Key Populations.⁴⁴

Possible advocacy messages to Leverage South-South Learning and Regional Organisations

1. Continue to support regional and sub-regional leadership and strategy development for key populations
2. Prioritise support to implementation of sub-regional strategies at country level
3. Increase funding for multi-country and regional initiatives, recognising this as an effective way to improve legal environments, strengthen policies and guidelines, improve government and civil society capacity, and build evidence

⁴³ UNDP, January 2021. Lessons learned from regional programming with LGBTI and other key population groups in Africa

⁴⁴ <https://www.africa.undp.org/content/rba/en/home/library/reports/ecowas-regional-strategy-for-hiv--tuberculosis--hepatitis.html>

Workshop 3. Building consensus around key advocacy messages to assist international donors to strengthen Key Population programming and address institutional and capacity issues – 2nd June 2021

The third and final workshop looked at key issues, that had emerged over the course of the first two workshops, that participants felt were important for international donors and the UN to address.

Panelists and group work facilitators from the first workshops were asked to draft advocacy messages that addressed these key issues. This included:

Gina Dallabetta (BMGF), Dr Masha (NACC Kenya), Virginia Macdonald (WHO), Marie Engel (UNAIDS), Farai Chirongoma (UNDP), Kyomya Maclean (AWAC Uganda), Barbra Muruga (EATHAN), Raymond Yekeye (NAC Zimbabwe), Jonathan Gunthorp (SAT), George Biock (UNDP DRC), Sam Matsikure (GALZ Zimbabwe), Els Klinkert (Government of Netherlands), Kent Klindera (USAID), Allen Maleche (KELIN), Dr Kumboneki (SADC), Daouda Diouf (Enda Sante), Innocent Modisaotsile (UNFPA), Alison Gichochi (EAC), Claver Toure (Alternative Cote D'Ivoire), Daliso Mumba (NAC Zambia) and Richard Muko (AVAC).

List of Key issues participants felt were important for advocacy

1. Improving management of key population responses in Sub-Saharan Africa
2. Sharing and deepening the expertise in key population programming across the region
3. Ensuring that countries in Sub-Saharan Africa implement the full package of interventions for key populations – prevention and treatment – and ensuring that health promotion messages are linked to provision of prevention and treatment commodities and services
4. Ensuring donor strategies reflect the key population related targets in the new Global AIDS Strategy, including 95-95-95 and 10-10-10”
5. Ensuring leadership opportunities for young key populations in Africa
6. Strengthening structural interventions in the key population response in Africa, including the role of donors in pushing for the review and reform of punitive laws, policies and practices
7. Increasing the visibility and participation of trans populations in the HIV response in Africa
8. Securing the sustainability of the key population response across the region
9. Initiating, implementing and scaling up effective responses where governments are resistant to working with key populations
10. Ensuring that there is appropriate representation and meaningful participation of key populations on CCMs and in decision making for the national response
11. Getting funding to grassroots key population organisations and ensuring that key population-led organisations can fulfil their advocacy role
12. Expanding the concept of ‘gender’ and ‘gender inequality’ beyond women and girls in the region
13. Strengthening the organisational capacity of key population-led organisations
14. Ensuring that PRs/Umbrella organisations/ NGO contractors are ‘key population competent’
15. Leveraging the influence of regional institutions and regional projects to improve country-level key population programmes
16. Strengthening the key population response in West and Central Africa
17. Ensuring appropriate attention to and focus on key populations within broader SRHR and UHC programming
18. Changing from ‘donor driven’ programmes and ‘donor problem solving’ to joint development of programmes (by key populations themselves, governments and donors) and joint problem solving
19. Ensuring the sustainability of key population networks in the region

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20. Ensuring sufficient and appropriate commodities for key population programming in Africa

 21. Developing and leveraging multi-country and regional key population platforms

 22. Challenging those countries that are shrinking space for civil society organizing and action (including on key population issues)

 23. Strengthening capacity amongst duty bearers for working with key populations

The UNDP/AKPEG *Workshop Series Report* summarizes the substance of these issues and the associated advocacy messages for international donors and the UN system that were prioritized during the workshop series.



UNDP HIV, Health & Development team, Africa