



PEPFAR COP21 MOZAMBIQUE

Recommendation for improvement of Key
Populations Interventions

Presentation

This document contains recommendations to improve PEPFAR's key population (KP) interventions in Mozambique and is part of the stakeholder's engagement in the COP21 planning.

The initiatives that culminated in the preparation of this document were made possible thanks to the support of LAMBDA, a representative member of the key population constituency at the CCM (Country Coordination Mechanism) of the Global Fund.

The recommendations are the result of a long and wide consultation involving KP-led organisations of men who gave sex with men (MSM), female sex workers (FSW), people who use drugs (PWUD), transgender people (TG) and prisoners, committed to improving the response to the HIV pandemic in Mozambique.

The document begins with a contextualisation on the impact of HIV and the level of service delivery for KPs, followed by recommendations which are divided into five main themes, namely i) implementation of the COP20 commitments; ii) meaningful engagement of KP organisations and their networks; iii) expansion and improvement of the KP programming; iv) transition to local partners and v) investment in community health systems.

In general, KP-led organisations and their networks recognise PEPFAR's numerous achievements in providing prevention, care and treatment services for KP in Mozambique. However, there are still challenges that will only be overcome with the review of current approaches.

ABEVAMO, AMORA, AMPARO, ARISO, EKWEI, KUTCHINDJA, KWAEDJA, LAMBDA, MOZPUD, PLATAFORMA DOS DIREITOS DAS TRABALHADORAS DE SEXO, TAKAEZANA, TRANSformar, UNGAGODOLI and UNIDOS have the expectation that the recommendations set out here to be fully accepted and accommodated in the final COP21 document.

Contextualisation

Mozambique has a widespread HIV epidemic with a prevalence rate of 13.2% and 364 new daily infections. It is estimated that about 2 million people are living with HIV, and annually the country loses about 50,586 Mozambicans who are victims of this epidemic ⁽¹⁾.

In 2016, during the high-level meeting held in New York, the country committed that by 2020 it would reach the 90-90-90 goal and, by 2030, it would reach the 95-95-95. However, recent data indicate that it struggles to reach the second and third 90 of the cascade ⁽¹⁾.

According to the UNAIDS global report, 62% of new infections in the world are attributed to key populations (KP) and their partners ⁽²⁾. In Mozambique, it is estimated that 41.393 men have sex with men (MSM), 93 412 women sex workers (MTS) and 13.514 people who use drugs (PUD), totalling about 148.430 KP who need services. Unfortunately, there are no data on transgender women (TG). In terms of seroprevalence, it is estimated that 6.76% of MSM, 23.4% of MTS and 38.4% of PUD live with HIV ⁽³⁾.

To face the epidemic, Mozambique has the support of several bilateral and multilateral partners, such as PEPFAR, Global Fund and others. Among them, PEPFAR is the largest source of HIV funding, particularly for KP interventions, such that, in the fiscal year 2020 alone, it contributed \$ 5,133,460, which were then allocated to prevention (20.74%) care and treatment (49.44%) testing (28.01%) and linkage, retention and adherence services (1.81%) ⁽⁴⁾

In 2020, PEPFAR for PC reached only 34.468 ⁽⁵⁾ people, just over a quarter of the universe of people who need services; that is, more than 60% of KP still do not have access to services.

In addition to the \$ 5 million, PEPFAR allocated \$1.5 million to KPIF ⁽⁵⁾, aiming to strengthen the capacity of KP-led organisations and KP-competent implementing partners to expand prevention, care and treatment services for these populations ⁽³⁾.

However, although KP-led organisations are the implementers on the ground, few benefit from the available resources to improve service delivery and strengthen their capacity. As an example, of the fourteen KP-led organisations, less than a third is being funded by PEPFAR

The KP-led organisations and their networks consider that PEPFAR interventions are not adequately responding to their needs regarding coverage and service packages being offered.

To change the current scenario, the KP constituencies, namely MSM, FSW, PWUD, TG and prisoners, present several recommendations that they would like to see reflected in the upcoming COP21.

Recommendations

Implementation of the COP20 commitments.

KPIF implementation.

The KPIF (Key Populations Investment fund) aims to strengthen KP-led organisations' capacity and implementing partners to expand prevention, care, and treatment services for these populations.

In COP20, PEPFAR states that it will expand the KP programming through KPIF. We would like to emphasise that the KPIF is complementary to the COP funding and should not be allocated for service delivery or supporting activities ⁽⁶⁾.

Regarding the percentage and the purposes, PEPFAR has pledged to allocate 70% of KPIF to KP-led organisations and improve the monitoring of its implementation, ensuring that they would receive adequate investment to increase their capacity in planning, implementing, managing, and monitoring results. Furthermore, it ensured that only KP-led organisations would benefit from these funds.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Keep KPIF apart from the COP core funding for service delivery, and ensure that it is allocated solely to capacity strengthening of KP-led organisations
- 2) Disaggregated the total amount of grant awarded to KP-led organisations for better monitoring of the KPIF
- 3) Involve KP-led organisations and their networks in setting priorities for the KIPF
- 4) Set clear targets and indicators for better tracking of the KPIF outcomes
- 5) Regularly share information about the activities carried out and the results achieved

Community-led monitoring.

In COP20, PEPFAR committed to allocate the entire budget of the Small Grants program, corresponding to \$ 500,000, to community-led monitoring, prioritising PLHIV, KP and other populations affected by the disease ⁽³⁾. However, it is noted with concern that a large part of the funding was granted for monitoring HIV treatment, excluding KP

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Review the funding mechanisms to make them more transparent and inclusive
- 2) Ensure that KP-led organisations and their networks lead the processes of defining the strategy, scope, tools and are involved in the implementation of CLM initiatives

Client-centred retention, care and treatment

To ensure the quality of client-centred care and treatment service delivery, frontline workers, such as peer educators, lay counsellors, and peer navigators, require more time and involvement with each client.

The program currently applies a 1:60 ratio, one peer educator per sixty clients, and set their remuneration based on performance. By prioritising targets over quality, peer educators offer poor services to their clients, negatively impacting retention and adherence. Additionally, the number of peer educators and peer navigators in prisons is not adequate for the growing demand for services.

Kp-led organisations and their networks are concerned about the low level of investment in the training and updates of peer educators, lay councillors, and peer navigators. In many cases, these frontline workers receive only the first training package.

Knowledge about Human Rights, including its reporting and follow-up mechanisms, communication and persuasion skills for behaviours change are essential skills to ensure the quality of client-centred services.

People living with HIV are exposed to opportunistic diseases, and early diagnosis is a crucial intervention to keep them on treatment; however, these services are not available at the community level.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Reduce the number of clients for each peer educator, from the current 1:60 to 1:45
- 2) Increase the number of frontline workers in prisons to respond to the growing demand

- 3) Review the training curricula to include Sexual and Reproductive Health, Women and Girls' Rights, Sexuality, Human Rights, Legal Rights, VBG, case management and APSS topics
- 4) Adopt the microplanning strategy involving KP who visit hotspots to improve service delivery
- 5) Increase amount that is allocated to the training of frontline workers, ensuring update sessions every six months
- 6) Expand the availability of advanced disease diagnosis services to all levels
- 7) Expand treatment monitoring services and viral load information to all points of care and treatment
- 8) Provide self-testing in safe spaces through the implementation of DSD (mobile brigades and mobile clinics)
- 9) Provide psychological support for TG, free from stigma and discrimination
- 10) Provide the female condom and other protective barriers for FSW

PrEP expansion

PrEP is an essential and effective prevention measure for KP against HIV infection. In COP20, PEPFAR has committed to expand PrEP access to 78 districts and reach 49,832 people, including serodiscordant couples, girls and KP

Data from Q4 FY2020 shows an increasing adherence to PrEP ⁽⁷⁾, with implementing partners archiving 128% of their annual targets. In numerical terms, the targets assigned to these implementation sites are low compared to the burden of the disease. For example, in the Manica district, there are 18,845 PLHIV, PrEP target was set at 226. In the Murrupula district, there are 4,960 PLHIV, and the target was set at only 70 people ⁽⁸⁾.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Expand the access to PrEP and review the targets assigned to each implementation site, based on the burden of the disease and the number of eligible populations
- 2) Involve KP-led organisations in mapping and assessing the needs of the populations eligible for PrEP ;

- 3) Ensure the availability of injectable PrEP, as it has been proven that not only is more effective in preventing HIV than oral PrEP, but it is also the best option for MSM, FSW, TG and other women at potential risk of contracting HIV ⁽⁹⁾
- 4) Support the MoH in reviewing the DSD guidelines to expand access to PPE for all populations.

Meaningful engagement of key population

PEPFAR recognises that the full participation of different stakeholders in all phases of the program is critical, as it ensures the success of achieving its objectives and guarantees the sustainability of efforts to tackle HIV ⁽¹⁰⁾.

However, recurrently, KP-led organisations and their networks are not involved in the decision-making process either because PEPFAR agencies prefer to deal directly with the IPs or because the spaces for participation are non-existent.

On the other hand, when spaces are made available, physical access is restricted to the organisations with which PEPFAR prefers to engage. Also, the level of discussion and the information presented, often without prior sharing, are highly technical, complex, and sometimes in English, contributing negatively to meaningful participation.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Establish a KP focal point who will oversee the KP programming at PEPFAR and maintain regular contact with KP-led organisations and their networks
- 2) Ensure equal representation of KP and subgroups in decision-making processes
- 3) Support training on COP monitoring, COP review and data analysis of quarterly reports
- 4) Simplify the information made available at quarterly meetings;

Expansion and improvement of the Kek Population programming

In Mozambique, it is estimated that there are 41,393 men who have sex with men (MSM), 93,412 female sex workers (FSW) and 13,514 people who use drugs (PWUD), totalling about 148,430 KP who need services. In terms of seroprevalence, it is estimated that 6,76% of MSM, 23.4% of FSW and 38.4% of PWUD live with HIV ⁽³⁾.

Globally, PEPFAR allocated 4.12% of its budget to KP programming; this figure drops considerably to 2.83% at the regional level. In Mozambique, the contrast is even more significant with an allocation that does not reach 2%, standing at a mere 1.87%.

In 2020, PEPFAR allocated \$ 5.1 million in KP programming; however, only 20% was allocated to prevention, reaching only 34,468 people ⁽⁸⁾, just over a quarter of the people who need services. More than 60% of the KP still do not have access to prevention, care, and treatment services. It should be noted that the inadequate coverage is not only due to low investment but also the poor site prioritisation and targets setting.

Overall, the program does not respond to the real KP needs, particularly for PWUD, TG, and prisoners. For example, PWUD remain without access to MAT services, although evidence shows that they are at risk of HIV infection and co-infection with Hepatitis C and B due to needle sharing ⁽¹²⁾. The lack of a comprehensive service package for PWUD contributes to low retention.

World health authorities recommend that for the effectiveness of national responses, programs must respond to the real needs of KP ⁽¹¹⁾.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Expand the access to prevention, treatment and care services for KP to more districts
- 2) Increase funding that ensures the quality of services delivery for KP
- 3) Involve PC organisations in defining geographic priorities and targets
- 4) Invest in providing comprehensive service packages for PWUD and prisoners

- 5) Finance (and report) specific interventions for TG that are independent of current interventions for MSM and FSW ;

Transition to local partners

In 2018, PEPFAR set a global target that by the end of 2019, 40% of the funding would be allocated to local organisations and, by the same time in 2020, this figure would rise to 70%. However, this goal falls far short of being achieved in Mozambique, standing at only 33% ⁽¹⁰⁾.

The program in Mozambique did not reach the first target set in 2019 and is at the tail of all OUs. Among the agencies, USAID, responsible for the KP programming, is at the bottom line. For the fiscal year 2021, USAID foresees only 26% of its funding to local organisations, leaving the international ones with 74%.

PEPFAR agencies point out that poor governance, lack of professional management, monitoring, and reporting are the main reasons for not transitioning to local partner organisations. However, part of the funding allocated to its international partners aims to increase the capacities of local organisations, which, in principle, appears to be a total conflict of interest, as it affects their survival.

The transition to local partners aims to increase direct HIV services delivery and create local capacity, thus sustaining the medium- and long-term outcomes.

In Mozambique, there is an urgency for PEPFAR to accelerate the transition to local partners.

The KP-led organisations and their networks recommend PEPFAR to:

- 1) Establish a different funding stream, independent from service delivery IPs, dedicated exclusively to increase and strengthen the capacity of the local organisations
- 2) Provide human resources for mentoring – Its agencies can support the initiative, for example, PEACE CORPS

If establishing another funding mechanism deems impossible, then clear indicators and targets should be established to ensure that the IP comply with their commitments in increasing the local organisations capacity. As we pointed out during the COP20 discussions, there is no evidence to support the contrary. There are signs of nationalisation, the transformation of programs into organisations, cannibalisation of local organisations, which translate into the recruitment of personnel from KP-led organisations to integrate international organisations to make them “KP-competent”.

Investment in community health systems.

Investment in community health systems has proven to be efficient and sustainable, as it guarantees continuity of services at low costs compared to other systems (public and private). Besides, it ensures achievement of the Sustainable Development Goals - universal access to health and empowers KP communities to reduce barriers to access services.

Nevertheless, PEPFAR’s investment in community health systems for KP is limited to staff for direct service delivery and reporting, such as peer educators, lay councillors and peer navigators, monitoring and financial officers, excluding personnel, needed to implement advocacy initiatives, conduct operational research and coordinate with other civil society organisations and their networks.

Advocacy initiatives and coordination with stakeholders that aim to remove structural barriers to access services are crucial for the sustainability of PEPFAR outcomes in the short and long term.

Only KP-led organisations and their networks are better positioned to undertake structural reforms, such as campaigning to change the legal environment or increase domestic funding for health. On the other hand, to improve the quality of services provided, KP-led organisations need to learn from their lessons, which is only possible through quantitative and qualitative operational research.

In addition to the human component, KP-led organisations and their networks, particularly those outside large urban centres, need to have access to the training opportunities and technological means necessary to increase the quality of their

interventions. On the other hand, COP21 will be implemented in the context of the COVID-19 pandemic, so it will be necessary to protect those at the forefront.

PKP-led organisations and their networks recommend PEPFAR to:

- 1) Invest in the recruitment, training, and maintenance of necessary human resources for service delivery, as well as for advocacy and operational research
- 2) Support advocacy actions that aim to remove legal barriers that prevent access to comprehensive services packages for PWUD, FSW and prisoners and
- 3) Invest in the acquisition of personal protective equipment against COVID-19 and other necessary technological equipment to ensure linkage and case management

Final considerations

Despite PEPFAR's numerous achievements in service delivery for KP, there are still challenges that will only be overcome with the review of current approaches. More than anything, it will be necessary to recognise the added value of a genuine engagement with KP-led organisations and their networks in designing, implementing, and evaluating the program's outcomes.

References

1. **MISAU.** *Ponto de Situação sobre o HIV em Moçambique.* Maputo : MISAU, 2020.
2. **UNAIDS.** *UNAIDS DATA 2020.* s.l. : UNAIDS, 2021.
3. **PEPFAR.** *Mozambique Country Operational Plan COP2020 Strategic Direction Summary.* s.l. : PEPFAR, 2020.
4. **amfAR.** amfAR. *PEPFAR Country/Regional Operational Plans (COP/ROP) Database.* [Online] amfAR, 1 de January de 2020. [Citação: 16 de April de 2021.] [https://copsdata.amfar.org/s/Mozambique/2020/\(Benef\)%20Key%20Pops#](https://copsdata.amfar.org/s/Mozambique/2020/(Benef)%20Key%20Pops#).
5. —. *Mozambique Factsheet - KPIF & Key Populations Data for PEPFAR COP21 Planning.* s.l. : amfAR, 2021.
6. **M-PACT.** *KPIF and Community Engagement Grants: A Community Update Report.* s.l. : M-PACT, 2021.
7. **PEPFAR.** *Resultados do 4º Trimestre PEPFAR Mozambique.* Maputo : PEPFAR, 2020.
8. **amfAR.** PEPFAR Monitoring, Evaluation, and Reporting Database. *Mozambique.* [Online] amfAR, 1 de January de 2021. [Citação: 16 de April de 2021.] https://mer.amfar.org/location/Mozambique/PrEP_NEW.
9. **National Institute of Allergy and Infectious Diseases.** News Releases. *Long-Acting Injectable Drug Prevents HIV Among Men Who Have Sex with Men and Transgender Women.* [Online] 16 de 5 de 2021. <https://www.niaid.nih.gov/news-events/long-acting-injectable-drug-prevents-hiv-among-men-who-have-sex-men-and-transgender>.
10. **PEPFAR.** *PEPFAR 2021 Country and Regional Operational Plan (COP/ROP) Guidance for all PEPFAR Countries.* s.l. : PEPFAR, 2021.
11. **MSF.** *Todos no Mesmo Barco.* Maputo : MSF, 2016.
12. **WHO.** *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.* s.l. : WHO, 2016.
13. **UNAIDS.** *Establishing Community-led monitoring of HIV Services.* 2021.