
Prioritizing Effective Interventions for Key Populations in PEPFAR 2023 COP Development

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Council for Global Equality, GNP+, & Frontline AIDS
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Beirne Roose-Snyder @ Council for Global Equality

Political environment at PEPFAR and effective strategies to improve the HIV response for key populations

Aline Fantinatti & Omar Syarif, @GNP+

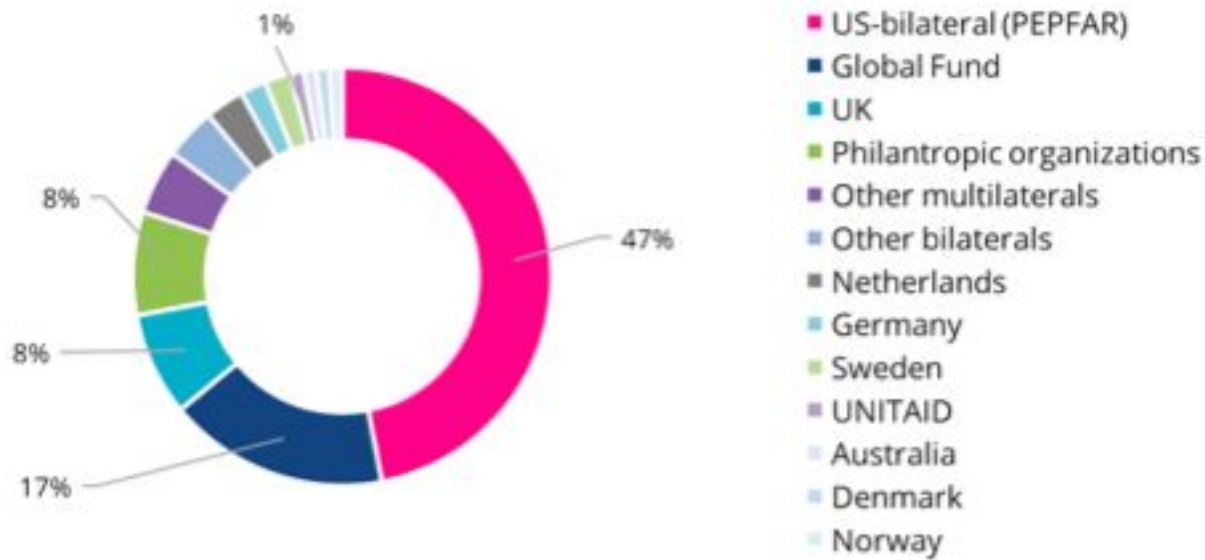
Strategies to improve access to HIV testing, treatment, care and prevention for key populations (MSM, FSW, PWUD, TG) in COPs

Leora Casey @ Frontline AIDS

HIV Prevention Advocacy to improve the quality of HIV prevention programming and implementation of structural interventions for key populations

WHY DEAL WITH PEPFAR?

Cumulative disbursements for HIV/AIDS in low- and middle-income countries from international donors, 2000-2015



WHAT ARE PEPFAR COPs?

- ✓ Country Operational Plans
- ✓ **NEW** IN 2023 - Set out PEPFAR's strategy for the following TWO years (COP 23 will decide what happens during the budget year Sept 2023-Oct 2024)
- ✓ **NEW** will set targets that country teams & implementers will be tasked with meeting (e.g. new people on treatment, nbr of KPs tested) AFTER THE JOHANNESBURG MEETINGS
- ✓ **NEW** will set budget allocation (e.g. how much for treatment? Prep? Etc.) AFTER THE JOHANNESBURG MEETINGS
- ✓ Sets geographic focus
- ✓ Includes policy language on key activities (what structural interventions should be funded, what should community led monitoring include, etc.)

WHY FOCUS ON KEY POPULATIONS?

- ✓ Gay and bisexual men and men having sex with men, transgender people, sex workers and people who use drugs
- ✓ Disproportionate burden of HIV and HIV risk
- ✓ Programs led by and for gay men and other men who have sex with men, people who use drugs, sex workers, and transgender people remain dreadfully under-funded.
- ✓ Enduring lack of access/funding to services due to stigma, discrimination, criminalization and violence
- ✓ KP meaningfully involved to ensure PEPFAR funding is going at the right place, to the right programs with the right people - in the right way.

WHAT YOU SHOULD KNOW

- Meaningful engagement with community and CSOs: requirement for COP 2023 (7 CSO reps can participate in meetings, AT LEAST 2 should be KPs)
- Key populations have to be meaningfully included in the process, and funding sufficiently allocated based on civil society recommendations
- Necessity of evidence-based interventions as per normative guidance issued by bodies like the WHO and UNFPA
- First document to consult to determine existing PEPFAR commitments to KPs in your country = most recent COP/ROP document.

WHAT IS NEW IN 2023

POLITICS

New leadership with new tone and unresolved questions

Memorandum on Advancing the Human Rights of Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Persons Around the World

Executive Order on Advancing Equality for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex Individuals - NO PEPFAR FUNDS can be used to fund so-called conversion therapy practices

TIMING

S/GAC IS COMMITTED TO A TWO YEAR COP CYCLE

NEITHER TARGETS NOR BUDGET WILL BE FINAL IN JOBURG

FRAMEWORK

Dr. Nkengasong's new 5x3 framework (Health Equity is pillar 1)

How to advocate with the global agenda

In 2021 UNAIDS PCB and HLM on AIDS has adopted by consensus the new Global AIDS Strategy 2021-2026, which included a set of societal enablers targets to be achieved by 2025:

1. Less than 10% of PLHIV and KP experience stigma and discrimination
2. Less than 10% of PLHIV, KP, Women and Girls experience gender based inequalities and gender based violence
3. Less than 10% of countries have punitive and laws

How to advocate with the global agenda

- ❑ 30% of testing and treatment services to be delivered by community-led organizations, with focus on: enhanced access to testing, linkage to treatment, adherence and retention support, treatment literacy, and components of differentiated service delivery.
- ❑ 80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations.
- ❑ 60% of the programmes supporting the achievement of societal enablers, including programmes to reduce/eliminate HIV-related stigma and discrimination, advocacy to promote enabling legal environments, programmes for legal literacy and linkages to legal support, and reduction/elimination of gender-based violence, to be delivered by community-led organizations.
- ❑ 80% services for women, including prevention services for women at increased risk to acquire HIV, as well as programmes and services for access to HIV testing, linkage to treatment (ART), adherence and retention support, reduction/elimination of violence against women, reduction/elimination of HIV related stigma and discrimination among women, legal literacy and legal services specific for women-related issues, to be delivered by community-led organizations that are women-led.

Structural Interventions

In order for community to have an effective engagement in structural interventions:

- Community mobilization and capacity development
- Monitoring laws, policies and practices which affect KP, through evidence gathering process led by community (CLM, community-led research)
- Documentation of human rights violations
- Linkage to rapid response mechanism at local level to address emergency situation
- Technical support provision for KP engagement in the legal environment

Minimum services and activities in a comprehensive program for key populations should include:

- HIV testing and counseling
- Risk reduction **and** harm reduction commodities
- Community empowerment activities
- Referrals
- Addressing key structural barriers
- Community led monitoring

Combination prevention programs are

- Rights-based
- Evidence-informed
- Community-owned
- Use a mix of biomedical, behavioral and structural interventions

Examples of combination prevention approaches include:

- Individual and group-level behavioral interventions
- Sexual or other risk history-taking
- Adaptive strategies, such as strategic positioning and serosorting
- Voluntary medical male circumcision
- Internal & external condom and lubricant promotion
- Voluntary HIV testing and counseling
- PrEP and PEP
- STI and other sexual health services

TIPS

- Insist on the engagement of key population communities in the design, implementation and evaluation of services for key populations
- Ensure evidence produced by communities is recognized and used by national government in the development of program and policies
- Review existing normative guidance from WHO and UN agencies
- Ensure interventions are aligned with WHO Clinical Guidelines and other latest normative guidance available (UNAIDS and UNODC)

TIPS

- Insist that anti-discrimination technical assistance and programs targeting key populations are at the top of country program priorities - using data to back up the need
- **DO NOT LET** sensitisation trainings for health care workers be the only structural intervention funded. And where they exist they must be designed and delivered with the involvement of communities
- Use available guidance for international, regional and local actors to work with the community to respond to acute violence/human rights violations against key populations

In the room

MER Indicators- MER indicators for key pops are unchanged for now. BUT there will be a big rewrite before this COP actually goes into effect

Targets- not finalized in JoBurg. But push for scale. Look at scale for everything

Budget- not finalized in JoBurg. Ask for a good explanation for the new way they are doing budget based on targets, and ask about reporting and transparency TO the community.

Policy- Demand new funds for structural and community-level interventions that can help facilitate enabling policy environments. Interventions include advocacy, community mobilization, demand generation, violence prevention and support, and legal services; provided by communities to communities.

While we commend the new section 6.9 Technical Considerations for Addressing Barriers to Health Equity: Stigma, Discrimination, and Human Rights, it is very short on specifics

Questions?