
UBRAF thematic report: key populations

Contents

Results	3
Guidance	
Participation by key populations	
Strong local leadership	
Constraints, challenges and lessons learned	5
Key future interventions	6
Supporting documents	7

Results

1) Guidance

The Joint Programme developed guidance documents to support human rights-based and evidence-informed national policies and programmes. These included:

- The Global HIV Epidemics series by the World Bank, UNFPA, UNDP, UNODC and Johns Hopkins Bloomberg School of Public Health provides evidence that female sex workers, men who have sex with men (MSM) and people who inject drugs are 14 times, 19 times and 22 times more likely, respectively, to acquire HIV than the general community. For countries, this is critical data on the cost–effectiveness of investing HIV resources in key populations.
- UNDP led the influential work of the Global Commission on HIV and the Law, including compiling all related resources on www.hivlawcommission.org.
- The *UNAIDS guidance note on HIV and sex work* was updated with the inclusion of four annexes: enabling legal environments, including decriminalisation of sex work; reducing the demand for unprotected paid sex; differentiating consensual adult sex work from human trafficking; and the economic empowerment of sex workers.
- WHO, UNFPA, UNAIDS, and the Global Network of Sex Work Projects (NSWP) in 2012 proposed guidelines on the prevention and treatment of HIV and sexually transmitted infections (STIs) for sex workers, which complemented WHO, UNDP, UNAIDS and Global Forum on MSM and HIV (MSMGF) guidance for MSM and transgender people. The sex worker implementation tool (SWIT) was developed in 2013, building on community-led approaches.
- *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people* at national, subnational and service delivery level.
- *Operational Guidelines for Monitoring and Evaluation of HIV Programmes for People who Inject Drugs* at the national, subnational and service delivery levels.
- A discussion paper to foster greater understanding on transgender health and human rights by UNDP in 2014.
- Technical briefs on key populations to assist countries prepare concept notes under the Global Fund’s new funding model.
- The UN Refugee Agency’s guidelines on *International protection no 9: claims to refugee status based on sexual orientation and/or gender identity*, which provide legal interpretative guidance for governments, legal practitioners, decision makers and the judiciary, as well as UNHCR staff carrying out refugee status determination under its mandate.
- The International Labour Organization’s (ILO’s) *HIV and AIDS and labour rights: a handbook for judges and legal professionals*, which provides assistance on relevant international labour standards affirming the labour rights of people living with HIV (PLHIV) and key populations.
- WHO, UNICEF, UNESCO, UNFPA, UNDP, ILO, WFP, the UNAIDS Secretariat and civil society partners worked to identify innovative approaches addressing adolescent/under 18 key populations being left behind in HIV responses. Consultations were held with young people to guide the work, with literature reviews to provide further supportive evidence.

- WHO, UNDP, UNFPA, UNAIDS Tool developed in 2014 to set and monitor targets for HIV prevention, treatment and care for MSM, sex workers and transgender people.

2) Participation by key populations

The emphasis across the Joint Programme on the meaningful participation of key populations at global, regional and country levels is shaping guidance, strategic information, capacity development and programming, and influencing national responses. Supporting capacity strengthening of community-led organizations of sex workers, MSM and transgender people has resulted in improved engagement with key populations.

UNDP led the establishment of the Eurasian Coalition on Male Health (ECOM) and, with the UNAIDS regional support teams for West and Central Africa (WCA) and Eastern and Southern Africa (ESA), supported the advocacy activities of African Men Sexual Health and Rights (AMSHER). ILO supported lesbian, gay, bisexual and transgender (LGBT) organizations in the workplace (PRIDE), and MSM and transgender organizations in the transport sector in Brazil, Paraguay and Chile, which resulted in a national tripartite policy for the transport sector with a resolution prohibiting discrimination on the basis of sexual orientation, gender identity and real or perceived HIV status.

UNHCR assisted sex work organizations in humanitarian settings, and UNFPA supported NSWPs to strengthen the African Sex Workers Alliance, including a South-South community learning site in Kenya and the Sex Workers' Rights Advocacy Agency (SWAN) in the Eastern Europe and Central Asia Region (EECA). UNFPA, WHO, ILO, UNODC and the UNAIDS Secretariat contributed to the International AIDS Conference 2012 Kolkata Hub: the Sex Worker Freedom Festival.

UNESCO spearheaded the NewGen Asia initiative, developing the capacity of young key populations as youth leaders in more than 10 Asia Pacific countries, and worked with more than 50 youth organizations in the Eastern Europe and Central Asia region on the joint ONLINE-Prevention project, strengthening the capacity of service providers working with young key populations. UNDP/WHO rolled out guidance for MSM and transgender people at a range of regional workshops in Asia, while WHO worked with partners to organize three regional workshops with 18 countries in sub-Saharan Africa, supporting them to include components on key populations in their Global Fund/PEPFAR proposals.

3) Strong local leadership

Local governments are uniquely positioned to coordinate efforts to address health inequalities affecting key populations. Addressing the specific needs of key populations in local contexts has the potential to transform the HIV response for towns, cities and municipalities, and rural and remote areas. In the Urban Health & Justice Initiative, UNDP and UNFPA have supported 26 cities covering five regions to develop innovative municipal HIV action plans addressing the needs of key populations. Each plan includes attention to specific population dynamics, such as local HIV epidemic, migration and mobility patterns, urbanization, city size, HIV-related service access and age structures of key populations.

Participating cities achieved results in areas such as improving health-service delivery, addressing stigma and discrimination and establishing more favourable legal frameworks. The municipality of Esquintla in Guatemala initiated training programmes for representatives of the national civil police, military police and municipal traffic police, to address the harassment of key populations. The Odessa

municipality in Ukraine launched a patient-led monitoring system to ensure key populations receive quality HIV prevention, treatment, care and support services. The city of Cebu in the Philippines set a precedent in the fight for equal rights among marginalized populations in the country, passing an ordinance prohibiting discrimination on the basis of sexual orientation, gender identity and health status (HIV), among others.

UNFPA, UNDP, UNODC, UNICEF, the UNAIDS Secretariat, NSWP and local organizations of key populations expanded In Reach Training in the biennium, reaching UN staff from 22 countries in WCA and six countries in Central Asia, bringing the total to 80 countries. The training addresses stigma, discrimination, human rights, evidence-informed programming, good practices, community engagement and how to shape responses to local contexts. UNESCO led a regional training course on programming for young key populations for UN staff and other partners in the Asia Pacific (AP), EECA, ESA, Latin America and the Caribbean (LAC) and WCA regions.

Constraints, challenges and lessons learned

Reaching a higher proportion of key populations with effective HIV responses is critical if the world is to halve sexual transmission by 2015. National responses continue to be inadequate in reducing HIV risk and vulnerability among key populations, and international funders are not matching their investments to epidemic realities. Programmes to reach key populations account for approximately 4% of HIV expenditure globally; UNAIDS recommends that expenditure increase to 14% by 2015.

Obtaining reliable data to shape policy and programming is challenging and the contrast between global AIDS response progress reporting (GARPR) and community reports (and Demographic and Health Surveys data) can often be significant. For example, the World Bank/UNFPA/ Johns Hopkins Bloomberg School of Public Health *Global HIV epidemics among sex workers* report 2012 shows that African sex workers are more likely to acquire HIV than all other women, that the new face of the HIV epidemic in Asia is that of young men who have sex with men (MSM), and that transgender people continue to be almost invisible in the response. Rapid, evidence-informed and human rights-based responses for key populations are also essential to maintain low rates of HIV. For example, keeping at zero in Mongolia means urgently scaling up programmes for sex workers and their clients, while in Burundi, it means preventing HIV incidence among MSM (currently 2.4%) from mirroring that among sex workers (38%).

HIV responses beyond capital and major cities – in smaller towns, villages, along highways and borders, and in humanitarian and closed settings – are minimal. Significant support for community-led organizations and networks of key populations is crucial as insufficient financial and human resources increase their fragility, with a negative impact on sustainability.

Reaching undocumented migrant and mobile populations, including interventions targeting economic sectors where they work, and clients of sex workers is essential. In these situations, an appreciation of broader contextual factors (such as population dynamics, labour mobility and major infrastructural development programmes) is vital.

Removing punitive legal frameworks, policies and practices towards key populations, including young people, are integral to reducing sexual transmission. Programmes must overcome the stigma and discrimination attached to key populations and support ease of access to condoms for sex workers, MSM and transgender people. Police violence towards key populations is often cited as one of the greatest challenges, and positive policing practices, where police become defenders, not

violators, of the human rights of key populations, need to be scaled up. Collaborative tuberculosis/HIV activities should also be incorporated into services that reach key populations, as well as maternal and child health and eliminating mother to child transmission of HIV programmes, harm reduction and drug treatment programmes, and prison health services.

Finally, the UNAIDS Secretariat and Cosponsors have increased their focus on key populations within the HIV response in recent years. UNFPA and UNDP have built a strong co-convening partnership on MSM, sex workers and transgender people, with an division of labour across the three. UNFPA leads on capacity strengthening of community-led organizations, sexual and reproductive health and rights, and population dynamics, and UNDP on human rights and enabling legal and policy environments, with both agencies addressing gender-based violence, stigma and local epidemic responses.

Key future interventions

- Implement key recommendations from the Global Commission on HIV and the Law.
- Contribute to generating strategic information and evidence on key populations.
- Scale up HIV prevention and treatment approaches to improve coverage and access for key populations.
- Strengthen condom programming for key populations.
- Support national responses to apply global and regional guidance packages through Joint UN Teams on HIV.
- Enhance support for empowering community-led organizations and networks of MSM, sex workers and transgender people.
- Embed the Urban Health and Justice Initiative, expanding it into municipalities with high, emerging and potential HIV epidemics
- Complete and roll out the Inter-Agency Working Group (IAWG) technical briefs on adolescent/under 18 key populations.
- Roll out In Reach Training at national and subnational levels in tandem with the Urban Health and Justice Initiative and state-of-the-art tools such as the Implementing Comprehensive HIV/STI Programmes with Sex Workers (commonly referred to as the SWIT).
- Increase focus on HIV risk and vulnerability of subgroups of key populations, including migrants, indigenous and tribal peoples, ethnic minorities and those in humanitarian settings.
- Launch WHO consolidated guidelines on HIV prevention, treatment and care for key populations at the International AIDS Conference (AIDS 2014) in Melbourne.
- UNFPA, UNDP, UNODC, WHO, UNAIDS Secretariat, NSWP, MSMGF, the International Network of People who Use Drugs (INPUD), the transgender community, PEPFAR, Centers for Disease Control and Prevention (CDC), the Bill and Melinda Gates Foundation, USAID and other partners will develop implementation tools that build on community-led approaches to better shape national and service delivery responses in 2014 and 2015, complementing the sex worker implementation tool (SWIT).

Supporting documents

- *The Global HIV Epidemics among Men Who Have Sex with Men & The Global HIV Epidemics among Sex Workers* (World Bank, UNFPA, UNDP, UNODC and JHSPU)
<https://publications.worldbank.org>
- *Updated UNAIDS Guidance Note on HIV and Sex Work*
http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf
- *Implementing Comprehensive HIV/STI Programmes among Sex Workers* (WHO, UNFPA, UNAIDS, NSWP, World Bank)
https://publications.worldbank.org/index.php?main_page=product_info&cPath=0&products_id=24479
- *Discussion Paper on Transgender Health and Human Rights* (UNDP)
<http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/discussion-paper-on-transgender-health---human-rights/>
- *Guidelines on international protection No.9: Claims to Refugee Status based on Sexual Orientation and Gender Identity* (UNHCR)
<http://www.unhcr.org/509136ca9.pdf>

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