
2014-2015 UBRAF thematic report

Key populations

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ACHIEVEMENTS

HIV prevalence among sex workers globally has declined modestly since 2011 in several regions, including sub-Saharan Africa, but in 2014 it remained 12 times greater than that of the general population. In 2014-15, the Joint Programme made significant contributions towards meeting the needs of key populations in the HIV response. The UNAIDS Secretariat, UNDP, UNFPA, UNODC, the World Bank and WHO worked with the Global Fund, MEASURE Evaluation, PEPFAR and other partners to support 42 countries in preparing for size estimations and programmatic mapping of key populations for better tailored national and city-level responses. 14 countries have completed the research. Further work in this area by the Joint Programme in 2014-2015 included:

- The Joint Programme developed and rolled out guidance documents to support national policies and programmes for MSM, sex workers and transgender populations. For example WHO released consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations, which were endorsed by the Joint Programme. The Implementing Comprehensive HIV/STI Programmes with Sex Workers tool (the SWIT) was rolled out by UNFPA and others in Eastern Europe, Central Asia, Asia Pacific and Caribbean regions. Sessions on the SWIT and other key population resources were conducted at ICASA 2015, Zimbabwe. World Bank, PEPFAR and the Bill and Melinda Gates Foundation, supported a collection of peer-reviewed manuscripts on "Focus on Delivery and Scale: Achieving HIV Impact with Sex Workers", while UNDP produced a paper on legal barriers to HIV prevention for sex workers. Following the success of the SWIT tool, work progressed on development and publication of implementation tools for the other key populations. The MSMIT (for men who have sex with men) was published in 2015. The TRANSIT (for transgender people) was finalized, and will be published in 2016. A joint UN statement on ending violence and discrimination against LGBTI people was published in 2015;
- In light of rising HIV infections in adolescents and young people, the Joint Programme produced four technical briefs on HIV and young key populations. The Joint Programme furthermore developed UN guidance for HIV responses within human rights crises;
- The Joint Programme invested in strengthening the capacity of key populations' organizations, including MSM, sex worker and transgender organizations to enable global coordination, advocacy and effective participation in policymaking and service provision;
- To support overcoming stigma, UNESCO promoted the right to education for all learners by supporting the education sector to address and prevent violence and discrimination on the basis of sexual orientation and gender identity (SOGI). Research has been undertaken in the Asia Pacific, Latin America, Eastern Europe and Central Asia, and East and Southern Africa regions. UNESCO published a regional report Towards Inclusion and Safety in Schools in Latin America and

published the first-ever review of SOGI-related violence in schools in the Asia Pacific region. Advocacy campaigns were held at regional (“Purple My School”) and national level in Thailand (“School Rainbow”) and China (“Friendly Campus”, “Be Myself”), and the hashtag #WeAreRainbow reached 1.8 million on Twitter;

- The Joint Programme supported comprehensive programmes through sustained funding and efforts to improve the allocations of funding to high-impact programmes. The World Bank continues to finance these programmes and have supported 15 countries to improve resource allocations for HIV. In Sudan, this led to a four-fold increase in funds for key populations. In Zimbabwe, UNFPA supported start-up of a 24 hour clinic responding to sexual and gender based violence, especially delivering services for sex workers;
- UNDP supported successful efforts in DRC to prevent the passing of legislation that would harm key populations. In Chad, the engagement of the UNAIDS Secretariat resulted in a draft penal code provision to criminalize same-sex sexual relations not being passed. The ILO carried out the PRIDE study in Argentina, Hungary, South Africa and Thailand; examine the nature of discrimination that LGBT workers encounter in formal and informal employment including good practices in countering these challenges.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

However, legal restrictions and barriers to accessing key populations hinder HIV responses. Community empowerment remains a central approach to reducing marginalization and HIV risk in key populations. Mobilization of key population networks is vital for HIV responses to be effective. A variety of service providers need to be sensitized to key population needs and issues in order to increase delivery of effective, professionally competent and rights based services. More advocacy, supportive laws and policies, and resources for community-led responses are required. Partnerships need to be strengthened between local government and communities to facilitate community-led programming with key populations. National responses continue to be inadequate in reducing HIV risk and vulnerability among key populations and international funders are insufficiently matching their investments to the epidemic realities. Linked to this is the challenge that the vast majority of funding for key populations programmes comes from international donors. There is an urgent need to increase domestic funding for these programmes overall, and in particular in middle-income countries where Global Fund resources are decreasing. Addressing homophobic and transphobic violence in schools remains a very sensitive issue in many countries. Appropriate entry points and culturally sensitive approaches need to be identified and used for the different national context.

Building on recent evidence about the effectiveness of pre-exposure prophylaxis (PrEP) and anticipating further developments in their formulation and effectiveness, access to voluntary PrEP with informed consent will need to be ensured. WHO is supporting countries in developing proposals and in implementing feasibility studies to evaluate

potential implementation of PrEP in different contexts and with different populations. To explore the possible impact of PrEP on adolescents, including adolescent key populations, UNICEF led a global consultation in Vancouver in 2015 to consider the clinical, ethical and operational issues associated with implementing oral PrEP among sexually active, high risk, older adolescents aged 15-19 in populations. The consultation emerged with recommendations on clinical, ethical and operational research considerations for delivery of PrEP to adolescents and the report will serve as key input to new WHO global implementation guidance on PrEP. There was consensus from 58 scientists, researchers, government, community and development partners and youth advocates that there is an urgent need for countries in various settings to evaluate approaches to effectively deliver PrEP, as part of a prevention package, to adolescents at substantially higher risk of infection, including through demonstration projects.

There is a need to unify past achievements and recommendations with new programmatic prospects. Agenda 2030, the SDGs and the “no one left behind” pledge presents a window of opportunity. The new Global Fund Strategy (still draft) puts a strong emphasis on key populations. In order to maximize impact there is a need to ensure better coordination between UNAIDS co-sponsors, working groups, platforms and interagency committees and also to seek innovative partnerships to increase outreach, leverage resources and align efforts in (re)shaping policies for positive social change.

KEY INTERVENTIONS

Key future interventions by the Joint Programme to address these and other challenges include:

- Finalization, dissemination and further roll-out of the implementation tools (SWIT, MSMIT, TRANSIT, IDUIT);
- Production of guidance on key population needs and services within humanitarian settings;
- Advocacy for more inclusion of supportive policy statement within the 2016 political declaration on HIV;
- Ensure good practices and lessons learnt from the Global Commission recommendations and follow up work vis-à-vis KP (LEAs, national dialogues, support to governments and civil society) are documented, analysed, disseminated and creating a multiplying effect;
- Ensure that Fast Track Cities work take into account the need to prioritize work on key populations;
- Ensure support to Global Fund policy efforts prioritizes key populations;
- Further develop partnerships and leverage resources with all stakeholders, including businesses and civil society to promote rights of KP, including in HIV responses;
- Seek opportunities to align policy priorities and programmes with other actors (including governments) to ensure political support and resource mobilization for work with key populations.

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