

Key populations

UBRAF 2016-2021 Strategy Result Area 4



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Achievements

Strategy Result Area 4: Tailored HIV combination prevention services are accessible to key populations including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.

UNAIDS' latest data reference document highlights that during 2015, key populations – gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, and prisoners – and their sexual partners accounted for 80% of new HIV infections outside sub-Saharan Africa. Within sub-Saharan Africa, key populations and sexual partners accounted for 25% of new HIV infections. During the 2016–2017 biennium, coordinated efforts of Cosponsors focused on HIV prevention, care and treatment for key populations by guiding development and implementation, protecting and enabling legal environments, strengthening the evidence base, scaling up services for key populations and community empowerment.

Implementation of rights-based HIV programming is critical for scaling up responses to reach the 90-90-90 targets by 2020 and to ensure no one is left behind. Guidance development and roll out are instrumental for supporting this and facilitating coordinated and coherent responses.

During the biennium, UNODC and INPUD led efforts to finalize the HIV tool for People who Inject Drugs (PWIDs), the IDUIT, with inputs from UNDP, UNFPA, WHO, the UNAIDS Secretariat and USAID. The tool for working with transgender people (TRANSIT) was published by UNDP, in association with the University of California, San Francisco Centre of Excellence for Transgender Health, UNFPA, WHO and partners. UNFPA supported translating TRANSIT into Spanish and distributed it across 13 Latin American countries. Regional training sessions for transgender-led civil society organizations and allied service providers were held in eight Latin American countries, six Southern Africa countries and in India. The Joint Programme increased programming with sex workers and men who have sex with men, based on the sex worker implementation tool (SWIT) and the men who have sex with men implementation tool (MSMIT), in eastern and southern Africa (ESA), west and central Africa (WCA), Eastern Europe and central Asia (EECA) and Latin America (LA). Following trainings in ESA in 2016, UNFPA developed regional guides for utilizing MSMIT and SWIT..

HIV services for key populations

In the Asia-Pacific region, UNFPA supported integrated SRH-HIV services for key populations, including web resources. Fifteen ESA countries subsequently included sex worker and other key population programmes within their Global Fund proposals. In the EECA region, UNFPA trained community members and allied providers on using MSMIT. The Southern Africa Development Community was supported by UNFPA Regional Office to draft a key population strategy.

UNDP is supporting the Global Network of Sex Work Projects to develop a community-led evaluation framework of SWIT. In partnership with Parliamentarians for Global Action, UNDP developed and launched the Handbook for parliamentarians on advancing the rights and inclusion of LGBTI people (translated into Chinese, Dutch, French, Nepalese, Spanish, Thai, Turkish and Vietnamese), with sections on key populations, HIV and rights, and guidance on law reform opportunities and monitoring legislative initiatives. UNDP published an issue brief entitled Advancing human rights, equality and Inclusive governance to end AIDS, with examples on equipping civil society and key populations to advocate for rights, access legal services and tackle stigma and discrimination.

UNDP and UNODC supported the UN Secretary-General's initiatives to strengthen system-wide actions to implement the 2016 United Nations General Assembly Special Session on Drugs recommendations on health, human rights and sustainable development. As part of these efforts, UNDP, in consultation with OHCHR, UNODC and other UN entities, is partnering with the International Centre for Human Rights and Drug Policy at the University of Essex in the United Kingdom to develop international guidelines on human rights and drug control. In 2016, UNDP developed and released a discussion paper entitled Reflections on drug policy and its impact on human development: innovative approaches, documenting innovative approaches that UN Member States have implemented on drug control, and acknowledging the nexus between drugs and sustainable development.

ILO, with inputs from the International Organization for Migration and the UNAIDS Secretariat, published Promoting a rights-based approach to migration, health and HIV and AIDS: a framework for action, which analyses the underlying issues around health and HIV in the context of labour migration.

During a 2016 international ministerial meeting, UNESCO launched Out in the open: education sector responses to violence based on sexual orientation and gender identity/expression. This report on violence related to sexual orientation, gender identity and

expression (SOGIE) in school settings, triggered a call for action, affirmed by 56 countries to date. Over the course of the biennium, UNESCO produced four regional publications and two national reports on SOGIE-related violence in schools, as well as regional guidelines for the inclusion of lesbian, gay, bisexual, transgender and intersex people (LGBTI) in the educational system. In India, UNESCO supported a study on bullying experienced by young transgender women and same-sex attracted males in Tamil Nadu. Following a joint publication and expert-group meeting with UNODC and WHO in Istanbul in 2015, UNESCO published a good practice and policy booklet on education-sector responses to substance use in 2017.

WHO ensures that key populations are addressed in all WHO guidance, including HIV testing, prevention, treatment, service delivery, strategic information and monitoring and evaluation. In addition to its global efforts on HIV and coinfections, WHO has collected, reviewed and collated good practice examples from national key population-led HIV programmes. As innovations such as PrEP and HIV self-testing have advanced, WHO has partnered with key population community groups and networks within guideline groups, as research collaborators, reviewers and writers. Guidance has been developed to prioritize new interventions in a way that has maximum acceptability and reach. WHO has been working on differentiated service-delivery models for key populations to support countries provide a range of comprehensive community and facility-based services.

Some 72 countries and territories criminalize consensual same-sex activities between adults. More than 101 jurisdictions criminalize HIV transmission and 116 countries criminalize some aspects of sex work. Globally, drug use continues to be criminalized and punished despite little evidence to suggest these policies yield positive results. People who inject drugs, sex workers, men who have sex with men, transgender people and prisoners are respectively 24, 10, 24, 49, and 5 times more likely to acquire HIV than adults in the general population. Promoting protective and enabling legal and policy environments is essential for scaling up HIV responses, particularly among key populations.

In the biennium, UNDP, with UNFPA, UNODC and the Secretariat, supported countries, including civil society members, pursue recommendations of the Global Commission on HIV and the Law, which helped empower key populations to fulfil their right to health and assisted them access HIV prevention, treatment care and support services. UNDP supported 22 countries to assess legal and policy environments for key populations, resulting in rights-based and key population-oriented action plans in eight countries. UNDP is working with leading African civil society organizations, such as AIDS Rights Alliance for Southern Africa (ARASA), the Kenya Legal and Ethical Issues Network on HIV and AIDS, ENDA Santé and

Southern African Litigation Centre (SALC) and African Men's Sexual Health and Rights (AMSHeR), on the other hand, and with regional economic entities such as the Eastern African Community (EAC), the Southern African Development Community (SADC) and its Parliamentary Forum (SADC-PF) as well as the African Union Commission (AUC) and the African Commission of Human and People's Rights (ACHPR), to remove legal and human rights barriers and create enabling environments that increase access to HIV and TB services in 10 African countries.

In 2017, 34 of 96 countries (35%) indicated they had a significant HIV epidemic among people who inject drugs. Of these 34 countries, 26 (76%) provided needle and syringe programmes, 22 (65%) provided opioid-substitution therapy, and all 34 provided HIV-testing services and antiretroviral therapy for this group. UNODC and partners engaged policy-makers, drug control agencies, the justice sector and civil society, including the scientific community and organizations of people who use drugs, in an evidence-informed dialogue on HIV, drug policies and human rights for the 59th and 60th sessions of the Commission on Narcotic Drugs, the 2016 United Nations General Assembly Special Session (UNGASS) on the world drug problem, the 25th and 26th sessions of the Commission on Crime Prevention and Criminal Justice, and the 2016 United Nations General Assembly High-level Meeting on Ending AIDS.

UNODC trained law enforcement agencies, strengthened their partnerships with civil society to support harm-reduction programmes for HIV prevention, treatment and care for people who inject drugs, and helped institutionalize HIV training, including by mainstreaming gender, at national police academies. ILO and partners supported evidence-informed actions that increased access to HIV services for key populations in 20 countries, including in labour law and policy reviews, national HIV plans and programmes, occupational health and safety guidelines, capacity development, information hotlines and business skills development. Through its Being LGBTI regional initiatives, UNDP and partners supported 53 countries promote and protect the rights of men who have sex with men and transgender people by ensuring policies and programmes are inclusive and address their needs.

At the RTI global conference on ending gender inequalities and addressing the nexus of HIV, drug use and violence with evidence-based action, UN Women supported the engagement of women who use drugs from four countries. These advocates amplified global calls to scale up responses to HIV, drug use and violence against women. UNICEF engaged with vulnerable adolescent and young populations, civil society and other key actors to advocate for legal and social change, and to remove age-related and other structural barriers to services.

A strong evidence base on key populations is crucial for delivering effective rights-based responses to HIV and coinfections. During the biennium, Cosponsors invested in targeted interventions to strengthen evidence on key populations.

The 2016 UNAIDS' Prevention gap report refocused attention on HIV prevention, including for key populations. UNAIDS urged countries to achieve 90% coverage of prevention services for key populations. New global estimates, compiled by UNAIDS, the Global Fund, WHO and the Centers for Disease Control and Prevention, were reported within the Key populations atlas, and new estimates on injecting drug use were provided in the World drug report (UNODC, WHO, World Bank, UNAIDS).

A 2017 UNHCR country review in Malawi and Mozambique found sex work is often widespread in refugee camps and there is a lack of comprehensive knowledge about HIV and sexual and reproductive health (SRH), low levels of condom use and a lack of alternative livelihood options. UNHCR conducted focus group discussions with children and adolescents who had dropped out of school to capture their overall concerns at being exposed to sex work and sexual behaviours in camp settings. UNHCR has also been working with vulnerable and high-risk communities such as, sex workers, people who inject drugs, adolescents and young people, and transgender populations in several countries, including Iran, Kenya, Malawi, Mozambique and Pakistan, to provide outreach to improve access to HIV services and reduce stigma and discrimination.

UNDP, in partnership with the World Bank, UNFPA and nongovernmental organizations (NGOs) OutRight, the International Lesbian, Gay, Bisexual, Trans and Intersex Association and Swedish Federation for Lesbian, Gay, Bisexual, Transgender and Queer Rights RSFL, developed an LGBTI Inclusion Index to assist governments, civil society and other development partners measure LGBTI inclusion, identify data trends and gaps, and provide evidence to help advance good policy. In 2017, partners finalized 51 indicators of the LGBTI Inclusion Index – among them 13 indicators for disaggregated data collection related to health, including HIV and discrimination in health-care settings – to be used globally. The indicators will be critical for collecting country-level data on the exclusion of LGBTI people and provide an empirical basis for laws, policies and measures to foster LGBTI inclusion. UNODC, in collaboration with WHO, UN entities, civil society organizations and expert networks, published strategic information on people who inject drugs and HIV among this group, helping to identify country-specific needs in improving data for this key population. The Strategic Advisory Group to the United Nations on Injecting Drug Use and HIV, involving UNODC, WHO, the World Bank, and the UNAIDS Secretariat, contributed to a review of strategic information on injecting drug use, HIV, and of HIV policies, programmes and

services for people who inject drugs. It identified gaps in strategic information and agreed on how to fill those gaps.

Through its analytical work, the World Bank supported countries to improve HIV resource allocations for key populations. It conducted more than 15 allocative efficiency studies in 2016–2017, in partnership with the Global Fund, the Secretariat and other Cosponsors. Such studies provide governments with the evidence needed to appropriately reallocate budget to key populations. World Bank technical assistance helped scale up HIV services for female sex workers, supporting countries in size estimations and programmatic mapping for this group. UNODC led efforts to explore the nexus between HIV and stimulant use, and presented a scientific statement on this topic as part of its input on science and drug use during the United Nations General Assembly Special Session and the High-level Meeting on Ending AIDS.

To achieve the 90-90-90 target by 2020 and to meet the SDG target to eliminate AIDS as a public health threat by 2030, a significant scale-up in comprehensive services for key populations is needed. UBRAF indicators for key populations illustrated that of the 96 countries providing data, 78 (81%) reported having a comprehensive package of HIV services for men who have sex with men, 86 (90%) reported having a comprehensive package for sex workers, and 59 (61%) reported having one for prisoners and others in closed settings.

During the biennium, Cosponsors focused on supporting the scale-up of interventions and programmes. As a Global Fund principal recipient, UNDP has supported the integration of services targeting key populations in 17 countries, and in four regional grants covering another 34 countries. UNDP and partners also contributed to the Global Fund's initiative on scaling up human rights programmes in 20 focus countries, which received catalytic Global Fund funding for human rights interventions. In its efforts to promote sustainable financing for national HIV responses with specific focus on access of key populations to services, UNDP partnered with Open Society Foundations and the Global Fund to provide technical support for adapting rights-based responses to specific contexts through global consultations on social contracting. Nine models were explored and recommendations developed on using social contracting to improve government responses to HIV and service provision to key populations, to be implemented by civil society with government funding. This modality is increasingly important in middle-income countries where multilateral health funding is declining.

In its work with populations affected by emergencies, the Joint Programme continued to partner with civil society to implement a range of interventions with key populations, including:

outreach HIV testing services in Pakistan; partnering with NGOs in Nepal to provide HIV testing in refugee camps and key populations; and sensitization trainings within refugee camps (Kenya) to increase knowledge of HIV prevention and reduce discrimination against sex workers and clients and increase prevention with positives programmes. In Pakistan, UNHCR and NGO Legend Society supported a harm-reduction programme for local population and refugees. In 2016, 9354 people who inject drugs were reached with HIV testing services, and 71 840 syringes and 79 818 condoms distributed. The programme continued in 2017, distributing 133 569 syringes, 53 989 condoms and 31 879 information, education and communication materials. UNHCR also worked with LGBTI populations in camp and urban settings, with a particular focus on improving the protection of internally displaced LGBTI persons and promoting HIV prevention (for example, in Ukraine and Argentina), establishing referral pathways and providing information on HIV services.

UNICEF's support to Côte d'Ivoire, Namibia, Lesotho and Swaziland contributed to a comprehensive behaviour change communication strategy for adolescents and youth, including those from key populations. These programmes have improved the quality of services, making them more responsive to the needs of adolescent key populations, increasing their access to high-impact interventions especially to HIV testing and increased HIV/STI awareness.

In 2017, UNICEF worked with UNFPA to support initiatives to increase access of vulnerable adolescents to high-impact, evidence-based biomedical, behavioural and structural interventions, including: peer-support groups and other community programmes in Ethiopia and Lesotho; crowdsourcing demand for services through information and communications technology and innovation in Mozambique; safe spaces for vulnerable adolescents and key population youths to voice concerns and engage in programming in Kenya; and facilitating increased access to SRH services and making referrals for HIV testing and counselling in Malawi. UNICEF also supported countries in the development of the Cash Plus programme, layering social cash transfers with skills-building on SRH, HIV and livelihoods for vulnerable adolescents.

WHO supported partners to implement, scale up and improve sustained, comprehensive and effective HIV prevention, testing and treatment efforts targeting key populations. WHO worked closely with UNDP, the Secretariat, civil society and stakeholders to advocate for an evidence- and human rights-based approach for preventing and treating HIV and other sexually transmitted infections and to monitor the performance and impact of its implementation.

As part of its financing of comprehensive HIV prevention programmes for key populations in multiple regions, the World Bank supported a project in India, Niger and Nigeria to scale up prevention interventions for sex workers and increase access to and the use of HIV counselling, testing, care and support services. Key populations programmes have been integrated within the bank's SRH lending operations, as are programmes for reinforcing reproductive health and HIV services. Community-based interventions and health insurance schemes were developed for key populations and financing provided to evaluate health and HIV interventions for the poor and key populations. UNFPA supported the provision of rights-based SRH/HIV services with and for sex workers and men who have sex with men within 10 ESA countries, plus for transgender people and people who inject drugs in several of these countries. In Asia, UNFPA supported programming with and for sex workers and men who have sex with men in six countries, strengthening the provision of integrated SRH/HIV services. Within the Arab states, Egypt, Morocco and Sudan were supported to reduce discrimination and increase access to health care for key populations. UNFPA's small island state programmes in the Pacific and the Caribbean supported sex worker, men who have sex with men and transgender networks with community-led HIV programming.

Harm reduction packages for people who inject drugs

UNODC workshops and policy dialogues engaged people who inject drugs in the response to HIV and trained more than 120 representatives of Governments, civil society and community-based organizations in Egypt, South Africa, Tanzania and Vietnam. The efforts of "UNODC-CSO Group on Drug Use and HIV" were focused on implementation and scaling up of evidence-based HIV prevention, treatment and care for people who inject drugs. UNODC supported over 80 CSOs worldwide in improving access to HIV harm reduction services. UNODC produced a guidance document "Addressing the specific needs of women who inject drugs - Practical guide for service providers on gender-responsive HIV services" in partnership with the International Network of Women Who Use Drugs (INWUD), Women Harm Reduction International Network (WHRIN) and the Eurasian Harm Reduction Network (EHRN). Moreover, UNODC, in partnership with the International Network of Women Who Use Drugs, developed a training programme on addressing the specific needs of women who inject drugs and trained over 70 service providers, managers, and outreach workers in Egypt, Indonesia and Vietnam. The training events were followed by policy-level dialogues with national stakeholders. UNODC also initiated and developed a training module on Gender Mainstreaming Monitoring and Evaluation of HIV Services for Women Who Use Drugs and piloted it at a workshop in Nepal (October 2017).

UN Women enhanced the leadership capacity of women who use drugs, including those living with HIV. The Asian Network of People who Use Drugs received capacity development trainings from UN Women to implement gender equality programming in the context of HIV and drug use. In the United Republic of Tanzania, more than 1500 women who use drugs and/or are living with HIV were supported to improve their access to harm reduction and HIV services. UN Women also facilitated the appointment of a woman to the Harm Reduction Committee in Temeke District Council to ensure the specific needs of women who use drugs and are living with HIV are considered in local planning and programming. In Tunisia, UN Women reached 200 women living with HIV who use drugs, linking them to HIV services and supporting them to increase their self-esteem. UN Women worked with service providers to sensitize them to the stigma and discrimination women face due to their HIV status and drug-use.

The principle nothing about us without us has been followed by Cosponsors in their engagement with people living with HIV and key populations, including community-led organizations, to ensure HIV-related action is participatory, inclusive and evidence-informed. Eighty-two countries (85%) reported that men who have sex with men were involved in HIV strategy, programming and service delivery, and 81 countries (84%) engaged sex workers.

The Joint Programme invested in global coordination of key population programming by supporting community-led initiatives, including: UNFPA, UNDP, UNODC and UNAIDS Secretariat support for the Global Network of Sex Work Projects (NSWP), the MSM Global Forum and their Global Advocacy Platform; the Steering Committee on HIV and Sex Work; the Strategic Advisory Group on HIV and people who inject drugs; the Eurasian Coalition on Male Health; the Asia-Pacific Coalition on Male Health; African Men for Sexual Health and Rights; the African Sex Worker Alliance; the EECA Sex Workers Rights Advocacy Network; REDLACTRANS; YouthLEAD; Youth Voices Count; EECA Regional HIV/AIDS Legal Network; the Middle East Network for Legal Aid; and the Equal Rights Association for Eastern Europe. A strong focus of the work with community-led organizations was the roll-out of implementation tools for HIV programming with key populations, and on capacity building, competence development and advocacy support, including at national and international forum. Through the Global Platform to Fast-Track HIV Responses among Gay Men, Bisexual Men and Other Men Who Have Sex with Men (Global Platform, Bangkok, March 2017), the UNAIDS Secretariat, UNDP, UNFPA and partners supported advocacy plans to address criminalization, discrimination and the need for disaggregated data. A report was published, Reconsidering primary prevention on HIV: new steps forward in the global response, with and for key populations. A new National Platform for Key Communities was also supported in

Ukraine, to advocate and mobilize key population responses. The UNAIDS Secretariat worked with the Global Fund on US\$ 50 million in catalytic grants for key populations.

Challenges

With 44% of all new HIV infections occurring among key populations and their sexual partners, responding to HIV within these populations, including in humanitarian settings, remains a difficult challenge. Current epidemiologic and modelling data point to a return to key population-focused epidemics, which remain in all regions, or are increasing, such as within central Asia and Arab state regions. Barriers to mounting an effective response to HIV, both with and for key populations, remain: sustained marginalization, stigma, discrimination and violence against key populations, arising from deeply rooted social, religious and cultural beliefs, norms and practices. This is evidenced in punitive laws and shrinking space for civil society organizations – this particularly affects key populations, who often have no other advocates – and growing populism, calling for tougher penalties and further exclusion.

There is a need to contextualize HIV responses for different key populations and settings, such as within conflicts, displacement and migration, and different sociopolitical environments. Further meaningful participation of key populations is needed, together with increased investment in community-led, rights-based HIV responses. Looking at the problem in a holistic manner, key populations have often acute intersecting needs to address HIV coinfections such as TB, viral hepatitis and other STIs, but also broader SRH needs, and for noncommunicable diseases and mental health issues. Delivering on the pledge to leave no one behind requires a holistic view of intersecting identities and behaviours that lead to higher vulnerability. While we know what interventions work, these are often not available, with little inclination by some Member States to introduce these. For example, PrEP is not available for key populations in many countries. There is limited reach or tailoring of programmes for key populations, and a lack of standard packages, operational procedures and minimum standards. Operational restrictions are a significant challenge for young key populations, with many providers prevented from working with adolescents and young people who have not reached the legal age of majority. Even when services and programmes do reach these adolescents, they are often not tailored, and providers often lack skills or are unwilling to work with adolescents at higher risk. Services are quite weak for adolescent boys who are coming to terms with their sexual orientation and gender identity, particularly for those who are gender nonconforming. Little is known regarding their psychosocial and SRH needs.

People who inject drugs and people in prisons experience specific social marginalization and violation of their human rights. Current legal, policy and law enforcement practices often create significant barriers to evidence-informed HIV interventions for this group, in particular, preventing needle and syringe programmes and opioid substitution therapy. In many countries, HIV and other relevant health services in prisons are severely limited or are not available at all, putting people at increased risk of HIV, and people living with HIV at

increased risk of declining health, coinfection with TB and hepatitis, and possibly death. Stimulant drug use (cocaine, amphetamines and new psychoactive substances) is increasing worldwide and is correlated with high risks for HIV transmission, particularly through unsafe sexual practices or sharing drug-injection equipment. Violence against women who use drugs also remains widespread and HIV prevalence is higher among women who inject drugs. Yet national-harm reduction efforts do not respond to specific needs of women who use drugs. Gender-based violence affects women's ability to negotiate safer sex and injection practices and to seek and use harm-reduction services, HIV prevention and treatment or other services.

Lack of data, especially sex- and age-disaggregated data for specific key populations and locations, hampers advocacy and development of evidence-informed HIV responses with and for key populations. Many countries have not yet estimated the size of their key populations and are unable to set meaningful targets for the number of persons that should be reached with combination prevention. While the new health architecture (SDGs, universal health coverage) provides an opportunity to leave no one behind, there is a risk that only lip service will be paid to key population needs. Parallel community-based HIV programmes may lose out as the focus changes to a more uniform approach to achieve universal health coverage. All UN agencies are experiencing reduced financial resources for HIV programming that act to reduce or even halt progress in the coverage and impact of HIV programmes, including for key populations. Key population programmes and services still largely depend on donor funding in many countries, and negative impacts can also be seen, for example, where there are no longer Global Fund investments. While efforts have been made to ensure sustained donor funding for key population-focused HIV responses – for example, by the Global Fund – there is a lack of focused resources, especially within nationally funded HIV programmes.

Key future actions

Guided by the UNAIDS Division of Labour and the 2016–2021 UBRAF, the UNAIDS Cosponsors will continue to partner on focused, global, regional and country interventions to making tailored prevention services accessible to key populations by engaging communities of key populations, governments, civil society, as well as other relevant stakeholders. The Joint Programme will support the development of the Prevention 2020 Roadmap, with accelerated action in 25 Prevention Coalition and other countries. This will include supporting key population communities to engage in the delivery of HIV services through the roll-out of key population HIV implementation tools. The focus will be to accelerate national HIV prevention programmes with key populations, including community-led responses that include community empowerment and capacity building. Complementing this, UNFPA, WHO and partners will progress strategies to strengthen integrated SRH/HIV service delivery, including for key populations, with a focus on reducing discrimination within health-care settings.

UNDP will continue to support key populations by: updating the report of the Global Commission on HIV and the Law, ensuring rights-based responses for key populations are included; engage with partners to develop guidance on social contracting of key population services; finalize international guidelines on human rights and drug policies to reconcile human rights and enforcement frameworks; and strengthen evidence for LGBTI-inclusive developments by collecting disaggregated data. UNFPA, UNDP and OHCHR will further support intergovernmental bodies to increase equality, such as the Equal Rights Coalition and LGBTI Core Group of UN Member States. Support for key populations in humanitarian and fragile contexts will be maintained.

UNODC will support roll-out of tools including IDUIT, Addressing the specific needs of women who inject drugs: Practical guide for service providers; and Practical Guide for Civil Society HIV Service Providers among People who Use Drugs: Improving Cooperation and Interaction with Law Enforcement. Training on mainstreaming gender within services for people who inject drugs, including monitoring and evaluation, will continue in high-priority countries. UN Women will promote the participation and leadership of women who use drugs and are living with HIV in decision-making at global and country levels and will support the priorities of women who use drugs to be included in national HIV responses. UNODC, UN Women, WHO, World Bank and the UNAIDS Secretariat will contribute to the work of the Strategic Advisory Group to the UN on HIV and Drug Use. UNODC will also develop normative guidance on HIV services in prisons, support development of monitoring and evaluation tools, update strategic information and continue supporting coordination between health services and the criminal justice system. The UNODC/WHO/UNAIDS toolkit on health in detention will be updated with

a specific focus on gender responsiveness. Strategic information on HIV and injecting drug use will be further strengthened with input from WHO, UNAIDS and the World Bank.

UNHCR will scale up HIV prevention through community-based programming with key populations, particularly sex workers, working with UNFPA on guidance on HIV and sex work within humanitarian settings.

Within the framework of the Global Prevention Coalition, and as the co-lead of Stay Free, UNICEF will support enhanced roll-out of PrEP and self-testing in young key populations. UNICEF will also partner with the information and communication technology business sector to define high-tech solutions for increased access to quality and comprehensive integrated HIV and SRH services. UNICEF and partners will gather comprehensive and multisectoral evidence on the full range of vulnerabilities faced by young key populations to inform integrated HIV/GBV/SRH programming. UNICEF will collaborate with UNDP, UNFPA, UN Women and UNAIDS to advance work to revise legal age of consent and sociocultural barriers to services for adolescents and take this learning to the field.

Using the guiding framework of Recommendation 200 concerning HIV and AIDS and the world of work, ILO will continue to support Member States to draft policies and codes, and enact legislation on equality and non-discrimination to ensure the rights of people vulnerable to HIV are protected. ILO plans to roll out Cambodia's occupational health and safety regulations for entertainment/sex workers to protect the rights of sex workers.

WHO will continue to prioritize the inclusion of key populations in all its work, including support for community networks. To support young key populations, WHO will develop a technical brief on PrEP for young people and how to provide services that reach young key populations and meet a range of health and other needs. UN Women will promote participation and leadership of women who use drugs and living with HIV in decision-making forums at global and country level and will support priorities of women who use drugs to be included into the national HIV responses.

UNESCO and the International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth and Student Organisation (IGLYO) are collaborating on a European regional follow-up meeting to the ministerial meeting on SOGIE-related violence in schools. UNESCO is developing a technical brief to improve routine monitoring of violence based on SOGIE in educational institutions and evaluation of education-sector responses. UNESCO and WHO will collaborate on a secondary analysis of Global school-based student health survey data from more than 100 countries to enhance the evidence base on school violence and bullying.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org