
2014 UBRAF thematic report

Key populations

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ACHIEVEMENTS

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) made a concerted push to assist countries with generating better strategic information on key populations. The UNAIDS Gap report increased the visibility and awareness of populations being left behind in the AIDS response, which include key populations of sex workers, gay men and other men who have sex with men (MSM), transgender people, people who inject drugs and people in prisons.

The United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Health Organization (WHO), World Bank and UNAIDS Secretariat worked with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), MEASURE Evaluation, the US President's Emergency Plan for the AIDS Relief (PEPFAR) and other key partners worked together to support 42 countries in preparing for size estimations and programmatic mapping of key populations to produce more tailored national- and city-level responses. Up until the end of 2014, four countries (the Democratic Republic of the Congo, the Dominican Republic, Madagascar and Mauritius) had completed the research.

A number of guidance documents also were developed to support human rights-based and evidence-informed national policies and programmes. In 2014, WHO released the Consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations. The Consolidated guidelines—which were endorsed by UNAIDS—have been rolled out at the regional level, and translations are ongoing.

Following the success of the Sex Workers HIV Implementation Tool (SWIT), implementation tools for the other key populations also were initiated, all to be released in 2015. UNAIDS facilitated the set-up of the Steering Committee on HIV and Sex Work—chaired by UNDP, UNFPA and the Global Network of Sex Work Projects (NSWP)—which provides strategic guidance to the United Nations and others on policy, program and data requirements at the global level. UNDP also co-authored a paper on human rights of sex workers, and UNFPA co-edited a series on HIV and sex work in *The Lancet*, which summarized current strategic information and best practices. The World Bank, together with PEPFAR and the Bill and Melinda Gates Foundation, supported a collection of peer-reviewed manuscripts on epidemiologic trends and program challenges, successes, cost-effectiveness and impact among female sex workers.

In light of rising HIV infections among adolescents and young people, UNAIDS drafted technical briefs on HIV and young key populations. UNDP, the International Labour Organization (ILO) and the UNAIDS Secretariat released a manual on the rights of LGBT workers. UNAIDS developed United Nations guidance for HIV responses within human rights crises. In Asia, the UNAIDS Secretariat (along with UNFPA and UNDP) collaborated with community partners on a regional study of violence against sex workers, developing recommendations for policy and programmatic responses.

UNAIDS invested in strengthening the capacity of key population organizations to help them to participate more effectively in policy-making and service provision. Examples of

organizations that benefited include:

- The Global Network of Sex Work Projects
- The Global Forum on MSM and HIV
- The Eurasian Coalition on Male Health
- The Eastern Europe and Central Asia Sex Workers' Rights Advocacy Network
- African Men for Sexual Health and Rights (AMSHeR)
- The African Sex Workers Alliance
- The Asia Pacific Coalition on Male Sexual Health
- REDLACTRANS
- YouthLEAD
- Youth Voices Count.

Programmes must overcome the stigma associated with key populations, and they must support ease of access to condoms for sex workers, gay men and other MSM, people who use drugs, and transgender people. In 2013, UNDP and WHO developed and rolled out “The Time has Come” training package, which aimed to reduce stigma and discrimination in health-care settings, and to enhance HIV, sexually transmitted infection (STI) and other sexual health services for MSM and transgender people in Asia. The modular training has been rolled out in 17 countries, including Afghanistan, Bangladesh, Bhutan, China, India, Indonesia, Malaysia, Maldives, Nepal, Pakistan, the Philippines, Sri Lanka and Timor-Leste. UNFPA and partners also supported condom programming in 21 countries, including with key population outreach.

Getting to scale with comprehensive programmes is essential. Collaborative tuberculosis and HIV activities, for example, should be incorporated into services that reach key populations (such as maternal child health (MCH), programmes to eliminate new HIV infections in children and keep mothers alive, harm reduction and drug dependence treatment programmes, and prison health services). UNFPA supported a consultation on sexual reproductive health (SRH) and HIV programming in eastern and southern Africa, as well as peer education for young key populations in west and central Africa. UNFPA also supported 12 countries in delivering rights-based SRH and HIV programming with key populations, three countries in developing condom strategies, and four countries in developing strategic plans (including key population responses).

UNAIDS has supported such efforts through sustained funding and efforts to improve the allocation of funding to high-impact programmes. The World Bank continues to finance these programmes, and it has supported 15 countries to improve resource allocations for HIV. In the Sudan, this led to a four-fold increase in funds for key populations.

The World Food Programme continued its partnership with the North Star Alliance to expand access to services for migrant workers, sex workers and communities surrounding transport corridors. In 2014, North Star served more than 226 000 clients and distributed more than 1.29 million condoms through 30 Road Wellness Centres in twelve countries across Africa.

In Cambodia, joint efforts by UNFPA, ILO, the UNAIDS Secretariat and nongovernmental organizations—together with ILO-Tripartite Coordination Committee (TCC) members—led to the Ministry of Labour and Vocational Training adopting a new ministerial regulation (Prakas, No. 194). The regulations call for occupational safety and health protections for entertainment sector workers, and they prohibit forced labour, violence or sexual assault.

Designed by the University of Melbourne, UNICEF, UNFPA, UNESCO and the UNAIDS Secretariat, the NewGen Asia leadership curriculum relaunched at AIDS2014 with new modules on strategic information and SRH. UNAIDS supported the roll-out of national training in Cambodia, China and Thailand, and UNESCO is supporting an in-depth outcome evaluation of the programme.

With the government of the Netherlands, UNAIDS launched a joint country-team tripartite collaboration on action (including advocacy) for key populations in Indonesia, Kenya and Ukraine.

The removal of punitive legal frameworks, policies, practices, stigma and discrimination against key populations (including young key populations) is integrally linked to reducing sexual transmission. UNDP supported successful efforts in the Democratic Republic of the Congo to prevent the passing of new anti-homosexuality legislation, and in Chad, the engagement of the UNAIDS Secretariat stopped a draft penal code provision that criminalized same-sex sexual relations from being passed. ILO carried out the PRIDE study in Argentina, Hungary, South Africa and Thailand, which examined the nature of discrimination encountered by LGBT workers in formal and informal employment, as well as good practices in countering these challenges.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

WHO estimates that between 40%–50% of all new HIV infections among adults worldwide may occur among people from key populations and their immediate partners. The UNAIDS Fast-Track strategy calls for the rapid acceleration of HIV prevention and treatment programmes, rooted in a human rights- and people-centred approach. The only way this can be achieved is by intense scale-up over the next five years, including a strategic, equity-based focus on key populations and locations.

National responses continue to be inadequate for reducing HIV risk and vulnerability among key populations, and international funders are insufficiently matching their investments to the realities of epidemics. Currently, programmes to reach key populations account for approximately 4% of HIV expenditure globally, yet UNAIDS recommends that expenditure increase to 14% by 2015.

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, particularly in middle-income countries where Global Fund resources are decreasing.

Many members of key populations report having no contact with HIV prevention programmes within the past 12 months, indicating a major gap in the HIV response and insufficient outreach.

There also is increasing marginalization of key populations. While the continued use of a health approach allows for pragmatic public health responses (including engagement of both health providers and key population networks), inadequate attention has thus far been given to improving the legal and human rights of key populations, or to other enabling environment issues. So far, community-led responses have facilitated continued impact.

Building on recent evidence about the effectiveness of pre-exposure prophylaxis (PrEP) and anticipating further developments in their formulation and effectiveness, access to PrEP will need to be ensured. WHO is supporting countries with the development of proposals and the implementation of feasibility studies to evaluate potential implementation of PrEP in different contexts and with different populations.

KEY FUTURE INTERVENTIONS

In 2015, UNAIDS will:

- develop a tool for countries to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations;
- finalize, roll out and adapt the Sex Worker Implementation Tool, the Implementation Tool for Gay Men and other Men who have Sex with Men (MSMIT), the Implementation Tool for Drug Users (DUIT) and the Transgender Implementation Tool (TransIT), as well as the adaptations for different country contexts;
- examine further the extent and impact of normative guidance on concentrated epidemics within key populations;
- continue to support municipal approaches within the Urban Health and Justice Initiative and the Fast-Track Cities Initiative; and
- maintain support and resourcing for global key population networks.

In addition:

- Where requested by governments, the World Bank will continue to provide funding for comprehensive programmes for key populations.
- The World Bank also will continue to provide technical support to countries to improve HIV allocative efficiency and to increase domestic and international HIV funding for comprehensive key population programmes.
- WHO—together with regional partners, such as UNICEF, UNDP, the UNAIDS Secretariat, the Asia Pacific Coalition on Male Sexual Health, and the Asia Pacific Transgender Network—will conduct regional and country dialogues to support

national counterparts in rolling out normative guidance to countries with high HIV burden among key populations. This work will be in synergy with the quality implementation of Global Fund new funding model grants in 2015–2017, and it will be strategically focused on urban epidemics and key populations, including young gay men and other young MSM, young transgender people and young sex workers.

- The United Nations Office on Drugs and Crime (UNODC) will collect evidence and develop a technical guidance document on cocaine and amphetamine-type stimulant users and HIV among key population groups (including sex workers and MSM).
- UNDP will continue to support Legal Environment Assessments and work with governments, civil society and other United Nations partners to follow-up the key population-related recommendations of the Global Commission on HIV and the Law.

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