

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.

During 2016, the launch of UNAIDS' Prevention Gap Report refocused attention on HIV prevention, with the Joint Programme urging countries to achieve 90% coverage of prevention services for key populations. At the 21st International AIDS Conference in Durban (AIDS 2016), the Joint Programme was recognised for efforts to reach key populations and secure treatment for all. Meanwhile, fast tracking the end of AIDS continued to enhance prevention and treatment for key populations, especially within cities, in 2016 – for example a MAC AIDS partnership mobilized US\$ 1.5 million for key population services in six cities.

UNDP, UNFPA, UNODC, the UNAIDS Secretariat, the World Bank and WHO supported global coordination of key population programming via the MSM Global Forum and HIV's global advocacy platform, the Steering Committee on HIV and Sex Work and the Strategic Advisory Group on HIV and People who inject drugs. Strong focus was placed on implementation tools for HIV programming with key populations and technical briefs on HIV and young key populations. This work included the publication of TRANSIT, final drafting of the IDUIT and uptake of MSMIT and SWIT in AP, EECA, ESA, WCA and CAR regions. Increased implementation of programmes occurred in partnership with key population global secretariats and local networks, to ensure community-led approaches.

UNDP and partners continued follow-up of the Global Commission on HIV and the Law recommendations, through assessment of legal and policy environments in 22 countries and the development of key population action plans in eight countries. Integration of key population services was supported in four regional and 23 country Global Fund grants. UNDP also supported countries to create enabling environments for LGBTI, including the decriminalization of same sex relations in Seychelles, National plans and frameworks prioritizing KP interventions in Dominican Republic, Nigeria and Zambia and the amendment of Guyana's anti-discrimination act to include SOGIE.

UNFPA and partners supported sex worker organisations in 19 countries during 2016, including training of trainers, capacity building and outreach to mobile sex workers and

clients, including in China, India, Malawi, Myanmar and Ukraine. In Kenya SRH/HIV services were provided to 4500 sex workers and 500 clients. In collaboration with PACT/Linkages and NSWP/ASWA, UNAIDS Secretariat organized a ESA regional training on Fast-tracking community-led sex work programming, involving seven country teams (50/50 mix sex workers and government), regional and global stakeholders. Scale-up of condom programming, including for key populations, occurred in 54 countries.

UNODC and partners advanced global dialogue and advocacy for gender-responsive and equitable HIV programmes for women who use drugs, women in prisons and female partners of men who inject drugs. UNODC, with the International Network of People who Use Drugs (INPUD), published a guide on gender responsive services and built the capacity of community and prison-based services for women who inject drugs, in Afghanistan, Nepal and Pakistan. Police were sensitized and civil society partnerships were also built to support HIV services for people who inject drugs including institutionalizing HIV training within police academies in Belarus, Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan. WHO additionally supported countries to review national drug strategies and programmes, highlighting the public health rationale for incorporating harm reduction interventions and services within national responses. In EECA and Asia Pacific, the World Bank conducted several studies investigating the cost-effectiveness and impact of harm reduction services for PWID.

UN Women promoted participation and leadership of women who use drugs and living with HIV in decision-making fora at global and country level. For example UN Women supported the engagement of women living with HIV who use drugs, from Indonesia, Kenya, Uganda and Ukraine, in *RTI International* global conference on ending gender inequalities; addressing the nexus of HIV, drug use and violence, with a focus on evidence-based implementation. At the conference women advocates amplified a global call to scale-up evidence-based interventions implementation, advocacy and funding to address the intersecting issues of HIV, drug use and violence. UN Women also partnered with the Asian Network of People who Use Drugs to strengthen leadership capacity of women who use drugs and enhance their engagement in national HIV responses, including within Asia. In Tanzania, UN Women advocated for a woman who used drugs to be appointed as a member of the Harm Reduction Committee in the Temeke District Council to ensure specific needs of women who use drugs and living with HIV are integrated into local harm reduction planning and programming.

ILO, UNAIDS Secretariat and partners, within the framework of the ILO Recommendation on HIV and AIDS, increased access to rights-based Occupational Safety and Health programmes in 2016 for vulnerable establishments in the Asia and Southern Africa regions as well as supporting economic empowerment programmes. This work reached approximately

12 000 young women and female sex workers along the transport corridors and other hotspots in six nations in Southern Africa (Malawi, Mozambique, South Africa, Tanzania, Zambia and Zimbabwe), in partnership with transport associations and companies. The ILO, UNAIDS Secretariat and partners also supported the implementation of combination prevention programmes through strategic partnerships with large private sector groups. For example in India, partnerships were forged with 12 large private sector corporate groups, including Ambuja Cement, Apollo Tyres, Ballarpur Industries Ltd, Crompton & Greaves, Hindustan Unilever Limited, J K Tyres Ltd, Jubilant Organosys Ltd, Pepsico, Sab Millers, Sona Koyo Steering Limited, SRF Group and Transport Corporation of India. These partnerships have increased access to HIV services, workplace policies, condoms, HIV testing and behaviour change communication programmes, reaching millions of workers and their families.

The WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations* were updated and disseminated, covering health interventions and strategies to address structural barriers to services for KP. The 2015 *WHO Technical tool for countries to set targets for HIV prevention, diagnosis, treatment and care for KPs* was further used to support national responses for KPs and monitor progress. Countries were supported to assess the treatment cascade for KPs and to differentiate service delivery. Evidence was collected on the effectiveness of harm reduction programmes, illustrating benefits for entire communities – via reduced crime and public disorder and increased participation of previously excluded members of society.

UNHCR supported provision of comprehensive HIV services for KPs in humanitarian settings, plus reduction of stigma and discrimination in 18 countries. In Nepal, NGOs provided free HIV testing services to KPs, also working with out-of-school youth on sex work and sexual behaviours in camps. In Kenya, sex workers, truck drivers and migrants were provided HIV information, HIV testing services, condoms and positive prevention programmes.

PrEP was rolled out in the Asia Pacific region with support from the IATT on YKPs, including Thailand pioneering PrEP for adolescent men who have sex with men. In Iran, rapid tests were introduced to youth centres, for adolescents who use amphetamine-type stimulants. UNESCO, UNICEF, UNFPA and UNAIDS Secretariat supported Youth LEAD, a YKP network, to revise the NewGen Asia leadership curriculum for YKP.

UNESCO, UNODC and WHO developed guidance on education sector policy responses to substance use, including for YKPs, complementing UNESCO's work on preventing SOGI-related violence and bullying in schools, which also helped dispel HIV myths and combat HIV-

related stigma and discrimination. In Belarus, three distance-learning courses trained over 300 youth workers and educators on HIV and violence prevention among YKPs. In Israel, 50 specialists were trained on preventing violence in schools and discrimination against children and young people living with HIV. In Brazil, CSOs strengthened AIDS responses for young people. Meanwhile, in the Congo, 300 adult educators and 260 youth leaders were trained in CSE – reaching 25 000 out-of-school youth, including 285 adolescent refugees selling sex, who were supported to re-attend school.

In partnership with UNDP, the UNAIDS Secretariat and other cosponsors, the World Bank conducted ten allocative efficiency studies, illustrating the benefits of funding KP programmes. The World Bank also financed comprehensive HIV prevention programmes for key populations in multiple regions through its Health, Education, Social Protection and Transport lending portfolio. In India for example, the World Bank supported safer behaviours among KPs and OST procurement. In Nigeria, prevention interventions for sex workers were scaled up, while in Burkina Faso the RH Project included results-based financing for key populations.

HIV services for key populations

Action among key populations continued in 2016 with the convening of the first meeting of the new advisory body, the Global Platform to Fast-Track HIV response among Gay men, Bisexual Men and other men who have sex with men, in collaboration with MSM Global Forum WHO, UNFPA, PEPFAR - Ghana Aids Commission and the Global Fund. The meeting reached consensus on elements required to Fast-Track the HIV response among men who have sex with men in 2016-2017. Normative guidance (implementation tools) for HIV programming with key populations were also expanded in 2016. A tool for working with men who have sex with men was circulated to UNFPA field offices and to a MSM Global Platform side event at the HLM on Ending AIDS. men who have sex with men civil society organisation and allies were trained in use of the tool in 11 countries by UNFPA and partners. A tool for working with transgender people, TRANSIT, was also published. The sex worker tool was also used to guide programming with sex workers in 31 countries by UNFPA and partners.

To address the needs of people living with HIV and key populations, including MSM, transgender people and sex workers, the ILO and UNDP in China continued to support the legal aid hotline. A study on the experiences of LGBT communities was undertaken to support the work of the legal aid hotline. In partnership with UNDP, LGBTI-related research was undertaken to support the functioning of the legal aid hotline. UNHCR and UNFPA are working with the Women's Refugee Commission to develop and scale up HIV and

reproductive health programming aimed at sex workers in humanitarian settings. Collaboration has also taken place with sex work steering group and was reflected in two research studies providing a global mapping of the legal environment relating to sex work and a review of evidence on the characteristics of the online sex industry and innovative interventions.

Harm reduction package for PWID

An implementation tool for HIV programming with people who inject drugs has been drafted during 2016, for publication in 2017 (with input from International Network of People who Use Drugs, UNODC, UNFPA, WHO, UNDP, UNAIDS Secretariat and PEPFAR): “Implementing Comprehensive HIV and HCV Programmes with PWID: Practical guidance”. The purpose of the tool is to provide practical advice on implementing HIV prevention, treatment and care programmes for people who inject drugs.

UNODC led the collection of strategic information on people who inject drugs and HIV among people who inject drugs in collaboration with WHO, UNAIDS Secretariat and the World Bank. Joint efforts enhanced coordination between the relevant United Nations agencies in data collection and analysis and harmonized global data reviews and reporting, with involvement of civil society and expert networks. Jointly reviewed estimates also improved understandings of the quality of current estimates on prevalence of injecting drug use and prevalence of HIV among people who inject drugs, helping to identify country-specific needs for their improvement. UNODC, together with UNAIDS secretariat and UNDP, contributed to and participated in events for the preparation towards the UNGASS on the World Drug Problem “UNGASS 2016 on the World Drug Problem: focus on people, public health and human rights”, in New York, Geneva and Vienna and hosted by Permanent Missions of Switzerland, Norway and Colombia.

In partnership with the Secretariat and other cosponsors, the World Bank conducted several allocative efficiency studies in countries with injecting drug use as the primary HIV transmission mechanism. These showed that more funding needs to be allocated to these programmes in order to reduce new HIV infections. The World Bank also conducted a programme efficiency study in the Ukraine to show how HIV programmes for PWID could be implemented at lower cost.

Challenges

Key populations are socially marginalized: Key populations often experience human rights violations, stigma and discrimination. Efforts to attain 2016 Political Declaration on HIV and AIDS goals and targets are impeded in many countries by laws that criminalize key populations as well as lack of funding, which has reduced procurement of commodities such as condoms and lubricant, delivery of prevention programmes and capacity building of key population CSOs. While HIV prevalence is higher among women who inject drugs, national harm reduction efforts are not gender-responsive and national drug policies rarely address violence against women who inject drugs, thus limiting ability of women to prevent HIV and mitigate its impact.

Discriminatory laws and policies, community norms and practices: Punitive legal environments and misuse of criminal law often negatively impact health and violate human rights of key populations. Community norms and practices that discriminate against key populations have resulted in shrinking space for civil society, impacting key populations' ability to self-organize and mobilise responses. Barriers include:

- Punitive legal environments and limited access to justice
- Increased homophobic and transphobic violence;
- Lack of reporting and responses for assaults;
- Use of possession of condoms as evidence of sex work;
- Lack of service provision for key populations.

Neglect of YKPs: YKPs are particularly neglected owing to consent, notification and minimum (often discrepant) age requirements and prosecution of service providers. Demand for AYKP services is low due to young people's poor risk perception and fear of isolation and stigmatization. Service providers sometimes perceive AYKPs as 'problematic' and 'undeserving' of care. Such barriers contribute directly to HIV, new infections increasing among PWID and HIV prevalence of up to 70% in some sex worker communities in Sub-Saharan Africa. Violence against men who have sex with men and closure of NGO services creates acute risk in many countries.

Data and disaggregation: Limited key population data and lack of disaggregation, limit available information, especially on young key populations. Few countries collect data on homophobic/transphobic violence, violence against women who inject drugs, substance use or sex work among young people. Early prevention efforts often do not take into consideration the needs and challenges of young key populations.

Key future actions

Support will continue for key populations, with further development and roll-out of guidance focusing on implementation tools, consolidated guidance, young KP technical briefs, civil society strengthening and humanitarian settings. Joint action with partners such as PEPFAR and the Global Fund will be strengthened, while KP organisations and advocacy platforms will be supported to facilitate community mobilization and interventions and the prioritization of KPs within national plans and frameworks.

Disaggregated data collection will aim to fill gaps in knowledge – of KPs extent, locations, risks and barriers to working collectively and obtaining HIV services. Monitoring of differentiated interventions will assess the cascade and evaluate new interventions such as PrEP and self-testing.

Specific actions by cosponsors will include:

- UNDP will address legal, policy and practice barriers affecting the rights of key populations. Legislative and policy change will be progressed during national dialogues and via law enforcement agencies to facilitate enabling laws and policies, and KP-oriented national plans/Global Fund grants;
- UNFPA will continue to roll-out comprehensive HIV programmes with key populations via community empowerment, organisational capacity building, addressing human rights abuses and provision of comprehensive SRH/HIV services.
- UNODC will further engage people who use drugs and in prisons, developing guidance on harm reduction for stimulant users and HIV services in prisons with a specific focus on gender responsiveness;
- UNHCR and UNFPA will scale up HIV prevention activities with key populations, particularly sex workers including within humanitarian settings in several countries during 2017. This will include a global review of programmes and increased technical support to all operations, with piloting and scale up of sex work programming in three countries;
- ILO will continue to build strong synergies between increasing access to HIV services, strengthening legal and policy frameworks and increasing access to HIV-sensitive programmes, guided by the principles of Recommendation 200;

- UN Women will promote participation and leadership of women who use drugs and living with HIV in decision-making fora at global and country level.
- The World Bank will continue to support KP HIV programming with specific focus on social assessment and HIV transmission mitigation within its transport sector portfolio;
- WFP will increasingly address the needs of key populations in humanitarian contexts.

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