



Policy Brief - March 2021

Key Populations in the context of HIV Policy research

Context

- ◆ The international community has committed itself to ending the AIDS epidemic as a public health problem by 2030 which is part of the 2030 Agenda for Sustainable Development. It has been noted that in all countries and settings, Key Populations (KPs) are disproportionately affected by HIV¹. UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people to be the main key population groups.
- ◆ The Global Fund to fight AIDS, TB and Malaria is in the process of developing its post 2022 strategic plan. This plan will be the last to be implemented before 2030 goal of ending the three epidemics (HIV, Malaria and TB). Since Africa is the epicentre of HIV and Malaria and has a heavy TB burden, it should be in the forefront of helping the Global Fund to put forward evidence-based interventions in preparation for its next strategic plan. In this regard the African Constituency Bureau (ACB) lead region-wide consultations and commissioned a policy research to map the status quo of Key Populations epidemic in Africa, and the West and Central Africa (WCA) region in particular, and provide evidence informed guidance on how the region can move forward to end HIV by 2030.

Main findings:

- ◆ **HIV Prevalence among Key Populations in Africa** - Generally speaking, the continent is yet to achieve the 90-90-90 ambitious target to end HIV by 2030 targets. Different countries in Africa are at different levels in terms of achieving global targets at country level. New infections amongst KPs are increasing, especially in WCA. In *WCA: Key populations and their sexual partners account for 64% of new HIV infections within the region. Men who have sex with men account for an estimated 17% of new infections. Sex workers account for 14% of new infections; people who inject drugs account for 8% and the sexual partners of key populations (including clients of sex workers) account for 25%*⁴.
- ◆ **HIV Testing and Counselling** - Over the years, the number of people tested for HIV and who know their HIV status has been on the increase. The main challenge, however, is the low uptake of HTC services by KPs due to factors such as discrimination and stigmatization at health facilities. The fear of stigmatization and discrimination, which could also be linked to fear of violence, discourage key populations living with HIV from disclosing their status, even to family members and sexual partners.
- ◆ **ART Coverage** - More people in ESA region are on Anti-Retroviral Treatment (ART) as compared to those in WCA. The UNAIDS report of 2019 indicates that 40% of HIV infected people were not on ART in WCA for various reasons such as stock-outs, other disease epidemics and conflicts.
- ◆ **Gaps in information on the size, behaviours, and health issues of Key Populations** - Africa under reports data related to KPs. According to the UNAIDS Report of 2019, only two countries have reported the prevalence of HIV amongst Transgender (TG) people. Furthermore, most countries in the WCA region do not have size estimates of KPs. Where countries did attempt to undertake such estimations, some of the data is outdated, while some countries do not have data for some categories of KPs.

Summary of findings

- ◆ The research demonstrated that Africa has made notable gains towards ending HIV and AIDS particularly among the general population, however the epidemic continues to grow amongst Key Populations (KPs). New infections among KPs are on the increase in West and Central Africa (WCA) as compared to those in East and Southern Africa (ESA).
- ◆ KPs suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. They often have legal and social issues associated with their behaviours that increase their vulnerability to HIV. Epidemiologically, KPs faces increased risk, vulnerability and/or burden with respect to HIV – due to a combination of biological and structural factors². Key populations are often extremely difficult to reach for critical testing, care and treatment services. Globally, rates of access of key populations to safe, effective and quality HIV and AIDS services are extremely low, while stigma and discrimination, including gender-based violence, are high. Significant barriers such as police harassment, societal discrimination and insufficient community-based capacity, prevent key populations from accessing the services they need³.

- ◆ **Effects of COVID-19 on HIV Response in Africa** - The outbreak of COVID-19 has adversely affected global funding for HIV programmes. To date, billions of dollars have been committed towards global COVID-19 response and part of this money could have been used to support HIV programming.

Policy Recommendations

Countries should review their progress, rekindle their commitments and intensify their efforts to end the HIV epidemic by 2030. Main recommendations, for the Global Fund is to emphasize on supporting countries and stakeholders in:

- 1 Improved investment in advocacy** - The acceptance of the norms, values, beliefs and practices of KPs requires a paradigm shift in terms of the perceptions of the general population about KPs
- 2 Mobilize domestic resources for KP programming** - Funding for KP programming shouldn't be limited to donor funding. At national level there is need for evidence-based fundraising and allocation of resources. Capacitating KP lead CSOs on effective resource mobilization strategies is also recommended.
- 3 Conduct size estimation of KPs particularly in WCA** - The collection and dissemination of size estimation data provides valuable information required for raising funds for KP programming. Specifically, for the WCA region to scale up the generation of evidence relating to key populations by conducting Integrated HIV Bio-Behavioural Surveillance (IBBS) studies of key population groups, as per UNAIDS surveillance guidelines.
- 4 Decriminalization of LGBTI and Sex Workers** - From a human rights perspective, there is a need to review laws that restrict or criminalize the norms, values and practices of LGBTI and sex workers. Most countries have sound constitutional provisions committed to upholding human rights and access to health for all. However, other legal statutes from the same countries contradict these constitutional provisions. There is therefore an urgent need to align laws of these countries that criminalize LGBTI and sex workers with the aforementioned constitutional provisions.
- 5 Promote the inclusion of KPs in National Strategic Plans**- KP groups to be included in strategic plans and formulation of financial requests or planning for health. For example, for Global Fund and CCMs to have KP representatives on its strategy development team.
- 6 Establish National and Regional Technical Working Group (TWG) for KPs** - to establish functional technical groups at national and regional level. Such technical groups provide strategic direction to the national strategic plans relating to HIV response. It is recommended that membership for TWG include senior managers of relevant National AIDS Councils and Ministries of Health and representatives from the judiciary, KP-led CSOs and funders of KP programmes.
- 7 Document cross-pollinate best practices related to KP Programming**- to document impactful best practices relating to KP programming from different parts of the world and replicate these within the WCA region.
- 8 Develop and rollout minimum service package for KPs** - Member states in Africa to commit resources towards the development of a minimum service package for Key Populations. Some member states such as Zimbabwe have already rolled out minimum service packages for KPs. It is cost effective to replicate such practices in other African countries.
- 9 Implement measures to retain KPs in HIV care** - Put measures and strategies in place that minimise KPs lost to follow-up such as decentralising ART clinics and reduce the frequency of visits for stable patients and provision of uninterrupted ART supplies.

References

1. World Health Organisation (WHO): [Key points about fiscal space for health](#), last accessed on 11/3/2021
2. World Bank Open Data <https://data.worldbank.org> , last accessed on 11/3/2021
3. World Bank : [COVID-19 \(Coronavirus\) Drives Sub-Saharan Africa Toward First Recession in 25 Years](#), last accessed on 11/3/2021

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