



AFRICAN CONSTITUENCY BUREAU
FOR THE GLOBAL FUND



THE
GLOBAL
FUND

20

YEARS OF IMPACT

IN THE FIGHT AGAINST
AIDS, TB AND MALARIA
IN **SENEGAL**



INTEGRATING GENDER, HUMAN RIGHTS AND EQUITY TO IMPROVE ACCESS TO HIV/AIDS SERVICES

Senegal has invested in programmes to break down gender and human rights-related barriers with support from technical and financial partners. This approach is part of the “Breaking Down Barriers” initiative, which involves 20 countries, including Senegal. It is under this framework that inequalities and barriers related to Human Rights, gender and age that hinder access to services were assessed.

The main barriers identified include:

- Discriminatory behaviour, violence against key populations and people living with HIV
- Gender inequalities resulting in the vulnerability of women and transgender people and the feminisation of the disease
- Geographical (accessibility), financial (cost) and social (poverty) barriers combined with ARV stock-outs
- Laws and social norms that are unfavourable to adolescent sexual and reproductive health (SRH)
- Negative stigma and judgmental attitudes of service providers towards adolescents
- Legal barriers related to the age at which testing can be carried out (16 years).

Consequently, Senegal validated a five-year plan (2021-2025) for a comprehensive response to Human Rights barriers that hinder access to HIV and TB services. The five-year plan, which is currently being implemented, covers four major objectives:

- 1) Key and vulnerable populations are equipped, protected and actively involved in the defence of human rights.

- 2) Interlocutors of key and vulnerable populations are sensitised, empowered and committed to the promotion of human rights
- 3) Reduce inequalities and gender-based violence.
- 4) Ensure the coordination, promotion and monitoring-evaluation of the five-year plan.

RECOMMENDATIONS ON THE WAY FORWARD:

1. Protection, security, motivation and retention of stakeholders, including health mediators, to continue outreach activities;
2. Revision of programmes by adjusting them to the actual dynamics of the epidemic and to interventions that have proven to be effective;
3. In-depth reflection on the social and political forces and risks that may hinder the implementation of projects/programmes targeting key populations;



4. Search for new alliances that can support advocacy for an enabling environment.
 5. Continue to work within the current legal framework, while remaining creative and realistic, to mitigate some of the constraints imposed by the law.
 6. Put in place communication strategies adapted to the extremely sensitive nature of the issues raised. The focus will remain **solely on public health concerns**
 7. Advocacy by parliamentarians to promote access to health facilities and involve parliamentarians in negotiations with technical and financial partners
 8. Revitalise communication to the public about the disease and publicise and share the HIV law throughout the country to ensure better knowledge
 9. Reflect on a suitable confidentiality procedure for trials involving PLHIV or key populations
 10. Advocate with the Ministry of Finance during the next budget session for an increase in the budget of the relevant ministries involved in the response
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