Prioritizing Key Populations in the PEPFAR COP Review Process

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The Global Forum on MSM & HIV has prepared this info note for key population advocates (gay and bisexual men and other men who have sex with men, people who use drugs, sex workers and transgender people) who will attend the five-day 2018 PEPFAR planning meetings or are involved in PEPFAR processes at country level. Civil society organizations (CSOs) representatives are invited to attend the reviews with PEPFAR field and headquarter teams, host country leadership, implementers and other key stakeholders.

What You Should Know?

Meaningful engagement with community and CSOs is a requirement of the PEPFAR program for COP (Country Operational Plan) 2018. Key populations have to be meaningfully included in the process, and funding sufficiently allocated based on civil society recommendations. In order to ensure that you are fully prepared to intervene during critical entry points, MSMGF's note gives guidance and tips to ask the right questions and to influence the process so that PEPFAR programming is aligned with the needs of key populations in every focus country.

Each country context is unique and each COP is unique. However, for key populations, there are cross-cutting issues that are likely to come up consistently in all country discussions during the COP reviews. They include:

- Accurate Key Population Size Estimates & Optimized Target Setting
- Service Delivery Models That Prioritize Community-Led Approaches
- Increased Support for Stigma and Discrimination Programming

Advocates must familiarize themselves with the suite of evidence-based interventions that are available or necessary as per normative guidance issued by bodies like the World Health Organization (WHO) and the United Nations Population Fund (UNFPA). In addition, advocates must be prepared to push for budget levels and allocations that help align PEPFAR programming with the needs and priorities expressed by key populations in their respective country.

I. PEPFAR Key Population Size Estimation & Improved Target Setting

Accurate population size estimates are necessary for effective, targeted outreach. Current gaps in data for the scope and size of key population prevention activities for many countries make it impractical to assess impact until data on those programs is generated and made more widely available.

PEPFAR teams will create a budget taking into account the input of all stakeholders, including civil society. An upward shift in targets can imply a corresponding increase in budget. Similarly, a change to a different prevention activity implies a corresponding change in funding priorities.

PEPFAR 2018 COP GUIDANCE states that *"Based on the data, teams must identify (1) specific interventions or technical areas where the program is achieving or overachieving intended results and (2) specific areas where the program is not achieving the intended results. From this data review, teams should be able to identify gaps and barriers that are hindering progress toward epidemic control."*

TIPS:

1. Advocate for realistic targets and size estimates as key population size estimates are used by PEPFAR to justify targets. When size estimates are low, it is likely the targets will be inadequate and underserving for the key populations.
2. Utilize additional tools to supplement and compare PEPFAR key population size estimates:
   - amfAR's PEPFAR Country Fact Sheets: http://mer.amfar.org/
   - Recent article: *Leveraging Social Media to Better Estimate the Number of Gay and Bisexual Men and Other Men Who Have Sex With Men, JMIR Public Health Surveillance 2018* http://publichealth.jmir.org/2018/1/e15/

Illustrative questions:

- Do you disaggregate your data (testing, treatment, and adherence) by key population?
- Are your targets based on accurate and reliable key populations size estimates?
- Do you know how many key populations access treatment in your country? If the country isn't meeting targets, is the program trying to identify the right people in your view? How should the program change?
- What is the budget for 2018? Has it increased or decreased compared to FY2017?
- Check whether certain program areas like prevention are being shrunk. Does this align with your priorities? (KP programs, prevention, Stigma and Discrimination programs, etc)

II. Service Delivery Models That Include Community-Led Approaches

As recommended by the WHO, PEPFAR must support meaningful engagement of community-led approaches and community in the design and delivery of HIV services. One-size-fits-all models of providing HIV prevention, testing, care, and treatment services may not always fully meet the needs of key populations. HIV services need to be adapted and differentiated to reflect the preferences of various key populations.

PEPFAR 2018 COP GUIDANCE states that *a "Continued focus on VMMC, condoms, PrEP, elimination of new pediatric HIV infections, and DREAMS activities to accelerate prevention are essential components to controlling the pandemic."*

However, there are specific considerations when designing services for key populations. For example:

- *Lubricants:* Condoms and condom-compatible lubricants that adhere to international quality standards are recommended for the prevention of HIV or STI transmission during anal sex.
- *Pre-Exposure Prophylaxis (PrEP):* PrEP is highly recommended for people at substantial risk of HIV and its provision and scale-up for key populations is a necessary component of HIV prevention among key populations.
- *Voluntary Medical Male Circumcision (VMMC):* A singular focus on VMMC will not address the other principal routes of infection or transmission. According to the WHO, VMMC is not indicated as a prevention intervention for men who have sex with men. Beyond the original research trials demonstrating efficacy for heterosexual men, there is no population-level data demonstrating incidence reduction attributed to scaled-up VMMC among gay men.
- *Sexual Risk Avoidance:* This does not appear as an evidence-based prevention intervention endorsed by the WHO. Instead, the WHO strongly recommends that sexual risk avoidance be replaced by comprehensive sex education and risk minimization programs, more effective in reducing HIV incidence and building sexual negotiation skills among young people.

TIPS:

- Insist on the engagement of key population communities in the design, implementation and evaluation of services for key populations.
- Ensure interventions are aligned with WHO Clinical Guidelines and other latest normative guidance available. For example: condom-based lubricants for gay men and other men who have sex with men; PrEP with different delivery models introduced.
- Review existing normative guidance from WHO and UN agencies:
  MSM Implementation Toolkit: http://msmgf.org/current-projects/msmit/
  Sex Work Implementation Toolkit: http://www.nswp.org/resource/sex-worker-implementation-tool-swit
  Transgender Implementation Toolkit: http://transglobalactivism.org/library/transit/
  People Who Use Drugs Implementation Toolkit: http://www.inpud.net/en/iduit-implementing-comprehensive-hiv-and-hcv-programmes-people-who-inject-drugs
  WHO Clinical Guidelines for Key Populations: http://www.who.int/hiv/pub/guidelines/keypopulations/en/

Illustrative questions:

- Are key populations included in PrEP roll-out and are communities involved in the delivery of PrEP?
- Are investments in prevention strategies, especially to reach key populations, properly prioritized?
- Have you identified the most cost-efficient approaches to offer HIV self-testing through public and private venues? Including in community testing centers?
- How are you ensuring that key populations are being linked to peer support groups?
- How are key population issues incorporated in the training of healthcare providers?
- How are you monitoring the quality of service delivery?

III. Stigma and discrimination programming

Addressing stigma and discrimination is central to implementing evidence-informed and rights-based HIV prevention, care and treatment services. Loss to follow-up along the HIV continuum is a major problem globally, especially among key populations because services are often stigmatizing. According to the WHO, programmes should work toward implementing a package of interventions to enhance community empowerment among key populations. A set of key critical enablers that include stigma and discrimination programming are outlined as integral components of a comprehensive HIV program in the latest WHO Clinical Guidelines for Key Populations.

PEPFAR 2018 COP GUIDANCE states that *"PEPFAR teams should work to ensure that legal and cultural environmental assessments are regularly conducted every three*

years and data are gathered to develop effective strategies to optimize patient care, improve program monitoring and strengthen access to and quality of services provided. Country teams should use the UNDP Legal Environment Assessment Tool as a guide. In countries where legal frameworks further entrench inequalities and marginalization, it is important to support dialogue between national and local governments, members of populations impacted by the epidemic, and other key stakeholders, while ensuring safety and confidentiality. PEPFAR should ensure coordination with other donor initiatives, such as the Global Fund Human Rights Intensive Support Project."

"In coordination with regular CSO engagement and relevant existing working groups, (…), PEPFAR countries will develop a plan, timeline, and resource allocations to measure, document, and mitigate stigma, discrimination, and violence. This is particularly important in countries where the Chief of Mission has identified concerns about human rights violations and abuses and about on-going repression of CSOs as these relate to service provision HIV".

"Trainings on Non-Discrimination and Gender & Sexual Diversity Trainings will include a section on the inclusion of non-discrimination policies in the design or administration of programs in all PEPFAR trainings. Teams will establish or maintain an in-country, interagency point-of-contact whose responsibility will be the oversight of Gender and Sexual Diversity Training (GSD). (…) In addition, once a year the GSD point of contact will convene a panel(s) to discuss PEPFAR's engagement around GSD, inclusive of lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals, and adolescent girls and young women."

"PEPFAR teams should support host country PLHIV network-led implementation of the revised Stigma Index 2.0 and/or complement Global Fund or other donors supporting the Stigma Index work. At the very least, this revised U.S. government compliant version can begin the process of baseline data collection for evaluating the future impact of interventions on reducing stigma."

TIPS:
- Insist that anti-discrimination technical assistance and programs targeting key populations are at the top of country program priorities.
- Encourage your country team to create activities through the Fast Tool, which would create in turn the chance to propose an incremental budget for key population issues.
- Ensure your country team allocates funding for the PEPFAR Small Grants Program, which offers up to USD 300,000 for local organizations to train local press to effectively cover HIV/AIDS, build capacity of VSOs to combat LGBTQ stigma and discrimination, democracy and governance (as related to the national HIV response), among other initiatives.

- Insist that key population sensitivity trainings for health care workers, focusing on addressing and reducing stigma and discrimination directed at key populations, are delivered with the involvement of communities.
- Ask about the PEPFAR team's plan to utilize or collaborate with the UNDP Legal Environmental Assessment tool and GNP+'s Stigma Index 2.0.
- Use available guidances for international, regional and local actors responding to acute violence against key populations

Illustrative questions:
- What are the definitions of key populations being used by this country team?
- Do you have specific key populations guidelines and are they operational?
- Are criminal laws and stigma/discrimination a barrier to key populations services in this country? If so, how is PEFPAR working with stakeholders to ensure sustainable and quality key population services?
- Are there stigma reduction strategies, including data from health facilities and are there protocols to seek redress for instances of discrimination? Who will implement it and are communities involved?