Report of the UNAIDS Advisory Group break-out group meetings on key populations

Virtual consultation meetings,
9 September 2020 and 1 October 2020 (2 hours)

Introduction

The UNAIDS Advisory Group (UAG) has been set up to provide guidance and support to Winnie Byanyima, UNAIDS Executive Director, during a 18-month transition period. Specifically, the UAG advises on the development of strategic priorities for the Joint Programme; the institutional transformation and internal culture change; and the next UNAIDS strategy.

In support of its mandate, the UAG is forming break-out groups around important thematic issues. This meeting report captures discussions held by the UAG break-out group on key populations. This group, co-chaired by Jules Kim and Maureen Milanga, has been formed in recognition of the unequal progress made in the HIV response, with too many vulnerable and marginalized people being left behind. It consists of a diverse range of experts from the UAG, the Joint Programme and key population networks, both at the global and regional levels.

Background and rationale

In 2019, around 62% of new HIV infections globally occurred among key populations and their sexual partners, including gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prison. Even though key populations constitute a very small proportion of the general population, they are at elevated risk of acquiring HIV infection. Criminalization of same-sex sexual relationships, sex work, sexual identities and drug use give license to discrimination, harassment and violence, isolating key populations and hindering them from accessing HIV prevention, testing and treatment services.

Efforts to collect relevant data to guide programme prioritization for populations and locations at greater risk are insufficient. Financing for key population programmes in many countries remains heavily dependent on external sources, putting programmes at risk, with shifting donor priorities and funding transitions. While community-based programmes play a central role in increasing coverage of interventions among hard-to-reach key populations, community-led service delivery and advocacy for health and human rights are inadequately funded or capacitated. This is particularly worrisome in the current context of COVID-19 which is amplifying inequalities and further impeding access of key populations to HIV services.

This report provides a synthesis of two meetings held to identify short-, and long-term programmatic actions to step up efforts to priorities as well as to feed into the development of the UNAIDS strategy. A first meeting on 9 September brought together global representatives from communities along with representatives from cosponsors and, a second meeting, on 1 October assembled regional representatives from communities allowing for perspectives from different contexts to be heard.

Key messages that emerged:

- Tailor the next UNAIDS strategy to reflect the circumstances in which people acquire, and survive, HIV. This requires putting people living with HIV and other key populations front and centre.
- Support key populations to lead the HIV response with voice, agency, power by fostering inclusive systems for health and HIV programmes.
- Break down silos and ensure intersectionality across population groups, including through disaggregated data by sub-population.
- Sustain and scale-up funding for key population programmes to reflect the reality of the epidemic.
- Strengthen community-designed, led, and monitored responses to enhance the availability, accessibility, acceptability and quality of services.
- Develop a joint vision and shared priorities, among the UNAIDS Secretariat and Cosponsors, followed by implementation of coherent actions, moving towards a shared UN key population agenda.

Methodology

Summary background documents of the work on key populations undertaken by select UN cosponsor agencies were shared with participants prior to the meeting.

The focus of discussions was on five UNAIDS-defined key population groups, with attention to inclusion of women, young people, and people living with HIV from these key populations:

- Sex workers
- Gay men and other men who have sex with men
- People who use drugs
- Transgender people
- People in closed settings

In addition, in the introductory discussion, the specific vulnerabilities of indigenous populations were highlighted as were the information and access barriers faced by people in rural settings, calling for culturally sensitive and population-specific approaches.

Discussions focused on reflecting on and providing recommendations by responding to four main questions:

i) what is working well and should continue,

ii) what must we stop doing,

iii) what are we not doing that we have to start doing,

iv) what should be done in the short-term vs what should be done in the long term.

Group discussions around six thematic areas were followed by a reporting back to plenary discussion to synthesize the findings (see Agendas- Annex 2). This meeting report seeks to capture the rich discussions held by highlighting critical issues and key messages.

Critical messages and issues that emerged during the discussions:

Advocate for the next UNAIDS strategy to focus where new infections are happening.

- Reflect the reality that 64% of new infections are among key populations and their partners in funding levels.
    - For instance, in Asia Pacific, gay men and other men who have sex with men are disproportionately affected by HIV yet this is not adequately reflected in funding allocations. Another example is people who use drugs but do not inject who are often excluded from the HIV response.
- End the notion of 'generalized epidemic', including inefficient allocation of resources to broad education and health programmes, by focusing on the populations that account for the largest number of new HIV infections. Where the concept of "general population" epidemics is still being emphasized, underscore the importance of key populations for understanding HIV within the general population (e.g. in sub-Saharan Africa).

Strengthen HIV prevention for key populations through the Global HIV Prevention Coalition (GPC)**.**

- Focus high-burden countries on the key populations pillar of the GPC;
- Expand countries that join the GPC to include countries with key population epidemics;
- Ensure participation of all key populations in the GPC, differentiate prevention activities for different key populations, and tailor comprehensive interventions for each key population.

Implement differentiated, and community-led, service delivery and scale-up the provision of HIV treatment through key population programmes.

- Embrace HIV prevention, treatment and retention as a continuum and ensure better co-ordination of the continuum of prevention and treatment programmes and address funding streams that have an exclusive focus on one aspect or that separate them.
    - In many countries, key population focused programmes primarily provide prevention and testing services, while HIV treatment is delivered separately. Conversely, treatment programmes, which have often been the primary focus of the HIV response, have often failed to include key populations. Moreover, prevention programmes often fail to articulate the circumstances under which people acquire HIV.

Unify the Joint Programme's support for key populations through a joint vision around shared priorities and positions.

- Call for a joint UN approach by pushing for a UN-system wide key population agenda over the next five years that reflects the Division of Labour and that follows from a review of the extent to which key population agendas have been integrated in the strategies of UN agencies and how these strategies are being implemented.
- Resist political pressures, stop "sloganeering", and focus on the epidemiology to prioritize and, consequently, respond to key populations' needs.
- Be consistent and aligned across the Joint Programme on policy stances rather than having "special opinions" vis-à-vis particular key populations inconsistent with UNAIDS policy.
- Advocate for funding key population-led efforts that are demonstrated to work such as harm reduction (including opioid substitution therapy, needle and syringe exchange and naloxone).
- Be a united and outspoken voice in support of community-led programmes and key populations, particularly in regions (e.g. West and Central Africa) where key populations have not been sufficiently prioritized and in countries where key populations are criminalized.
- Address the specific needs of young key populations and ensure stronger representation of young people in strategic processes and decision-making. Advocate for their meaningful engagement in programming and funding to capacitate and empower them. Ensure meaningful engagement of key populations in all key processes, stop their tokenistic involvement in meetings whenever community expertise is required and instead value and fairly remunerate their engagement.

Ensure that UN staff have requisite competencies with regard to key populations.

- Ensure better representation of key populations, including their sub-populations such as women, young people, and people living with HIV, among the staff at UNAIDS to live up to inclusion and diversity principles and lead by example.
- Ensure dedicated staff capacity to address the issues concerning key populations.
- Train and sensitize UN staff, particularly at country and regional levels, on gender and sexuality as well as implications of criminalization, legal developments and terminology. Moreover, ensure that staff are well-versed on relevant key population implementation tools and have good interpersonal skills to broker between government and community networks.

Step up UNAIDS support for key populations at country and regional levels

- At the regional level, particularly in Asia Pacific, the transition of external funding for HIV and closure or move of UNAIDS offices has limited UNAIDS support to key populations and diminished UNAIDS' convening power with governments to address key population needs.
- Reign in UN country teams to support globally agreed policies and programmatic approaches in support of key populations at country-level. Close the gap between what global UN policies say and what the UN country presence does in terms of supporting key populations.
- Create the space for dialogue around key populations and build capacity for delivering the work and a common understanding of meaningful engagement of key population communities at all stages of programming and policy work as well as strengthening cooperation with key population networks to ensure service delivery in emergency situations such as COVID-19.
- Support the creation of structural change including by fostering enabling legal and social environments.
    - Facilitate VCAT (values clarification and attitudinal transformation) to change community attitudes towards key populations, especially by service providers (e.g. across health, law enforcement, education and other social sectors).
- Help navigate a better balance between:
    - Providing more resources to key population networks versus government programmes;
    - Supporting key population movement building/network strengthening versus current focus on community-led service delivery;

- Supporting regional versus national versus local/municipal networks with different roles (i.e. regional/cross-border advocacy for marginalized key populations, national-level policy dialogue, and social contracting of local community organisations);
- Focusing on disease (HIV) versus focus on person's needs.

Ensure that UNAIDS country-level action is visible and supportive of key populations.

- Support the setting up of national community advisory groups with key population representation and build skills of community networks for engagement in policy dialogue.
- Broker between government and civil society to increase community networks' engagement, participation and representation in decision-making and policy dialogue, which will require financial resources and the political will to capacitate and support communities.
- Enhance the dialogue with key population communities to better understand key population needs and reflect adequate interventions in country work plans.
- Better outline the agencies' country strategy and targets (e.g. 90-90-90, prevention agenda) and what they mean in terms of community engagement.
- Support further social contracting partnerships between government and civil society organizations to facilitate community-based/led responses.
- Strengthen promotion and protection of human rights and prevention of violence and other human rights abuses beyond HIV and stop seeing key populations in silos.
- Share lessons learned from local and regional initiatives.

Strengthen support for key population networks to engage in Global Fund processes at country-level, including representation on Global Fund country coordinating mechanisms.

- Support resource mobilization for key populations' engagement in the Global AIDS Strategy process (e.g. inclusive country consultations).
- Push the Global Fund to continue to put (and increase) emphasis on the requirement that Concept Notes fund key populations programming. Also, work to ensure that programmatic delivery follows from what has been submitted in the Concept Notes. Build a better understanding of how programming changes after the approval of the Concept Note.

Ensure more and better data on key populations.

- Improve data and data breakdowns by key populations and other and sub-populations, while also prioritizing community-led data as part of official country data, so that data reflects the actual needs in country and advocacy for funding can be done more effectively. This requires broader review with the aim to validate submitted data and building and scaling up technical support to push for validating what is happening.
    - Data gaps, in particular limited disaggregation, are a major constraint to improving financing as information about needs among different sub-populations and current funding levels is missing. This was illustrated, for example in the *Bridging the Gap* report on *Where is the Funding for Key Populations* where most data was provided by the Global Fund and UNAIDS, with unavailable data in many areas.
- Increase capacity (i.e. staff) and partnerships to support countries to use key populations data and the sub-epidemics within the country as well as provide support to validate the data.
- Develop guidance on what additional disaggregation (i.e. age, ethnicity) within key populations should be collected to support programmatic decision-making and understand intersectionalities between key populations such as transgender sex work and drug use within different populations.
- Shift to considering people who use drugs as a whole and not only those who inject drugs to account for the fact that the whole community is criminalized, stigmatized and marginalized and can face multiple forms of HIV risk.
- Ensure the protection of privacy and confidentiality of data with rigorous safeguards in contexts where key populations are criminalized.
- **Ensure quality of data** and avoid using data, particularly national data, that are not up to the standards and expectations of UNAIDS.
    - Clarify and provide context around the data that are submitted, provide resources and ways to validate measures and increase capacity as well as partnerships with the data teams within the Joint Programme. Build on existing guidance and provide technical support and set standards of what is expected in terms of data collection, quality of study data that will be accepted, and push back on submitted data that are clearly flawed.

Enhance accountability and validation of key population data and go beyond collecting and presenting data about key populations and gaps in programme coverage by engaging country governments with the findings and how to address the gaps.

- Generate country level reports on key populations coming out of the GAM (and other available data systems) and produce reports on key populations in context with regional

data and hold meetings in-country with Ministries of Health and stakeholders to discuss the submitted data and how valid it is in line with other estimates and expectations. UNAIDS should utilize these meetings to exercise pressure to increase resources for better data collection and implementation of programming. Such reports could also be submitted to UN and regional human rights monitoring mechanisms including UN human rights treaty bodies and special procedures as well as national human rights institutions.

- Increase the ability to support accountability over the key population led implementation of programming. UNAIDS, especially at country level, needs to make sure that data on who, how, and where key populations programs are being implemented are available for accountability monitoring of those programs by key population groups themselves. To further strengthen data democratization, data generation by communities should be enhanced and used in reporting but also systematically to inform programming.

Strengthen community-led monitoring and advocate for its importance in assessing, and enhancing the accountability for, the quality of services.

- Convene processes that build trust among communities, governments and other stakeholders that help communities to define community-led monitoring and to lead its implementation.
- Build on, and strengthen, the comparative advantages that key population communities have in community-led monitoring. Provide support to community data collectors, including by translating critical information into different languages. Help ensure the protection of community data collectors.
- Ensure community translation of data and estimates. For instance, in Latin America and the Caribbean, where official data on people who use drugs is often lacking, data on drug use produced by researchers from key populations themselves can help to understand the situation.

Support communities in establishing their own priorities rather than having to concede to those defined by international agencies, multilateral organizations or governments. This includes externally defined targets that often lack relevance.

- Support community systems strengthening by advocating with large donors, including bilateral donors, to support key population led networks directly rather than through large international NGOs where there is only a trickle down of funds, at best. At the same time, continue to support knowledge, skills and technology transfer, where needed, from international NGOs to key population-led networks. Active engagement with Government partners to increase domestic resource mobilization for comprehensive programmes for key populations is also important.

- Avoid funding external consultants; instead, identify local networks with requisite skills.

Make concerted efforts to support the AIDS response in the context of the COVID-19 pandemic.

- Ensure that procedures for communities to access emergency funding are simplified and streamlined. Address time-consuming approval processes by donors for emergency packages for key populations in the context of COVID-19, particularly where they fall outside existing safety networks (e.g. sex workers without social security benefits). People who use drugs have signalled limited access to services such as harm reduction, and the situation for people in prisons is similar.
- Promote inclusive responses for people living with HIV and other key populations in the context of COVID-19. Maintain HIV programming in the face of the COVID-19 pandemic and continue ensuring access of key populations to sexual and reproductive health and rights/HIV and other health services.
- Harness the positive lessons and sustain the gains from the community-led responses during COVID-19 (e.g. take home methadone, releasing people from prison) and consider research grants with full key population involvement on research, advocacy and action to sustain the lessons learnt from the response to COVID-19.

Promote inclusive social protection for key populations and unregistered persons within the informal sector. Over the next 12 months, the Joint Programme needs to:

- Strengthen reference to key populations within the UN socio-economic response to COVID-19;
- Facilitate provision of food hand-outs, cash vouchers/transfers, and income replacement schemes for key populations;
- Support building longer-term social protection mechanisms for key populations to be ready for future threats such as new communicable disease pandemics, climate change, economic recessions and others.

Address the incomplete uptake of Universal Health Coverage (UHC) for key populations.

Leverage UNAIDS influence in the UN system and beyond, while also taking into account WHO's roles and mandates, to ensure that:

- HIV remains a priority and that UHC encompasses the continuum of HIV prevention, treatment and retention with a focus on key populations.

- HIV provides an “entry point” for introducing enabling rights-based and gender transformative approaches to UHC.

Review UNAIDS guidance and messaging to:

- Avoid celebrating HIV successes prematurely as donors and countries risk shifting attention and resources to other causes and emergencies such as COVID-19, migratory crises, etc.
- Continue (re-)emphasizing global commitments, such as the Fast Track targets and SDGs, as well as global guidelines and advocating with governments and donors to fund their implementation where progress is lagging behind.
- Be cautious in pushing for public procurement and for national governments to take on more funding without applying person-centered approaches and with diminishing quality of commodities and services.
- Be clear what the ongoing recommendations and guidelines around key population data systems are, along with programming tools and guidance that that should be used.
- Disseminate community research and publications broadly among stakeholders as this is now not happening when such research and publications are undertaken.

Focus on building cooperative structures aimed at strengthening key population networks in countries.

To achieve this aim, UNAIDS needs to advocate and push for funding to be organized differently:

- Review its grant bids and procurement requirements which are onerous on grantees. Ensure different streams and requirements for community led projects and organizations along with timelines that allow communities to properly engage, consult, and reflect their inputs. Adopt simplified bidding, procurement, and reporting processes.
- Avoid competitive bidding processes that pit community-led organizations against each other and often favor well-funded international NGOs. These processes often disadvantage those who might have the best ideas and connections to their communities but lack experience in proposal writing, cannot afford consultants to write proposals, or do not have English as the first language.
- Cater for organizations in challenging environments, for example, in regions such as the Middle East and Northern Africa where official registration of NGOs often inhibits access to funds. This particularly applies to NGOs led by people who use drugs.

Address funding and resource needs.

- Develop resource needs estimates by region, covering community and key population led responses and region-specific advocacy including on decriminalization. Estimates should be developed in consultation with the concerned community networks.
    - UNAIDS should continue its support to National AIDS Spending Assessments (NASA) and ensure that national health care spending targeted to key population and young people-led responses is included.
- Encourage more dedicated funding streams for key population networks, including sub populations (for example for women who use drugs, indigenous gay men).
- Fund community-led data collection and research directly as well as support community-led population size estimates and related trainings.
- Prioritize funding for key population-led and community-led organizations, including for advocacy, and especially during transition, to ensure that social contracting and other services can be provided by key population-led networks.
- Focus funding for decriminalization and for the political declaration targets, including how to operationalize the target of 30% of service delivery being community-led and 6% of all HIV resources being allocated for social enablers.
    - UNAIDS needs to take up the role as a broker between governments and communities to ensure these targets are met, including by creating an enabling environment for key population organizations to receive funds.
- Support key populations to engage directly with funders such as PEPFAR, the Global Fund and others and to be at the table of important conversations (e.g. Global Fund proposal development and grant implementation).
    - UNAIDS can work with PEPFAR, the Global Fund and others on the development of a joint strategy on funding communities to ensure technical support, core funding and sustainability.

Galvanize political will for decriminalization, among governments and other powerful stakeholders.

- Find ways to reverse the worrying trend across some countries that were previous rights champions – including across the EU. Eastern Europe has not seen significant change in terms of decriminalization for a decade and there is a perceived risk that with Global Fund transition plans in the region, decriminalization efforts will be deprioritized.

- Communicate the harmful consequences of criminalization, including how it has resurfaced in the context of COVID-19 (e.g. more policing, targeting of key populations) as part of “panic-related” responses that undermine human rights and impact negatively on both COVID-19 as well as HIV responses. Articulate its impact on the right to health. Use the “right to health approach” which is especially relevant now in the context of COVID-19. For people who use drugs, this requires UNAIDS country offices to address the laws and policies around drug use and advocate for its decriminalization as a basis to access health and HIV-related services.
- Build on successes with decriminalization, especially with same-sex relations, to scale up efforts to decriminalize sex work and people who use drugs. These include fostering community solidarity and advocating on the importance of decriminalization to meet HIV targets, particularly at country level.
- Build “coalitions of the willing” to amplify voices for decriminalization. Actions may include exploring how HIV can be used as an entry point; presenting evidence about how criminalization impacts lives of key populations more effectively; getting champions on board to tell their stories and mobilize others; and setting up independent commissions such as those on HIV and the Law, Drug Policy, etc.
- Ensure multisectoral coordination with engagement across sectors, including law enforcement, prosecutors, and the judiciary. Sensitization and guidance for decision-makers provide opportunities to mitigate harmful consequences of criminalization and may influence legal change.

Next steps

The consultation meeting concluded with an agreement to consolidate and share with participants the notes from the meeting, which will also be passed on to the overall UNAIDS strategy development team for consideration. The group stands ready for further consultations on the critical next steps in the development of the strategy as needed.

Annexes

1. Agenda
2. List of participants

Annex 1: Meeting agenda – 9 September 2020

PART	Time	Process	Roles
PART I Framing the conversation	**15 mins**	Welcome and Introduction	Maureen Milanga, Jules Kim
	5 mins	History and Framing the discussion	Maureen Milanga, Jules Kim
	5 mins	Introduce the agenda and way of working in a virtual meeting	Laurel Sprague, Helena Nygren-Krug
	5mins	Mapping of the work of the joint Programme	Laurel Sprague
PART II	**10 min**	Introducing break – out session	Laurel Sprague, Helena Nygren-Krug
Breakout Groups	**1 hour 10 mins**	Group discussion Group 1 – Prevention, treatment and retention Group 2 – Criminalisation Group 3 - Community led monitoring and accountability Group 4 - UNAIDS Country action to support Key populations Group 5 - Data and research (including community led research) Group 6 - Funding	Moving to Zoom working groups
Coffee break	**15 min**	Preparation for the plenary (between facilitator and Rapporteur to wrap up and prepare presentation in plenary)	Facilitator and Rapporteur per group
PART III **Plenary**	**40 min**	Plenary - Facilitators present main points from discussion groups - Open for large group discussion -facilitators to help "unify" and wrap up discussions - Summarize and try to agree in 1-3 high level recommendations	Facilitated by Maureen Milanga and Jules Kim
	15 min	Close of session - Outline next steps - Identify further opportunities - Close session	Maureen Milanga, Jules Kim

Meeting agenda – 1 October 2020

PART	Time	Process	Roles
PART I Framing the conversation	**10 mins**	Welcome and Introduction	Maureen Milanga, Jules Kim
	5 mins	History and Framing the discussion	Maureen Milanga, Jules Kim
	5 mins	Introduce the agenda and way of working in a virtual meeting	Laurel Sprague, Helena Nygren-Krug
	5mins	Mapping of the work of the joint Programme	Laurel Sprague
PART II **Breakout Groups**	**10 min**	Introducing break – out session	Laurel Sprague, Helena Nygren-Krug
	1 hour	Group discussion Group 1 – Prevention, treatment and retention Group 2 – Criminalisation Group 3 - Data and research (including community led research)/ Community led monitoring and accountability Group 4 - UNAIDS Country action to support Key populations Group 5 - Funding	Moving to Zoom working groups
PART III **Plenary**	**20 min**	Plenary - Facilitators present main points from discussion groups - Open for large group discussion -facilitators to help "unify" and wrap up discussions - Summarize and try to agree in 1-3 high level recommendations	Facilitated by Maureen Milanga and Jules Kim
	5 min	Close of session - Outline next steps - Identify further opportunities - Close session	Maureen Milanga, Jules Kim

Annex 2: List of participants

Name	Affiliation
George Ayala	MPact Global Action
Elie Balan	M-Coalition
Stefan Baral	Johns Hopkins University
Anton Basenko	Euroasian Network of People who Use Drugs (ENPUD)
Clemens Benedikt	UNAIDS
Karina Bravo	Plataforma Latino America de Personas que Ejercen el Trabajo Sexual (PLAPERTS)
Erika Castellanos	Global Action for Trans* Equality (GATE)
Simon Cazal	SOMOSGAY
Judy Chang	International Network of People Who Use Drugs (INPUD)
Sharma Charanjit	Indian Drug User's Forum
McPherlain Chungu	UNAIDS
Monica Ciupagea	UNODC
Ernesto Cortés	LANPUD-Red Latinoamericana y del Caribe de Personas que Usan Drogas
Vivek Divan	Centre for Health Equity, Law & Policy (C-HELP)
Vitaly Djuma	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM)
Miriam Edwards	Carribean Sex Work Coalition
Najeeb Ahmad Fokeerbux	Young Queer Alliance (YQA)
Carlos Garcia de Leon Moreno	UNAIDS
Brian Honermann	The Foundation for AIDS Research (amfAR)
Grace Kamau	African Sex Worker Alliance
Jules Kim	Scarlet Alliance, Australian Sex Workers Association
Wiebke Kobel	UNAIDS
Boyan Konstantinov	UNDP
Virginia MacDonald	WHO
Marsha Martin	Global Network of Black People Working in HIV
Maureen Milanga	Health GAP
Ruth Morgan Thomas	Global Network of Sex Work Projects (NSWP)
Elani Nassif	UNAIDS
Richard Nininahazwe	Y+ Network
Helena Nygren-Krug	UNAIDS
Archana Patkar	UNAIDS
Stasa Plecas	Sex Workers' Rights Advocacy Network (SWAN)
Midnight Poonkasetwatana	APCOM Foundation
Keith Sabin	UNAIDS
Ehab Salah	UNODC
Vinay Saldanha	UNAIDS

Sally Shackleton	Frontline AIDS
Tim Sladden	UNFPA
Fariba Soltani	UNODC
Laurel Sprague	UNAIDS
Trevor Stratton	Canadian Foundation for AIDS Research
Hassan Turaif	Middle East & North African Network for People who Use Drugs (MENANPUD)
KayThi Win	Asia Pacific Network of Sex Workers