PEPFAR Priority Areas

Key Populations:
Ensuring Human Rights and Leaving No One Behind

December 2016
Key Issues, Challenges, and Priorities

Key Populations
Key populations have unique needs when it comes to accessing treatment and prevention services

- Stigma and discrimination reduction in the community and healthcare settings is needed
- Monitoring and reforming laws, regulations and policies relating to HIV discrimination
- Mitigation: HIV-related legal services
- Sensitization of law-makers and law enforcement agents
- Training for health care providers on human rights and medical ethics related to HIV
- Reducing discrimination against women in the context of HIV
- Legal literacy, or ensuring that all know their rights
There are complex factors driving stigma, discrimination, and violence against key populations. Our success in fighting this will be defined by:

- Expanded access to non-discriminatory HIV prevention, care, and treatment
- Increased civil society capacity
- Increased gender equality in HIV services
Key Populations vary by location

Source: UNAIDS, 2014
73 countries worldwide criminalize homosexuality, which prevents some of the most at-risk populations from seeking prevention or care services due to the fear of persecution.

Source: ILGA, 2016
This matters because men who have sex with men are 19 times more likely to contract HIV than the general population. This is a problem across all PEPFAR operating units. We cannot contain the epidemic without reaching the populations most at risk.

Source: Beyrer, 2011
It has been demonstrated that stigma and discrimination directly impacts HIV and health.

Among men who have sex with men (MSM) in Swaziland, stigma and discrimination impacted seeking healthcare and disclosing same-sex sexual practices to healthcare providers (Risher et al., 2013).

18% of MSM in Malawi and Namibia and 21% of MSM in Botswana, three countries that receive PEPFAR support, felt afraid to seek health services (Beyrer, 2010).

HIV-related stigma has been found to be a barrier to HIV testing among MSM and transgender women (Golub and Garamel, 2013).
PEPFAR Activities and Impact

Key Populations
Worldwide, there are a variety of policies and strategies that address the challenges faced by key and vulnerable populations.

PEPFAR has its guiding strategy – PEPFAR 3.0 – as well as Country Operational Plan guidance to guide program priorities.

PEPFAR 3.0 sets three priorities for U.S. Government activities:
- Expanded access to non-discriminatory HIV prevention, care and treatment for all people
- Increased civil society capacity to advocate for and create enabling environments
Civil Society

• PEPFAR’s work must effectively and meaningfully engage communities and civil society if its impact on the epidemic is going to be sustainable.

• Community and civil society organizations play multiple roles in the HIV response:
  • Referral and adherence services
  • Advocacy and providing a voice to the voiceless
  • Support for communities affected by HIV
  • Service delivery
Engaging Civil Society in PEPFAR

- Through PEPFAR there is increased engagement in-country with civil society to ensure program success and sustainability.
  - Civil Society is actively engaged in quarterly PEPFAR Oversight and Accountability Response Team (POART) meetings; country teams are charged with soliciting input and providing feedback to CSOs on quarterly data and POART meetings.
  - PEPFAR HQ conducted regional webinars, in conjunction with UNAIDS, to outline Country Operational Plan (COP) 2016 guidance, solicit input on the draft guidance, and highlight best practices in CSO engagement.
  - Civil society is fully engaged in developing and reviewing Country Operational Plans.
PEPFAR works to strengthen civil society organizations, including our faith-based partners, to ensure continued success.

- PEPFAR has committed $10 million to the Robert Carr Civil Society Networks Fund over the next three years to build the capacity of civil society
- Two-year $4M initiative PEPFAR/UNAIDS faith initiative
- PEPFAR with the Elton John AIDS Foundation has committed $10 million to support key population advocacy
- Local Capacity Initiative (LCI) is a mechanism through which PEPFAR provides funding and support to civil society organizations (CSOs) that advocate for or deliver high quality and sustainable HIV/AIDS programs through activities that:
  - Reduce structural (i.e., legal and policy) barriers;
  - Reduce stigma and discrimination; and
  - Ensure that target populations are involved in the planning and implementation of programs that affect their lives.
Key Populations Investment Fund

$100 Million Dollar Initiative Launched at the UN High Level Meeting in June 2016

• Supports multi-year and comprehensive approaches with direct funding to key population-led community based organizations to develop and improve their capacity for sustainable HIV responses at the local level driven by data and accountability.

• Supports innovative, tailored, community-led approaches to address critical issues and gaps that exist for key populations in the HIV/AIDS response

• PEPFAR is committed to engaging civil society in planning and implementation of the Investment Fund.
What is the PEPFAR impact?

Key Populations
Direct Impact on Country Operational Plans

- **South Sudan** - as direct result of COP16 input, the country team reprogrammed $1.6 million in funding supporting People Living with HIV networks expansion of new service delivery models and innovations of index testing, community based ARV distribution, and adherence support.

- **Zimbabwe** - Both local and international CSOs were involved in COP review discussions and successfully advocated for expanded Key Population services.

- **Thailand** – An incentive fund was developed through a community and civil society task force to enhance Thai leadership and sustain investments in community-based organizations.

- **Malawi** - Civil society in Malawi has played a critical role in advocating for differentiated care models and increased human resources to support service delivery as well as expand investment in direct service delivery. COP16 supported community engagement facilitators to coordinate with community-based structures in order to achieve increase targeted testing, treatment and viral suppression.

- **Zambia** – Because of community involvement in the COP16 review, Zambia will have achieved 80% national coverage with 51 districts (includes scale up and sustained) above 80% coverage.

- **Swaziland** – Community Linkage Program - Model first implemented in one district in June 2015 with a goal to improve early enrollment in HIV care – especially targeting men. Implements a set of linkage-to-care services as recommended by WHO, IAPAC, and CDC for up to 90 days following diagnosis. Clinical services and case management delivered from MOH-registered mobile units, in the community. Early results: 91% linked to care Median time from diagnosis to first clinic visit: 6 days 95% of those that visited a facility still in care at 90 days.
Mapping our Clinical Cascades for Key Populations

In order to achieve the 90-90-90 goals by 2020, we have to have specific data about how we are reaching our most at-risk populations. PEPFAR has recently starting mapping out clinical cascades specifically for key populations so that we can better tailor our programs.
What are the next steps?

• Expand Public-Private Partnerships to address key issues and challenges faced by key populations

• Ensure the Key Populations Investment Fund, the Faith-Based Initiative, the Elton John LGBT Fund scale up quality HIV/AIDS prevention, care, and treatment programs

• Work with stakeholders and host governments to address social and structural factors, including stigma, discrimination, violence, and human rights violations

• Continue to work closely with partners such as community and civil society organizations, governments, UNAIDS, The Global Fund to Fight AIDS, Tuberculosis and Malaria, and others to strengthen and coordinate efforts
Thank You!