

Key Populations Evidence in Action Webinar Series

DEFINING "SUSTAINABILITY" FOR KEY POPULATION PROGRAMS IN THE ERA OF EPIDEMIC CONTROL

October 30, 2024



Please introduce yourself in the chat



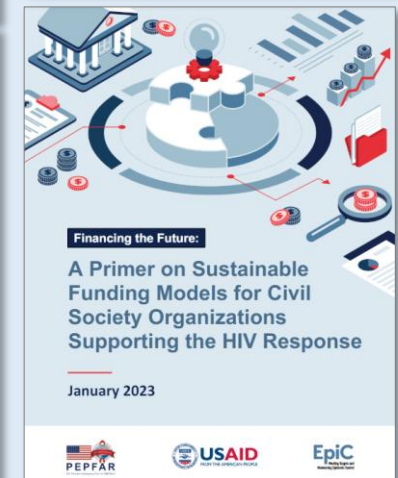
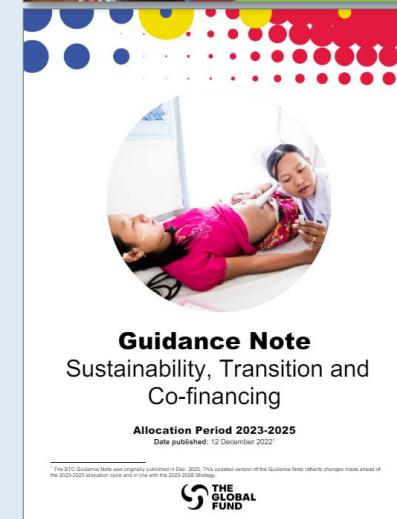
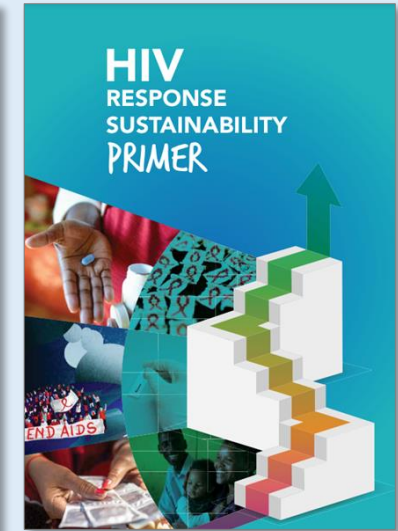
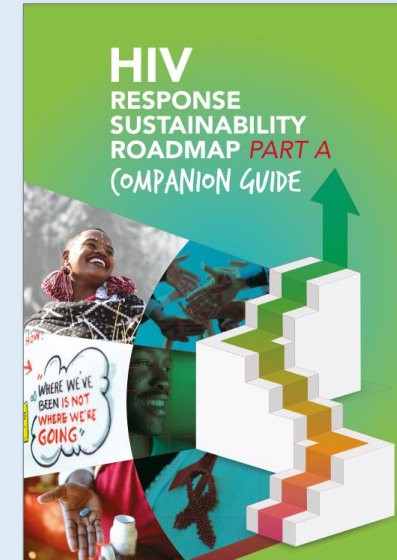
- Name
- Organization
- Country

Feel free to type your questions, including who they are for, in the Q&A box or the Zoom chat feature at any point during today's session. We will have dedicated time to answer your questions.

Agenda

- **Welcome and Introduction**
 - Danielle Darrow de Mora, EpiC/FHI 360
- **Community Perspectives Panel**
 - Micheal Ighodaro, Global Black Gay Men Connect, USA
 - Grace Nyarath, African Sex Workers Alliance, Kenya
 - Rena Janamnuaysook, Institute of HIV Research and Innovation and Tangerine Clinic, Thailand
 - Luswata Brant, Icebreakers Uganda
- **GHSD Remarks**
 - Brian White, Bureau of Global Health Security and Diplomacy
- **Q & A Discussion**
- **Closing Remarks**
 - Danielle Darrow de Mora, EpiC/FHI 360

Recent focus on sustaining the response



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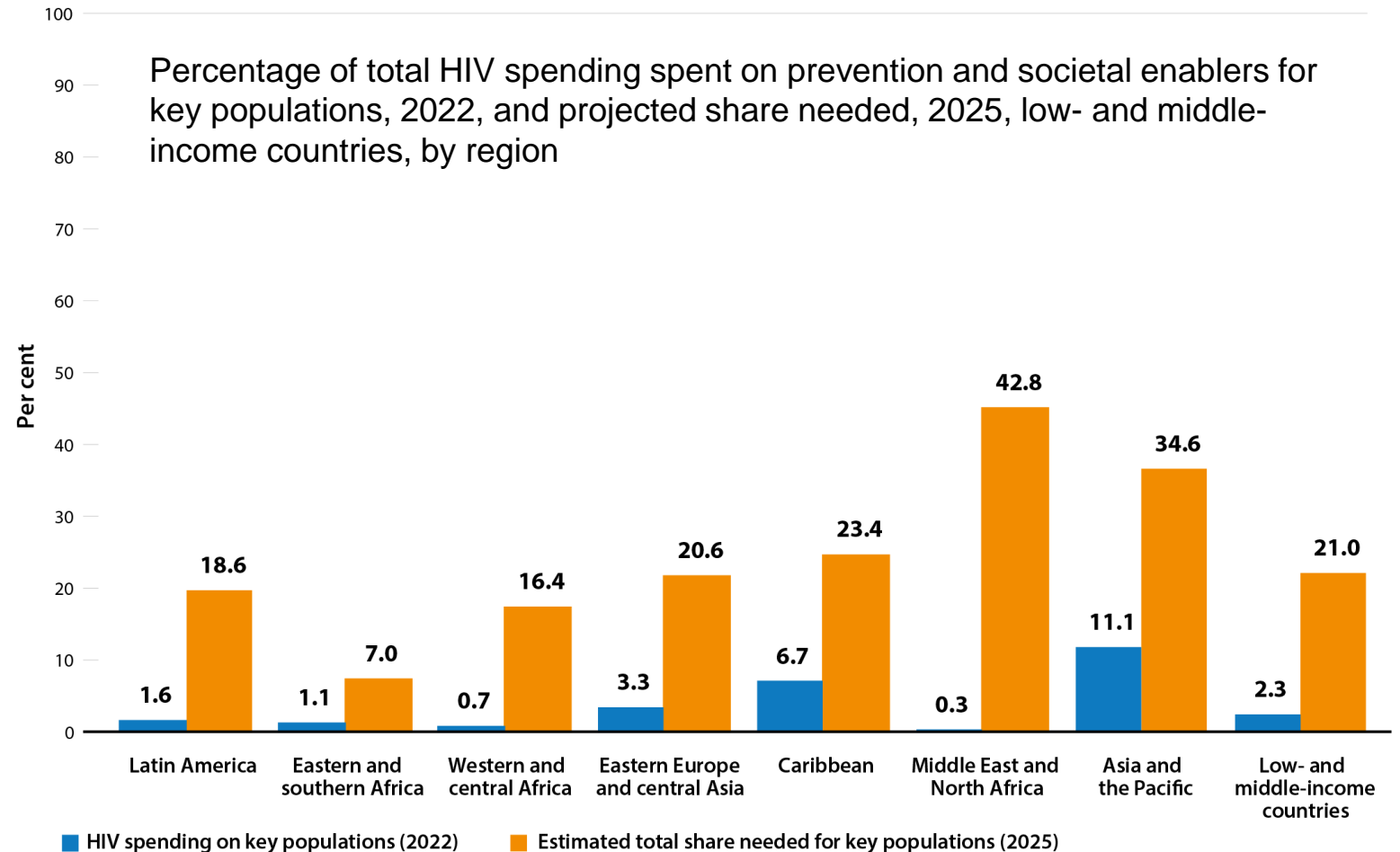
New PEPFAR Action Plan to Address HIV-Service Equity Gaps for Key Populations

PEPFAR RELEASE

JULY 19, 2024

What does sustainability look like for key population programs?

1. How can we ensure maintained (or increased) access to client-centered differentiated service delivery?
2. When integrating care in primary healthcare settings, what are the trade-offs and unique considerations to keep in mind for key population communities?
3. How do we approach service delivery in complex political environments where human rights of key population communities are under attack?
4. What is the role for social contracting and other forms of innovative financing?
5. How can community engagement in the planning, implementation, and evaluation of HIV service delivery be increased?



Source: The Path that Ends AIDS; 2023 UNAIDS Global AIDS Update

Key population and sustainability consultations: Participants and objectives

1. Define the key considerations related to sustainability and transformation for key population programming.
2. Define the range of factors that may impact how sustainability is achieved for HIV services for key populations in different communities and contexts.
3. Facilitate discussions around how key population communities could best be engaged to define sustainability themselves.
4. Document illustrative approaches for sustainability and program transformation in various and constantly evolving economic, legal, HIV programming (95-95-95 scenarios), and health system scenarios.

Consultations held on Sustainability of Key Population Services	# of participants	Countries represented		
Francophone	15	<ul style="list-style-type: none"> • Benin • Cameroon • Congo 	<ul style="list-style-type: none"> • Côte d'Ivoire • Mali • Senegal 	<ul style="list-style-type: none"> • Togo • Uganda
Asia	18	<ul style="list-style-type: none"> • Cambodia • India • Indonesia 	<ul style="list-style-type: none"> • Lao People's Democratic Republic • Myanmar • Nepal 	<ul style="list-style-type: none"> • Philippines • Tanzania • Thailand
Anglo Africa and the Caribbean	8	<ul style="list-style-type: none"> • Malawi • Nigeria • South Africa 		
Open session for participants unable to attend previous sessions	32	<ul style="list-style-type: none"> • Ghana • Guyana • Indonesia 	<ul style="list-style-type: none"> • Jamaica • Lesotho • Liberia 	<ul style="list-style-type: none"> • Myanmar • Thailand • Vietnam
Global Perspectives	11	Participated with a global or regional viewpoint		
	84 Total	27 countries		

Highlights from KP pre-consultation survey

Challenges to the sustainability of key populations HIV programming

- Barriers to true community ownership
- Limited health workforce experience with client centered healthcare delivery
- Limited local and domestic financing & high dependency on international financing
- Challenges in the enabling environment; legal and policy barriers, including punitive laws
- Limited availability of epidemiological data

“Capacity building of the community led organization, ownership of the community practices, creating stronger mechanisms for the domestic financing for the KP work, harmonizing the KP work with the overall health response in the country, creating stronger policy platforms for KPs to engage, create more resource mobilizing on the KP issues” is needed to support sustainability.

Key factors that will support sustainability

- Key population leadership and ownership
- Domestic financing and other forms of innovative financing
- Access to differentiated service delivery
- Enabling legal frameworks
- Client centered service delivery in an environment of safety and inclusivity

Key insights emerging from consultations

Theme	Illustrative Quote
Continue and expand access to differentiated service delivery	“People are not just data points, it’s demoralizing. [Service delivery] needs to be people centered, [and include] mental health and range of supportive services.”
Improve client experiences with health care workers and facilities	“At primary health care centers, we often don’t feel welcome.”
Emphasize the critical importance of key population leadership	“For sustainability, community needs to be the center of everything; not just in implementation but from design through evaluation. If they are not involved in all, there will be gaps for sustainability.”
Increase country government financing and accountability for HIV services to key population communities	“Irrespective of the capacity built, there is still bias, prejudice at high levels. Until we can break that, difficult to say the government will respect social contract[ing]. ”
Continue to advocate for policy change and address structural barriers	“If governments pull funding and support from HIV service provision and KP serving clinics, those services will stop. Protection for KPs and providers of service delivery (ex, peer educators being arrested) in this ever-changing environment needs to be included in models.”

Key insights emerging from consultations *(continued)*

"The involvement of key population groups in providing sustainable services is essential ... In [my country], the proportion of clients coming to key population-led facilities is 3-4 times higher than public facilities. And for the clients who come to public facilities ... they usually go with a key population supporter."

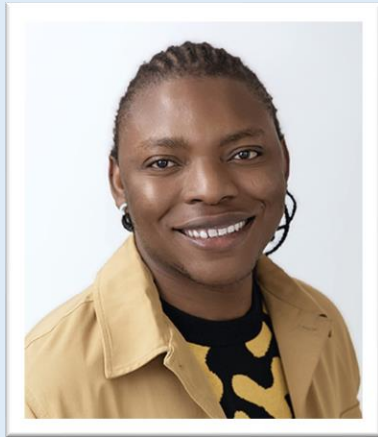
"Sustainability is not only about funding but also about how to prepare for donors reducing funding in years to come."

"While I agree KPs need to be involved in programming for themselves, it will be a gradual process. Systems and structures need to be built so that KPs can lead. If capacity is not built, even if you give resources, they will not be able to effectively lead."

1. Integration of services where appropriate and with consideration to KP needs.
2. Continue to expand and invest in meaningful engagement of key population communities in all aspects of programming.
3. Key population communities should not be considered or treated as a monolith, but recognize there is opportunity in working together.
4. Desire for continued or increased capacity strengthening support to ensure key population led CSOs expand leadership of the work.

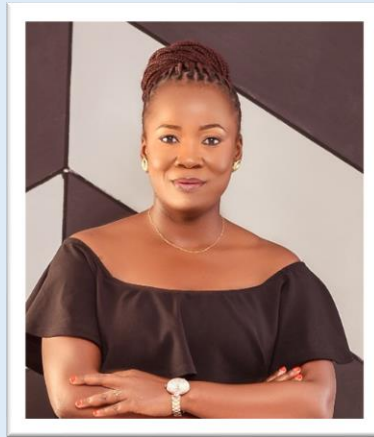
Community Perspectives Panel

Moderator



Micheal Ighodaro

Global Black Gay Men Connect



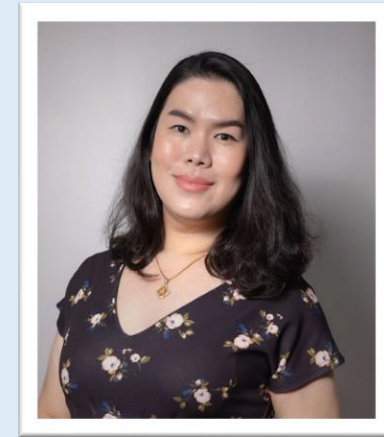
Grace Nyarath

Africa Sex Workers Alliance



Brant Luswata

Ice Breakers Uganda



Rena Janamnuaysook

Tangerine Clinic/IHRI



**Global Health Security
and Diplomacy**
U.S. DEPARTMENT *of* STATE



PEPFAR
U.S. President's Emergency Plan for AIDS Relief

Sustainability for KP Programming

Brian White, GHSD/PEPFAR

October 30, 2024



To advance towards Sustainability, we must **be Bold and have the Courage to follow through**

FUTURE STATE GOAL – 2030 and Beyond

The large majority of **HIV** prevention, care and treatment programs will be led and delivered by government OR delivered by other domestic entities with community engagement and government accountability

PEPFAR, alongside communities and other partners, will have a **central role** in advancing this goal



PEPFAR will be central to achieving this goal by 2030 and beyond

Role of PEPFAR:

1. Reducing **equity gaps** for **vulnerable populations** (KP, AGYW, Children) and ensuring **communities have a strong voice** at the table with governments and partners
2. **Aligning** and **simplifying** HIV program implementation to enable **responsible transition of HIV service delivery** to host government systems and priorities
3. Strengthening **local organizations, national public health systems, and institutions** to oversee, deliver, and monitor core HIV public health functions
4. Leveraging **innovation, modernization, science and surveillance** to drive higher program impact
5. Ensuring **availability of HIV commodities**, and protecting **programs against shocks** (i.e., financial crises, climate crises, civil unrest)

PEPFAR's program will continuously **need to evolve** to meet HIV program needs moving towards 2030 and sustaining our progress beyond 2030



PEPFAR Action Plan for Key Populations



GOAL: Close equity gaps for key populations by **strengthening KP programs, addressing structural barriers, and building capacity of KP-focused organizations**

1 Global funding control for HIV investments supporting KPs in COP25

2 HQ matching fund* on additional COP25 investments addressing structural barriers and strengthen capacity of KP focused CSOs

3 Enhanced HIV-related services for KPs in challenging environments (e.g., Uganda)

4 Stand up and support a new multi-country, KP-focused civil society network

Thank you



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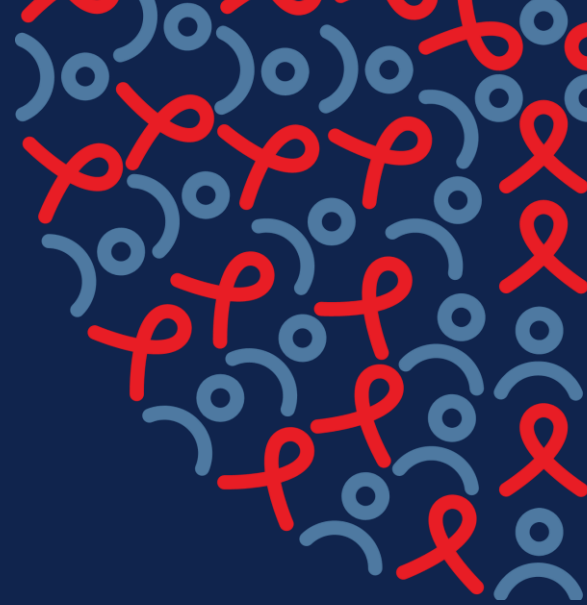
PEPFAR

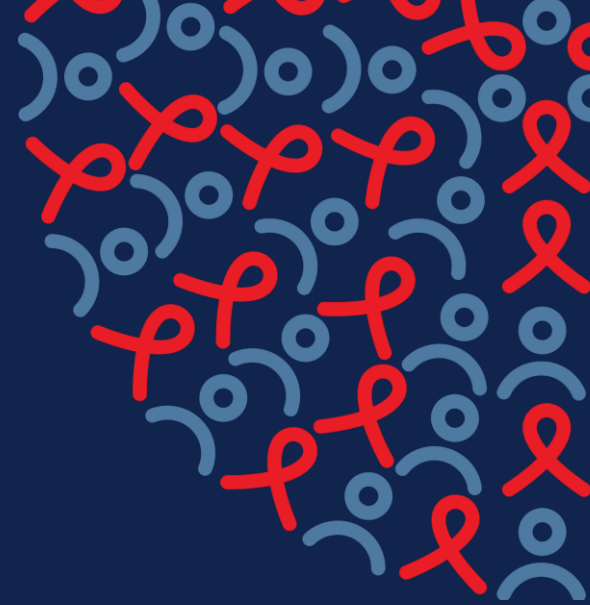
U.S. President's Emergency Plan for AIDS Relief

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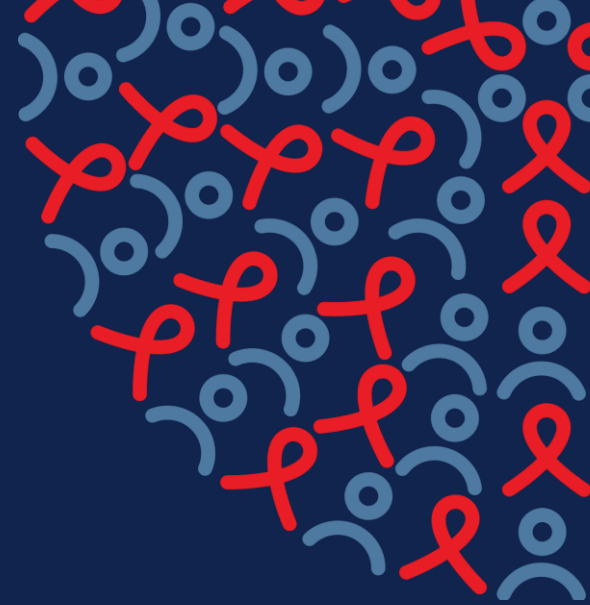
Q & A

Discussion





Closing Remarks



Thank you!

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