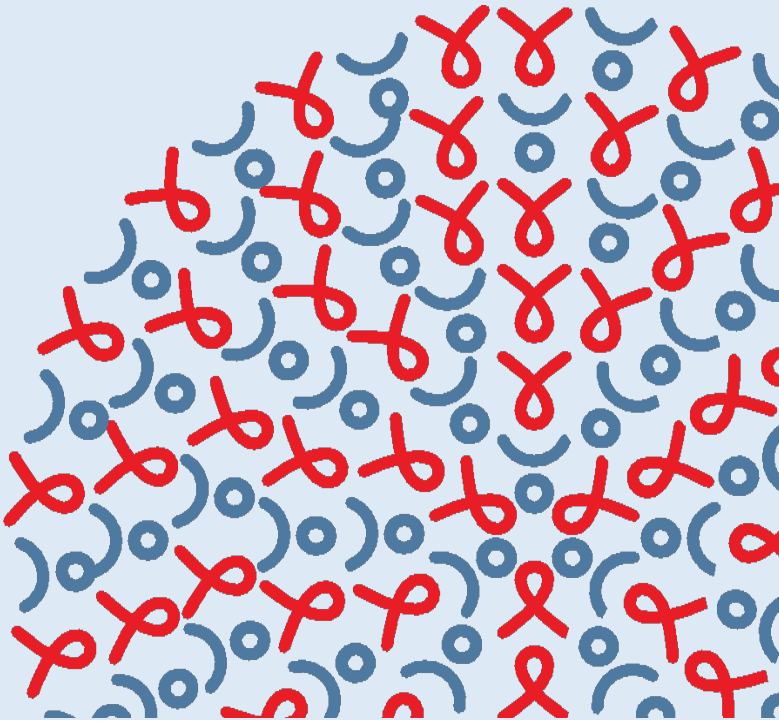
MEETING TARGETS AND MAINTAINING EPIDEMIC CONTROL (EPIC) PROJECT

COOPERATIVE AGREEMENT NO. 7200AA19CA00002

Sustaining the HIV Response: A Report on Consultations with Key Population Communities

SEPTEMBER 2024



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GLOBAL BLACK GAY MEN CONNECT

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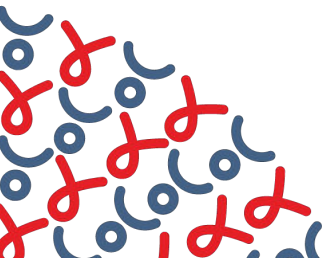

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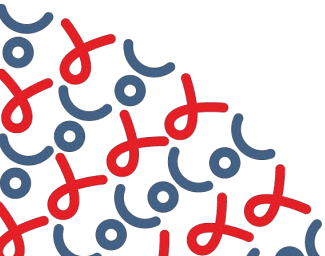

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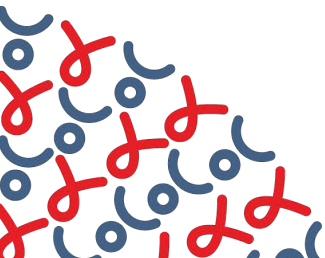


About EpiC

The Meeting Targets and Maintaining Epidemic Control (EpiC) project is an eight-year (2019–2027) global initiative, funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID), that provides strategic technical assistance and direct service delivery to achieve control of the HIV epidemic among key and priority populations and strengthen global health security. EpiC is led by FHI 360 with core partners Right to Care, Palladium, and Population Services International (PSI). The project also draws on regional resource partners, including Africa Capacity Alliance, ENDA Santé, the Thai Red Cross AIDS Research Centre, the University of the West Indies, and VHS-YRG Care, as well as global resource partners, including the Aurum Institute, Dimagi, Johns Hopkins University's Key Populations Program, JSI Research & Training Institute Inc., MTV, and World Vision International.

The EpiC project promotes self-reliant management of national HIV programs by improving HIV case finding, prevention, treatment programming, and viral load suppression among key and priority populations. EpiC partners with and strengthens the capacity of governments, civil society organizations (CSOs), other PEPFAR-implementing partners and the private sector to introduce innovations and expand evidence-based HIV services to unprecedented levels of scale, coverage, quality, effectiveness, and efficiency.

About Global Black Gay Men Connect

Global Black Gay Men Connect (GBGMC) was founded to address the unique challenges faced by Black gay men globally. It has been at the forefront of advocating for policies and programs that directly affect this community, consistently striving to bridge gaps in health care access and social support. As a global advocacy organization, GBGMC is also dedicated to accelerating the ethical development and delivery of HIV prevention options as part of a comprehensive response to global health equity. With a focus on key populations, GBGMC works to ensure that the voices of those most affected by HIV lead the decision-making processes that affect their lives.

Executive summary

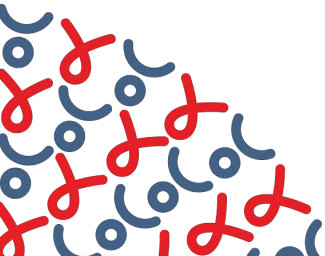
Sustainability of the world's response to HIV has become a much-discussed topic among funders, multilateral institutions, country governments, and HIV service delivery organizations. However, despite several new guidance documents and frameworks addressing sustainability, there has been minimal attention given to what sustainability means for HIV service delivery among key populations, particularly in settings where key populations' legal and human rights are limited. Key populations are disproportionately affected by HIV and already face significant barriers to care, including police harassment, societal discrimination, and insufficient community-based services.

So that vulnerable populations are not left behind in planning a sustainable HIV response, the EpiC project and GBGMC cofacilitated five consultations with key population community members to document and elevate the perspectives of key-population-led and key-population-serving organizations, informing discussions on HIV program sustainability. The consultations were held virtually between August 2023 and October 2023, complemented by an in-person discussion group during the International Conference on AIDS and STIs in Africa (ICASA) in December 2023. Participants were invited based on their self-identification as one of the four main groups of key populations prioritized by PEPFAR—men who have sex with men, transgender people, sex workers, and people who inject drugs. Each consultation was facilitated by EpiC and GBGMC staff.

Participants in the consultations recommended actions for governments, donors, and the key population communities when planning transformation of HIV service delivery for key population communities in the era of roadmap development. Their recommendations follow.

Governments at national and subnational levels should:

- Support and deliver HIV service delivery that is person-centered and differentiated to the needs of specific key population groups and foster an environment of safety and inclusivity, free from discrimination.
- Intentionally engage key populations in the design, development, and implementation of programs targeting them. Include key population communities in efforts to determine legislation, funding, and human rights considerations related to new sustainability policies and practices.
- Support key-population-led CSOs' interventions through both policy and financing and invest in government accountability, such as sustained interaction with key population CSOs.
- Continue to address structural barriers through policy change and addressing legal and policy frameworks that perpetuate stigma and discrimination against key populations.
- Refrain from treating key population communities as a monolith; consider the unique needs and equity of HIV services for each population individually. At the same time, recognize there is opportunity in working together.



Global Fund, PEPFAR, and other donors should:

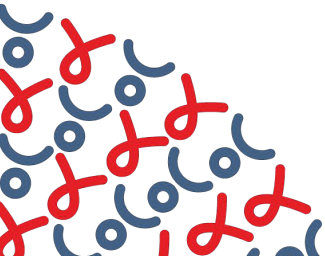
- Continue to ensure that HIV services are person -centered; prioritize mental health and supportive services such as legal aid, nutrition, and other support; and invest in strengthening the capacity of health workers serving key populations.
- Monitor governments' receptiveness to genuine engagement with key population communities.
- Assess and encourage governments to uphold social contracting commitments made during the presence of external organizations and continue funding and supporting key-population-led initiatives after donor withdrawal.
- Continue to advocate for policy change, address structural barriers, integrate human rights into programming, and engage with the criminal justice system as new sustainability measures are put into place. Address the lack of political will to tackle these concerns once donor funding is no longer a motivation for governments to do so.
- Engage consistently with key population communities to establish feedback mechanisms to ensure PEPFAR's (as well as other donors') responsiveness to evolving needs. Provide capacity-strengthening to equip key population staff with the skills and knowledge needed to assume technical leadership roles within organizations and programs.
- Differentiate the varying needs of specific key population communities but recognize there is opportunity in working together, specifically for advocacy.

Members of key population communities should:

- Ensure that HIV service delivery is person-centered, with a focus on one-stop shops, community clinics, peer-led initiatives, and professionalization of community health workers toward key populations' health needs and concerns.
- Prioritize key population leadership. Provide capacity strengthening in developing grant applications, mentoring key population leaders, retaining staff, addressing challenging policy environments, and designing and implementing programs.
- Continue to advocate to governments for social contracting, or expanding social contracting, to key-population-led CSOs.
- Remain alert to potential changes in priorities, policy, or funding resulting from increased government ownership of HIV programming. Help determine how the continuity of government support for key population initiatives will be assured. Address concerns about governments' readiness and willingness to independently manage key population programming and commitments.
- Work together for advocacy purposes and create a unified voice to address shared concerns, such as government policies and stigma. Engage in cross-learning among key population groups and avoid overlooking common needs if services are disaggregated. At

the same time, continue to recognize the distinct needs of different key population groups.

This report will be shared broadly with participants of the consultations, donors, country leaders, and other stakeholders via email, webinars, and fora such as satellite sessions of the AIDS 2024 conference. Participants of the consultations were eager to use the synthesized information for advocacy purposes and to inform conversations with decision-makers about sustainability planning. Additionally, as country teams discuss sustainability roadmaps, EpiC and GBGMC encourage stakeholders to use the information in this report to inform, engage, and advocate for equitable and sustained access to appropriate HIV services for key population communities.



Background

Sustainability of the HIV response has become a much-discussed topic across the HIV ecosystems of funders, governments, multilateral institutions, and other stakeholders. Funders such as the PEPFAR, multilateral institutions such as UNAIDS, and stakeholder groups have released guidance documents and frameworks placing sustaining the HIV response at the center of future planning and strategies. However, minimal attention has been given to what sustainability means for key population HIV service delivery to ensure that no one is left behind, particularly in criminalized settings.

Globally, key populations—who include men who have sex with men, sex workers, transgender people, and people who inject drugs—are disproportionately affected by HIV. In most PEPFAR countries, key populations have inequitable access to safe, effective, high-quality HIV services and face disproportionate levels of stigma, discrimination, violence, human rights violations, and criminalization. Significant barriers, such as police harassment, societal discrimination, and insufficient community-based services, prevent key populations from getting the care they need. UNAIDS data from 2022 showed that compared with adults in the general population (ages 15–49 years), HIV prevalence was 11 times higher among men who have sex with men, four times higher among sex workers, seven times higher among people who inject drugs, and 14 times higher among transgender people.[1] In addition, in 2021, UNAIDS data demonstrated that key populations and their sexual partners accounted for 70% of all new HIV infections globally.

Despite the challenges key populations face and their increased risk of HIV acquisition, key population programs remain underfunded across all regions. According to UNAIDS, in 2022 the projected funding shortfall for HIV prevention programs for key populations was estimated to be around 90%.[1] Without a concerted focus on addressing the HIV programming needs and preferences of key population communities, we will not achieve HIV epidemic control. While sustainability of the HIV response is an important goal, stakeholders are keen to ensure that sustainability measures, such as integrating HIV programs and services more extensively into country health systems, do not erode the equity of HIV programming.

In response, the EpiC project and GBGMC conducted a series of virtual consultations with leaders of key population CSOs across the globe, those engaged in HIV service delivery to key population communities, and other thought leaders to discuss sustaining the key population HIV response in various country contexts. The outputs of the consultations have been consolidated into this report for use by participants and other interested stakeholders when engaging in advocacy related to sustainable HIV programming.

[1] The path that ends AIDS: UNAIDS Global AIDS Update 2023. Geneva: Joint United Nations Programme on HIV/AIDS; 2023. License: CC BY-NC-SA 3.0 IGO.

The global focus on sustainability

PEPFAR released a five-year strategy in December 2022[2] that discussed five strategic pillars and three crosscutting enablers. This reimagined strategy (Figure 1) contains a strong focus on responding to HIV among priority populations (including key populations); tackling societal challenges that impede progress toward the 95-95-95 treatment targets; strengthening government, civil society, and local partners to lead and manage the program; and strengthening health systems and security. PEPFAR names "Sustaining the Response" as one of its five strategic pillars. A substrategy—called a focus area in the guidance—under the Sustaining the Response pillar is developing country-led sustainability roadmaps, which will "define a specific set of milestones to transition country programs toward increasing leadership and management of the HIV response."[2]

Figure 1. PEPFAR's five-year strategy for ending the HIV epidemic by 2030

The key priority under PEPFAR's second pillar "Sustaining the Response" is to shift global leadership on HIV so that countries are in the lead. This entails:

- Measurably increasing the underlying capacities and capabilities of local and regional institutions and governments to lead and manage the HIV response: PEPFAR aims to pass 70% of programming funds through locally owned, led, and operated organizations. key population- and community-led organizations delivering services to their communities are specifically deemed an essential aspect of sustainability.
- Increasing partner governments' responsibility for portions of the HIV response: PEPFAR will support governments to gain experience and build systems. This includes identifying and closing health systems gaps, mobilizing domestic resources, and other sustainability-focused finance initiatives. A key component of this effort is the acceleration of HIV service delivery integration and cost-sharing across service delivery functions.
- Developing measurable sustainability roadmaps, toward and beyond 2030: measurable sustainability roadmaps aim to strengthen the core capabilities of governments and their communities to autonomously lead, manage, and monitor the HIV response, and sustain HIV impact in a transparent, effective, and equitable manner.

[2] PEPFAR's Five-year Strategy Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030: U.S. President's Emergency Plan for AIDS Relief; 2022. https://www.state.gov/pepfar-five-year-strategy-2022/.

UNAIDS also has recently proposed a new approach to ensure the sustainability of the HIV response.[3] The UNAIDS guidance supports country-led and -owned processes to begin planning for a sustained HIV response beyond 2030, through the development and implementation of a data-driven roadmap. The three-pronged process (Figure 2) proposes:

- Developing a Sustainability Working Group as the governance mechanism overseeing the design and implementation of the country roadmap. The governance mechanism would ensure that stakeholders are consulted and engaged in the development and implementation of the country roadmap.
- Creating an HIV response sustainability roadmap based on an extensive review of data, current challenges, and assessment of sustainability. The roadmap will "provide an integrated and selective framework of goals, high level objectives and strategies. It will focus on transformations towards human rights based, people centered programmes and systems to sustain the gains of the HIV response."[4]
- Implementing a transformation plan to strengthen the capacities of country stakeholders and ensure that strong, inclusive country leadership is ready to maintain HIV-related gains and sustain the HIV response after 2030.

WORKING UNDERSTANDING OF SUSTAINABILITY AS DEFINED BY PEPFAR AND UNAIDS

PEPFAR defines sustainability as "a country having and using its enabling environment, capable institutions, functional systems, domestic resources, and diverse capacities within the national system (including the government, community, and FBOs [faith-based organizations] as well as for-profit and nonprofit private sectors) to sustain achievement of 95-95-95 goals; to ensure equity in its HIV response; and to protect against other public health threats." [v]

UNAIDS' working definition of sustainability is "a country's ability to have and use, in an enabling environment, people-centered systems for health and equity, empowered and capable institutions and community led organizations, and adequate, equitably distributed resources to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, upholding the right to health for all." [iii]

As HIV programming transforms to enable greater domestic ownership, efforts to mitigate the risk of leaving the most vulnerable populations behind, particularly in criminalized and/or resource-constrained settings, must be managed. Careful thought needs to be given to what sustainability means for key population services within the context of these transformations.

[3] The UNAIDS approach and process was not yet released when these consultations took place and was not discussed directly. However, results from the consultations can be extrapolated for all discussions related to sustainability. The high-level outcomes for UNAIDS sustainability roadmaps encompass political leadership, effective and equitable service access, quality services, system capacities, and enabling policies, and domestic and international financing. The Primer explains the need for policy, programmatic, and systems-level transformations to achieve desired results in the aforementioned areas.

[4] HIV response sustainability primer. Geneva: Joint United Nations Programme on HIV/AIDS; 2024. License: CC BY-NC-SA 3.0 IGO.

Figure 2. Country roadmap cycle, design, and implementation

Methodology of consultations with key population communities

EpiC and GBGMC facilitated consultations among leaders of key population CSOs, service providers, and other thought leaders to:

- Define important considerations related to sustainability and transformation of key population programming
- Define the range of factors that may affect how sustainability is achieved for HIV services for key populations in different communities and contexts
- Discuss how key population communities could best be engaged to define sustainability themselves
- 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

The consultations were held virtually between August 2023 and October 2023 (Annex 1) and were complemented by a facilitated in-person discussion with members of key population communities during ICASA in December 2023.

To design the consultations, a steering committee was established comprising members from a key population advisory committee within GBGMC and EpiC staff. This committee met to discuss the structure of the consultations, identify appropriate questions, and nominate participants. Committee members served as consultation facilitators.

The committee nominated more than 270 people representing over 30 countries to participate in the consultations (Annex 1). Invitees were sent an email (Annex 2) that explained the consultation and contained a registration link to sign up on Zoom. As a part of the registration process, a pre-consultation survey (Annex 3) was sent to potential participants. The survey collected respondents' demographic information and contained multiple choice and free-response questions.

The pre-consultation survey was shared with all invitees to capture views from those who were unable to attend. One consultation was held in French.

Each consultation focused on these main questions:

1. What does a sustained HIV program look like for the specific key population you are representing/working with?
    a. What is the ideal vision for a sustainable program?
    b. What do sustainable service delivery models look like for the key population we are discussing? (Models being currently implemented or potential models for the future.)
    c. What does the ideal key population program look like with regards to:
        i. Rights and policy
        ii. Clinical services
        iii. Prevention

   iv. Enabling environment
   v. Psychosocial and holistic support
   vi. Financing (Where should funding ideally come from for an HIV program for men who have sex with men? For example: federal government, subnational government, donors, socially funded.)
2. What investments need to be made to support your country to achieve this vision of sustainability for key population services? For example, financial, capacity strengthening, staffing/human resources, infrastructure, systems support.
3. Are key populations themselves hired to provide and sustain services for key populations? Why is this important?
4. When considering sustainability of HIV interventions, is it more helpful to consider all key population groups together, or to disaggregate key population groups into specific strategic subgroups? What is needed to improve engagement with key populations in country and donor planning for HIV services?

Those who participated in consultations were also invited to respond to a post-consultation survey (Annex 4).

Summary of results from pre-consultation surveys

There were 64 respondents to the pre-consultation survey representing nongovernmental organizations that work in Southern Africa, Eastern Africa, Western Africa, Central Africa, Asia, the Pacific, and globally. Respondents identified as men who have sex with men (36), transgender individuals and other gender-diverse persons (31), sex workers (27), people who inject drugs (17), prisoners and other incarcerated people (8), and none (10). Respondents were able to select all key population groups with which they identify.

Respondents provided HIV health and wellness services to men who have sex with men (51), transgender individuals and other gender-diverse persons (47), sex workers (46), people who inject drugs (32), prisoners and other incarcerated people (17), and none (2).

Respondents' work with key population communities included HIV and AIDS prevention, care, and treatment services (23); psychosocial services (mental health, GBV, economic empowerment, etc.) (1); structural elements (policies, laws, human rights, etc.) (8); and broader advocacy efforts (5), with most respondents working across all areas (25).

OBSTACLES TO SUSTAINABILITY

Survey respondents chose from a preselected list of challenges they saw as threatening to the sustainability of HIV programming for key populations with whom they identify and/or work (Table 1). The were prompted to select all options that apply. The most prevalent challenges were (1) heavy reliance on external financing coupled with insufficient domestic funding and (2) concerns about the enabling environment, including legal and policy barriers as well as stigma and discrimination. Concerns about regulatory and policy framework were mirrored in free responses as well; issues included exclusion from government planning and strategies (especially for marginalized groups), lack of political will (including changes in government jeopardizing programming), and punitive legal frameworks.

Table 1. Challenges to sustainability of HIV programming for key populations with whom participants identify or work. Results from pre-consultation survey. (n=62)

Challenges	Count	Percentage
Challenges in the enabling environment: legal and policy barriers, including punitive laws	49	79
Challenges in the enabling environment: stigma and discrimination	47	76
High dependency on external financing, low level of domestic public financing	47	76
Challenges in integrating key population services in primary health care (org, service, or site level)	36	58
Challenges in raising additional revenue for essential key population services, whether through social contracting or social enterprise models	34	55
Challenges with decentralizing and differentiating service delivery	28	45

Challenges	Count	Percentage
Challenges with utilizing digital tools and virtual services	27	44
Challenges in the enabling environment: issues establishing needs, size estimates, and coverage	22	35
High out-of-pocket costs for services	21	34

OBSTACLES TO ENGAGEMENT IN NATIONAL POLICY, PLANNING, AND STRATEGY PROCESSES

Respondents were also asked to share challenges, in a free-response format, that their organizations have engaging in national HIV policy, strategy, and planning processes. Barriers included factors internal to the CSOs, such as lack of organizational capacity to engage in advocacy processes and resources to dedicate toward engagement. However, external factors were far more common, including unfavorable environmental factors, such as discrimination and stigma (11% of respondents), from other organizations and government; location (most engagement is limited to the national capital or more economically stable states); an unfavorable legal environment (including criminalization and lack of legal protection) (15% of respondents); and lack of meaningful involvement or inclusivity of key population communities. Additionally, 12% of respondents raised the lack of or limited financing for HIV, both internationally and domestically, as a challenge to engagement. There were, however, respondents (12%) who noted no challenges in engaging in national policy, planning, and strategy processes.

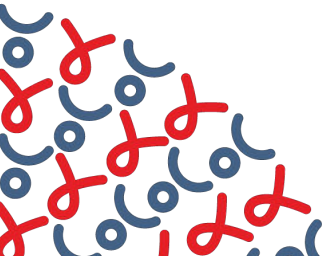
ENABLERS OF SUSTAINABILITY

The pre-consultation survey included the following definition of sustainability in the free-response prompt: “Sustainability has generally referred to the continuation of efforts for elimination of HIV, even after funding from major external donors comes to an end.” Respondents were then asked about the biggest opportunities in their country to enable sustainability of HIV programming for key populations. Several areas were frequently included in participant responses, including the importance of community empowerment and ownership, local financing, prioritization of key population programming, enabling legal frameworks, and accessibility of services (Table 2).

Table 2. Key factors supporting sustainability of HIV services for key populations. Results from pre-consultation survey.

Theme	Specific enablers of sustainability
Key population empowerment and ownership	▪ Presence of strong local CSOs supporting key population communities ▪ Engagement of key populations in government strategy design, implementation, monitoring, and evaluation ▪ Accessible spaces for routine cross-sectoral discussion and coordination between key populations, CSOs, and government ▪ Community-based services and monitoring
Domestic and innovative financing	▪ National government budget allocation for HIV response, specifically toward key population programming and social contracting to local CSOs

Theme	Specific enablers of sustainability
	▪ Access to innovative financing for HIV service delivery, such as social enterprise, corporate social responsibility funds, and other areas ▪ Universal health care or financing HIV services through national health insurance
Enabling legal framework	▪ Decriminalization and human rights protections for key populations ▪ Development of normative national documents to protect vulnerable groups and to create responsive structures that include and serve them
Political commitment	▪ Political will at national, regional, and local levels ▪ Continued international donor support for key population programming ▪ Strong coordination among government, funders, and other stakeholders to plan, implement, and monitor service delivery ▪ National strategies and frameworks that recognize and make provisions for equitable access to HIV services
Equitable access to HIV services	▪ Integration of HIV service delivery with other health care services frequently accessed by key population community members ▪ Strong models of community-based health care delivery and strong local organizations capable of providing services



Summary of key insights from consultations

All five virtual consultations began with a brief overview of the purpose of the consultations and the results from the pre-consultation survey. Depending on the number of attendees, participants were sorted into key-population-specific breakout rooms to discuss questions from their perspective. To promote open conversation, discussions were not recorded, but notetakers were present to capture key themes and discussions.

During the consultations, respondents spoke about aspects of key population HIV programming that should not be lost, areas where continued improvements are still needed, and ideas for how key population HIV programming could be sustained.

The following section summarizes themes discussed across all five consultations and presents any key differences pointed out in geographic- or key-population-specific contexts. Where possible, participants' quotes captured by note takers have been included, without attribution to the individual or organization.

MAKE HIV SERVICE DELIVERY PERSON-CENTERED

Consultation participants deemed person-centered service delivery a key feature of a sustainable HIV program. They defined "person-centered programing" as that which ensures care is provided where, how, and when key populations need it, in a friendly, competent, and accessible manner. They also emphasized that individuals affected by HIV should not be reduced to mere data points; instead, programming should be people-centered, prioritizing mental health and a range of supportive services. Among the examples of person-centered delivery discussed in the consultations were differentiated service delivery (DSD), service integration, and sensitized providers and venues.

Continue and expand access to differentiated service delivery

In key-population-specific breakout groups, participants said services should be tailored to the specific needs of each key population group. A participant from sub-Saharan Africa noted that while programming for men who have sex with men and female sex workers started several years ago, programming for transgender individuals began just last year (stated from the perspective of one participant in one country), then motivating people who inject drugs to "fight for representation" too. Transgender participants said that people often make assumptions about transgender people "being the same, having the same behaviors or sex in the same ways" as other key populations and noted there are "different milestones" regarding HIV program delivery and advocacy for different key populations. Additionally, transgender participants pointed out the challenge of discussing "sustainability" when often transgender-specific programming was in a nascent stage in their communities. Participants who inject drugs also underscored the need for specialized programming. One participant in the Asia-based consultations summarized this well, noting that compartmentalizing HIV programming for key populations generally means that only some key population groups are prioritized (MSM or sex workers) and others are invariably left out.

"People are not just data points, it's demoralizing. [Services] need to be people centered."

In addition to speaking to specific needs of key population communities, participants generally shared models of DSD attractive to their communities. Examples of DSD approaches include mobile testing and treatment delivery, psychosocial services via telemedicine, and adjusted operating hours to include times outside of the workday. A participant in Southeast Asia, for example, described a clinic for sex workers situated in the red-light district that operates from noon until evening, allowing sex workers to access testing before their work shifts begin. Participants noted that some key populations are mobile by choice or by force and service delivery has not adapted to be mobile as well.

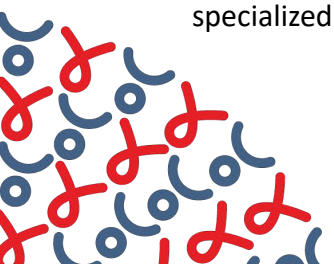
Integrate services where appropriate and with consideration to key population needs

Participants advocated for a comprehensive approach to HIV programming that addresses the diverse needs of individuals. This approach emphasizes integration with other health services, and in particular, mental health services. Participants in almost every consultation raised the fact that mental health needs have been largely unaddressed.

Community members expressed concerns about continuity of treatment, highlighting the impact of factors like inadequate nutrition on continuing treatment. They underscored the importance of collaboration between organizations funding HIV programs and humanitarian services addressing housing, food security, and other basic needs. While advocating for "holistic" services for individuals, participants noted the challenges in accessing services in non-key-population-led facilities. Participants in Vietnam noted that the proportion of people come to key-population-led facilities is significantly larger than those seeking services in public facilities, and people who travel to public facilities are typically accompanied by a key population supporter. As such, participants said that sustainability looks different for government institutions. For integration into government delivered services, participants noted accreditations for "key-population-competent sites" where key-population-led facilities can refer as a helpful option.

Improve experiences with health care workers and facilities

Another critical aspect of person-centered service delivery is fostering an environment of safety and inclusivity, free from discrimination, where those seeking health services feel respected and valued. According to consultation participants, a key aspect of this is ensuring that any health care providers responsible for delivering services to key populations have been trained to offer competent, nondiscriminatory, confidential care tailored to each key population group and the specific needs of the individual. Continued investments in strengthening the capacity of health workers serving key populations at various stages of care-seeking are essential for ensuring inclusive and effective health care delivery. Participants specifically recommended sensitivity enhancement programs and training to equip health workers across all health care access points with the knowledge and skills necessary to address individuals' unique needs, including specialized services like harm reduction interventions. Participants expressed the importance of



creating safe spaces in which those seeking care feel comfortable and welcome. One transgender participant noted "because we are a minority, we are not treated as a priority," underscoring the marginalization participants feel when attending health care facilities.

Many participants cited specific service delivery models such as one-stop shops, community clinics, professionalization of community health workers, and peer-led initiatives, as being accessible and culturally sensitive to key populations. Regardless of the venue, participants noted the need for health care workers to understand and be competent in delivering services to all key populations. One participant in the southern Africa consultations said, "at public health facilities, we often don't feel welcome. Health workers need education on how to provide services to men who have sex with men." Participants expressed a preference for key-population-led organizations, where possible, to deliver services, as an independent service delivery point. However, it was noted that few, if any, key-population-led sites would be able to provide all health services individuals require, and some referral to other facilities would be necessary.

Participants noted that despite peer educators' indispensable role, they are often undervalued and receive poor compensation. Participants emphasized that it is imperative that peers belong to the specific key population groups they serve, facilitating trust and understanding. Participants further advised that for efficiency, recruitment strategies should harness key population networks where possible.

EMPHASIZE THE CRITICAL IMPORTANCE OF KEY POPULATION LEADERSHIP

Participants highly valued the meaningful involvement of key populations in the design, development, and implementation of programs targeting them, and they raised this topic in each consultation. Participants underscored that for initiatives to be most effective, members of key populations must lead them themselves, and at programs' and organizations' highest levels. Key-population-led programs serve as platforms for advocacy for adequate resources and social justice. Amplifying key populations' voices helps to ensures that their unique needs and perspectives are recognized and prioritized. Such leadership not only fosters inclusion but also directly addresses prevalent issues like poverty and mental health within key population communities. Participants in the Asia-focused consultations voiced a desire to further discuss community engagement and effective models of community engagement to replicate.

To most effectively engage key population CSOs in programming, participants emphasized the need for investment in capacity-strengthening initiatives related to advocacy, fundraising, program design, and implementation. This includes providing on-the-job training opportunities for staff members and strengthening internal systems and structures to enable effective advocacy. Several participants expressed frustration with capacity-strengthening efforts to date, noting that, "capacity strengthening is done with lists of things that are needed" rather than focusing on the existing strengths of organizations. Additionally, participants in several consultations noted challenges with developing grant applications for funding, which affects organizational ability to secure funding.

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

Participants also recommended mentoring for key population leaders to help ensure that key-population-led organizations fully own programs from design to implementation. They also said that addressing challenges related to staff retention after capacity strengthening is crucial; participants highlighted instances of skilled staff being recruited by larger international organizations. Conversely, participants noted the challenges with staff participating in capacity-strengthening activities, only to find themselves still "unqualified" for positions under specific donor funding. Furthermore, they said that proactive preparation for the eventual reduction in donor funding and technical assistance is imperative to ensure the sustainability of HIV programs for key populations in the long term.

INCREASE COUNTRY GOVERNMENT FINANCING AND ACCOUNTABILITY FOR HIV SERVICES TO KEY POPULATION COMMUNITIES

Participants agreed that there is not enough programming for key population communities in national budgets, and most of the funding comes from PEPFAR, the Global Fund, and other external donors. Even among those external donors, participants noted that funding levels for key population services have always been an underfunded category, and donor funding has only been decreasing.

"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]."

Several participants noted that, to them, a sustainable program is one where key-population-led CSO interventions are supported in both policy and financing by the national government. They also said that important investments in government accountability include sustained interaction with key-population-led CSOs after donor withdrawal to ensure that governments honor their social contract commitments made during the presence of such entities. This concern expressed across key populations and regions ties into the sustainable programming component of enabling laws and policy. Protections and government responsibilities must be enshrined in law.

As donor financing begins to decrease, one participant noted, "the funding is actually reducing, the governments are not ready to take on these programs. Are government facilities able to provide these services? This is something that key populations need to interrogate in each country." Another participant said that a purely government-funded key population program is dangerous, because key-population-led organizations can "never know what might change." Others noted that the government would be challenged to provide differentiated services for each key population community. Participants also discussed the limited national budget allocation for key population services in their country and their concern that if external donors

were to leave the country, services might end for key populations given the already minimal services.

EXPAND SOCIAL CONTRACTING WHILE ADDRESSING CURRENT LIMITATIONS

Participants across consultations supported social contracting, or mechanisms such as grants, procurement, and contracting, and/or third-party payments that allow for government funds to flow directly to CSOs to implement specific activities (Global Fund, 2017 and UNDP, 2010). Participants said that social contracting was important for the financial empowerment of key population organizations to provide differentiated services to their communities and to bolster advocacy platforms. Participants in the Asia consultation noted challenges in initiating social contracting systems and said that even with data demonstrating the viability of health services delivered by CSOs, governments raised many questions. Additionally, organizations in Thailand noted that reimbursements from the government are only for services rendered and not for other costs (presumably overhead and operating costs for the organization). These organizations spoke of the need to budget for the overall cost of service delivery and to have the full cost reimbursed by the government. Finally, participants raised the need for CSOs to consider alternative forms of financing, including social enterprise, social impact bonds, and other venues to diversify their funding bases.

"We know laws, specific laws around key populations, the fear is what happens that government will take against organizations. They may take funding but hope they don't use information against us."

Participants highlighted the importance of continued governmental commitment to social contracting if international donors withdraw, as well as the need to protect against potential misuse of information shared with the government under social contracting agreements, especially in regions marked by severe stigma against key populations. They said it is imperative for social contracting agreements to incorporate protective measures aimed at upholding the rights and privacy of key populations, ensuring that data and information are shielded from misuse or exploitation. This links to participants' strong emphasis on the importance of political and human rights considerations for sustainable programming.

CONTINUE TO ADVOCATE FOR POLICY CHANGE AND ADDRESS STRUCTURAL BARRIERS

Consultations explored the intersection of politics, rights, and sustainable service delivery for key populations, emphasizing considerations such as security, criminalization (Table 3), stigmatization, and data use for advocacy. Integrating human rights into programming, engaging with the criminal justice system, and promoting sensitization campaigns were supported strategies.

Participants spoke about several critical factors influencing access to services, including regional insecurity, shifts in governments and political priorities, and prevalent violence. They underscored the necessity of protecting key populations and key population service providers in

such dynamic environments. This involves implementing safeguards to prevent the arrests of peer service providers, a measure deemed essential to sustain access to vital services.

Participants said that efforts to reduce stigma, discrimination, and social barriers faced by key populations both inside and outside of the health sector must be integrated into programming to create an enabling environment. They felt that engagement with the criminal justice system is necessary in contexts where key populations are criminalized and that improving relations between key population communities and government is necessary to advocate for more enabling laws. This need was particularly emphasized for people who inject drugs; to bolster the sustainability of HIV programs tailored for them, implementing restorative justice principles and adopting a harm reduction approach were highlighted as pivotal strategies.

Table 3. Criminalization of key populations in PEPFAR countries[5]

	Transgender people	Sex Work	Same-sex sexual acts in private	Possession of small amounts of drugs
Number of PEPFAR countries with laws that criminalize (n=25)	5	22	12	24 (and one unknown)

Participants expressed the value of sensitization campaigns directed not only at health service providers but also toward policymakers and the broader public, and they asserted the importance of educating society about marginalized groups to combat discrimination and promote equal rights. For transgender participants, the importance of sensitizing the public was a theme that surfaced more frequently compared to other key population groups. Additionally, participants pointed to a desire to equip their own communities to effectively advocate for adequate service delivery: “When we talk about sustainable HIV programs, it’s not just the structures, systems, and funding, but have we equipped community with knowledge to demand the services they need?”

In contexts where key populations face severe marginalization and criminalization, participants emphasized the significance of HIV policy discussions as pivotal entry points for engaging government policymakers on issues related to human rights and discrimination against key populations. Where there is a lack of political will to address these concerns, international donor funding for key population HIV programming plays a crucial role in promoting engagement, albeit with narrow scope. For example, one participant noted that in Guyana, PEPFAR had piloted effective government-led social contracting models which were not continued by the government when PEPFAR funding was reduced.

[5] Laws and Policies Analytics: UNAIDS, WHO; Accessed 2024. https://lawsandpolicies.unaids.org/summarytables?lan=en.

"If governments pull funding and support from HIV service provision and key-population-serving clinics, those services will stop. Protection for key populations and providers of service delivery (e.g., peer educators being arrested) in this ever-changing environment needs to be included in models."

Participants in several consultations highlighted enhanced data collection as a key component to ensure advocacy for governments to prioritize and design appropriate key population programming. Data serves as a tool to inform targeted interventions and enhance the overall effectiveness of HIV health care delivery for key populations. However, data collection is largely contingent on the legal status of key population groups. Participants emphasized the absence of a structured system and the lack of comprehensive data on key population groups, an issue which was particularly salient among transgender individuals.

Participants also said that governments play a crucial role in addressing structural barriers, such as legal and policy frameworks that perpetuate stigma and discrimination against key populations. In some contexts, while the government offers services to meet donor requirements, policymakers hesitate to amend laws or decriminalize certain groups. Consequently, well-designed programs for key populations are implemented to appease donor demands, yet their effectiveness is limited by persistent barriers hindering access to services, exemplifying the pivotal role government plays in facilitating or hindering programmatic effectiveness.

CONTINUE TO EXPAND AND INVEST IN MEANINGFUL ENGAGEMENT OF KEY POPULATION COMMUNITIES IN ALL ASPECTS OF PROGRAMMING

Consultation participants underscored the necessity of key population leadership and involvement in all aspects of program design, implementation, and management. This approach not only fosters inclusivity and empowerment but also contributes to the sustainability and effectiveness of programs aimed at addressing the diverse needs of key populations. Participants emphasized that sustainability in key population HIV programs hinges on the active involvement of key population members.

Specifically related to donors, participants emphasized the need for more opportunities for meaningful engagement and consultation with each key population group, advocating for in-person engagement to foster deeper connections. Participants recommended consistent engagement with key population communities, through regular meetings, calls, and other means, to establish effective, routine feedback mechanisms to ensure PEPFAR's (as well as other donors') responsiveness to evolving on-the-ground needs. Additionally, participants stressed the importance of PEPFAR's continued follow-up with governments and local organizations even after reducing support, to ensure they uphold commitments and sustain effective programming models. Looking ahead, participants expressed a desire to understand PEPFAR's long-term vision beyond 2030, particularly regarding the centrality of different community voices in programming and how the continuity of government support for key population initiatives will

be assured. This includes addressing doubts about governments' readiness and willingness to independently manage key population programming and commitments.

"What needs to be done: review policies, we have lots of trans people who cannot access services because policies are not facilitative. Trans people are only recognized under health, but mental health, safe housing, need decriminalization, this will help with sustainability, easy access, and ownership."

Consultations also raised challenges with ensuring key population representation in leadership and managerial positions in the health care settings. Participants said that key population leadership offers benefits to communities and programs addressing key populations. First, it ensures that services are tailored to their specific needs. Second, key population leadership plays a pivotal role in empowering individuals within these populations economically, socially, and psychologically, thereby contributing to poverty reduction and improved mental health outcomes. Finally, participants emphasized the crucial role of key population leadership in amplifying key population voices and agency, providing a platform for advocacy. Key population leadership not only enhances the effectiveness and relevance of programs but also fosters a sense of ownership and empowerment within the communities they serve. Capacity-strengthening initiatives are deemed necessary to equip key population staff with the requisite skills and knowledge essential for effectively assuming technical leadership roles within organizations and programs.

"Advocacy is important when we know how many we are advocating for."

KEY POPULATION COMMUNITIES SHOULD NOT BE CONSIDERED OR TREATED AS A MONOLITH BUT, AT THE SAME TIME, RECOGNIZE THERE IS OPPORTUNITY IN WORKING TOGETHER

In considering the sustainability of HIV interventions, participants expressed divergent views about whether to engage key population groups collectively or to engage them separately as subgroups. Overall, two key points were (1) a resounding recognition of the benefits of aggregated advocacy and (2) calls for differentiated approaches responsive to the distinct needs of each key population group.

"Key population needs are different, but there are shared interests across groups (e.g., government policies, stigma, and discrimination). To sustain interventions, if a consortium can be built to develop a single voice, this could go a long way toward sustainability."

Participants advocated for key population groups working together for advocacy purposes, emphasizing the importance of creating a unified voice to address shared concerns such as

government policies and stigma. They proposed the formation of a consortium to foster collaboration and amplify advocacy efforts. Participants lamented the tendency of donors to fragment key population groups, which they believe weakens their collective strength. They stressed the value of cross-learning among key population groups and cautioned against overlooking common needs if services are disaggregated.

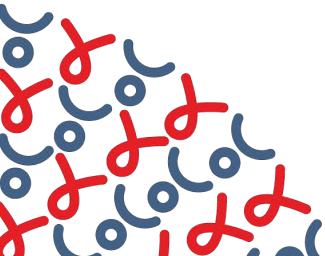
At the same time, participants also highlighted the necessity of recognizing the distinct needs of different key population groups and tailoring services accordingly to enhance the effectiveness and sustainability of HIV interventions.

ADDITIONAL INSIGHTS FROM ICASA

To complement the virtual consultation series, EpiC and GBGMC organized an in-person session (Annex 5) during ICASA, held in Harare, Zimbabwe in December 2023. The ICASA session on key populations and sustainability drew approximately 100 participants, including members of key populations, clinical providers, and other stakeholders. The discussion was framed around the questions used in the virtual consultations. There was a high level of interest among participants. Many were eager to understand PEPFAR's discussion on sustainability and many expressed concerns about the lack of thorough formal engagement in PEPFAR's sustainability planning process.

Key concerns revolved around the definition of sustainability and the lack of inclusion of key populations' perspectives in defining what sustainability means for their programs. Participants emphasized the need for a coordinated engagement process between PEPFAR and key population communities to define what sustainability means and how it can be achieved. Attendees expressed anxieties about the reliability of government-led programs, with some expressing distrust while others saw opportunities for collaboration.

The ICASA session underscored a desire among key population communities for more robust engagement in PEPFAR's sustainability vision and implementation. While global-level consultations may not always resonate with country-level stakeholders, there is an opportunity to better align global planning with local concerns regarding policy, rights, financing, and service provision. Participants highlighted the need for PEPFAR to enhance its sustainability framework at the country level, ensuring that key populations are actively involved and informed throughout the process. Drawing insights from successful engagement models employed by organizations like The Global Fund; UNAIDS; and Gavi, The Vaccine Alliance, participants suggested that PEPFAR could foster a more inclusive and effective approach to sustainability planning.



Summary of results from post-consultation survey

After the virtual consultations, all participants were sent a post-consultation survey. The 28 individuals who responded to the survey reported that they found the purpose of the consultations to be clear (61%) or very clear (39%). Most respondents were comfortable (46%) or very comfortable (43%) sharing their perspectives during the consultations, while 11% felt neutral, and none reported being uncomfortable.

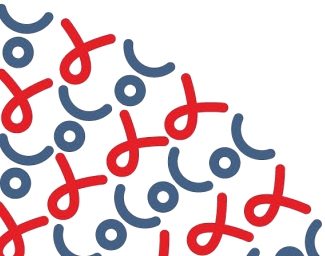
When asked what changes they would suggest to the consultations, many participants called for in-person meetings to enhance discussion and invigorate planning for next steps. Multiple respondents suggested meeting to establish next steps and a roadmap based on findings in the consultations. Some participants suggested longer consultations, and some suggested the topics of discussion be shared in advance. Many participants did not have any suggestions and expressed satisfaction with the process.

Proposed topics for future discussion included:

- Strategies for building trust in key-population-led CSOs for direct funding from international donors
- Measures to strengthen the capacity and financial autonomy of key-population-led CSOs
- Project and program management by key-population-led CSOs
- Mental health services for community leaders and activists
- Gender and HIV: stigma, violence, and other gendered experiences
- Human rights and key population empowerment
- Successful intervention models and technologies, exploring their impacts, including digital health solutions
- Community engagement in research and translation of research into effective programming

Report development

The notes from each of the consultations were consolidated and analyzed for themes, which are reflected in this report. An early draft of the report was shared with all participants of the consultations. Participants were given time to reflect on the report and share feedback about whether the content accurately reflected the conversations held. This version of the report integrates the feedback shared by participants.



Conclusions

CONSIDERATIONS FOR GOVERNMENTS

HIV service delivery should be person-centered

The consultations made clear that any transformations of HIV service delivery should ensure services are people-centered, prioritizing mental health and a range of supportive services. Among the examples of person-centered delivery discussed in the consultations were DSD, service integration, and sensitized providers and venues. Participants noted that DSD, particularly tailored to the specific needs of each key population group, is essential. Participants said that integrating service delivery into primary health care and ensuring access to holistic services for individuals can result in challenges in accessing services in non-key-population-led facilities, which speaks to the nuances around integration of HIV services into other health care delivery. Another factor in person-centered service delivery is fostering an environment of safety and inclusivity, free from discrimination, where those seeking health services feel respected and valued. This involves ensuring that any health care providers responsible for delivering services to key populations have been trained to offer competent, nondiscriminatory, confidential care tailored to each key population group and the specific needs of the individual.

Key population leadership is essential

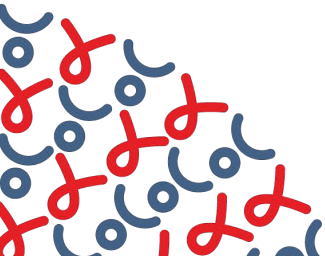
The meaningful involvement of key populations in the design, development, and implementation of programs targeting them was highly valued by participants and raised in each consultation. For governments, this means intentional engagement in outreach and planning processes.

Increase country government financing for HIV services to key population communities

There was agreement that there is not enough programming for key population communities in national budgets and consultations indicated a preference for key-population-led CSO interventions supported in both policy and financing by the national government. Alongside financing, consultation participants noted the need for investment in government accountability such as sustained interaction after donor withdrawal to ensure that governments honor their social contract commitments or ensure safety nets for when government priorities and resources change.

Expand social contracting while addressing current limitations

Social contracting was mentioned in several consultations for financial empowerment of key population organizations to provide differentiated services to their communities and to bolster advocacy platforms. Likewise, respondents identified the need to improve current systems to allow organizations to fully recover costs of service delivery. Finally, participants raised the idea that social contracting agreements must incorporate protective measures aimed at upholding the rights and privacy of key populations, ensuring that data and information are shielded from misuse or exploitation.



Continue to advocate for policy change and address structural barriers

Participants expressed that governments play a crucial role in addressing structural barriers such as legal and policy frameworks that perpetuate stigma and discrimination against key populations. In some contexts, well-designed programs for key populations are limited in their effectiveness by persistent barriers hindering access to services, exemplifying the pivotal role government plays in facilitating or hindering programmatic effectiveness. Moreover, governments play a crucial role in upholding human rights principles and promoting awareness and education among health care providers, law enforcement agencies, and society at large. Combatting stigma, discrimination, and human rights violations is essential to creating an enabling environment where key populations feel safe, respected, and empowered to access health care services. Prioritizing these considerations enables governments to foster sustainable HIV programming that upholds the health, dignity, and rights of key populations while advancing broader public health objectives.

Continue to expand and invest in meaningful engagement of key population communities in all aspects of programming

The discussions raised concerns about the role governments play in establishing the finance and policy framework for sustainable HIV programming. Participants expressed the need for a more nuanced, multifaceted approach that includes key populations to determine policy, legislative, funding, and rights considerations.

Key population communities should not be considered or treated as a monolith but, at the same time, recognize there is opportunity in working together

Participants underscored the importance of tailoring services to meet the specific and unique needs of each group while also noting the importance of coming together for advocacy purposes. As such, governments should also consider the unique needs and equity in access to HIV services for each population individually.

CONSIDERATIONS FOR DONORS

HIV service delivery should be person-centered

Given the variation in funding for HIV services especially for key population communities, donors should consider how to continue to ensure services are people-centered, prioritizing mental health and a range of supportive services. Among the examples of person-centered delivery discussed in the consultations were DSD, service integration, and sensitized providers and venues. Participants highlighted that continued investments in strengthening capacity of health workers serving key populations at various stages of care seeking are essential for ensuring inclusive and effective health care delivery.

Key population leadership is essential

The meaningful involvement of key populations in the design, development, and implementation of programs targeting them was highly valued by participants and raised in each consultation.

Donors should prioritize initiatives that promote meaningful involvement of key population members in program design, implementation, and management. Consultations highlighted the importance of community leadership, yet underscored concerns regarding government receptiveness to genuine engagement with marginalized communities. Careful consideration must be given to ensuring that engagement is equitable.

Increase country government financing for HIV services to key population communities

There was agreement that there is not enough programming for key population communities in national budgets and consultation participants indicated a preference for key-population-led CSO interventions supported in both policy and financing by the national government. Follow-up with governments is crucial to ensure that commitments are honored even after donor support diminishes. The consultations underscored that ongoing engagement and accountability mechanisms will be essential to maintain government support beyond the presence of external donors.

Expand social contracting while addressing current limitations

Social contracting was mentioned in several consultations for financial empowerment of key population organizations to provide differentiated services to their communities and to bolster advocacy platforms. Likewise, respondents identified the need to improve current systems to allow organizations to fully recover costs of service delivery. Participants expressed that donors must assess whether governments are willing to uphold social contract commitments made during the presence of external organizations and continue funding and supporting key-population-led initiatives after donor withdrawal.

Continue to advocate for policy change and address structural barriers

Consultations explored the intersection of politics, rights, and sustainable service delivery for key populations, emphasizing crucial considerations such as security, criminalization, stigmatization, and data use for advocacy. Integrating human rights into programming, engaging with the criminal justice system, and promoting sensitization campaigns were supported strategies. In situations where there is a lack of political will to address these concerns, international donor funding for key population HIV programming plays a crucial role in promoting engagement, albeit with narrow scope. Additionally, participants raised the issue of international donor funding for capacity strengthening around advocacy and policy change.

Continue to expand and invest in meaningful engagement of key population communities in all aspects of programming

Consultation participants underscored the necessity of key population leadership and involvement in all aspects of program design, implementation, and management. Participants emphasized that sustainability in key population HIV programs hinges on the active involvement of key population members. Specifically related to donors, participants emphasized the need for more opportunities for meaningful engagement and consultation with each key population group, advocating for in-person engagements to foster deeper connections. Consistent engagement with key population communities, through regular meetings, calls, and other

means, to establish effective, routine feedback mechanisms was supported as a mode to ensure PEPFAR's (as well as other donors') responsiveness to evolving on-the-ground needs. Capacity-strengthening initiatives are deemed necessary to equip key population staff with the requisite skills and knowledge to effectively assume technical leadership roles within organizations and programs.

Key population communities should not be considered or treated as a monolith but, at the same time, recognize there is opportunity in working together

Participants underscored the importance of tailoring services to meet the specific and unique needs of each group while also noting the importance of coming together for advocacy purposes.

CONSIDERATIONS FOR COMMUNITY

HIV service delivery should be person-centered

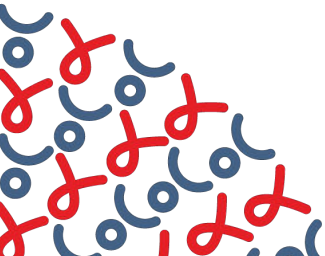
Among the examples of person-centered delivery discussed in the consultations were DSD, service integration, and sensitized providers and venues. Participants pointed out specific service delivery models—such as one-stop shops, community clinics, professionalization of community health workers, and peer-led initiatives—as being accessible and culturally sensitive to key populations. Regardless of the venue, participants noted the need for health care workers to understand and be competent in delivering services to all key populations. As the discussions for country-led roadmaps continue, communities can be prepared to share preferences and needs for access to HIV service delivery.

Key population leadership is essential

The meaningful involvement of key populations in the design, development, and implementation of programs targeting them was highly valued by participants and raised in each consultation. Capacity strengthening was raised as a priority to advance leadership, including investments in developing grant applications for funding, mentoring for key population leadership, addressing challenges related to staff retention after capacity strengthening, advocacy to address challenging policy environments, and program design and implementation to navigate complex operational landscapes and drive impactful change.

Increase country government financing for HIV services to key population communities

There was agreement that programming for key population communities is lacking in national budgets and participants indicated a preference for key-population-led CSO interventions supported in both policy and financing by the national government. Participants raised concerns about funding allocation, levels of funding available, and accountability of the government to communities and commitments. Participants also discussed concerns regarding potential changes in priorities or policy and downstream impact on key population communities, underscoring the need for continued advocacy from communities, donors, and other stakeholders alike.



Expand social contracting while addressing current limitations

Social contracting was mentioned in several consultations for financial empowerment of key population organizations. Respondents identified the need to improve current social contracting systems to allow organizations to fully recover costs of service delivery as a point of advocacy. Participants expressed the need to hold governments accountable to uphold social contract commitments made during the presence of external organizations and continue funding and supporting key-population-led initiatives after donor withdrawal. Likewise, respondents identified the need to improve current systems to allow organizations to fully recover costs of service delivery.

Continue to advocate for policy change and address structural barriers

Consultations explored the intersection of politics, rights, and sustainable service delivery for key populations, emphasizing crucial considerations such as security, criminalization, stigmatization, and data use for advocacy. Integrating human rights into programming, engaging with the criminal justice system, and promoting sensitization campaigns were supported strategies.

Continue to expand and invest in meaningful engagement of key population communities in all aspects of programming

Consultation participants underscored the necessity of key population leadership and involvement in all aspects of program design, implementation, and management. Participants emphasized that sustainability in key population HIV programs hinges on the active involvement of key population members.

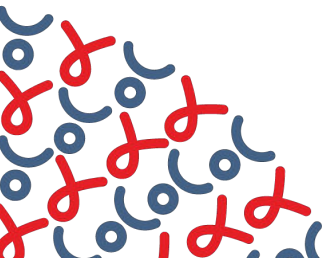
Participants express a desire to understand how donors will engage different community voices in programming and how the continuity of government support for key population initiatives will be assured. This includes addressing doubts about governments' readiness and willingness to independently manage key population programming and commitments.

Participants emphasized the crucial role of key population leadership in amplifying key population voices and agency, providing a platform for advocacy. Capacity-strengthening initiatives were suggested to equip key population staff with the requisite skills and knowledge to effectively assume technical leadership roles within organizations and programs.

Key population communities should not be considered or treated as a monolith, but at the same time, recognize there is opportunity in working together

Participants advocated for key population groups working together for advocacy purposes, emphasizing the importance of creating a unified voice to address shared concerns such as government policies and stigma. They stressed the value of cross-learning among key population groups and cautioned against overlooking common needs if services are disaggregated. While participants advocated for aggregating key population groups for advocacy purposes, they also highlighted the necessity of recognizing the distinct needs of different key population groups. They argued that separating key population groups may facilitate the

delivery of targeted interventions aligned with different needs in HIV service delivery. Tailored programming, informed by factors such as gender and age, was deemed essential for sustainability.



Annexes

ANNEX 1. VIRTUAL CONSULTATION SCHEDULE AND PARTICIPANTS

Consultation	Date	Number of participants	Countries included
Consultation EpiC & GBGMC sur la viabilité des services des populations clés	Monday, August 28	15	Benin Cameroon Congo Cote d'Ivoire Mali Senegal Togo Uganda
EpiC & GBGMC Consultation on Sustainability of Key Population Services- Asia	Tuesday, August 29	18	Cambodia India Indonesia Lao People's Democratic Republic Myanmar Nepal Philippines Tanzania Thailand
EpiC & GBGMC Consultation on Sustainability of Key Population Services (Anglo Africa & Caribbean)	Thursday, September 7	8	Malawi Nigeria South Africa
EpiC & GBGMC Consultation on Sustainability of Key Population Services (Open to any unable to participate in previous sessions)	Thursday, October 12	32	Ghana Guyana Indonesia Jamaica Lesotho Liberia Myanmar Thailand Vietnam
EpiC & GBGMC Consultation on Sustainability of Key Population Services (Global Perspectives)	Thursday, October 12	11	

ANNEX 2. INVITATION TO VIRTUAL CONSULTATIONS

Dear Colleague,

The Meeting Targets and Maintaining Epidemic Control (EpiC) project and Global Black Gay Men Connect (GBGMC), are bringing together leaders working with civil society organizations (those engaged in HIV service delivery or advocacy work for key population communities) and other thought leaders to discuss sustaining the key population HIV response.

Under its recently released five-year strategy, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), identifies "Sustaining the Response" as one of its five strategic pillars. A focus area under this pillar is developing country-led sustainability roadmaps, which will "define a specific set of milestones to transition country programs toward increasing leadership and management of the HIV response." Careful thought needs to be given to what sustainability means for key population HIV service delivery to ensure that no one is left behind as programs transition (particularly in settings where behaviors associated with individuals in key populations are criminalized).

The aims of the consultations are to capture key considerations for stakeholders when planning transformation of HIV service delivery for key population communities across geographies; and identify what communities themselves need to effectively engage in conversations related to sustainability.

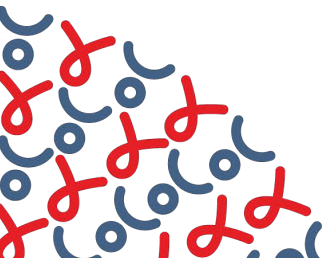
The ideas shared in the consultations will be consolidated into a report for use by all participants when engaging in advocacy around sustainable HIV programming.

You have been identified as someone who has important perspectives on this topic. We invite you to participate in the Anglophone Africa and the Caribbean consultation, which is scheduled to be held on Tuesday, August 22, 2023. These will be virtual consultations using Zoom and will not be recorded to allow for an open exchange of ideas and anonymity. Participation in these consultations is voluntary and your decision will not affect any existing or future funding or relationships with EpiC, its funders, or its partners.

Please let us know by Monday, August 21st if you are able to participate by completing this online form. Feel free to email us any questions or concerns that you might have about participating in the consultation.

Ahead of our virtual consultations we are asking participants to spend 10 min responding to this pre-consultation survey. The purpose of the survey is to gather information to inform the discussions within the consultations and capture information from those who may not be willing or are unable to attend the consultations.

Thank you, and we look forward to hearing from you.



ANNEX 3. PRE-CONSULTATION SURVEY

The EpiC Project and Global Black Gay Men Connect (GBGMC), are bringing key population leaders working within civil society organizations (those engaged in HIV service delivery to key population communities and/or advocacy work) and other thought leaders to discuss sustaining the key population HIV response.

PEPFAR, under its recently released five-year strategy, names “Sustaining the Response” as one of its five strategic pillars. A focus area under the Sustaining the Response pillar is developing country-led sustainability roadmaps, which will “define a specific set of milestones to transition country programs toward increasing leadership and management of the HIV response.” Careful thought needs to be given to what sustainability means for key population HIV service delivery in order to ensure that no one is left behind (particularly in criminalized settings) as programs transition.

The aims of the consultations are to capture key considerations policymakers should keep in mind when planning transformation of HIV service delivery for key population communities across geographies and identify what communities themselves need in order to effectively engage in conversations related to sustaining the response. The outputs of the consultations will be consolidated into a report for use by all participants when engaging in advocacy around sustainable HIV programming.

Ahead of our virtual consultations on Sustainability of HIV services for key populations we are asking participants to spend 10 min responding to this pre-consultation survey. The purpose of the survey is to gather information to inform the discussions within the consultations and capture information from those who may not be willing or are unable to attend the consultations.

Your responses are voluntary and will be kept confidential. All answers will be pooled into aggregate measures for discussion purposes during our consultations, and no individual person or organization will be identified.

Demographic information

1. Please select all key population group(s) with which you identify (please select all that apply):
    a. Men who have sex with men
    b. Transgender individuals and other gender diverse persons
    c. Sex workers
    d. People who inject drugs
    e. Prisoners and other incarcerated people
    f. None
    g. Don’t want to say

2. Please select all key population group(s) with which you provide HIV/health/wellness services and/or advocate for (please select all that apply):

    a. Men who have sex with men
    b. Transgender individuals and other gender diverse persons
    c. Sex workers
    d. People who inject drugs
    e. Prisoners and other incarcerated people
    f. None

3. Your primary work with key populations supports (choose one)

a. HIV/AIDS prevention, care, and treatment services
b. Psycho-social services (mental health, GBV, economic empowerment, etc.)
c. Structural elements (Policies, laws, human rights, etc.)
d. Broader advocacy efforts
e. All of the above
f. Other (please specify)

4. Please select your gender:

a. Female
b. Male
c. Transgender Female
d. Transgender Male
e. Cis-Female
f. Cis-Male
g. Non-binary
h. Other (please specify)

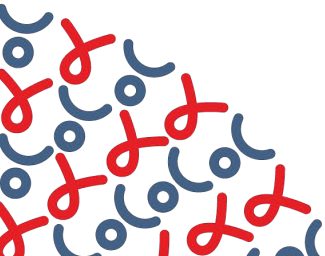
5. Please select your region of work with key populations (please select all that apply):

a. Western Africa
b. Central Africa
c. Eastern Africa
d. Southern Africa
e. Middle East
f. Northern Africa
g. Asia
h. the Pacific
i. Eastern Europe
j. Central Asia
k. Latin America
l. the Caribbean
m. Global Perspective

Questions

6. From your perspective, what are some of the key factors that will support "sustainability" of HIV services for key populations? Sustainability has generally referred to the continuation of efforts for elimination of HIV, even after funding from major external donors comes to an end.

7. Please rank the following areas in terms of importance as it relates to sustaining services to key population communities with the most important at the top
    a. Epidemic Control (when the number of key populations on treatment is greater than the number of new infections)
    b. Financial Sustainability (predictable annual access to adequate financing for key population HIV programs)



c. Political Sustainability (comprehensive leadership to sustain key population HIV programs); including direct engagement of key populations in leading, managing, implementing services
d. Programmatic Sustainability (including integration of HIV-related health services into primary healthcare, decentralized delivery of healthcare, dedicated spaces for access to healthcare for members of key population communities, etc.)
e. Structural Sustainability (key population HIV programs are aligned with other non-HIV services allowing for linkages and referrals to GBV services, psycho-social support, harm reduction, mental health, etc.)
f. Rights-based Sustainability (key population human rights are recognized, protected)

8. What are the biggest challenges you foresee in your country to the sustainability of HIV programming for key populations with which you identify or work? (please select all that apply)
    a. Challenges in the enabling environment: legal and policy barriers, including punitive laws
    b. Challenges in the enabling environment: issues establishing needs, size estimates and coverage
    c. Challenges in the enabling environment: stigma and discrimination
    d. Challenges in integrating key population services in primary health care (organizational, service, or site level)
    e. Challenges with decentralizing and differentiating service delivery
    f. Challenges with utilizing digital tools and virtual services
    g. High dependency on external financing and low level of domestic public financing
    h. Challenges in raising additional revenue for essential key population services, whether through social contracting or social enterprise models
    i. High out-of-pocket costs for services
    j. Other (please specify)

9. What are the biggest opportunities you foresee in your country to the sustainability of HIV programming for key populations with which you identify or work?

10. What barriers do you or does your organization have engaging in national HIV policy, strategy, and planning processes?

ANNEX 4. POST-CONSULTATION SURVEY

1. Was the purpose of the consultation clear?
2. Did you feel comfortable sharing your perspectives?
3. What changes would you suggest to the consultation?
4. What topics do you think should be covered in future discussions on sustainability that we did not cover in the consultation?

ANNEX 5. CONSULTATION AGENDA

9-9:25 AM (ET) Opening Plenary	
Introduction	EpiC team
Framing discussion on sustainability *Summary PPT (Palladium developing)*	EpiC team/GBGMC
Report out from pre-consultation survey	EpiC team
9:25-10:30 AM Concurrent Breakout Sessions *Please join the breakout room for the key population group with which you identify and/or work.*	
Room 1: Men who have sex with men	Room 1 facilitator/notetaker
Room 2: Sex workers	Room 2 facilitator/notetaker
Room 3: Transgender persons	Room 3 facilitator/notetaker
Room 4: People who inject drugs	Room 4 facilitator/notetaker
10:30-11:00 AM Summary Plenary	
Report out from breakout rooms	Moderator from each breakout room
Closing and next steps	EpiC team