



Independent observer
of the Global Fund

FOCUS ON COMMUNITIES AND KEY POPULATIONS IN TWO AFRICAN REGIONAL INITIATIVES

Consortiums of civil society groups in East and Southern Africa are putting the finishing touches on two regional initiatives hoping to claim a share of the \$200 million set aside by the Global Fund Board for cross-border projects under the new funding model (NFM).

Both proposals are focused on strengthening community systems and civil society to support the HIV response among key affected populations. They are to be reviewed by the Technical Review Panel in March, for a decision expected before mid-year 2015.

Coordinated by the Kenya AIDS NGO Consortium (KANCO), the East African proposal is seeking some \$10 million to assist in the promotion of a strategic approach to harm reduction at the regional level.

Rhoda Lewa, who was engaged as a consultant for KANCO, told Aidspan that the project would span eight countries, including its headquarters in Kenya: Burundi, Ethiopia, Mauritius, Seychelles, Tanzania mainland, Uganda and Zanzibar.

A network of existing SRs would implement at the country level, contributing to efforts to create an “enabling policy environment to support harm reduction interventions in East African countries,” she said.

Injected drug use is a small but increasingly serious problem in the region, and is fuelling a concentrated HIV epidemic. In Mauritius, for example, it is estimated that more than half of the new HIV cases being recorded annually are among people who inject drugs. Currently the region has a handful of grassroots, community-level programs to promote safe needle use and other activities to mitigate risky behavior but there are few national-level policies to support wider harm reduction interventions.

“HIV prevalence rates amongst the PWID community are increasing at a very fast rate. The regional and national policy environments are not adequately supportive of harm reduction interventions,” Lewa said. “There has been little or no investment targeted towards the strengthening of community systems of harm reduction-specific organizations and networks.”

Also envisioned under the proposal is more comprehensive data collection and analysis, to develop an evidence base to encourage government to support further harm reduction work, she added.

The Southern Africa proposal has a broader focus on a larger number of key affected populations in the region: sex workers and their clients, transgendered people, men who have sex with men, people who inject drugs and women who have sex with women.

Entitled KP- Representation, Evidence and Attitude Change for Health Impact (KP-Reach), the program would fold advocacy and campaigning work into existing protocols on sexual and reproductive health agreed by the sub-region in 2009.

The KP-Reach consortium will work in Botswana, Lesotho, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe: among the countries with the world's largest HIV burdens. Drawing in partners from civil society as well as the private sector, the \$20 million program will look to bridge the gap identified by UNAIDS in the control of concentrated epidemics among these key populations.

AIDS-related deaths in this high-burden region continue to decline as the numbers of people on treatment climb; however, adherence rates are not as high as they could be, and barriers to access for vulnerable and oft-stigmatized groups linger.

The KP-Reach proposal would also integrate work with a community that is below the radar of a group that remains below the radar even among civil society groups working with key populations: women who have sex with women. While the identified population remains miniscule, these women are often targeted for sexual assault and forced sex in an effort to ‘convert’ them, which then increases their risk of sexually transmitted infection and exposure to HIV.

Tanja Lubbers, regional manager for the Dutch NGO Hivos — which will serve as PR for KP-Reach — told Aidsplan that the core objectives of the regional initiative have to do with improving data management at the country level. She noted that while national planning documents and agreements that mention KAPs exist in profusion, it is time to follow them up with targeted and effective programming.

“We would like to improve data collection/evidence and use, knowledge management, innovation, scale up and replication of best practices for more responsive national level programming and policies,” she said. “We want also to disseminate messaging co-created with KPs that aim to shift attitudes and beliefs for reduction in stigma and discrimination as a barrier to HIV prevention, testing and treatment for KPs in at least 75% of participating countries by 2018.”

According to Dr. Gemma Oberth, a consultant working with Hivos and the International HIV/AIDS Alliance on both of the concept notes, the focus on network strengthening demonstrates a strong commitment to community-led responses.

“Strong KP networks are a critical component of a sustainable HIV response. Both regional concept notes emphasize the importance of marginalized groups being able to collect good data, share information, and ultimately demand improved service provision from their governments.” she said.

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