

From Commitments to Actions: Prioritizing Key Populations in PEPFAR Programs



TECHNICAL BRIEF



Civil society debrief at PEPFAR COP 2020, Johannesburg, South Africa

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) is the world's largest bilateral health program solely dedicated to combating a single disease. PEPFAR funding has amounted to more than US\$90 billion dollars to date, including US\$6.9 billion for fiscal year 2020 (both of these figures include the U.S. contribution to the Global Fund to Fight AIDS, TB and Malaria, where the U.S. is the single largest donor nation).¹

PEPFAR strives to operate as a data-driven initiative that meaningfully responds to disproportionately high HIV incidence rates among key populations (KP) namely, gay and bisexual men, people who use drugs, sex workers, and transgender people. Over the years, PEPFAR has made several policy commitments aimed at reducing the HIV burden among key populations (among them, a US\$100 million Key Populations Investment Fund).

This technical brief is intended for key population advocates and HIV program implementers. It will help them translate PEPFAR's financial and policy-related commitments into tangible actions to meet the HIV needs of KP communities around the world.

PART 1: Understanding the PEPFAR Funding Cycle

PEPFAR goes through a planning cycle every year to determine program priorities, funding levels, geographic focus areas, program targets, and expected impact for the following year. This is

¹ Kaiser Family Foundation. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). May 27, 2020.

notable because the other major HIV funders do not do this (annual planning exercise) as often. For example, The Global Fund operates on a three-year planning and funding cycle.²

PEPFAR's unique annual process hinges around the creation of a Country/Regional Operational Plan (COP/ROP), a document that is created for every country and region that receives PEPFAR funding.

****The main objective for key population advocates seeking to secure PEPFAR funding for their work is to influence the COP/ROP, and make sure it includes their priorities.****

There are many strategic entry points along the COP/ROP cycle for KP advocates to make their priorities known and to channel attention and funding towards meeting KP needs. Figure 1 below describes the major steps in the COP/ROP process, which is tied to the U.S. fiscal year (which begins in October each year and ends in September of the following year).³ Once the COP/ROP is finalized, KP advocates should focus on monitoring implementation of the commitments made (see below for more information on the PEPFAR Oversight Accountability Response Team, POART).

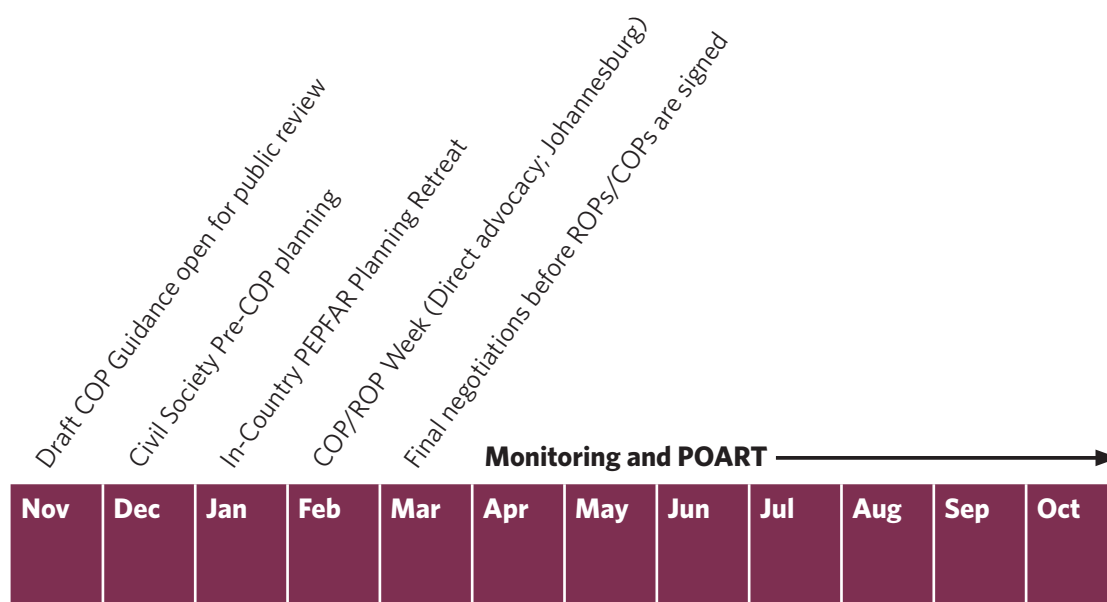


Figure 1: Main Events in the Annual PEPFAR COP/ROP calendar

² The Global Fund and PEPFAR: Complementary, Successful, and Under Threat. Center for Strategic and International Studies. Todd Summers, September 1, 2017

³ 2021 COP Process Timeline

- November 2020: Comments by civil society on COP guidance
- December 2020: Q4 Data Review
- Mid-January 2021: Country Planning Level Letters
- End January 2021: Virtual In-Country Retreat (can be more inclusive)
- February/March/April 2021: Virtual COP Planning and Approval Meetings
- May 2021: Congressional Notification



Meeting between KP activists and the U.S. PEPFAR Global AIDS Coordinator, MPact Office in Oakland, California, U.S.A., 2014

Tips from KP advocates

- **Get the big picture, then mark your calendars.** Make use of advocacy guides and PEPFAR community updates to familiarize yourself with and follow the COP/ROP development process. Generally speaking, the process begins in November each year when the draft COP guidance is posted on the PEPFAR website (www.state.gov/pepfar). For a period of several weeks, all interested parties have an opportunity to give feedback on the COP guidance and request changes prior to its finalization. This is an important time for KP communities to influence what will be prioritized by PEPFAR in the coming year. Most of the time, the ROP/COPs are finalized around April the following year. As you make your advocacy plans for the year, anticipate that these will be busy months and think about what kind of time and resources (staff, research, writing, publications) you will need for the effort.
- [Rough Guide to Influencing and Monitoring PEPFAR Country Programs \(2020\) \(HealthGAP\) French version](#)
 - This guide goes through the entire COP/ROP planning process. Read through it to get a sense of the overall process.
- Sign up to receive the [MPact newsletter](#).
- Sign up for the PEPFAR Watch listserve (list@pepfarwatch.org) where KP advocates are informed about PEPFAR updates, key dates, and entry points for advocacy.



Outside the Cameroonian Center for AIDS, 2020 - Photo Credit: Robin Miller

- **Get informed about KP experiences with PEPFAR in your country/region**

- Write down your experiences with HIV services for key populations in your country or region. A written testimonial is more effective than anecdotal evidence and the process of writing it down will help you collect and organize your thoughts. Photos can be used too as they are a useful visual tool.
- Collect written testimonials from others or offer to write up testimonials that others have shared. Other forms of community monitoring data (i.e. community scorecards on the quality of KP experiences at local health centers) are powerful for understanding gaps and areas that require action and attention.
- Ahead of the COP/ROP process kick-off in December, gather as much information as you can about how KPs are experiencing PEPFAR programs in your country or region. Invite KP community members to submit information about their specific experiences, demands, concerns, and recommendations on how PEPFAR is addressing KP issues. Where resources and conditions permit, consider conducting site visits of PEPFAR-supported KP programs or setting up community monitoring processes (more on this in section 3 below).

- **Craft your 'asks'**

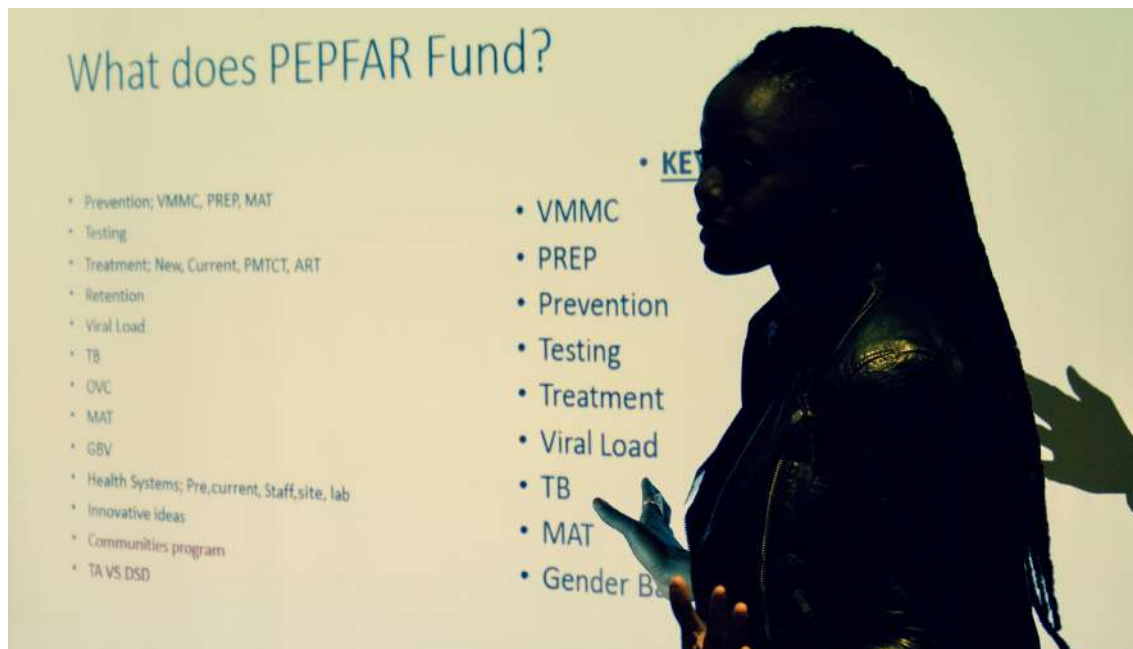
- Using the information you have gathered from your KP community (as described in the previous section), try to write at least three specific, concise, and measurable demands (or 'asks') on behalf of your community to bring into the COP/ROP process. For example, specify what resources your community needs instead of vaguely stating "increase resources for KP programs."

- For more explicit instructions, take a look at the [Rough Guide](#) for questions to ask yourself (i.e. What is the priority intervention? What is PEPFAR doing on this currently? What should PEPFAR do differently next year?) and ideas for accessing and analyzing existing PEPFAR data.
 - An example of a more specific ask would be: “KP prevention targets in our country have been met and surpassed for three consecutive years, indicating that the target itself is too low. Increase the KP prevention target by 50% from last year.”
 - Be ambitious! Do not ask for the bare minimum – ask for what your community really needs. Also be aware that there may be trade-offs in future negotiations, so make ambitious requests at the outset!
- **There is a dedicated seat at the COP/ROP table for KPs: Claim it!**
- PEPFAR has explicitly called for direct participation of key populations in the COP/ROP development process. PEPFAR’s [2020 COP Guidance for All Countries](#) calls for the direct participation of four civil society representatives in planning processes and adds: “For all countries, at least one CSO representative must be a person living with HIV and one must represent a key populations community.” (p. 72 of 531)
 - Ensure that your civil society network is actively working to fill the dedicated key populations seat and that this seat is held by the strongest possible representative for your community.
 - Ensure that your KP representative is well-versed in the current needs and demands of all KPs in your country or region. Equip them with the information, talking points, and data they may need to clearly articulate the needs of all KPs. It is not enough to just “sit in the KP seat” during the COP/ROP process. The KP representative should claim time to speak in meetings, submit written demands, and regularly report back to their constituencies.
- **Explicitly connect the KP representative and the KP community**
- Make sure your KP community is aware that the PEPFAR COP/ROP process is taking place.
 - When your KP representative is selected, make an official introduction to your KP constituency so they know who is speaking for them, and how they can contact that person.
 - Keep everyone up to date on the COP/ROP process as it moves forward. Identify and use a convenient means of communication (email, WhatsApp, Google Docs) that works for everyone, or at least for most people.
- **Identify opportunities to raise your voice:** There are specific points along the COP/ROP development process where KP advocates can have their say in the future direction of PEPFAR-supported HIV programs in their country or region. In broad strokes, these are:
- **Feedback period for COP Guidance:** In November each year, the draft COP guidance will be posted for public review on the PEPFAR website (www.state.gov/pepfar). Read through it to see how KP needs are being prioritized for the coming year. Offer feedback by submitting a request for specific changes before the document is finalized.
 - **Pre-COP planning:** Civil society groups will often hold a planning retreat or other meeting ahead of the COP process to organize and consolidate all of the communities’ ‘asks’ in a single document. In some countries, this has taken the form of **The People’s COP** (refer to section 3 below for details). Make sure that KP priorities are clearly included here.

- **In-country PEPFAR planning retreat:** PEPFAR teams in each implementing country have a strategic retreat (usually in January) to begin the planning process. Actively ensure that key populations advocates are able to attend this retreat. If the date of the meeting or the names of invited participants are not available, get in touch with the PEPFAR Country Office to ask for more information and to request a seat at the table for KP communities. Also identify entry points for KP communities' involvement, such as suggesting topics for the meeting agenda and facilitating participation by KP advocates who wish to become involved. Plan to attend the retreat prepared with the priority 'asks' that your KP communities' have developed.
- **COP/ROP week (direct advocacy).** This is a week-long gathering, often in Johannesburg, South Africa, where PEPFAR country teams meet face-to-face with all stakeholders.⁴ Ensure that at least one KP representative is able to attend in person and that they are prepared to carry forward the collective KP priorities. Ideally, KP advocates will come to this meeting equipped with their specific 'asks' for what they want in terms of KP programs, targets, and budgets. In the best-case scenario, these 'asks' will also be published in the People's COP document, demonstrating the unified position of all civil society advocates going into the discussion (it really helps your case to have a cadre of supportive partners and allies). Remember that you are not alone - get support from other civil society advocates who are attending the meeting from other countries and plug into the transnational organizing that is taking place in this space. You can get encouragement, tips, advice, and technical support from a larger cadre of people and compare notes on what is (and what is not) working in other countries COP/ROP processes in real time.
 - [2020 U.S. PEPFAR COP Reviews: 10 Tips for KP Advocates](#) (MPact, 2020)
 - [Week 1 reporting from the frontlines of the PEPFAR planning process](#) (AVAC, 2020)
- **On-going negotiations before approval.** After a draft COP/ROP is submitted, there is a short window for negotiations and edits that happen at the country level before the final document is sent to Washington, D.C. for approval. We recommend staying in close touch with your PEPFAR Country Team, national government officials, and other stakeholders. Keep requesting the updated plan and other information to make sure you do not miss this crucial window in the planning process. When you are able to review a draft, look at it closely to ensure that KP priorities are accurately reflected in the budget and the targets and that the draft does not contain only narrative text.
- **Ongoing reviews (PEPFAR Oversight Accountability Response Team, POART):** Write to your PEPFAR Country Chair and Country Coordinator reminding them of your priorities and let them know that activists will be watching PEPFAR progress and holding them accountable throughout the year. Attending and providing feedback in the POART meetings is an important way of tracking the implementation of your demands and assessing PEPFAR's impact. In addition, many countries have ongoing activities intended to create two-way communication between program implementers and impacted communities, for instance, meetings and listservs for civil society organizations (CSOs) where POART data is shared and discussed. This is a good opportunity for CSOs to give input on course correction that could improve programs.

⁴ February/March/April 2021: COP Planning and Approval Meetings will be virtual in 2021 (due to COVID-19)

- **Mind the clock.** Assume that all deadlines are firm – there are a vast number of stakeholders involved in the COP/ROP process (national governments, civil society groups, PEPFAR staff, USAID staff, technical experts, and others), in addition to the mechanisms driving the fiscal year and budgetary planning process for the U.S. government. While you may be able to improve your writing or data or other submission with just a bit more time, know that it is more important to engage in a timely manner than to attempt perfection.
- **It is not too late.** While it is most strategic to engage at the beginning of the annual PEPFAR planning process, do not be deterred if things are already in motion – there is always an opportunity to engage. Engagement may be either with the formal process or with KP allies in the existing cadre of civil society advocates. No matter what month of the year or where things are with the process, engagement is possible. Many of these processes need to be ‘experienced’ to be fully understood. Know that what you learn from your successes and that setbacks will make you a more informed and strategic advocate in the future.
- **Get help.** It can be intimidating to engage in these processes for the first time. With many powerful stakeholders in the room, you may not want to appear inexperienced or uninformed. Nonetheless, ask questions as that is the best way to learn. Because PEPFAR spans multiple countries and regions and has a single donor (the U.S. government), identify opportunities to participate in transnational coalitions with advocates working collectively across countries toward shared goals.



PEPFAR training with communities – Johannesburg, South Africa - MPact and Health GAP, 2017

PART 2:

PEPFAR's Commitments to Key Populations

Key populations and their allies have spent years advocating for the meaningful inclusion of KP priorities in PEPFAR decision-making processes, prevention programs, and in legislation passed in the U.S. Congress that provide PEPFAR funding (the initial law operationalizing PEPFAR, then an unprecedented commitment to combat HIV around the world, made no mention whatsoever of gay men or other men who have sex with men).

Savvy KP advocates make use of existing PEPFAR KP commitments, KP policies, and KP program targets and seek to improve and build on them. An important step for any advocate is to first become knowledgeable about the existing commitments and principles.

The work varies significantly in each country and region so a one-size-fits-all approach is not possible or desirable. Instead, the decision tree critical thinking tool below (Figure 2) can help guide you through a process to:

- (a) Determine what PEPFAR KP commitments exist in your context;
- (b) Identify gaps in your context;
- (c) Prioritize areas that require immediate attention and action.

The first document you should consult to determine existing PEPFAR commitments to KPs in your country is the most recent COP/ROP document. COPs are long and detailed documents so it is important to review them carefully to determine commitments and gaps with regard to KP priorities. Sometimes there will be a dedicated KP section. At other times, KPs are referenced under different sections including prevention, testing, treatment, PrEP, and so on.

Additional Resources

- PEPFAR 2020 Country Operational Plan Guidance for all PEPFAR Countries

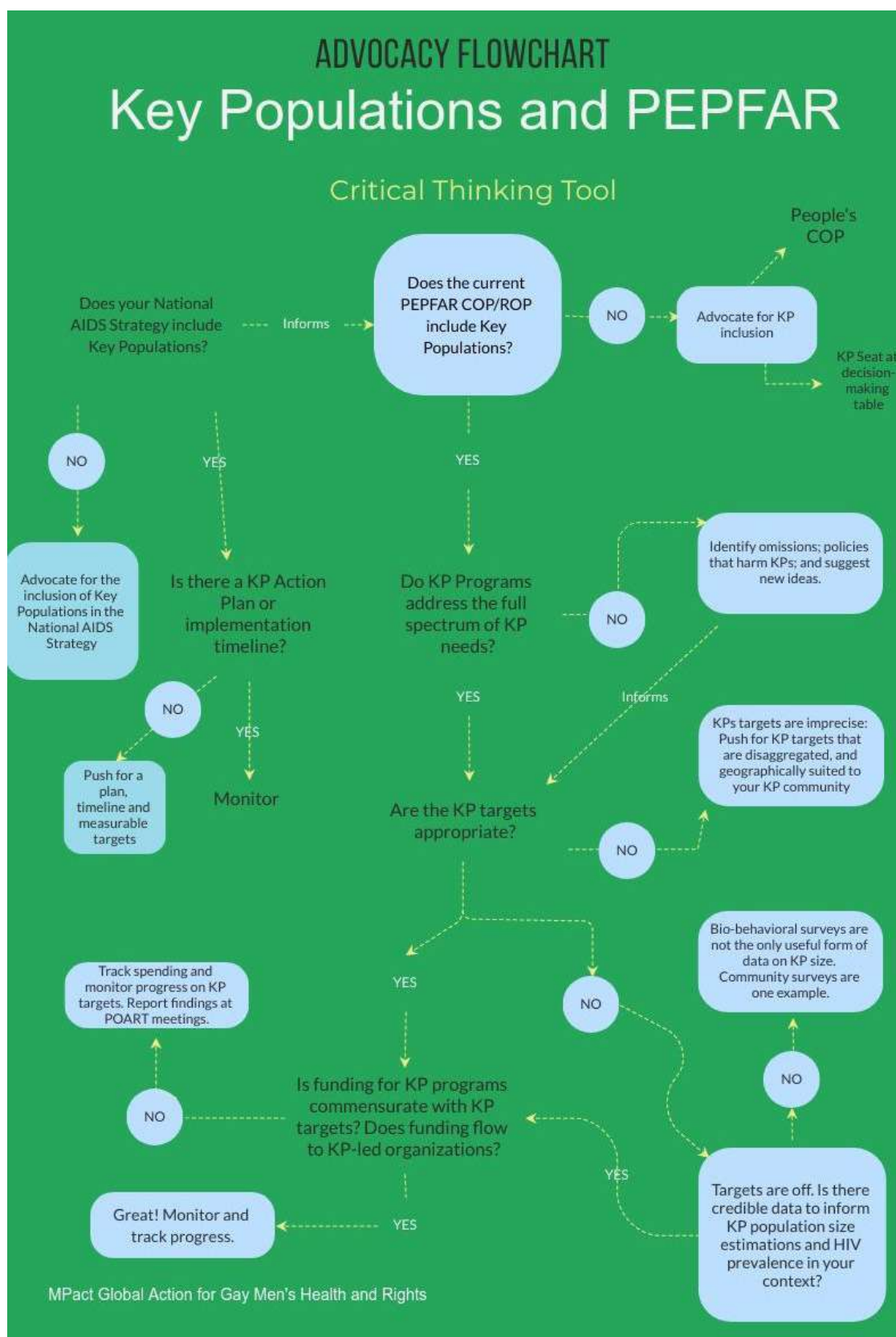


Figure 2: Critical Thinking Tool: Decision Tree for PEPFAR KP Advocates

PART 3: Technical Considerations for KP Advocacy in the COP/ROP Processes

(Practical Advice and Tips for Securing KP Funding and Programs)

Now that we have covered what the PEPFAR COP/ROP processes entail, and how to situate commitments to KPs within those processes, it is time to discuss the tactics and technical considerations for successful KP advocacy. Below, we cover some of the major considerations for KP advocates who engage with PEPFAR.

- 1. Use the Data on KPs (data that exists and data that you generate).** More than any other major HIV funder, PEPFAR has built a reputation for being guided by data. Major PEPFAR policy shifts have been driven by data and decision makers do not hesitate to shift budgets or programmatic focus areas if targets are not being met. Data is an essential tool to advocate effectively in PEPFAR processes. However, advocates should be prepared to resist efforts to penalize or cut funding for KP programs because of low target achievement rates as this may be caused by factors outside the control of KP advocates and program managers.

a. Drawing on PEPFAR's Own KP Data

Advocates should familiarize themselves with sources where they can obtain data on their country's current KP targets and the levels of target achievement. One of the most useful tools for accessing and understanding PEPFAR's program data is amfAR's [PEPFAR Monitoring, Evaluation, and Reporting \(MER\) Database](#). This site, commonly referred to as the "MER database," presents PEPFAR's own programmatic data, including targets and results for 30 monitoring and evaluation indicators. For example, you can identify KP prevention targets for any given PEPFAR country, see progress to date in achieving that target, and see the budget committed to that work. For a concise guide on how to use this important tool, please refer to page 19 of the [Rough Guide](#).

Examine existing PEPFAR KP targets and budgets and see if the numbers align with the needs of your KP community. This will help you identify the gaps.

Additional Resources

- [AmfAR launches Important New PEPFAR Advocacy Resource](#)
Press release announcing the MER database launch that describes the main features and functions of the site.
- [Rough Guide to Influencing and Monitoring PEPFAR Country Programs](#) (Health GAP, 2020) [French version](#)
Refer to page 19 of this guide for a set of tips on how to use the MER database.

b. Generating Community KP Data

PEPFAR's own programmatic data (see the MER database discussed above) comes with limitations. One of the major limitations is the lack of disaggregation of data between key population groups. Rather than presenting separate information about sex workers, gay men and bisexual men, and transgender people, PEPFAR lumps all of these interconnected

and occasionally overlapping groups into a single “KP” indicator. Sometimes other groups such as prisoners, truckers, or fisherman are included in this number, as well. Moreover, PEPFAR only tracks HIV prevention among KPs (via the KP_PREV indicator), but does not collect target data about KP-specific treatment or care. There are various reasons for these limitations such as potential barriers in asking people living with HIV to share their KP status before receiving access to treatment, which is something that could potentially escalate homophobia, transphobia, and other risk factors.

Another perpetual data challenge with PEPFAR are KP population size estimates. KP population size estimates are often too low.⁵ As prevention targets are based on population size, PEPFAR is at risk of underfunding and under-programming HIV prevention efforts for KPs.

It is incumbent upon KP advocates and their allies to push for more detailed, nuanced, and people-centered PEPFAR programs for KPs. This requires detailed and disaggregated data. **Community monitoring** is a tactic adopted by many HIV advocates to center data collection on the lived experiences of people who engaged with health systems. This involves KP advocates using a suite of tools, including community scorecards, surveys, client feedback systems, and interviews, to shine a light on the ways in which PEPFAR programs are (or are not) living up to their commitments to KPs.

Additional Resources:

- **Community-led monitoring**

- [Community-led Monitoring of Health Services](#) (Health GAP, 2020)

- [Step-by-Step Implementation Guide on Community Treatment Observatories \(CTOs\)](#) (ITPC, 2020)

- [Examples of a community-led monitoring approach using mystery patients to document stigma and discrimination in the provision of health care](#) (MPact, 2020)

- **Tools**

- [LINK – Electronic Client Feedback Systems for HIV Programs](#) (LINKAGES, March 2019)

- **KP Size Estimates**

- [Population Size Estimation of Gay and Bisexual Men and Other Men Who Have Sex With Men Using Social Media-Based Platforms](#) (MPact, 2018)

2. Familiarize Yourself with PEPFAR’s Commitments, Policies, and Programming for Key Populations

a. PEPFAR has co-authored or endorsed the following **technical guidance on KP programming**⁶ that it supports:

- Gay men and other men who have sex with men

- [Implementing Comprehensive HIV and STI Programs with Men Who Have Sex with Men: Practical Guidance for Collaborative Interventions](#) (MPact, USAID, et al, 2015)

5 Baral S, Turner RM, Lyons CE, et al. Population Size Estimation of Gay and Bisexual Men and Other Men Who Have Sex With Men Using Social Media-Based Platforms. *JMIR Public Health Surveill.* 2018 Feb 8;4(1):e15. doi: 10.2196/publichealth.9321. PMID: 29422452; PMCID: PMC5824103.

6 In October 2020, MPact released the first in a series of eight upcoming technical briefs and accompanying webinars, titled “[Understanding Current Normative Guidance for Comprehensive HIV and STI Prevention and Treatment for Key Populations](#)”

- Transgender people
Implementing Comprehensive HIV and STI Programs with Transgender People (IRGT, USAID et al, 2016)
 - Sex workers
Implementing comprehensive HIV/STI programs with sex workers: practical approaches from collaborative interventions (NSWP, WHO, et al, 2013)
 - People who use drugs
Implementing comprehensive HIV and HCV programs with people who inject drugs: Practical Guidance for collaborative interventions (INPUD, WHO, et al, 2017)
- b. PEPFAR has undertaken **initiatives to advance the HIV response among KPs**:
- Key Populations Investment Fund (KPIF)
In 2016, PEPFAR announced a US\$100 million Key Populations Investment Fund. Though initially beset with delays, the planning and roll-out process went ahead in the summer of 2019, with KP advocates in several countries strategizing about influencing and monitoring the process. A summary of KPIF investments can be found here.
 - LINKAGES, EPIC
 - In 2014, PEPFAR (via USAID) funded the *Linkages across the Continuum of HIV Services for Key Populations Affected by HIV* (LINKAGES) project, aimed at implementing activities to reduce HIV transmission among KPs and to improve their enrollment and retention in care. The project has ended and there is an archive of LINKAGES Success Stories as well as KP-focused technical resources, including technical guidance, programmatic tools, and training materials.
 - In April 2019, PEPFAR launched the successor to LINKAGES, known as the Meeting Targets and Maintaining Epidemic Control (EpiC) project. This is a five-year technical assistance and direct service delivery model program. In collaboration with UNAIDS, EpiC has issued the technical guidance Strategic Considerations for Mitigating the Impact of COVID-19 on Key-Population-Focused HIV Programs.
- c. PEPFAR has **documented a variety of successful programs for KPs**
- PEPFAR Solutions Platform (Beta)
Though still under construction, this site will compile programmatic solutions, emerging technologies and innovations, and implementation tools that have been used effectively in PEPFAR programs. By using filters it will be possible to search specifically for KP programs that have been supported by PEPFAR.
 - The LINKAGES legacy: This site provides case studies from nine countries that benefited from PEPFAR's LINKAGES project. The case studies describe LINKAGES' program innovations and community-led approaches, what worked in each country to reach KPs and engage them in services across the cascade, and how LINKAGES contributed to policy changes that benefit key populations.
- d. PEPFAR **Technical Guidance in Context of COVID-19 Pandemic**
- To provide clarity during this rapidly changing time, PEPFAR published the "PEPFAR Technical Guidance in Context of COVID-19 Pandemic." It affirms that PEPFAR is

committed to continuing essential HIV prevention and treatment services, while providing a safe environment for clients and staff.

- MPact conducted an in-depth analysis of the PEPFAR Technical Guidance, highlighting in a brief the top 10 updates for key population advocates and organizations working to ensure access to PEPFAR HIV treatment, care, and support during COVID-19. MPact's brief analyzed PEPFAR's recommendations, as well as missing elements that KP communities should monitor.

3. Articulate Your Specific KP 'asks' for the COP/ROP

Now that you know what the KP targets and budgets are, what programmatic progress has been made, and where KP community needs are still unmet (via community monitoring), it is time to clearly articulate your 'asks'.

PEPFAR advocacy is most effective when it is concise, specific, and draws on credible data. Make specific requests for adjustments and realignments (both in terms of budgets and in terms of geography) to better meet the needs of your KP community. For example, "increase the KP prevention budget" is too vague. A better ask would be "Given that KP prevention targets have been met and exceeded across all districts, we request a 50% increase in the KP prevention targets over last year's COP, with a commensurate budget increase."

Additional Resources:

- The Rough Guide has information and examples of how to make a strong ask, including by reviewing the previous year's commitments and targets, assessing progress achieved and gaps that remain, and making a short and specific ask for the subsequent COP.
- Look at examples of successes and challenges in Ensuring Gay Men's Needs Are Addressed in the 2020 PEPFAR COPs (MPact, 2020)



The office of Sexual Rights Center (SRC), Zimbabwe, 2020 – Photo Credit: Robin Miller

4. Include KP 'asks' in the larger civil society COP/ROP 'asks'

Civil society has fought hard to gain a seat at the table in the PEPFAR COP/ROP process. This outcome was not always assured. Well-organized civil society movements have begun articulating their collective demands for the COP/ROP into a single document so that everyone can collectively demand the same things. It is important that KP 'asks' are well represented in these collective efforts.

One example of such a community-led tactic is **The People's COP**.⁷

- The People's COP is a shadow document that is prepared by civil society ahead of the COP process. It outlines community priorities and specific 'asks' for PEPFAR going into the formal COP process.
- The People's COP is an effective and powerful tool. At the February 2020 COP/ROP review meetings in Johannesburg, it was clear that PEPFAR leadership had read this document, took the demands seriously, and referred to them in the formal COP/ROP process.
- In order to have the People's COP document finalized and printed before the COP process begins, much work goes into it in the preceding months. Find out if such a process already exists in your country, who leads it, and how you can contribute KP perspectives, information, and demands.
- If your country does not have a People's COP process, it would be useful read some of the existing People's COP documents to get a sense of how to craft a clear and specific ask of PEPFAR going into the COP process.

The People's COP (examples) – find these and more resources at [PEPFAR Watch](#) by Health GAP.

- [Malawi](#) (2020)
- [Kenya](#) (2020)
- [South Africa](#) (2020)
- [Uganda](#) (2020)
- [Zimbabwe](#) (2020)

5. Prioritize KP budgets and KP targets. Having a seat at the table at the COP/ROP process is exciting. However, being *in the room* is not the same as influencing decisions and priorities or creating change. Civil society is given an opportunity to intervene during the COP/ROP week and to provide a statement or presentation. This is a big part of the work, but it is not everything. As the COP/ROP process moves forward, drafts of the COP/ROP will be written. Check the draft – if your priorities are reflected in the narrative (i.e. "Key populations should be prioritized..."), but KPs are not represented in the budget or in the targets (or the KP budget and targets are inadequate or ineffective), go back and request the necessary additions and changes.

⁷ Preparing 'The People's COP' was a tactic begun in 2018 by a coalition of organizations, including the Treatment Action Campaign (TAC), SECTION27, Health GAP, Médecins Sans Frontières, and South Africa's Positive Women's Network.



Drop in Center at Cameroonian Foundation for AIDS, 2020 - Photo Credit: Robin Miller

Part 4:

Case Studies of Effective and/or Innovative Funding for Key Populations via PEPFAR

Zimbabwe: Multi-pronged approaches

Advocates from Gays and Lesbians of Zimbabwe (GALZ) emphasize the importance of a multi-pronged approach to advance the health and rights of key populations. GALZ harnessed global-level advocacy, community-led advocacy, and technical interventions to achieve concrete gains for gay men and other men who have sex with men.

While global-level advocacy by activists secured PEPFAR policy commitments to reaching key populations, circumstances remained tough on the ground in Zimbabwe. GALZ documented stigma and homophobia by healthcare providers that deterred gay men from seeking the health services they needed. By documenting and bringing these concerns forward, GALZ and partners identified a need for a training curriculum for healthcare providers to equip them with the skills and understanding to meet the unique needs of the gay community. Working alongside experts from Johns Hopkins University and MPact, they developed a training curriculum that included information ranging from clinical treatment practices to the importance of fostering a welcoming environment.

Meanwhile, in an effort to translate PEPFAR's high-level policy commitments to gay men into action on the ground, GALZ co-convoked advocacy trainings by PEPFAR advocacy experts to bring local KP activists up to speed on the COP/ROP process and to make them comfortable with raising their priority issues. When PEPFAR funding for key populations began to flow in earnest, these lived experiences of homophobia in healthcare settings set the tone for forming their programmatic priorities. When a change in regime in Zimbabwe shifted the political landscape and opened up space for progress on LGBTI health and rights, the government adapted the training

manual for use across the country and committed to training healthcare professionals and scaling up services for KPs in 45 community-identified sites. The government also established the position of a Key Populations Coordinator.

After years of advocacy, the Ministry of Health and Child Care increased their recognition of gay and bisexual men and the broader LGBTI community through specifically earmarked funding and by publishing normative guidance for key populations at the national level.

Tanzania: Transnational coalitions

The Coalition to build Momentum, Power, Activism, Strategy & Solidarity in Africa (COMPASS) in Tanzania brought together national-level advocates with advocates working globally. They did so not as a “North-to-South” peer support network, but as a truly connected transnational coalition. Working together, this group of advocates established working principles, rather than specific deliverables. This enabled the group to be flexible and responsive to unanticipated advocacy opportunities. The group also formed a Key and Vulnerable Populations (KVP) group in response to unmet KP needs in Tanzania, which the government and PEPFAR could engage with on critical questions and for collaboration on formulating KP policies and programs. When PrEP implementation was delayed, the KVP group convened a meeting with PEPFAR and representatives from the Ministry of Health to hold them accountable for progress.

Tanzanian KPs had achieved significant results in the context of the annual PEPFAR Regional Planning Meetings where Country Operational Plans (COPs) are developed and approved. These included changes in targets, funding, policy and service delivery approaches by PEPFAR, the national government, and the Global Fund.

One of the COMPASS' Tanzanian partners was able to send a representative to the in-person planning meetings in Johannesburg where COMPASS partners from the U.S. and Uganda also joined the Tanzanians as part of that country's civil society delegation. The Tanzanian partners created a WhatsApp group to share, in real time, core developments with CSOs “at home” and proceeded to advance a powerful in-person campaign for more progressive policies for community-based ART, self-testing, provision of PrEP, expansion of DREAMS programs, transparency around investments in human resources for health (HRH), increase in voluntary medical male circumcision (VMMC) targets, and key and vulnerable population (KVP) engagement in a planned Integrated Biobehavioral Survey (IBBS). Several of these demands (VMMC, HRH transparency, KVP investment) were met but others were not, in spite of strong support from WHO, UNAIDS, and PEPFAR. The demands were developed on-site by partners working together, sharing experiences and strategies and supporting one another to take and share risks (e.g. speaking openly and critically about government policies) in the room.

This collaboration continued on the activists' return to Tanzania. KVP representatives were invited to be part of the review of the IBBS protocol. Tanzanian partners worked together to develop research literacy, review the protocol, and suggest changes to the data collection tool. Through this and subsequent work on KVP size estimates, PEPFAR's POART data review, and the 2019 RPM, the COMPASS partners established modes of working that drew on individual groups' unique strengths, while centering Tanzanian civil society priorities and leadership.

Read the full case study [here](#)

About MPact

MPact Global Action for Gay Men's Health and Rights was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by men who have sex with men. MPact works at the intersection of sexual health and human rights, and is linked to more than 120 community-based organizations in 62 countries who are leading innovative solutions to the challenges faced by gay and bisexual men around the world.

Authors:

Krista Lauer
Nadia Rafif

Contributors:

Saurav Jung Thapa
Omar Banos
Mohan Sundararaj
Johnny Tohme
Greg Tartaglione

Design by:

Design Action Collective

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