

## Session 7

### Questions and Answers

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1. How can ordinary healthcare workers enable those rich and safe environments for key pops?  
*Response: From my perspective it's about building visible relationships with communities. In the Eastern Cape for instance, having community-based peers from sex worker or LGBT people accompany people to clinics worked well (and it is low cost). In some facilities, clinic committees made of up of community leaders helped ensure that the clinic was more 'friendly'. It's also about ensuring everyone at the clinic is trained and is not harboring stigma or bias (the 'whole clinic approach' to training). Extended working hours and outreach by peers and health care workers to communities also works well.*
2. Quais a estratégias o país está a implementar para reduzir o estigma a nível comunitário visto que é lá onde mais se faz sentir ?  
*Response: Lillian diz: Acho que se trata mais de envolver as comunidades diretamente no design e na implementação. Abordagens e respostas lideradas pela comunidade*

What strategies is the country implementing to reduce stigma at the community level as this is where it is most felt?

*Response: Lillian says: I think it's more about involving communities directly in design and implementation. Community-led approaches and responses*

3. Was an adjustment made for HIV prevalence in the general population? The risk of HIV in any population subgroup would naturally be higher in high prevalence countries than in low prevalence countries. South Africa has a high prevalence of HIV compared to West African countries. In an adjustment for HIV prevalence is not made, it may give a bias in the analysis  
*Response: Yes, we adjusted for HIV and for clustering. A number of the West African states have quite low general population rates but still have high burdens in KP.*
4. It was mentioned that in Cape Town where the legal environment seems to protect KP it was mentioned that the incidence rate is about 14,4 for 100 per year which is high. How can we explain this?  
*Response: This is complex. Two factors are that the cohorts were quite small (200 men in each country) so there is a lot of variation due to small samples. But in addition, Cape Town has very marked health and income inequalities that may be driving HIV risks among lower income and township MSM.*

Stigma is still very high in South Africa - in the first 5 months of this year there were 5 murders of LGBT people. High violence generally does contribute, gender inequality, racial inequality also plays a very important role. Law reform isn't a panacea, but its part of an ecosystem of inequality, violence and stigma.

5. How do we define "KP Led" as funding shifts towards KP Programs we see more and more organisations starting to program in the area and defining themselves differently. How can one be sure that they are truly KP Led?  
*Response: I think it will differ per country and context. One way to do this is to involve the key population network/movement in your country around the organisations to implement KP*

programmes and ensure that the movement is involved in recruitment and programme design. Having KP peer educators is integral for KP led programming.

*Response 2:* I think its very important to define this clearly. Some organisations are KP led, but their programmes might not be KP informed or led, or might be limited (for instance, only representing female sex workers, but leaving out transgender women who sell sex) bottom line is that programmes must provide evidence of their assertion, and donors must ask the right questions to assess this. As Leora said, ensuring that KP networks are centrally engaged in the development of the country NSP, represented in key structures such as CCM's and that they are supported to be accountable to their communities

6. In the event that these punitive Laws against KPs cannot be removed as we have seen many Parliaments do in Africa, How do we re-program to reach the Key Pops. We know for sure that in many of our settings these laws have been in place for a long time and they don't seem to be going away any time soon

*Response:* Very good question. I think a good deal can be done even in legal environments that are very restrictive. The key is to work on both social stigmas and policy environments and to do so with the KP communities and advocates.

I think this question confounds many country programmes who feel the frustration of not being able to shift these laws. One practical response is to build relationships with law enforcement actors (sometimes in a very defined jurisdiction with high prevalence/population) to change the way they apply the law, while documenting the impact on communities. This provides evidence for the benefits of law reform, while impacting on communities directly. Some organisations have managed this over time, it does need investment, time, and good leadership.

7. Hae, how can we reach out to people who are in remote areas? It's my concern especially in Kenya, it only seems like the Key Populations who are in big towns like Nairobi, Kisumu, Nakuru, Mombasa are the only one who are benefiting from such programs. Other communities lack information because most of then they do not have smart phones. How can WE reach them, how can we create awareness about such organizations? In many of those areas, people are hostile, religious and cultural protectors.

*Response:* That's so difficult! Investment needs to be made to reach community-based organizations in those rural communities to sensitize them on the needs of key populations - and hopefully be able to provide some key population friendly services. Concerted sensitization needs to be done with those organizations to untangle prejudice & the question of morality.

*Response 2:* I agree, with an approach that focusses on high density/high incidence, we miss the more rural areas, where stigma is very keenly felt, and where access to information, support is rare. Integrating community organizing is most important in these spaces.

8. KP organisations are not allowed in so many African countries, who should be done so far?

*Response:* KP organisation and movements can be done informally and don't necessarily need to be formal organisations. Organisations that run KP programmes can organise KPs into an informal movement within their organisation to inform programmes and ensure KP ownership.

9. If legal reform is a good strategy in the fight against HIV, why do some African countries like Ghana continue to toughen laws against sexual and gender minorities, of course, key populations?

*Response:* Indeed, this is quite a difficult situation, there are different perspective and understanding of situations and laws. More advocacy and understanding of the connection between rights and public health is needed. This may help and consideration of the broader environment.