1. Pharmacies have been identified by 21.4% respondents as places with stigma and discrimination for MSMS. Can we collaborate with stakeholders to ensure private pharmacies provide ART refills for KPs (MSM) without stigmatization and discrimination?

Response: AU CAmeroun il n'existe pas d'officnes privées pour la dispensation des ARV, Cela dit, le plaidoyer mené par les organisations communautaires a donné une possibilité à la dispensation communautaire des ARV. Et cela contribue non seulement à reduire la stigmatisation mais aussi renforce l'observance au traitement et facilite ainsi le suivi des patients au niveau de la communauté.

Il est donc souhaitable que cette dynamique de dispensation communautaire soit renforcée

Jacques has said:

In Cameroon there are no private pharmacies dispensing of ARVs. Advocacy by community organizations has given an opportunity to the community dispensing of ARVs. And this not only helps to reduce stigma but also strengthens adherence to treatment and thus facilitates the follow-up of patients at the community level. It is therefore important to strengthen the strategy of Community dispensing.

- 2. '@Sithole, what facilities are in Tier 1 in your country?

 *Response: These are facilities which by data are frequented by KP or are in zones where there is higher estimated number of KP. We often do program mapping and size estimation which gives us the data.
- 3. How can we make legal enabling environment possible when health and political approaches are diverging. health looking at reaching to the needed whilst politician look at satisfying their greater political constituents

Response: A mon avis, il faut agir sur les populations en déconstruisant les perceptions que ces populations populations ont sur les populations clés, en informant et sensibilisant les parties prénantes sur les actions menées en direction des populations et de l'importance qu'il y a à les mener, en menant un plaidoyer en direction des responsables dont les services font l'objet de stigmatisation et de discrimination

Jacques said:

In my opinion, we must act on the populations by deconstructing the perceptions that people have on the key populations, by informing and sensitizing the leadership on the actions carried out and by advocating towards those responsible for which services are subject to stigmatization and discrimination.

4. How can we reduce stigma and discrimination against KP, and how can we network with other organisation working with KP Community

Response: I think we need to work from the individual (to empower them to know their rights) to the community and institutions (those providing services). We need to sensitize these institutions/community. We also need policies that address stigma in these institutions.

5. In view of the legal environment, the stigmatization of key populations, how did you manage to implement specific prevention and care activities including the PSD which are dedicated to them? What were the successes and lessons learned? What were the constraints ?? Response: In our case, we used data (HIV prevalence among KP and their behavioural and structural experiences) to present to power holders (police and Health providers) through training and sensitizations and making a case we have a problem and need them to play a role. While we took a public approach, we also included human rights framework in doing this.

Sisonke SA we are not service provider, but we become middleman between sex workers and organisations that provide services. Sisonke is more on building a Movement (Voice for sex workers) this then enable us to collaborate very well because organisation are delivering health services Sisonke is more on Human Rights these two needs each other because health is human rights.

6. Is it possible for your Sisonke to collaborate with other organisations in other countries and share ideas how to work with KP Communities?

*Response: Thank you for your question. Yes, it possible and we are happy to share the thought leader role we playing as Sisonke in SA.