

Safeguarding HIV Services for Key Populations - Challenges and Opportunities for Sustainability

Session 4 | Monday, April 20th, 2026

Framing Presentation

Cassia Wells, MD, MPH

CQUIN/ICAP South Africa



Works in Progress: Transforming the HIV Response in a Time of Change, April 20-22, 2026 | Nairobi, Kenya

Session Overview

First Hour: Plenary Session

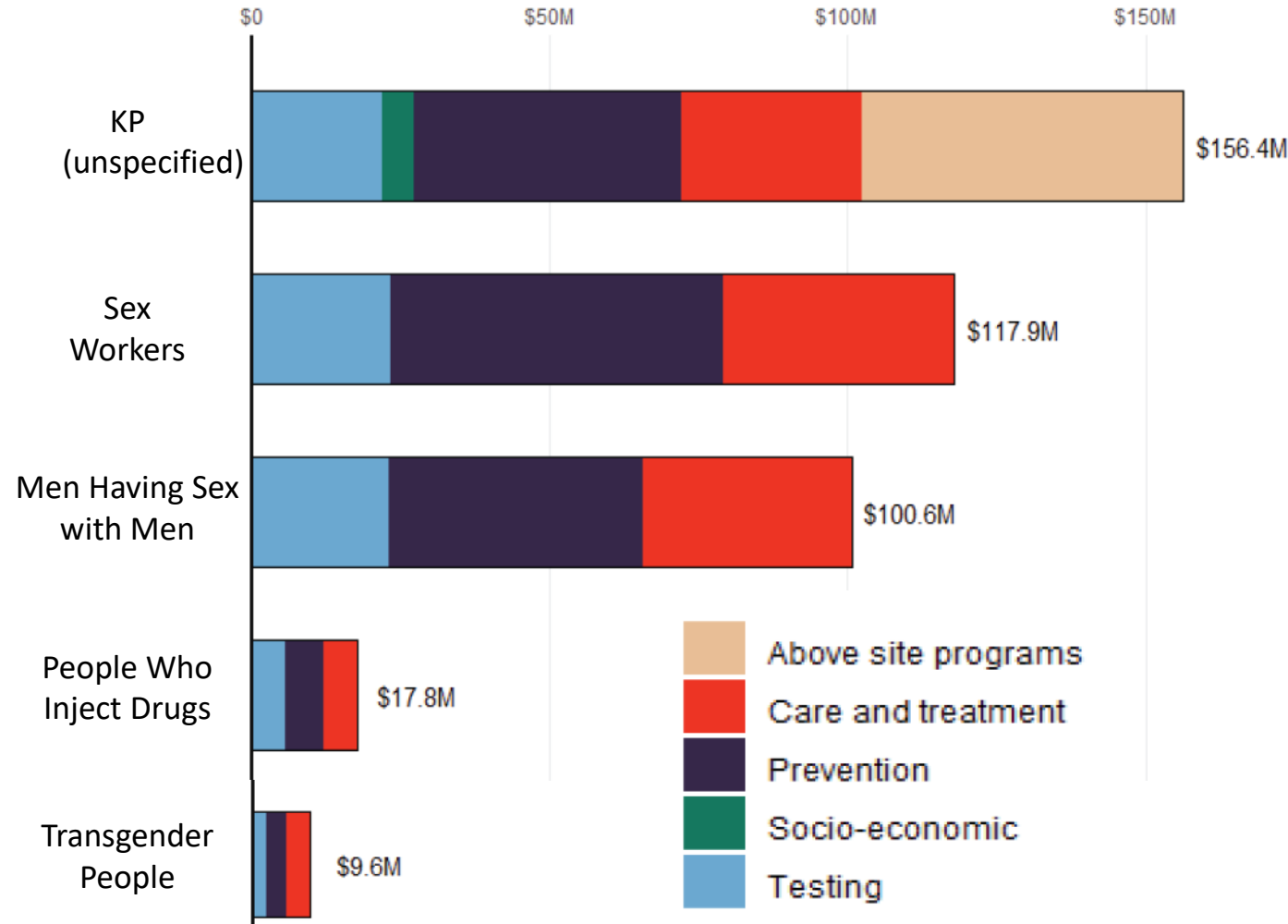
- Results of CQUIN's rapid situational assessment of key population (KP) services
- Lessons from Kenya MOH, Uganda MOH and Tanzania community on navigating the changes over the last year.

Second Hour: Breakout Discussions

- Sex Workers (4a), Men Who Have Sex With Men (4b), People Who Inject Drugs (4c) and Trans and Gender Diverse People (4d).
- Community panel to share the lived experience of the community.
- Tabletop group work reviewing the recommended WHO package for each group and discussing sustainable service delivery approaches.

Why focus on KP services in this environment?

Previous PEPFAR budget for KP-targeted programs, FY2024

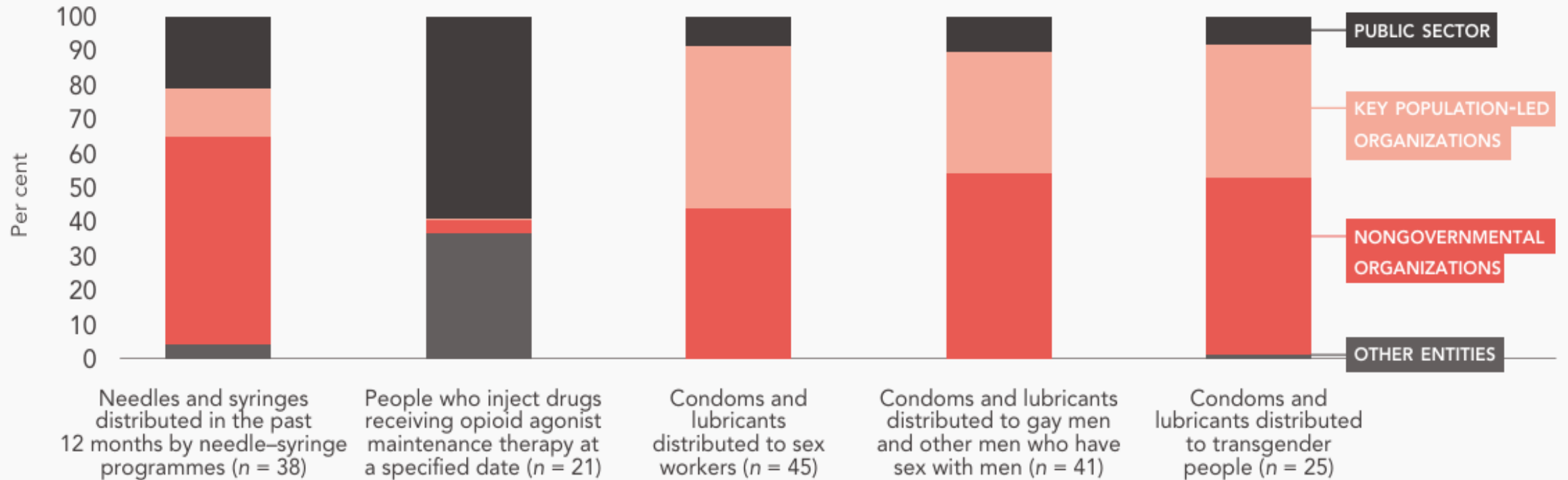


**KP remain critical
to achieving
epidemic control
and
KP services are
highly vulnerable
to PEPFAR cuts**

Source: GBGMC *Frozen Out: Impact Of The PEPFAR Funding Freeze On Programs For Key Populations* report

Prevention Services for KP Have Been Limited in The Public Sector

Distribution of reported services for people from key populations, by type of provider, 2020–2024



Note: n = number of countries.

Source: Global AIDS Monitoring, 2021–2025 (<https://aidsinfo.unaids.org/>)

Graphic: UNAIDS, 2025

Rapid Situational Assessment of KP Services in CQUIN Countries

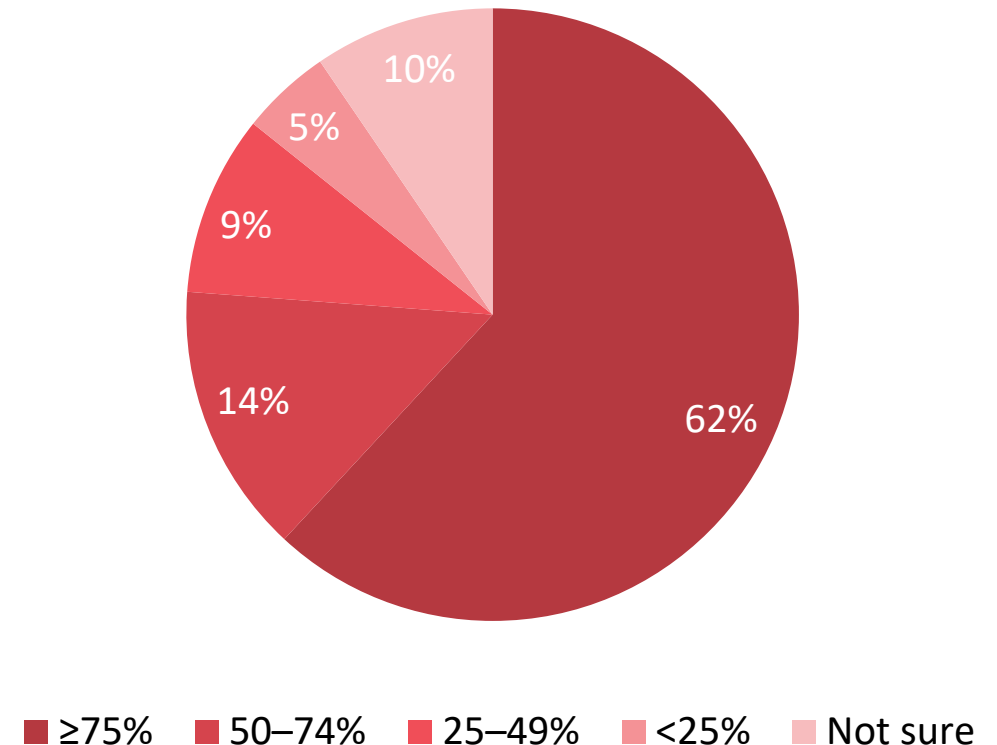
- Assessed the impact of reduced donor funding on KP services since January 2025, documenting adaptations, challenges, and mitigation strategies implemented by MOHs.
- Administered as an online questionnaire sent to national HIV program leads and KP focal points. Recipients were asked to submit one response per country.
- Responses were submitted by all 21 network countries from 24th February-1st April 2026



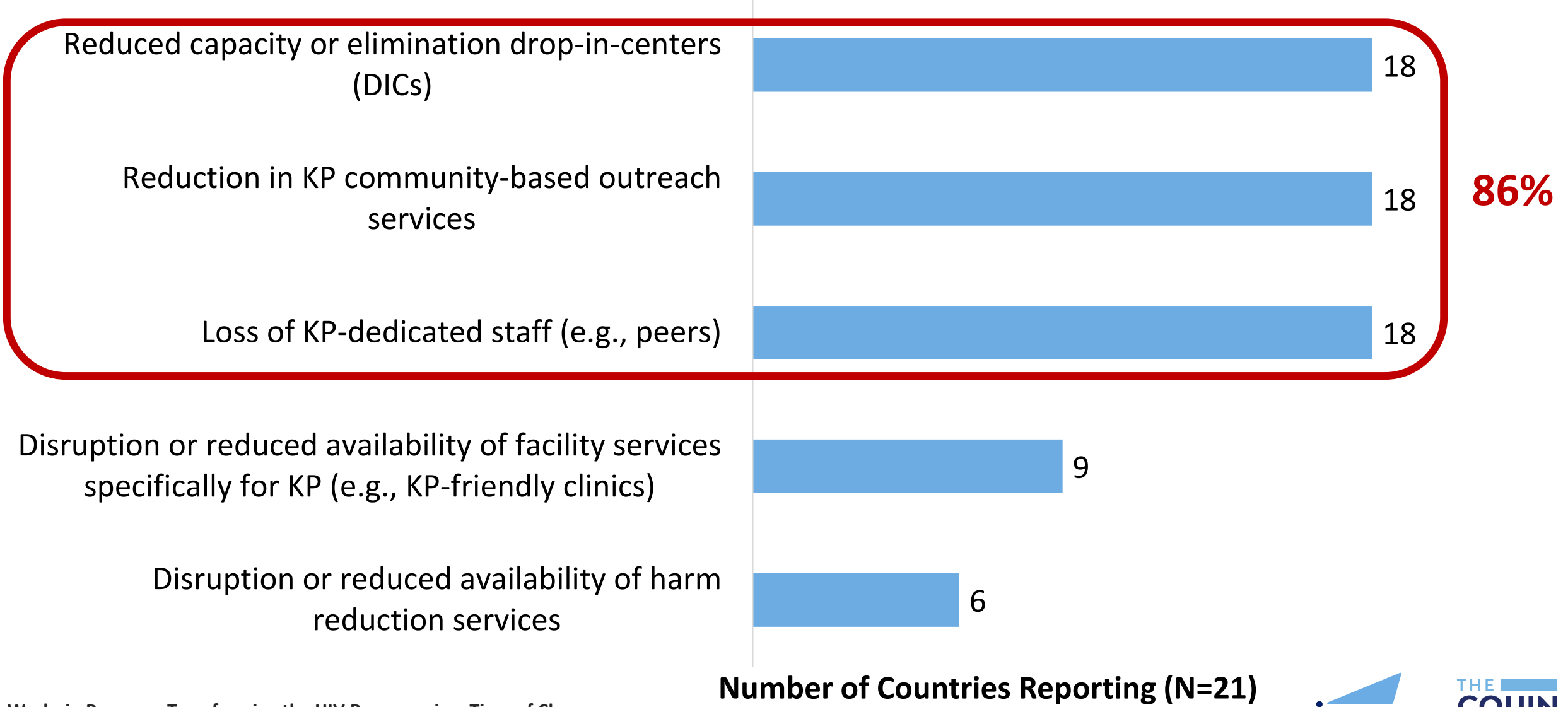
Reliance on Donors for KP Services

- All 21 countries reported that HIV services for KPs were funded by external donors prior to 2025.
- All but one country reported significant disruptions to KP services.
- **Funding disruptions are not over** with 13 countries anticipating more cuts in 2026 and 7 countries unsure about future cuts.

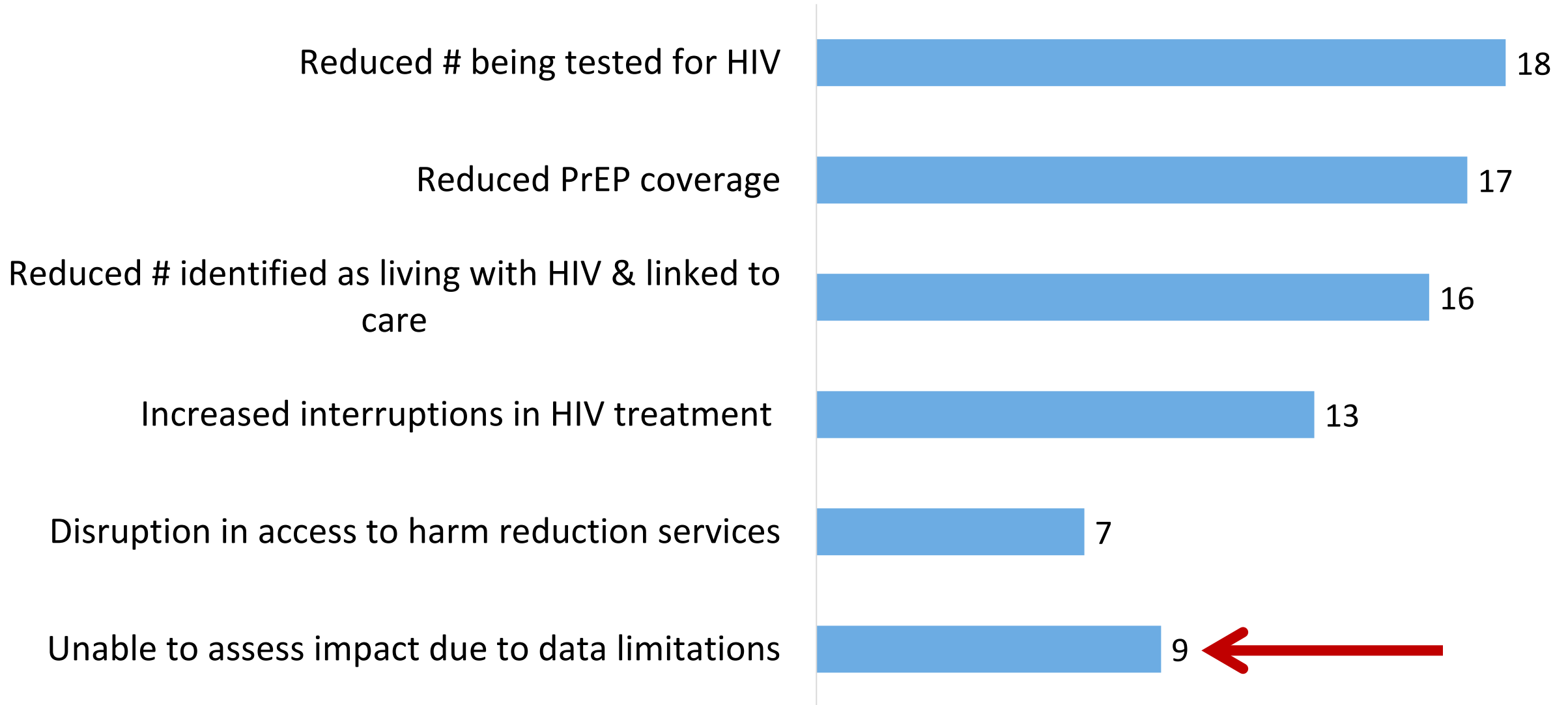
Approximate % of funding for KP services provided by external donors before 2025 (N=21)



Negative Impacts of Funding Cuts on Service Delivery

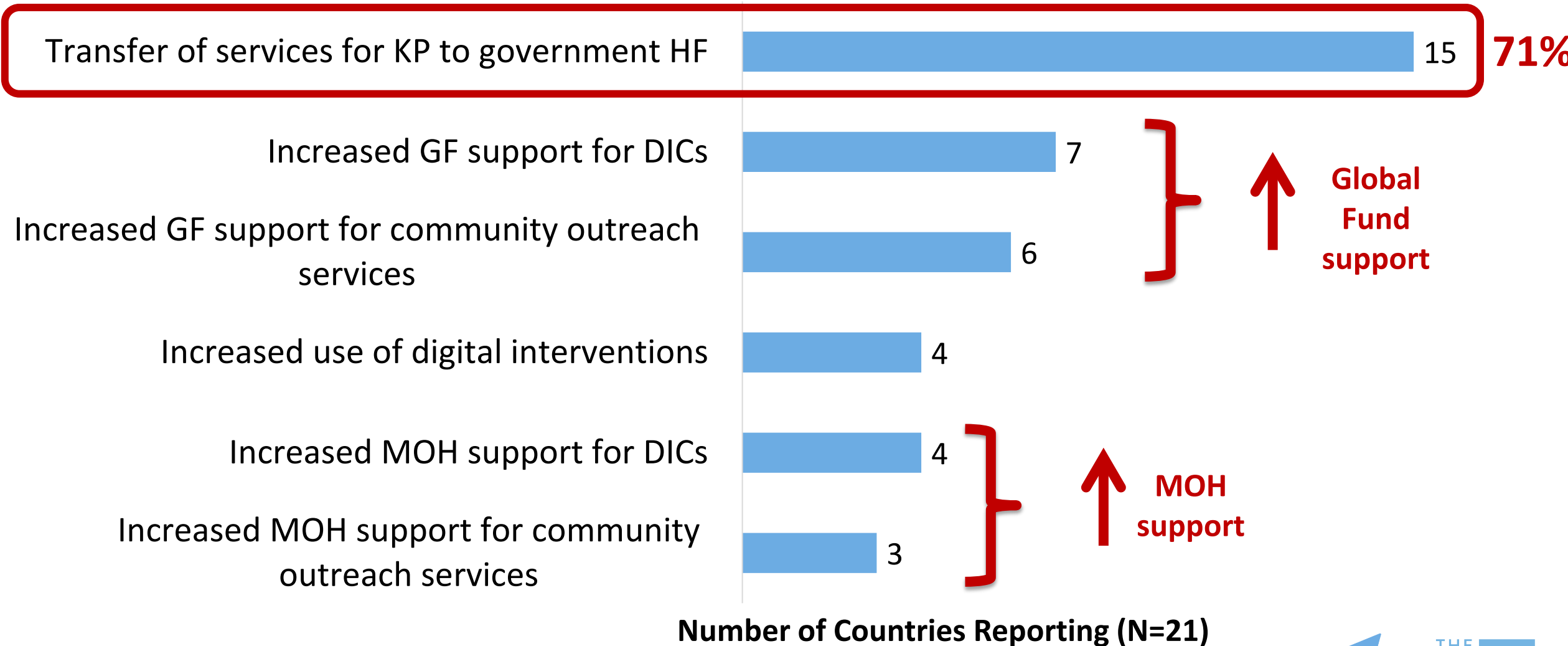


Negative Impact on Health Outcomes for KP

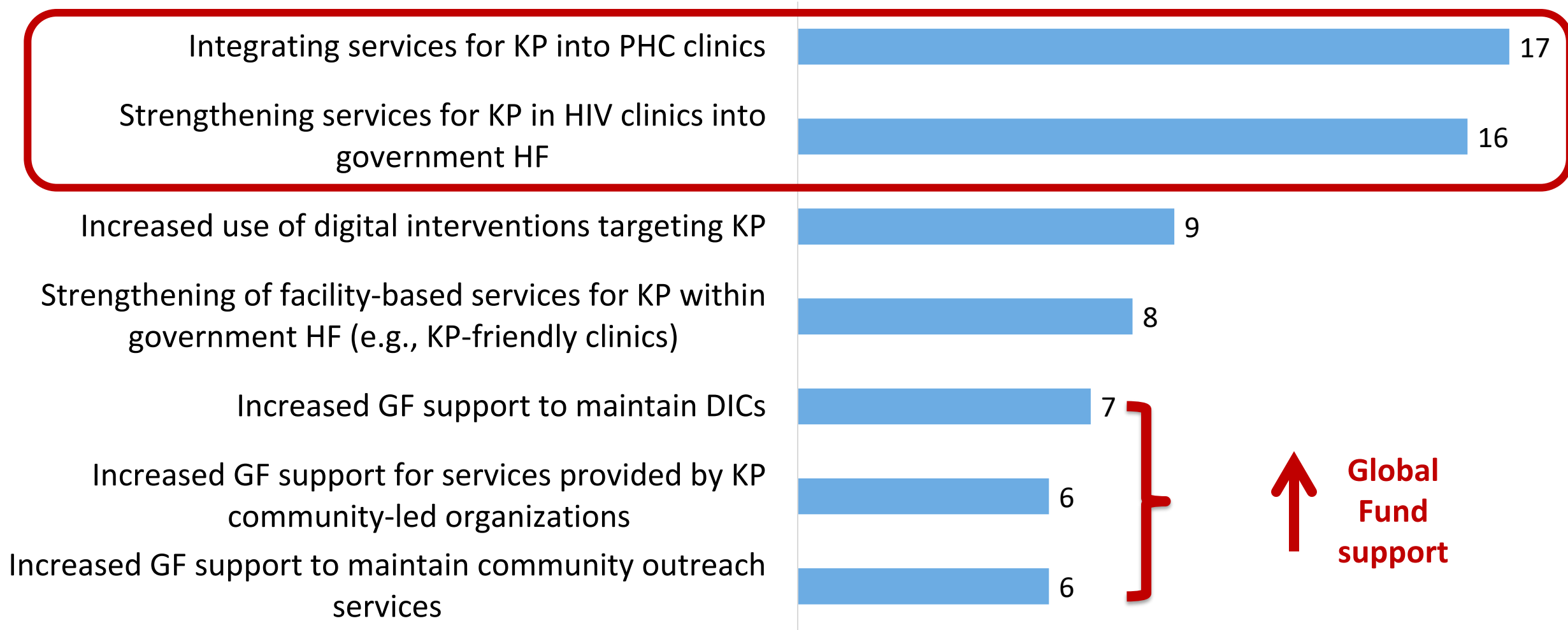


Number of Countries Reporting (N=21)

Service Delivery Model Adaptations Since Jan 2025



Service Delivery Adaptation Planned in 2026

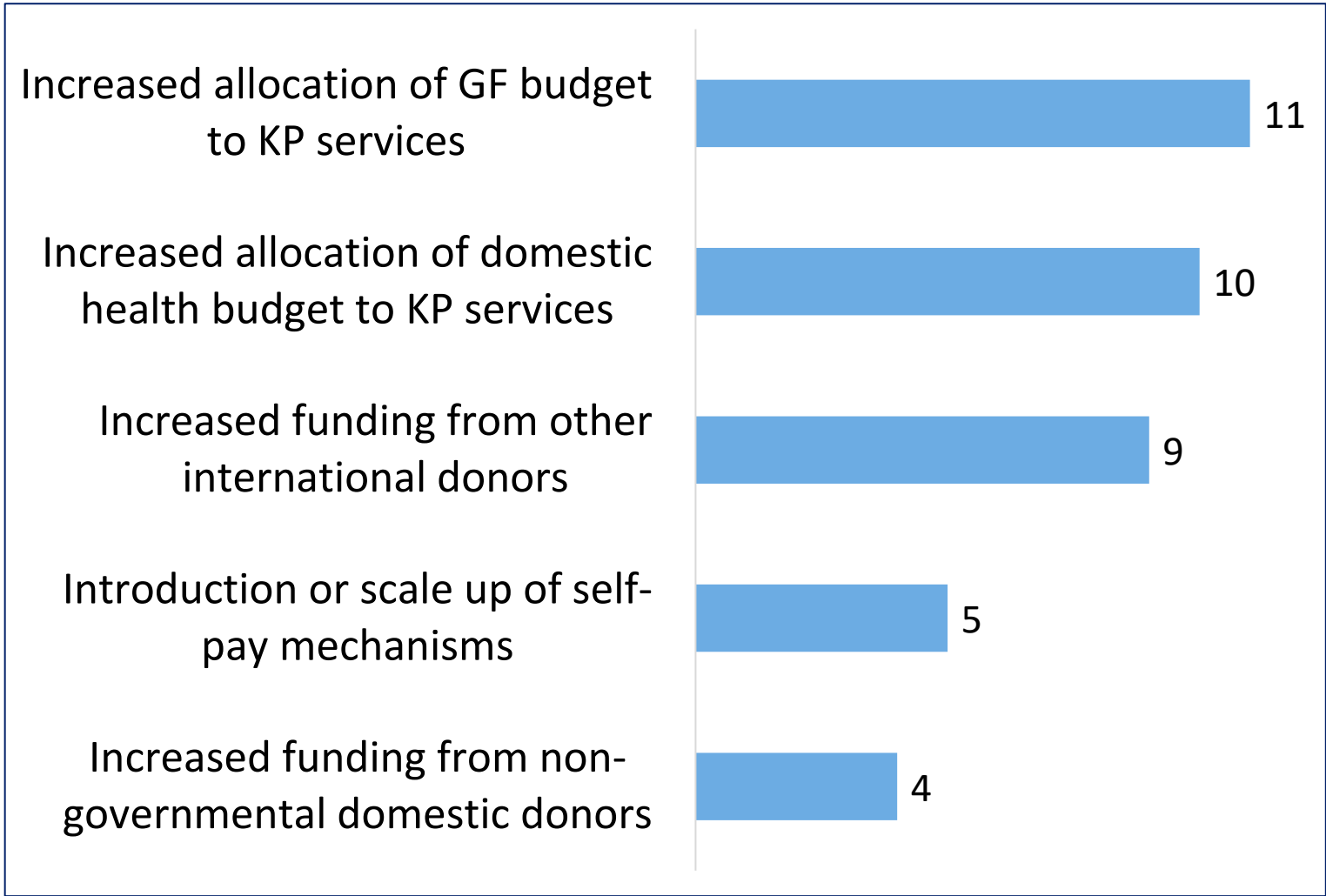


Number of Countries Reporting (N=21)

Funding of KP Services

- The majority (13/21, 62%) of countries reported that no additional funding has been mobilized or redirected to sustain HIV services for KP since January 2025.
- Only 3 countries reported increased allocation of domestic health budget to KP services in 2025.

Future Funding Strategies Being Considered



Summary of Key Findings

- KP services have been severely impacted, especially community-based services and more disruptions are expected.
- The most common adaptation has been transferring KPs to public HFs, followed by increasing Global Fund support for KP services.
- The majority of countries plan to integrate KPs into PHC clinics and HIV clinics in government-run HFs going forward.

CQUIN's KP-Friendly Service Quality Assessment (KP SQA)

- Improving KPs' experiences at public HFs is essential to increasing access to HIV services and sustainability.
- The KP SQA takes a human-rights based approach and is designed to translate the concept of 'KP friendly' into practical, facility-level standards that can be measured and used to identify areas for improvement.
- Holistic approach, assessing multiple dimensions of quality, including privacy, stigma and discrimination, service package delivery, community involvement and QA/QI of KP services.



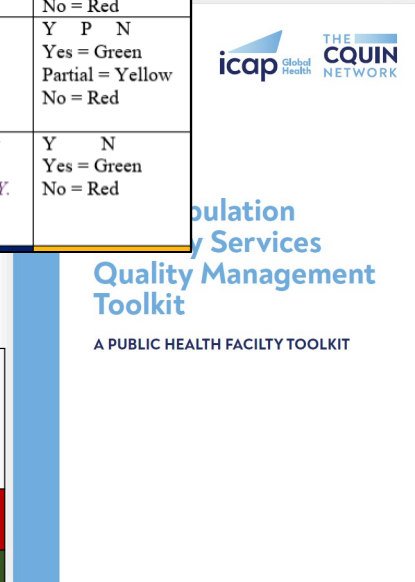
KP SQA Implementation



- The KP SQA Toolkit is available on the CQUIN website and is intended to be adapted to local contexts with community engagement.
- Includes quality standard statements and way(s) to assess each statement at the HF level.
- Indicators are scored as being met/partially met/not met (**green/yellow/red**), allowing for creation of scorecards to identify actionable cross-cutting gaps and specific facility-level challenges.

Quality Standard 8: Policies and procedures are in place that guarantee confidentiality, safety and security of sensitive information.		Essential
Process Indicators		
8.1	Are <u>all</u> staff trained at least annually (or per national guidelines) on privacy and confidentiality protocols? <i>If the health facility can produce documentation of training for all staff within the last year, score = Y. If no evidence of such training, score = N. Partial: Training is documented but not done at least annually OR training is only for some staff cadre, but not all.</i>	Y P N Yes = Green Partial = Yellow No = Red
8.2	Are there written policies on confidentiality and privacy, and procedures in place to enforce these policies? <i>If a physical copy of SOPs or written policies is available (includes procedures to enforce policies) on the day of visit, score = Y. If not, score = N. Partial: If there are policies in place to ensure confidentiality, however, they do not include procedures to enforce these policies.</i>	Y P N Yes = Green Partial = Yellow No = Red
8.3	Are client records and identifying information stored and accessed in a way that ensures confidentiality and data security (e.g., locked room, secured computer access etc.) <i>If client records and client identifying information are stored in a way that ensures confidentiality (inspection), score = Y. If not, score = N. Data source = Physical inspection</i>	Y N Yes = Green No = Red

	Routine training on KP-friendly HIV services	Existence of confidentiality and privacy procedures	Documentation & follow-up of discrimination cases	KP participation in facility policy and advisory roles	Availability of KP-specific HIV commodities	Routine & KP-specific services free or affordable?
HF 1	Red	Green	Green	Green	Green	Red
HF 2	Yellow	Yellow	Yellow	Yellow	Green	Green
HF 3	Green	Green	Green	Green	Green	Red
HF 4	Red	Green	Yellow	Red	Green	Green
HF 5	Red	Green	Yellow	Red	Green	Green
HF 6	Yellow	Green	Green	Yellow	Yellow	Yellow



For Discussion During This Session

- Integration is happening – how do we make sure the most vulnerable are not left behind during these transitions?
- Can all HIV-related services be integrated into the public sector or are there some that should be delivered in other ways?
- What are viable alternative service delivery models for KP groups in the context of shrinking donor funds? What can be sustained beyond 2030?



Thank You!



Breakout Instructions

- Community panel to share the lived experiences.
- Tabletop group work reviewing the recommended WHO package for each group and discussing sustainable service delivery approaches.
- Each room will have designated Francophone tables.
- **Please divide your country teams among the rooms – expertise or experience is not required.**

4a: Sex Workers – Hall of Africa

4b: Men Who Have Sex With Men – Almasi 2 (4th Floor)

4c: People Who Inject Drugs – Almasi 1 (4th Floor)

4d: Trans and Gender Diverse People – Baobab 1 (4th Floor)