

Responsive HIV Services for Key Populations: Community Priorities

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Keynote Address

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Overview

- Impact of funding cuts on Key Population services
- Key Population community response
- Integrating Key Populations into primary health care (PHC)
 - Risks and mitigation strategies
 - Community roles in strengthening people-centered integrated care
- Priorities for Key Population Communities

Impact of Funding Cuts on Key Population Programs

Prioritization Conflicts:

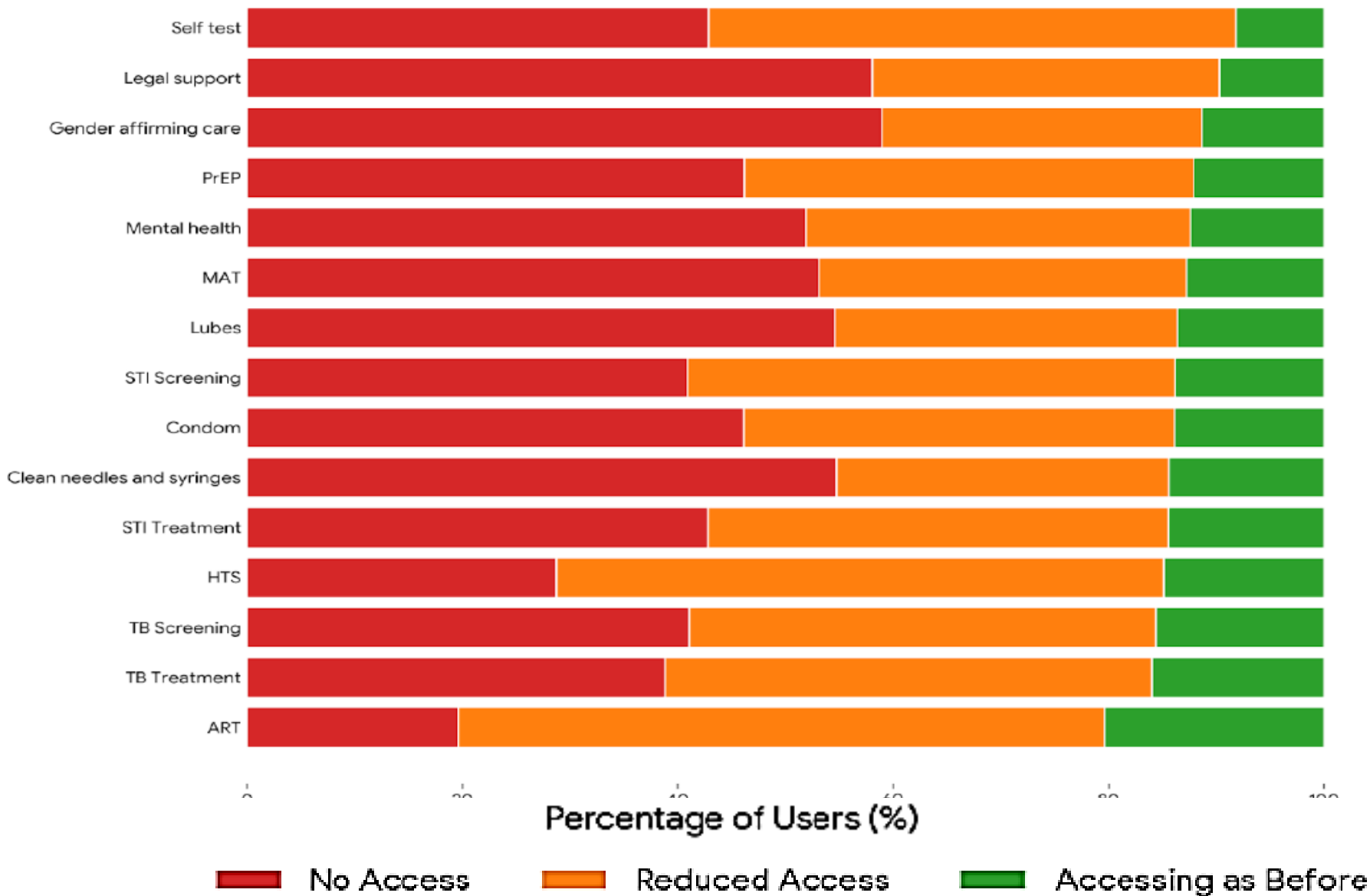
- In-country competition over reprioritization led to cuts in critical community activities classified as non-life-saving interventions.
- Many advocacy activities were sidelined, including funding to attend meetings and commemorations of international days.



Disrupted Program Implementation

- Widespread disruptions to ongoing HIV activities.
- Uncertainty and additional workload led to a notable lack of motivation among program implementers.
- Prioritization discussions consumed significant time, interrupting essential services.
- Halted or delayed outcome assessments (e.g., BBS) used to guide programming

Service Access Disruptions Among Users



Survey of 350 key population community members conducted in June of 2025 **showed widespread disruptions in accessing essential HIV services.**

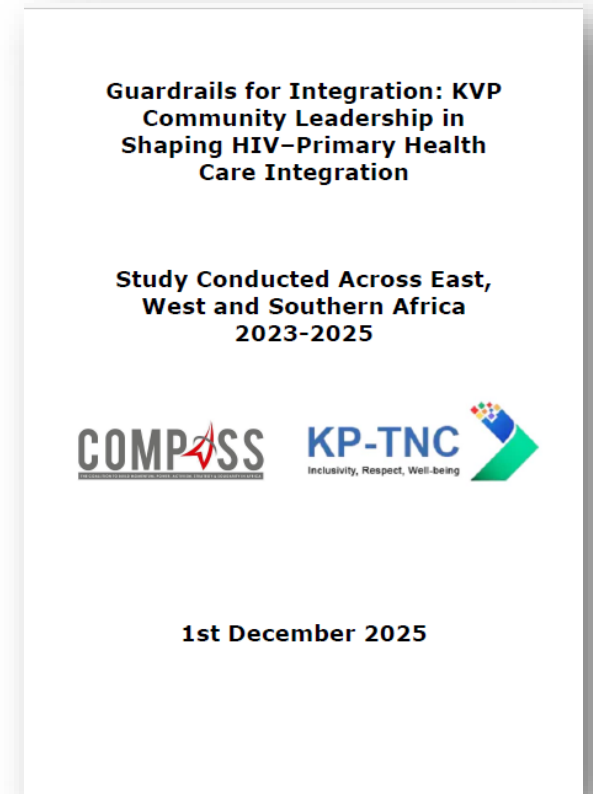
Respondents were from Nigeria, Tanzania, Zambia, Kenya, Malawi, Zimbabwe, Ghana, Lesotho, Uganda and Burundi.

Community Responses to the Current Environment

- Advocacy with NASCOP for G2G planning (Kenya)
- Community is tackling the definition of integration and engaging with MOH to have a working definition of integration (Kenya)
- Diverse communities are strategizing on how best to engage in the GC8 conversation:
 - The [KP Transnational Collaboration](#) (KP-TNC) is a 12-country consortium that shares information across communities.
 - Partnering with the [Global Advocacy Data Hub](#) (GADH) to simplify GC8 content for communities to assist with using the information in their country context.
- Generating community-led evidence for advocacy

KP Community Assessment on Integration Into PHC

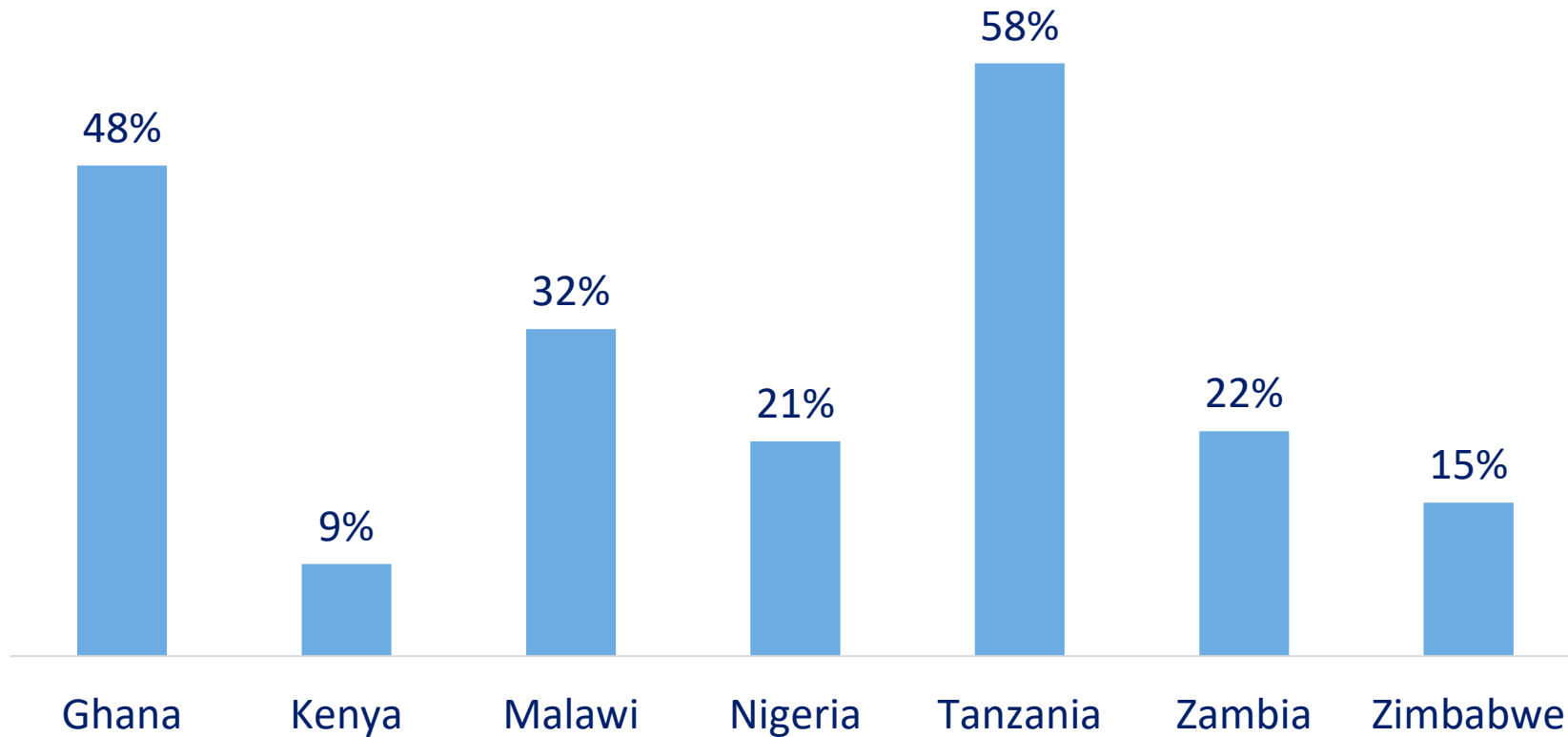
- Comprehensive, community-led assessment of integration readiness across nine African countries: Kenya, Tanzania, Malawi, Zambia, Zimbabwe, Nigeria, Ghana, Botswana, and Uganda
- Conducted through a multi-country questionnaire (April–June 2025), community consultations, key informant interviews, community-led monitoring (CLM) data, and a meta-analysis of KP-TNC and COMPASS reports from 2023–2025.
- The study sought to understand:
 - How key and vulnerable populations perceive integration
 - What hopes and concerns they hold
 - What conditions they require for safe access
 - How national PHC systems can meaningfully include communities as co-architects in the design and implementation of integration.



kptnc.org/download/guardrails-for-integration-kvp-community-leadership-in-shaping-hiv-primary-health-care-integration

Key Population Communities' Attitudes Toward PHC Integration

% Positive Attitude Toward PHC Integration by Country (N=417)



Most preferred a **Hybrid Model**: PHC provides biomedical services, but community-led spaces provide sensitive, trust-heavy services such as psychosocial support, mental health care, crisis response, gender-affirming services, and legal referral.

Key Findings: Rural vs. Urban Divide

Dimension	Urban PHC Settings	Rural PHC Settings	Implications for planning
Confidentiality	Moderate risk; some private rooms; better EMR security.	High risk; open-record systems; community ties; zero anonymity.	Require rural-tailored confidentiality reforms
Provider Attitudes	More exposure to KP training; mixed but improving.	Strong moral judgement; less training; higher discrimination.	Mandatory workforce certification before integration in rural sites.
Safety & Policing	Lower visibility; less direct policing.	Higher policing; community surveillance; risk of exposure.	Integration unsafe unless legal and safety protocols are established.
Stigma Levels	Lower due to urban diversity.	Very high; tight-knit conservative communities.	Rural sites require extended transition periods + hybrid models.
Service Availability	Broader HIV, TB, SRHR services available.	Limited; stock-outs more common; fewer specialized services.	Need supply chain strengthening and essential package guarantees.
Facility Infrastructure	Better privacy, more rooms, better staffing.	Constrained infrastructure; crowded; poor privacy.	Facility upgrades required before integration designation.

Rural PHC requires dramatic strengthening before integration

Community Roles in Strengthening People-Centered Integrated Care

Essential Roles in Service Delivery

Function	Role & Integration Contribution	Implications for Planning
Safe Entry Points	DICs and community sites provide accessible, stigma-free environments that increase uptake, trust-building, and continuity of care.	Must be preserved (“No Net Loss”) within hybrid integration models.
Peer Navigation	Peers accompany clients into PHC, assist with referrals, privacy and follow-up, improving linkage and retention.	Fund peer navigation as a core integration cost.
Case Management	Case management, adherence support, and crisis follow-up beyond PHC capacity, preventing loss to follow-up and maintaining long-term retention.	Include case management in integration budgets and staffing norms.
Psychosocial & Holistic Support	Mental health care, legal referral, crisis response, and gender-affirming services that reduces mental distress, improves adherence and stabilizes care pathways.	Fund community-based psychosocial support as part of essential PHC packages

Communities need to be at the center of the response for quality programming

Community Roles in Strengthening People-Centered Integrated Care

Essential Roles in Oversight & Quality Management

Function	Role & Integration Contribution	Implications for Planning
CLM	Real-time evidence collection on quality, safety, stigma and supply chains helps to improve facility services.	Make CLM a mandatory for facility certification
Co-Training of PHC Providers	KP-led training on confidentiality, stigma-free care, trauma-informed practice and gender identity, changes provider attitudes and culture.	Embed community-delivered training in integration plans.
Governance & Decision-Making	Participation in TWGs, district health boards, integration committees, and budget spaces ensures safety, relevance and acceptability.	Require funded, non-tokenistic community seats in integration governance.
Accountability, Redress & Risk Detection	Communities identify abuses. unsafe practices, detect policing risks, stigma trends and vulnerabilities early. Early advocacy and remedies improves client safety, reduces violations and improves retention.	Integrate community redress mechanisms into PHC accreditation standards; fund early-warning community systems

Communities must be co-governors, not just advisors in programming

Lessons for PHC Integration

1. Community trust is the foundation of integration
2. Safe Spaces (DICs) remain essential, not optional add-ons
3. Integration must be sequenced through readiness → certification → launch
4. Hybrid integration is the most acceptable and safest model
5. Workforce competency is a cornerstone of safe integration
6. CLM drives real-time improvements and responses
7. Secure data and confidentiality systems are non-negotiable
8. Integration requires strong legal and safety protections

Human Rights and Legal Context

KP programming is deeply tied to:

- Criminalization (e.g., sex work, same-sex relations, drug use and impersonation laws targeting Trans persons)
- Stigma and discrimination experienced at the both the community/society level and facility level.
- Experience of police harassment, brutality and violence

KP programs must include a robust component addressing:

- Legal and/or criminalization issues experienced by KP.
- Rights-based approach in service delivery.
- Safety protocols to minimize service interruptions.



Priorities for Key Population Community Programs at a Glance

Flexibility

Programs must adjust to changing circumstances

Responsive Strategies

Adapt approaches based on real-time data & feedback from KP

Engagement

Meaningful involvement of KP

Diversity in Solutions

Meet needs of KP groups, recognizing their varied challenges & experiences

Realistic Solutions

Actionable & feasible strategies that can be implemented within funding constraints

Sustainable Practices

Prioritize methods that ensure ongoing service delivery & support for KP



Thank You!

