CQUIN WEBINAR

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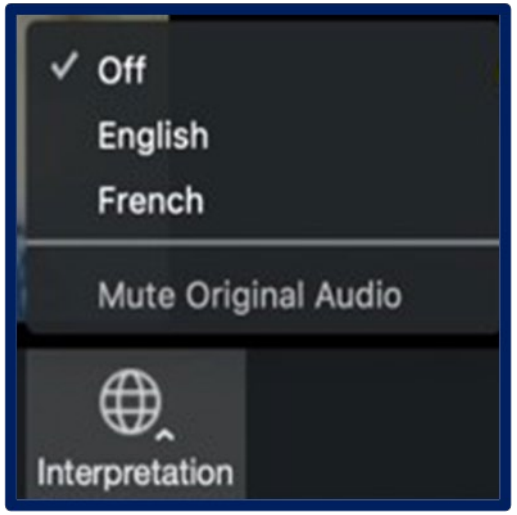
Safeguarding Key Population Services in the Context of Reduced Donor Funding: *Emerging Strategies for Ministries of Health*

September 10, 2026

Welcome/Bienvenue

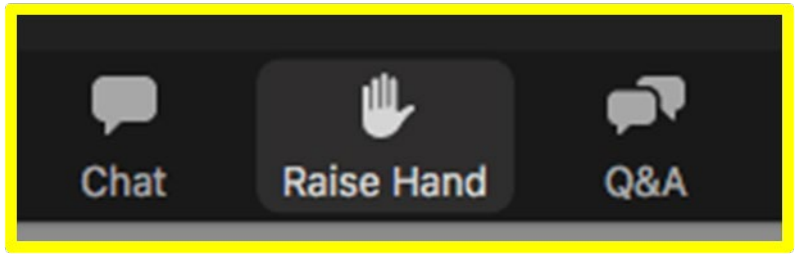
Cassia Wells
CQUIN Deputy Director
(Technical), ICAP South Africa

- Be sure you have selected the language of your choice using the “Interpretation” menu located under “ More “ at the bottom of your screen.
- Assurez-vous d'avoir sélectionné la langue de votre choix à l'aide du menu « Interprétation » situé sous « Plus » en bas de votre écran Zoom.



Housekeeping

- 90-minute webinar with presentations followed by a panel discussion with Q&A
- Please type questions in the Q&A box located on the toolbar at the bottom of your screen
- Simultaneous interpretation in (French to English and English to French) is available on this webinar. To access this feature, please select “More” > “Interpretation”
- If you would prefer to speak, please use the “raise hand” function on the toolbar and we will unmute you so that you have control of your microphone
- Slides and recordings will be available on the CQUIN website (cquin.icap.columbia.edu)



Agenda

CQUIN Framing Remarks:

- **Cassia Wells**, CQUIN Deputy Director-Technical, ICAP South Africa

From Global Guidance to Action: Sustaining Key Population-Sensitive Services

- **Clarice Pinto,** Technical Officer, Key and Vulnerable Populations – World Health Organization

Uganda Case Study: Strategies to Safeguard KP Services in Uganda

- **Gerald Pande,** Program Officer for KP/STI, Ministry of Health, Uganda

Q&A for Presenters

Panel Discussion:

- Social contracting: Magreth Kagashe, TACAIDS Tanzania
- Community engagement: Jay Mulucha, Fem Alliance Uganda
- Digital M&E approaches: Zephanie Nzeyimana, MOH/RBC Rwanda

Q&A for Panelists

Closing Remarks

Presenters/Panelists

Dr Cassia Wells
CQUIN Deputy Director (Technical), ICAP South Africa

Clarice Pinto
Technical Officer, Key and Vulnerable Populations, World Health Organization

Gerald Pande
Program Officer for KP/STI, Ministry of Health, Uganda

Safeguarding Services For Key Populations: Challenges and Opportunities

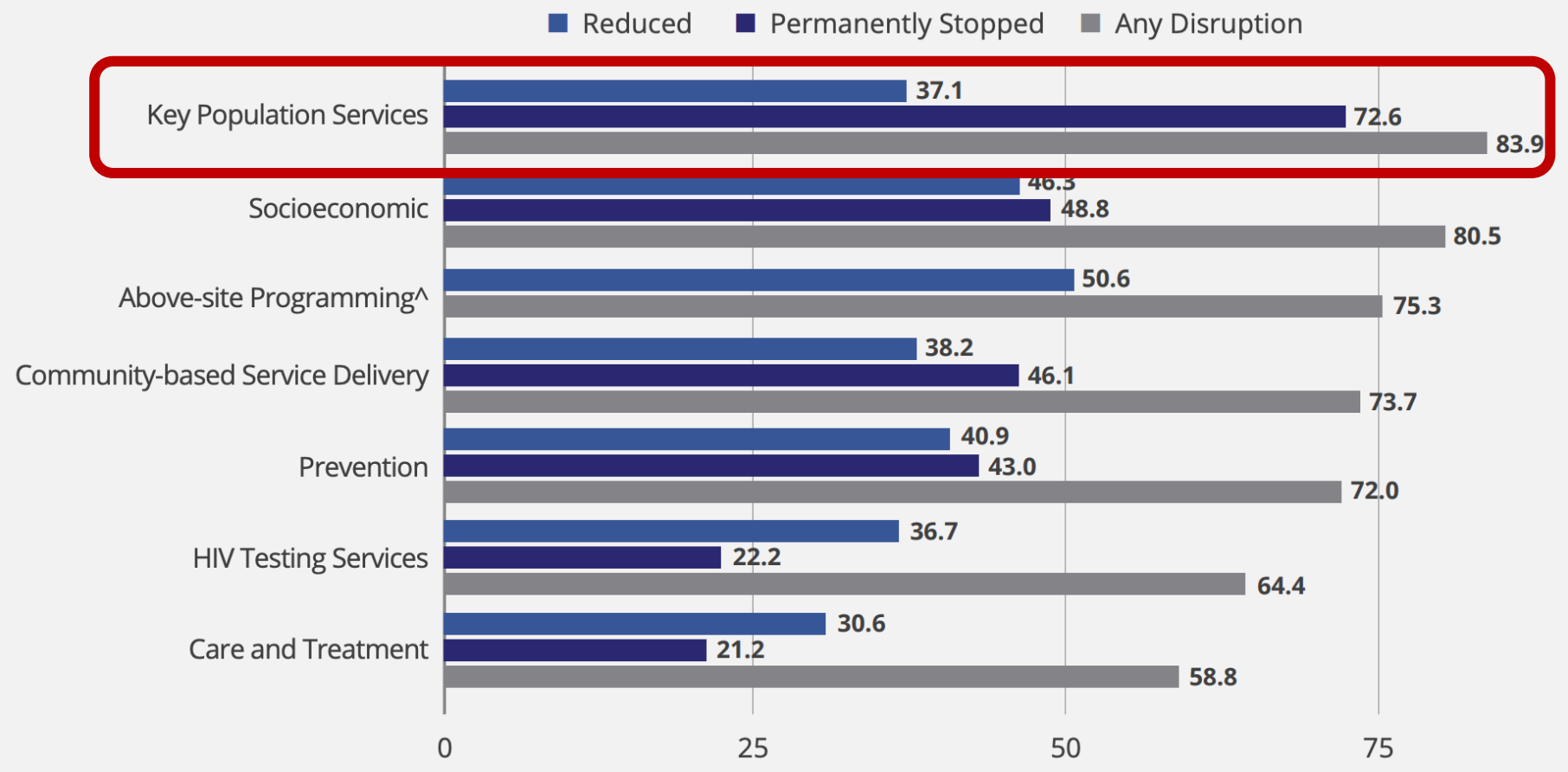
Dr. Cassia Wells, CQUIN Technical Director

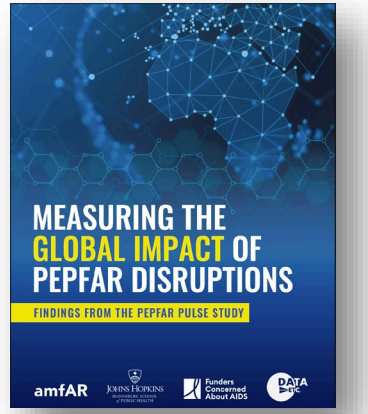
CQUIN Webinar Framing Remarks

Thursday, September 10th, 2026

Disproportionate Impact of USG Funding Cuts on Key Population Services

Figure 6: IPs Stopping or Reducing at Least One Activity by Program Category, Among IPs Previously Implementing These Services*





- Survey of 166 PEPFAR Implementing Partners (IPs) from 46 countries
- 77% of IPs surveyed worked in Sub-Saharan Africa
- Represents 23% of all country-level IPs intended to receive FY25 PEPFAR funding
- Reported closure of 126 drop-in centers (DICs)

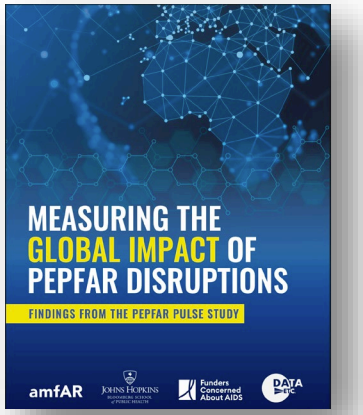
amfar.org/wp-content/uploads/2026/07/PEPFAR-Pulse-Study_2448.pdf

Disruptions Across All Elements of Service Delivery

Table 7: KP Services Reduced or Stopped by IPs as a Result of PEPFAR Disruptions, Among Partners That Previously Offered Each Service, % (n).

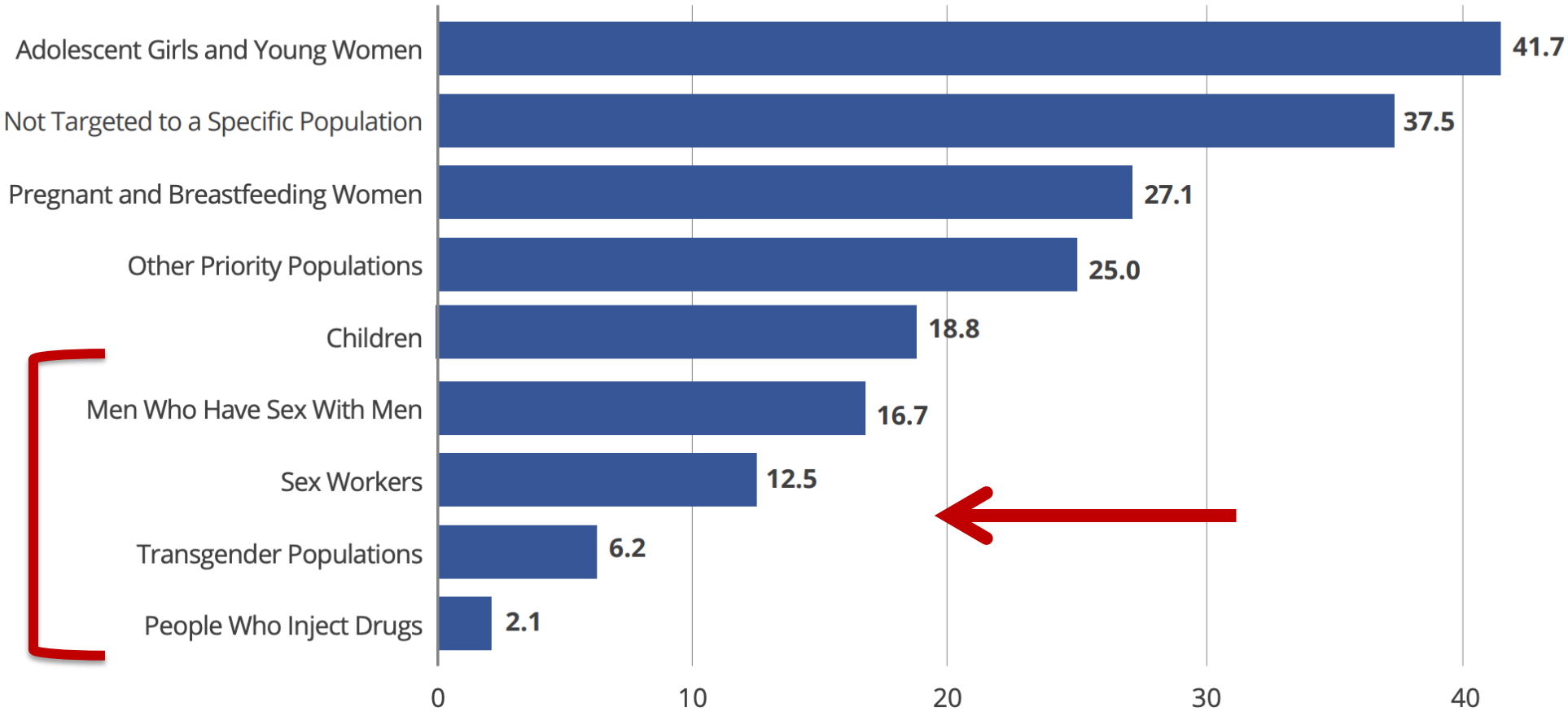
Key Population Services: Among IPs Previously Offering Service (n)	Reduced	Stopped Temporarily	Stopped Permanently	Any Disruption
KP peer educators (42)	33.3% (14)	4.8% (2)	59.5% (25)	97.6% (41)
KP prevention services (42)	33.3% (14)	11.9% (5)	52.4% (22)	97.6% (41)
KP outreach services (39)	23.1% (9)	7.7% (3)	66.7% (26)	97.4% (38)
KP gender-based violence services (34)	20.6% (7)	8.8% (3)	64.7% (22)	94.1% (32)
KP-focused structural interventions (30)	23.3% (7)	6.7% (2)	63.3% (19)	93.3% (28)
KP–specific service sites (32)	21.9% (7)	6.2% (2)	56.2% (18)	84.4% (27)
Medication assisted treatment (27)	14.8% (4)	11.1% (3)	55.6% (15)	81.5% (22)

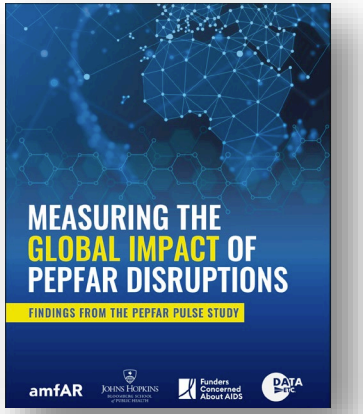
Note: Data include all IPs with terminated or delayed awards, excludes fully funded IPs.



Limited Alternative Funding Secured for KP Services

Figure 5: Percent of IPs Receiving New or Increased Financial Support by Population Type (n=48)

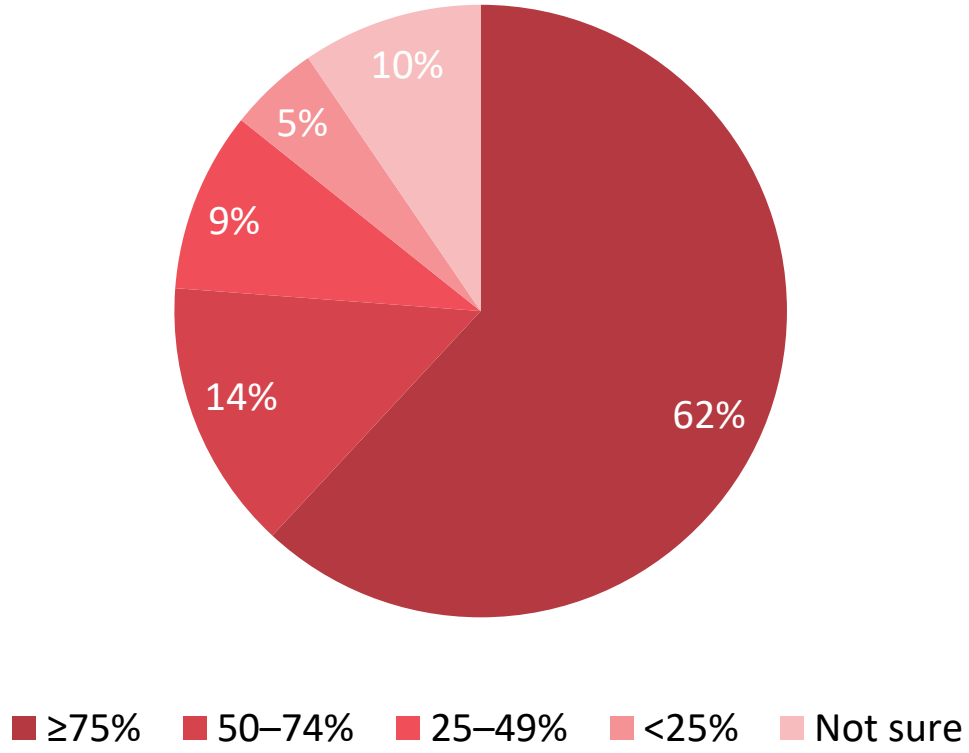




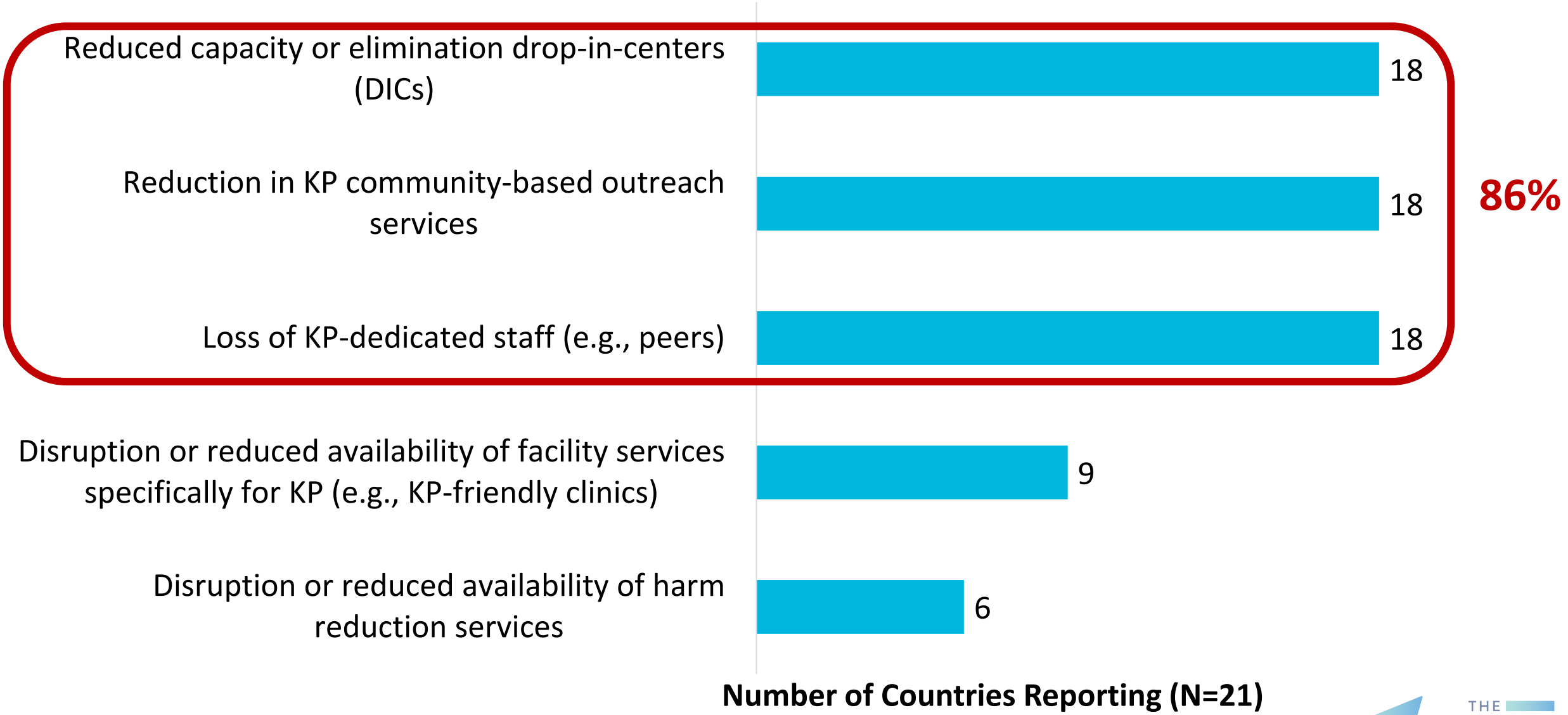
CQUIN Countries Relied Heavily on Donors for KP Services

- Conducted an online survey of all 21 CQUIN countries (February-April 2026).
- 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 since 2025.

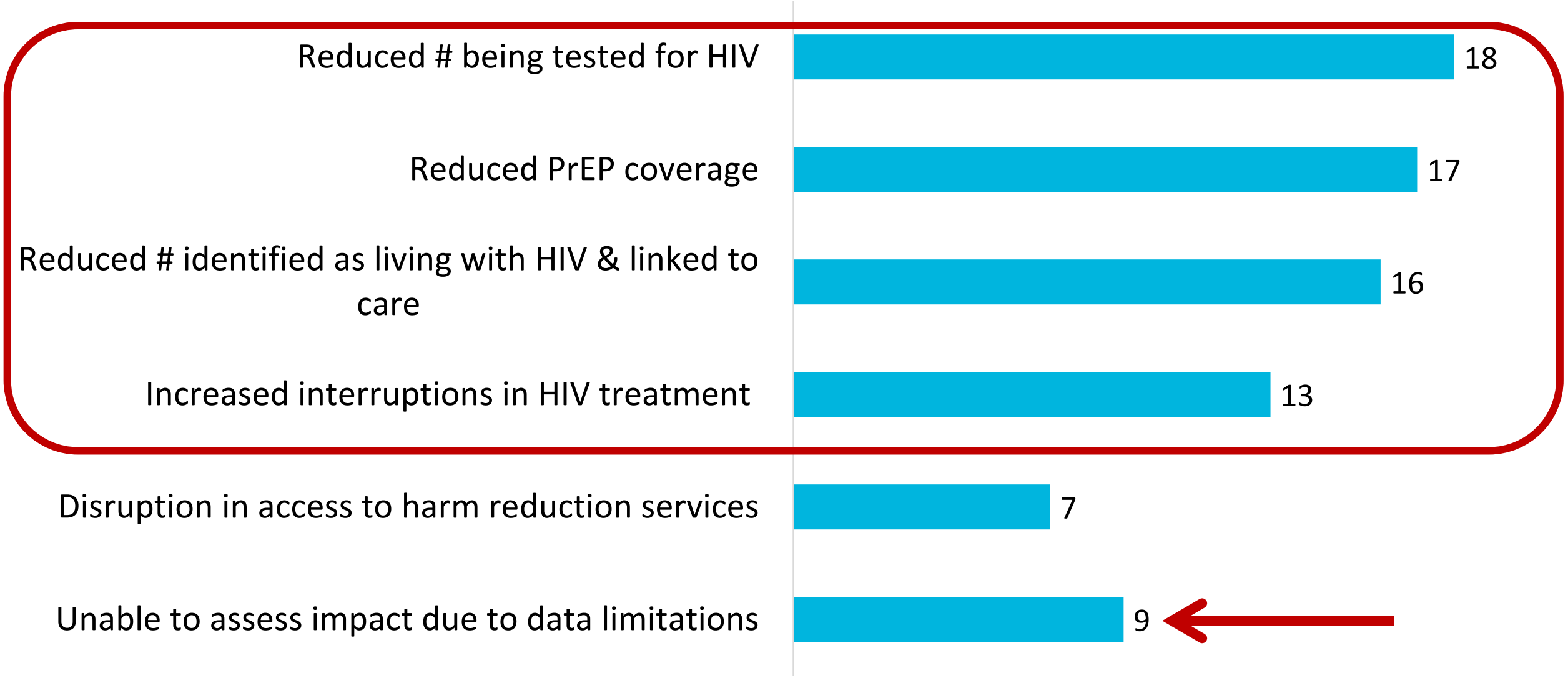
Approximate % of funding for KP services provided by external donors before 2025 (N=21)



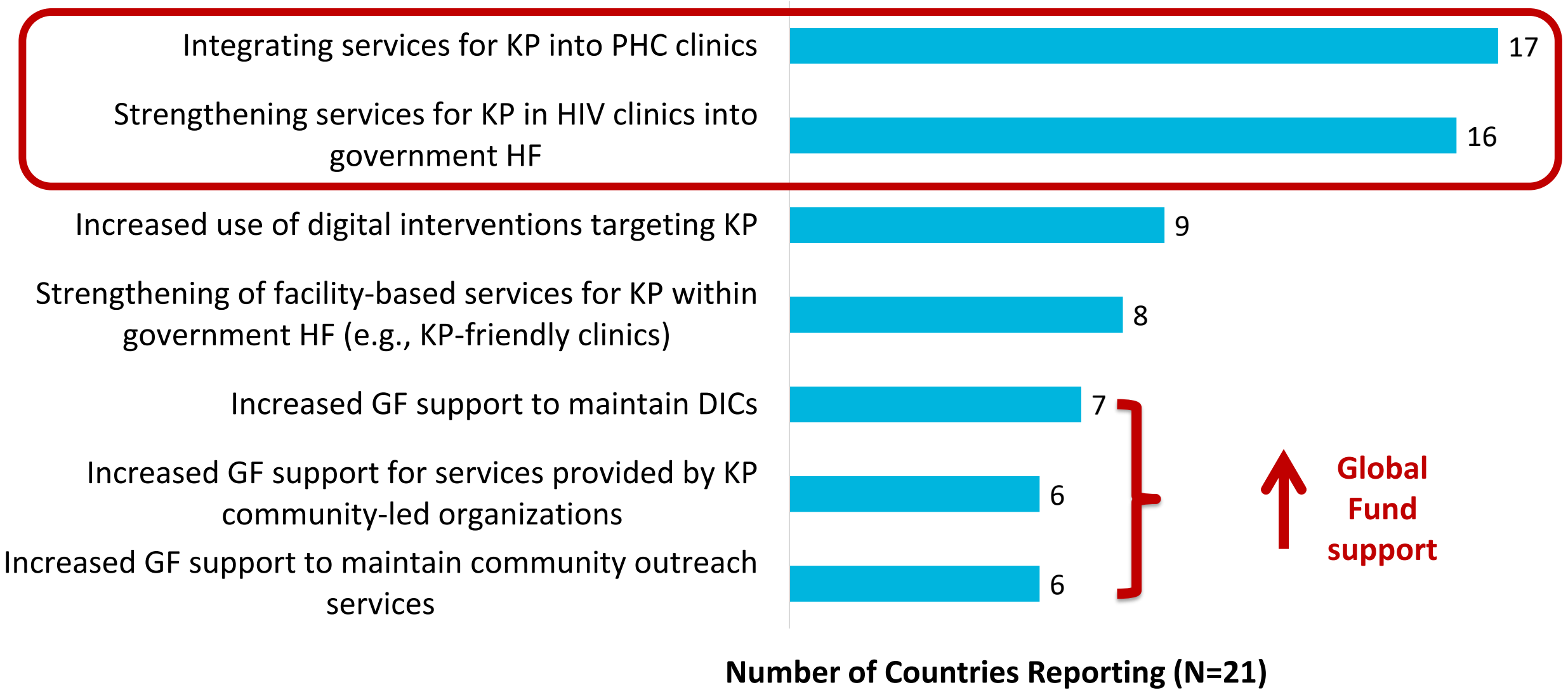
Negative Impacts of Funding Cuts on Service Delivery



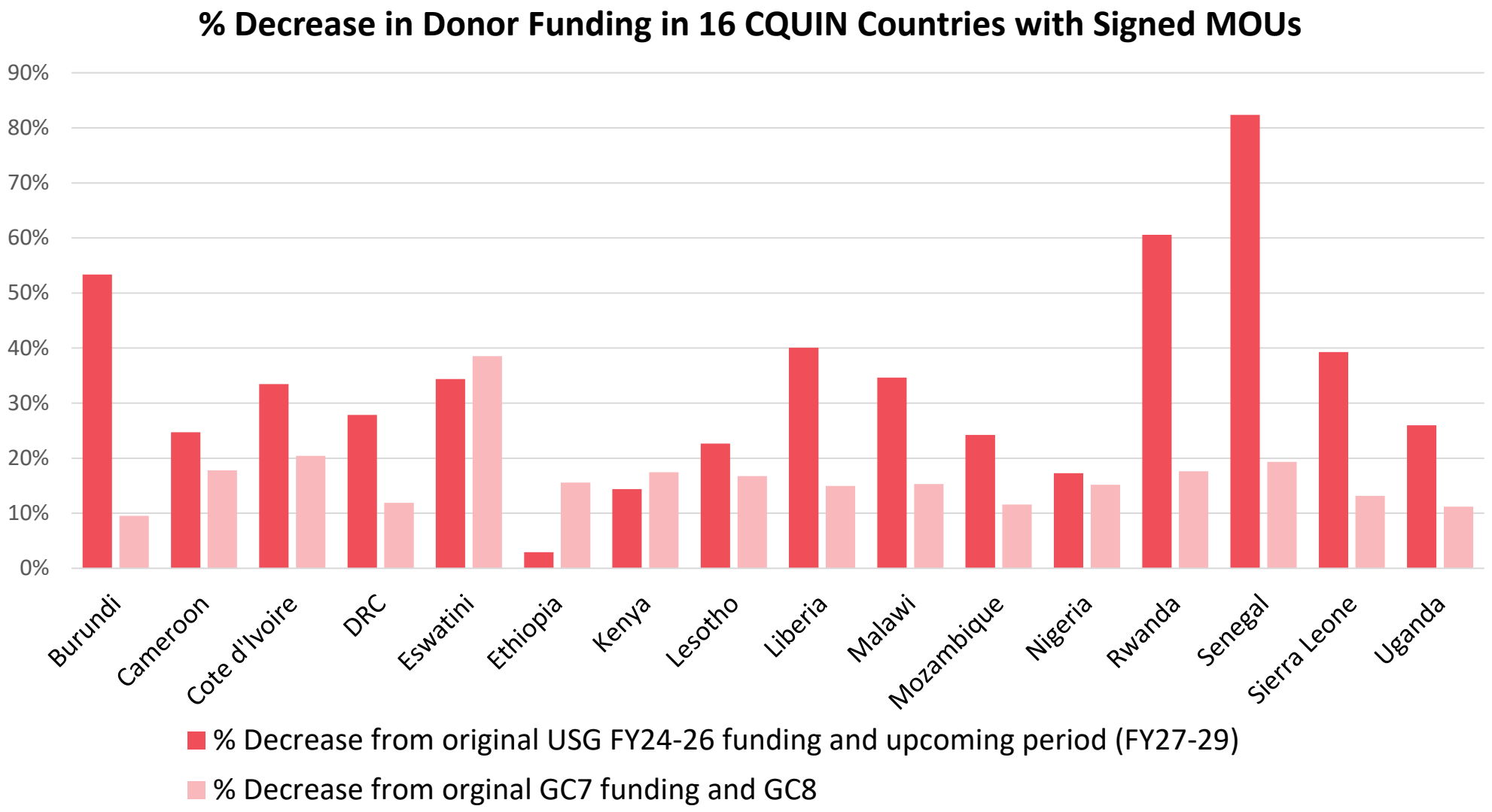
Negative Impact on Health Outcomes for KP



Service Delivery Adaptations Planned in 2026



CQUIN Countries Are at Different Stages of Planning & Face Different Funding Environments



12 Countries Signed MOUs in December 2025

4 Countries Signed MOUs in Q1 of 2026

1 Country Signed a MOU in Q3 of 2026

4 Countries Have Not or Will Not Sign a MOU

Source: Kaiser Family Foundation (KFF). Data from KFF Analysis of U.S. and Global Fund Funding Reductions in MOU Countries, June 2026

Four Key Enablers for Sustaining KP Services

Ensure integrated public sector services are sensitive and responsive

Quality Integrated Services

Maintain Essential Community-Led Services

Strategies to sustain community-led services with minimal external donor support

Ensure communities are meaningfully engaged throughout

Meaningful Community Engagement

Generate & Use KP Data

Safely collect and use KP-specific data for program monitoring and improvement

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

Quality Integrated Services

- **Practical resource** for HIV programs to improve care for KPs accessing public facilities, translating the concept of 'KP friendly' into comprehensive facility-level standards that can be measured and used to identify areas for improvement.
- Takes a **holistic view of barriers** to accessing quality services, heavily informed by KP-specific community-led monitoring (CLM) findings.
- To understand actionable gaps indicators are analyzed using thematic areas:
    1. Privacy
    2. Stigma and discrimination (S&D) policy, including enforcement procedures.
    3. S&D reporting systems
    4. S&D training of healthcare workers and other staff
    5. Service package delivery
    6. Quality Assurance/Quality Improvement (QA/QI) of KP services, including use of KP data
    7. Community involvement, including the use of peers, CLM and community education

6 Domains

Equitable | Accessible
Acceptable | Appropriate
Effective | Accountable

26 Quality Standards

48 Facility-Level Indicators

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KP SQA Implementation

Quality Integrated Services

- The KP SQA Toolkit is available on the CQUIN website in English and French, 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 all staff trained at least annually (or per national guidelines) on privacy and confidentiality protocols? *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.*	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? *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.*	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.) *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*	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						
HF 2						
HF 3						
HF 4						
HF 5						
HF 6						

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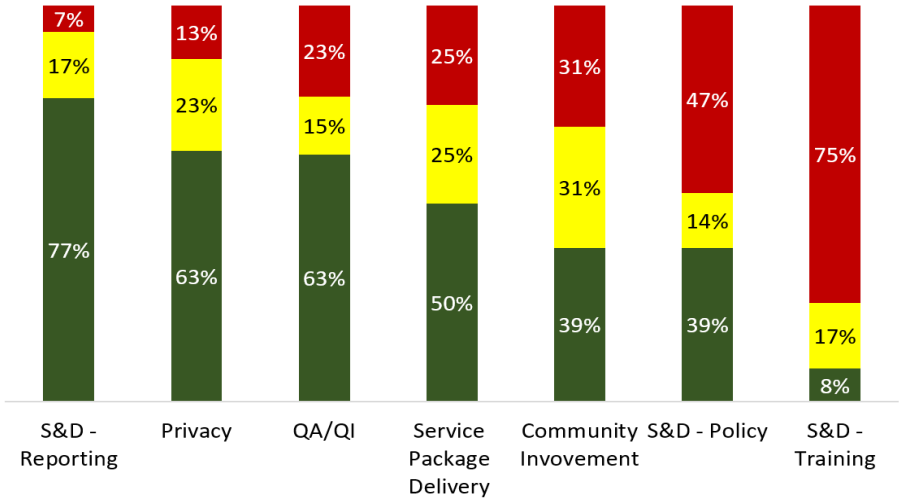
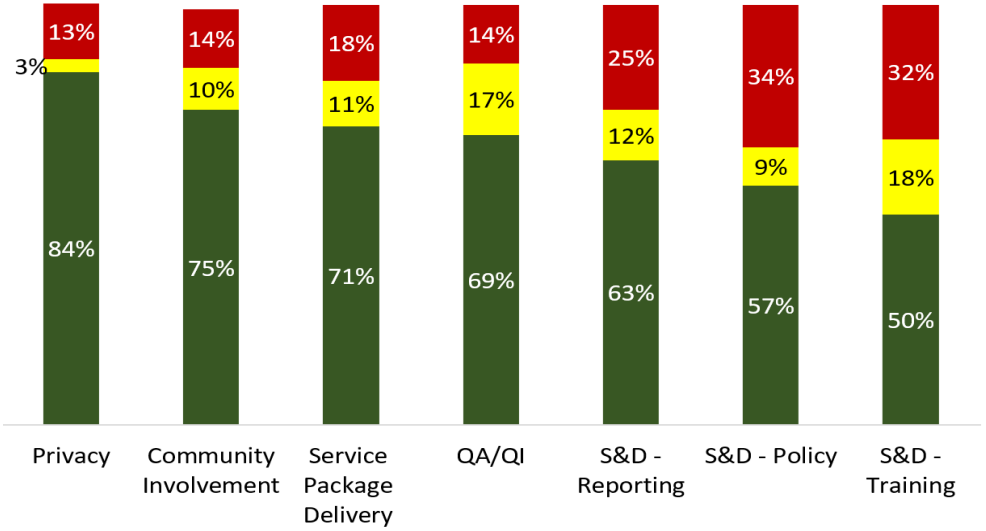
Example of Summary KP SQA Findings

Percentage of Indicators Met by Area Across All Facilities Assessed

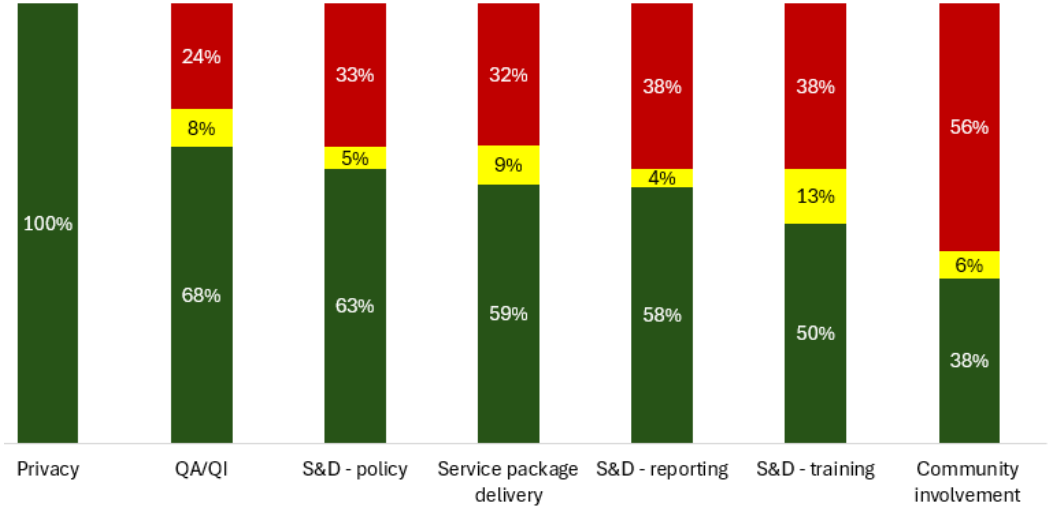
Country A



Country B



Country C



Met | Partial | Not Met

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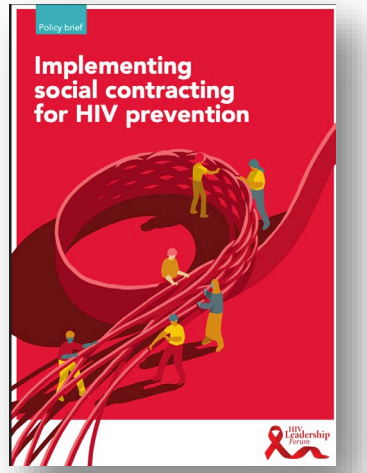
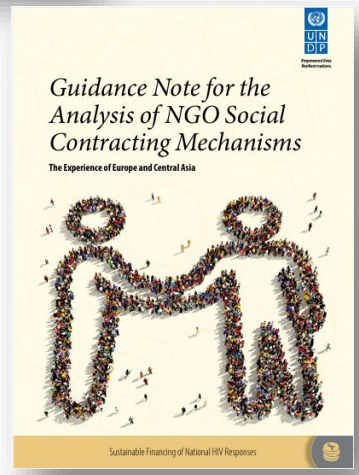
Social Contracting

- Social contracting is defined as the process by which **government resources** (i.e., public funds) are used to **fund entities that are not part of government** (e.g., NGOs) for delivery of public goods and services.
- Mechanisms typically involve a legally binding contract, in which the government agrees to pay an NGO for services rendered and the NGO provides agreed deliverables in exchange.
- UNDP lists **four** conditions that are essential for effective social contracting mechanisms:
    1. Existence of legal and administrative systems permitting and facilitating social contracting
    2. Strong national leadership and funding from national authorities
    3. Allocating budget resources for HIV-specific activities coupled with transparency, fairness and effectiveness in funding allocation
    4. Technical and managerial capacity of NGOs involved in the social contracting process



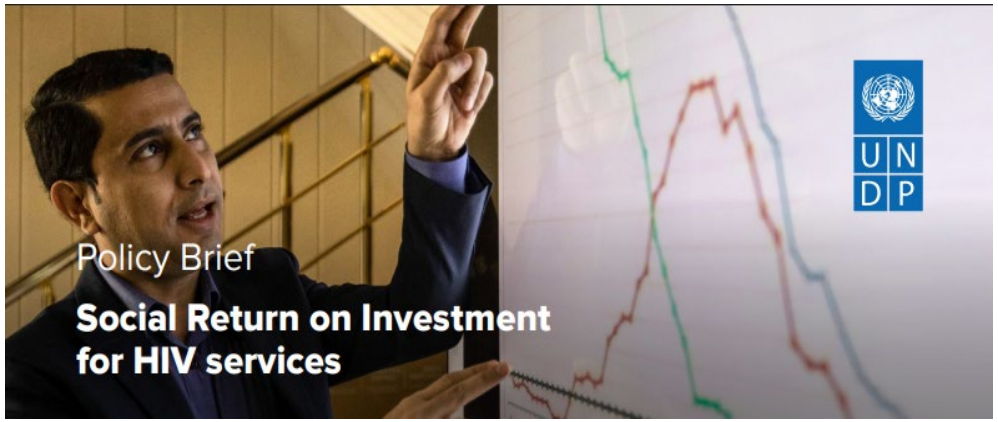


hivpreventioncoalition.unaids.org/en/resources/implementing-social-contracting-hiv-prevention
undp.org/eurasia/publications/guidance-ngo-social-contracting-mechanisms

Social Contracting: Benefits and Challenges

- Social contracting has been used successfully in other regions for HIV services (e.g., Eastern Europe and Central Asia)
  - Evidence of significant returns on investment applying a social return on investment (SROI) methodology, accounting for direct and indirect benefits, including social, health, environmental and economic outcomes.
- Leverages the agility, innovation, adaptability and reach of national civil society organizations (CSOs)
- Allows government to optimize and focus on areas of public sector competence and comparative advantage, potentially improving overall budget efficiency.

Challenges: Potential for tensions between government and NGOs, particularly regarding politically sensitive issues, questions about allocation of government funds for NGO salaries over health-care workers' compensation, or difficulties in measuring value for money from services delivered.



files.acquia.undp.org/public/migration/eurasia/SROI_policy-brief_ENG.pdf

Essential Roles in Oversight, Quality Management and Service Delivery

Meaningful Community Engagement

Governance & Decision-Making: Participation in TWGs, district health boards, integration committees, and budget spaces ensures safety, relevance and acceptability.

CLM: Real-time evidence collection on quality, safety, and stigma helps improve services.

Accountability, Redress & Risk Detection: Communities identify abuses, unsafe practices, stigma trends and vulnerabilities early. Early advocacy and remedies can improve safety, reduce violations and improve retention.

Co-Training of Providers: KP-led training on confidentiality, stigma-free care, trauma-informed practice and gender identity, changes provider attitudes and culture.

Peer Navigation & Case Management Accompany clients into HFs, assist with referrals, privacy, adherence support and follow-up, improving linkage and retention.

Psychosocial & Holistic Support Mental health care, legal referral, crisis response, and gender-affirming services that reduces mental distress, improves adherence and stabilizes care pathways.

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

Systems Supporting the M&E of KP Services are Vulnerable

Generate & Use KP Data

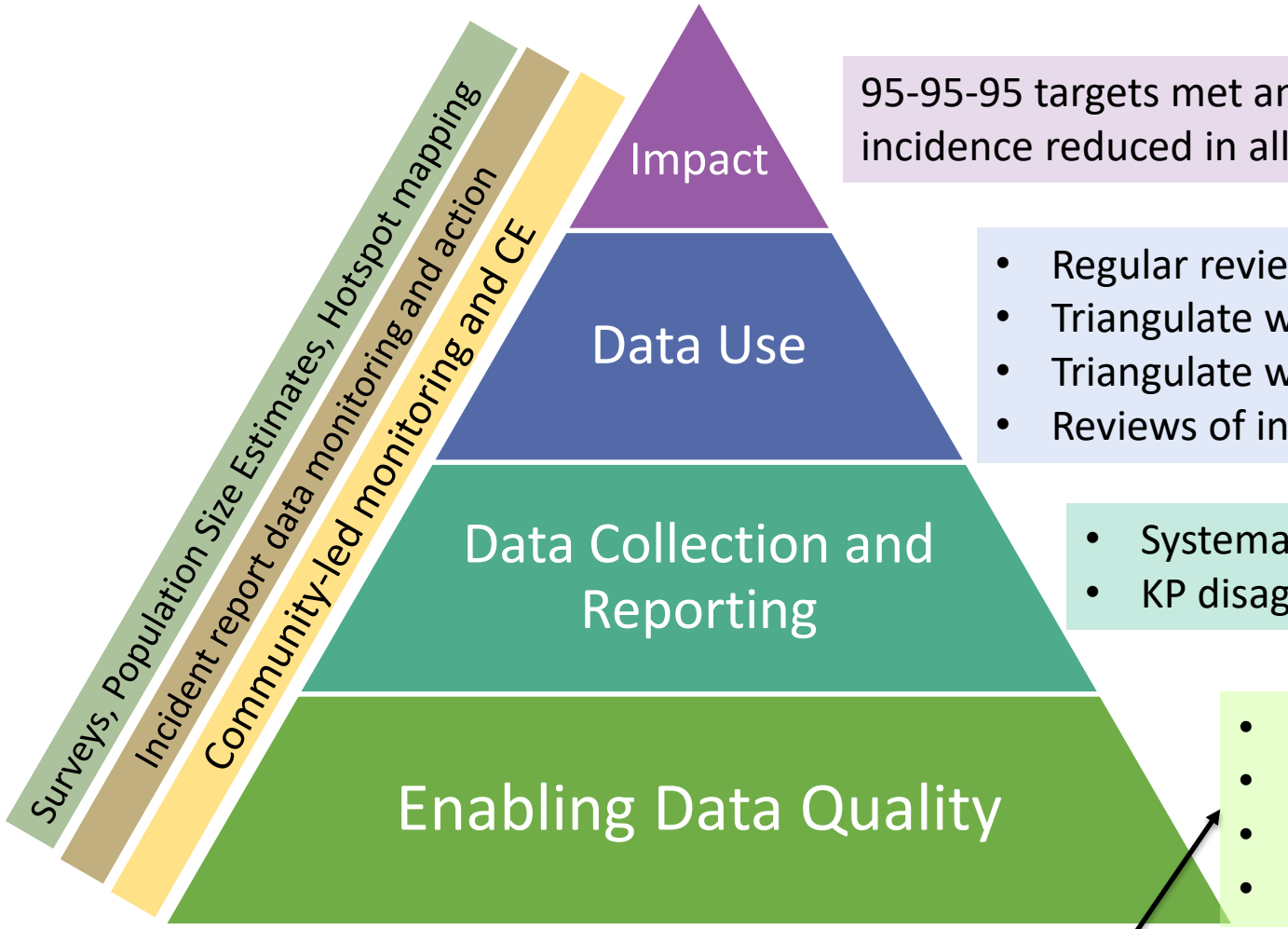
CQUIN's M&E Vulnerability Assessment in 21 CQUIN countries: Results for key populations M&E functions

	M&E function	Description	Country A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
HMIS: Paper-based/DHIS2	1.8.a.	Developing standardized key population data collection tools																					
	1.8.b.	Ensuring confidentiality and secure data storage for KP data																					
	1.8.c	Ensuring sufficient disaggregation of KP data in reporting tools																					
	1.8.d	Ensuring that KP data are reflected in national aggregate databases																					
	1.8.e	Engaging KP-led organizations in data collection and validation																					
HMIS: EMR	2.10.a	Recording key populations data in EMR while maintaining confidentiality																					
	2.10.b	Implementation of policies, procedures, and training on KP EMR elements																					
	2.10.c	Integrating EMR KP data with routine health service data																					
Data use	4.6.a.	Fund, coordinate, and implement national or key population surveys																					
CLM	7.6.a	CLM data collected on KP service delivery/programming																					
	7.6.b	CLM data informs KP service delivery/KP programming																					

No vulnerability or gap | Partial Gap | Gap | Partial vulnerability | High vulnerability

An Enabling Framework for M&E of KP Services
Harmonized with CQUIN's KP SQA

Generate & Use KP Data



95-95-95 targets met and HIV incidence reduced in all KP groups

- Regular reviews of KP data
- Triangulate with PSE (assess coverage)
- Triangulate with CLM data
- Reviews of incident reports, and follow-up

- Systematic documentation of KP groups
- KP disaggregations of critical HIV indicators

- **Privacy and data confidentiality/security**
- **Training of HF staff on KP-friendly services**
- **Systems to reduce discrimination & harassment**
- Routine DQAs assess KP data

Allow for more complete & accurate communications

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Summary and Webinar Focus

- KP services have been severely impacted since 2025, especially community-based services, and more disruptions are expected.
- CQUIN countries are at different stages of planning, with different levels of remaining donor support.
- The majority of CQUIN countries have adapted by transferring KPs into public HFs and plan to continue to integrate KPs into PHC clinics and government-run HIV clinics going forward.
- Questions to explore with a focus on long-term sustainability (2030 and beyond):
    - As KPs are integrated into public sector services, how do we make them sensitive and responsive?
    - Are there ways for governments to sustain essential community-led services with minimal donor support?
    - How do we ensure communities are meaningfully engaged throughout?
    - How do we make sure KPs are not erased from M&E systems?

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Thank You

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From Global Guidance to Action: Sustaining Key Population-Sensitive Services

Clarice Pinto, World Health Organization

Thursday, September 10th, 2026

Progress is real, but access remains unequal

World Health Organization

Unprecedented Progress

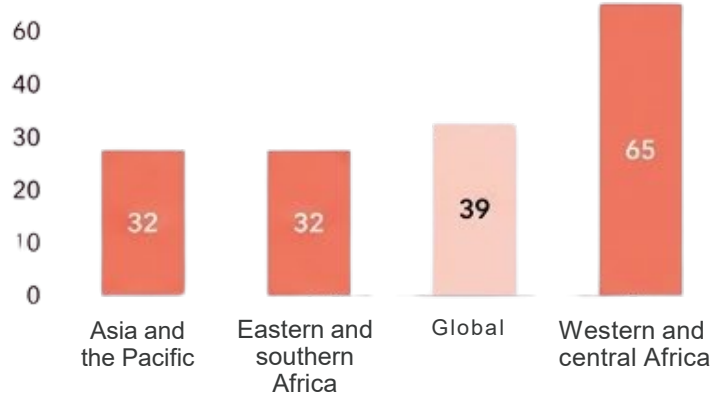
- 43%
Drop in global new HIV acquisitions since 2010. [1,2]

32.1M
People receiving lifesaving treatment (2025) [1]

95%
Viral suppression rate for those actively on antiretroviral Therapy [3].

The Human Rights Deficit

39%
Adults (15–49y) globally who hold discriminatory attitudes toward people living with HIV.



168
Countries that criminalize any aspect of sex work.

66
Countries that criminalize same-sex sexual acts.

Progress must be protected by services that are safe, acceptable, non-stigmatizing, confidential and responsive to the needs of people from key populations.

Source: Adapted from [1] UNAIDS. Global HIV and AIDS statistics - fact sheet, 2026 (2025 data); [2] UNAIDS. Global AIDS update 2025: AIDS, crisis and the power to transform. [3] UNAIDS 95-95-95 targets. [4] WHO. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2022 (ISBN 978-92-4-005239-0), Chapter 3: Critical enablers - stigma, punitive laws and structural barriers.

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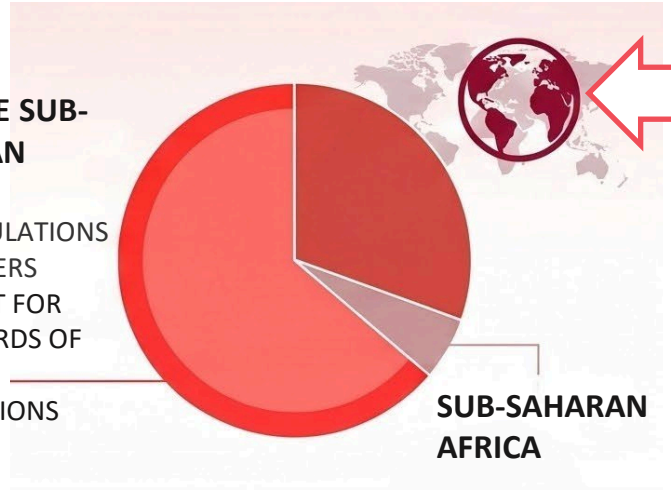
Putting People First: Breaking Barriers for People from Key Populations

THE HIV BURDEN



1.2 million acquired HIV and 570 000 died of AIDS-related illness in 2025

Key populations and their partners account for 49% of new HIV infections globally, about two thirds of new infections outside sub-Saharan Africa.

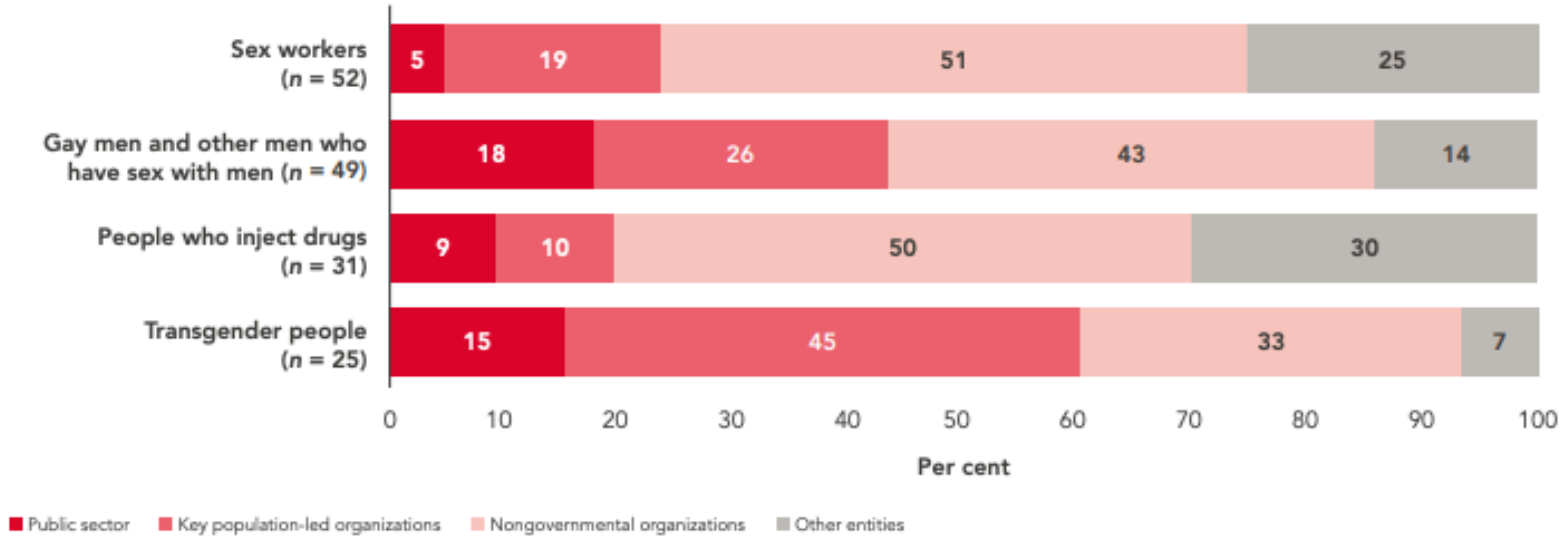
PEOPLE FROM KEY POPULATIONS FACE DRASTICALLY HIGHER RISKS

34x People who inject drugs

18x Men who have sex with men (MSM)

17x Sex Workers & Trans Women

Distribution of the reported numbers of people from key populations reached with HIV prevention interventions, by type of provider, 2020–2024



Note: n = number of countries.

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

Source: Adapted from UNAIDS. Global HIV and AIDS statistics - fact sheet, 2026 (2025 data); UNAIDS. Global AIDS update 2025: AIDS, crisis and the power to transform.

World Health Organization

Human Rights + Evidence + Communities:
The Foundation of Effective Services for People from Key Populations

World Health Organization

Human rights + **Scientific evidence** + **Communities**

What are the legal and social barriers preventing equal access?

What works?

INTERVENTIONS

- Behavioural
- Biomedical
- Structural

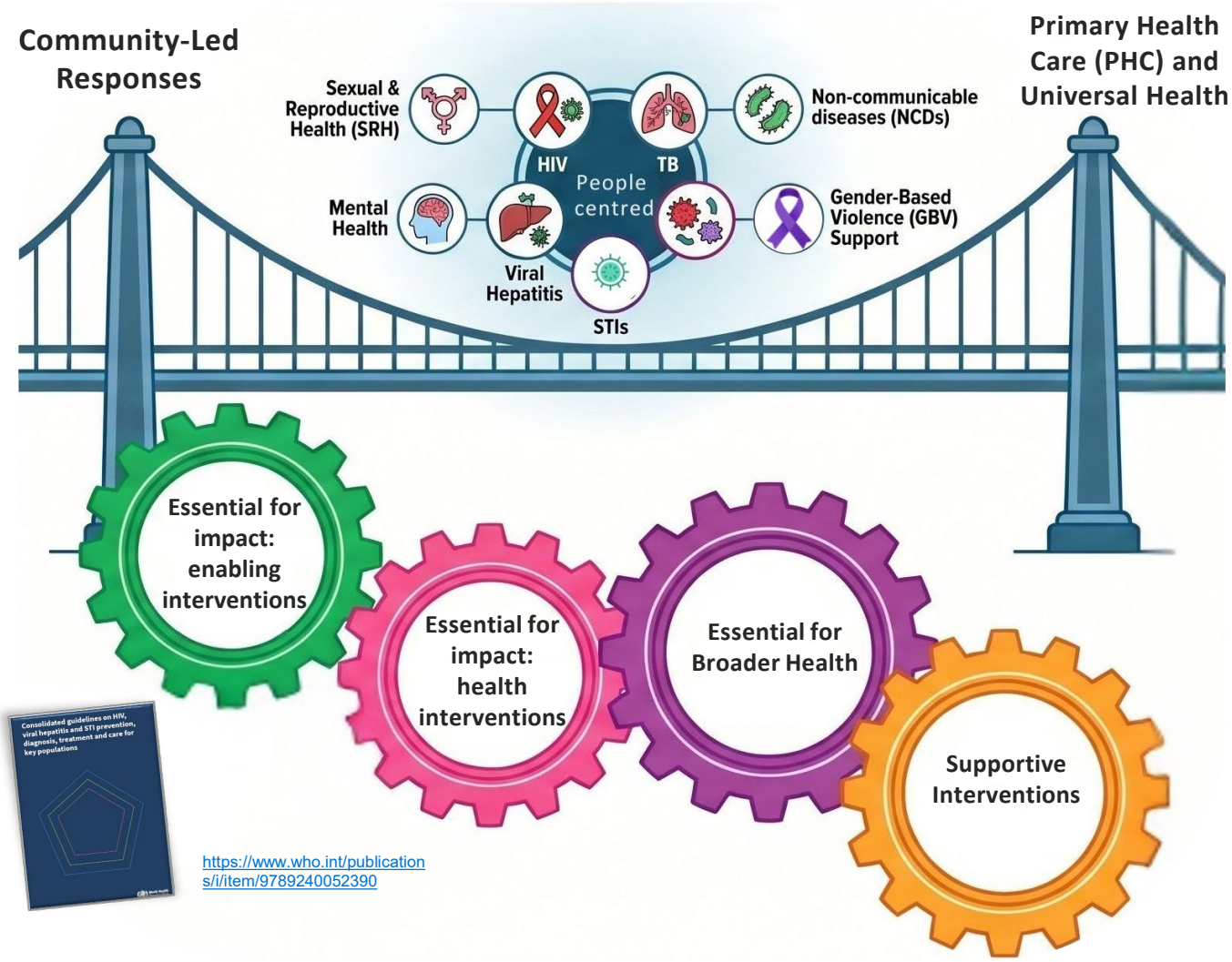
What do communities and individuals need?

Differentiated and simplified service delivery at scale

SUSTAINED IMPACT

Reduction in the number of new infections

WHO guidance on essential and comprehensive package of services for people from key population



https://www.who.int/publications/i/item/9789240052390

The package has not changed. The context has.

The question now is how to enhance these services and deliver them fairly and sustainably as health systems and financing change.

PROTECT | ADAPT | INTEGRATE | SUSTAIN

Checklist: Essential Health Services

Category	Interventions	♂ MSM	♀ SW	Prisons	PWID	Trans/GD
Enabling	Stigma/Violence Reduction	✓	✓	✓	✓	✓
Health	Condoms & Lubrizent	✓	✓	✓	✓	✓
	PrEP and PEP	✓	✓	✓	✓	✓
	Harm Reduction	(✓)*	(✓)*	✓	✓	(✓)*
	HIV, STI, Hep B/C Testing & Treatment	✓	✓	✓	✓	✓
	HIV-associated TB Screening/Treatment	✓	✓	✓	✓	✓
Broader	Mental Health Support	✓	✓	✓	✓	✓
	SRH		✓	✓	✓	✓
	TB: Prevent/Screen/Treat			✓	✓	
Supportive	Peer Navigation	✓	✓	✓	✓	✓

(✓) = Assessment of need required for these populations

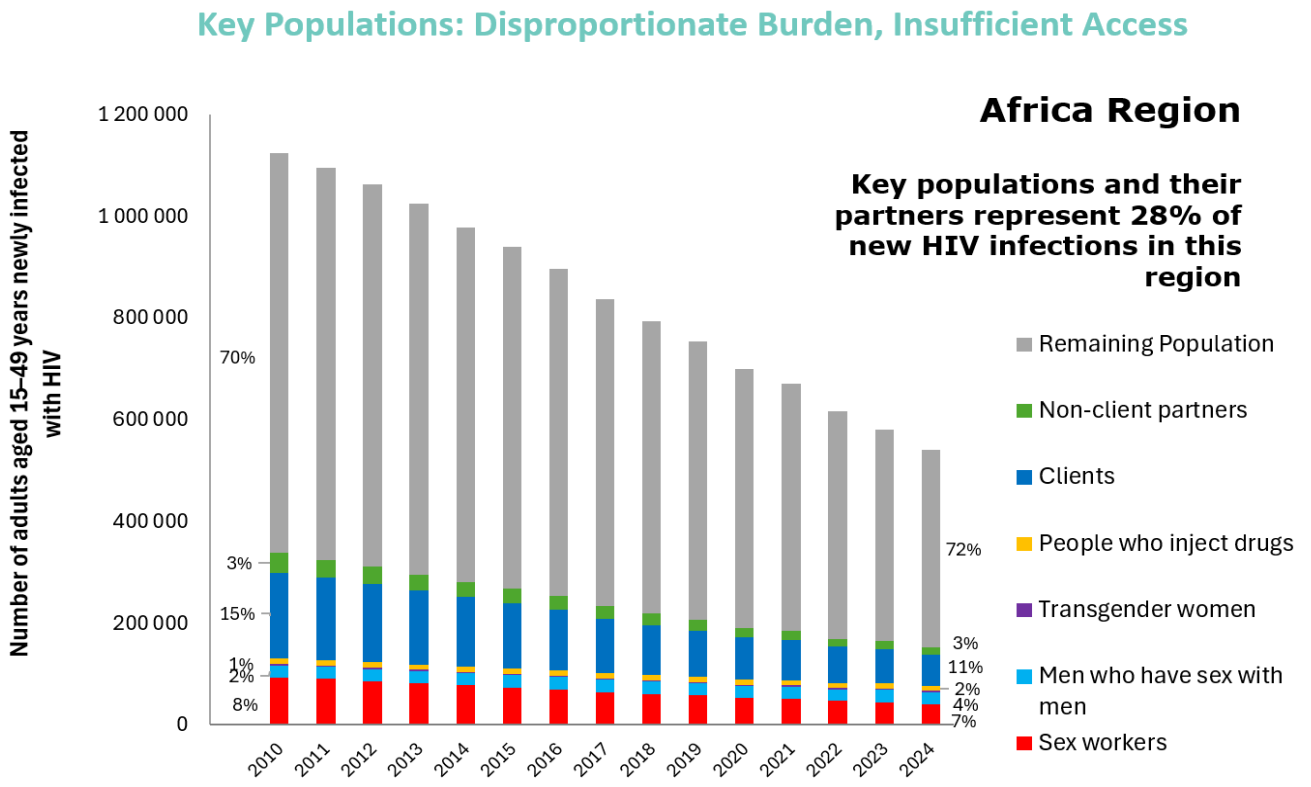
How did we get here?

The package has not changed. The context has.

Sustaining key population–sensitive prevention, testing, treatment and care is urgent — and community leadership remains essential.

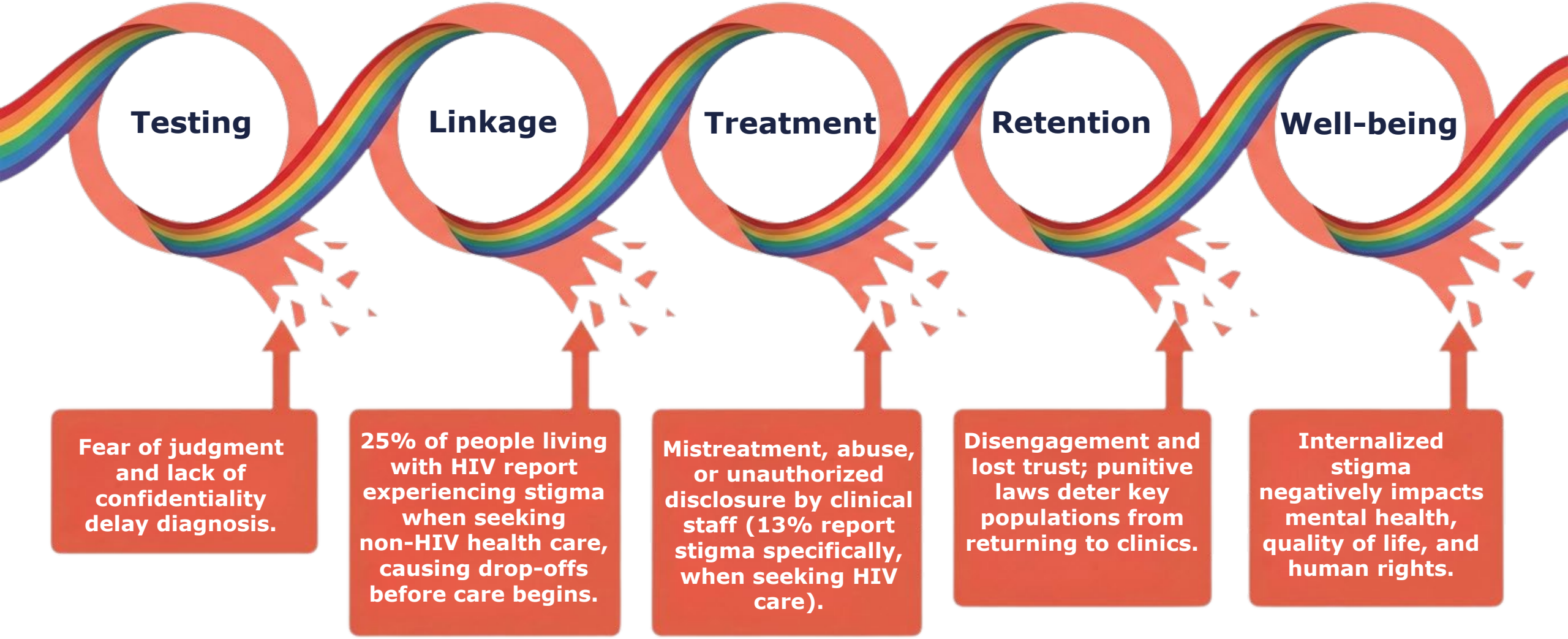
WHAT HAS HAPPENED

- Funding cuts have weakened efforts to meet the needs of key populations.
- Community-based key population services had already been reduced; the cuts disrupted delivery further.
- Countries have already decided which services to keep under extreme constraint. That decision has been made.
- New HIV and other STI infections among people from key populations and their partners are rising.



Stigma towards people from key populations disrupts every step of their service pathway

World Health Organization



Source: WHO. Ensuring quality health care by reducing HIV-related stigma and discrimination: Technical brief (2024) https://www.who.int/publications/i/item/9789240097414; Global AIDS brief: united to end AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2026. .

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Integration that protects access and sustains impact

World Health Organization

Integration is a means, not an end: sustainable HIV programmes for key populations require readiness-based, people-centred transitions that protect trusted access, strengthen community leadership, and align financing, governance and accountability with improved health outcomes.

A transition framework for sustainable, key population-sensitive services should:

1 PLAN FROM NEED

- Define who needs services, and where?
- Which barriers affect access?
- Which services must remain differentiated?

2 PROTECT TRUST

- Preserve safe, confidential entry points
- Retain peer outreach, navigation and community safe spaces
- Use explicit referral protocols

3 SHARE POWER

- Include key population representatives in governance
- Fund community-led delivery and monitoring
- Assign authority, contracts and accountability roles

4 FINANCE & ADAPT

- Match functions to community, facility, virtual or mobile platforms
- Use realistic unit costs and quality standards
- Build domestic financing without underfunding service packages

5 MEASURE RESULTS

- Disaggregate coverage and outcomes by key population
- Protect confidentiality and data security
- Use feedback and community-led monitoring to improve delivery

Source: Adapted from UNAIDS. Operationalizing HIV Integration: A Framework for Sustainable, Rights-Based and Multisectoral Responses (2026) and Global HIV Prevention Coalition. Planning and Managing HIV Programmes with Key Populations (2025) and WHO. Primary Health Care and HIV: Convergent Actions: Policy Considerations for Decision-Makers (2023).

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Q4 · Non-negotiables

What non-negotiable safeguards and accountability mechanisms are needed to ensure services remain key population–sensitive and rights-based?

Five essential safeguards

Identified from preliminary review of workshop participants responses to the question on safeguards — addressed by all twelve groups.

Five non-negotiable safeguards identified by the workshop participants

Confidentiality

Consent, protection of client data, safe disaggregation, and separation from law enforcement.

Safety

Of clients, peer & outreach workers and community defenders, including response to violence.

Stigma-free care

Flexible hours, respectful treatment, and competent care including gender-affirming care.

Community leadership

Held within the model of care, with communities as partners in service design, implementation and monitoring.

Continuity

The essential package, including harm reduction and current medicines, in any model.

Context: Health system transition and integration into primary health care

"community voices must be included and the need of the community needs to be understood before designs of programs ... services must be safe and respectful"

— Anonymous plenary reflection

Workshop outputs reinforce WHO safeguards

The five workshop non-negotiables are each anchored in WHO guidance.

Workshop non-negotiable	WHO guidance
Confidentiality, privacy and data security in every setting	*"Health services should be made available, accessible and acceptable to key populations, based on the principles of **medical ethics**, avoidance of **stigma**, **non-discrimination** and the **right to health**." [1]*
Stigma-free, respectful and safe care at every entry point	*"**Violence** against people from key populations should be **prevented and addressed** in partnership with **key population-led organizations**." [1]*
Continuity of an essential, population-specific service package	*Critical enablers "aim to improve the **accessibility, acceptability, uptake, equitable coverage, effectiveness and efficiency** of HIV, viral hepatitis and STI services." [1]*
Funded community-led and peer-led service functions	*"All countries should **prioritise reaching key populations** and supporting **key population communities to lead the response** and provide equitable, accessible and acceptable services." [1]*
Meaningful co-design and representation in decisions	*"As safety allows, people from key populations should be **encouraged and supported to participate in designing and delivering** HIV prevention and response efforts." [1]*

Sources: [1] WHO. Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. Geneva: WHO; 2022 (ISBN 978-92-4-005239-0), Chapter 3: Critical enablers.

WHO guidance: People-centred care (PPC)

Full good practice / guidance statements + person-centred strategic information recommendation

World Health Organization

WHO definition of people-centred health services

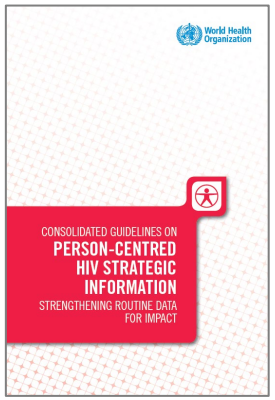
"People-centred health services are an approach to care that consciously adopts the perspectives of individuals, families and communities and sees them as participants and beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways."

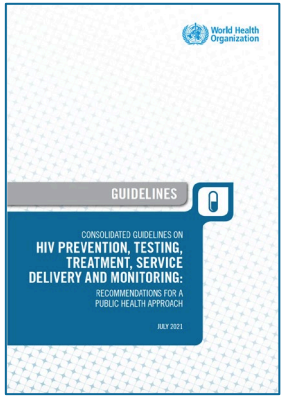
PCC: WHO good practice statements

Good practice statement (2021): Health systems should invest in people-centred practices and communication, including ongoing training, mentoring, supportive supervision and monitoring health-care workers, to improve the relationships between patients and health-care providers.

Good practice statements (2016) - HIV programmes should:

- provide people-centred care that is focused and organized around the health needs, preferences and expectations of people and communities, upholding individual dignity and respect, especially for vulnerable populations;
- engage and support people and families to play an active role in their own care by informed decision-making;
- offer safe, acceptable and appropriate clinical and non-clinical services in a timely fashion, aiming to reduce morbidity and mortality associated with HIV infection and to improve health outcomes and quality of life in general; and
- promote the efficient and effective use of resources.





Strategic information recommendation supporting PCC

Use of person-centred patient data is recommended to continuously assess interruption of HIV treatment to improve re-engagement and retention in care.

WHO guidance: Stigma-free services

Full good practice / guidance statements + person-centred strategic information recommendation

World Health Organization

Stigma and discrimination: WHO good practice and guidance statements

Good practice statement: Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.

Good practice statement: Policy-makers, parliamentarians and other public health leaders should work together with civil society organizations in their efforts to monitor stigma, confront discrimination against key populations and change punitive legal and social norms.

Guidance statement: Health services should be made available, accessible and acceptable to people from key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.

Good practice statement: Health care workers should receive appropriate recurrent training and sensitization to ensure that they have the skills and understanding to provide services for adults and adolescents from key populations, based on all persons' right to health, confidentiality and non-discrimination.

Good practice statement: Services should be safe spaces that increase protection from the effects of stigma and discrimination, where adolescents can freely express their concerns, and where providers demonstrate patience, understanding, acceptance, non-judgement and knowledge about the choices and services available to the adolescent.

Takeaway: PCC + stigma reduction = dignity, trust, access, quality and sustained engagement in care.

Three priority areas for achieving quality, stigma-free health care

World Health Organization

- **Put people at the centre** by responding to their lived realities, not only clinical protocols.
- **Embed stigma reduction in quality improvement** by routinely measuring, reviewing and addressing it.
- **Engage communities and strengthen enabling systems** to make care safer, more respectful and effective.

Source: WHO. Ensuring quality health care by reducing HIV-related stigma and discrimination: Technical brief (2024) https://www.who.int/publications/i/item/9789240097414

Facility-level checklist for stigma-free, people-centred services

Leadership
Are leaders visibly committed to stigma-free services and follow-up?

Co-design
Are people from affected communities involved, protected and compensated?

All staff
Are clinical, non-clinical and auxiliary staff trained and supported?

Privacy
Are confidentiality, respectful communication and safe pathways built into care?

Feedback
Can clients report concerns safely, and are reports reviewed and acted on?

Measurement
Are stigma and quality indicators routinely monitored and used for improvement?

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Key Messages for Action

World Health Organization

Safeguard dignity, rights, and safety: Integration must preserve confidentiality, safety, stigma-free care, community leadership, and uninterrupted access to essential services for people from key populations.

Put people at the centre: KP-sensitive services improve trust, access, engagement, and outcomes.

Tackle stigma: Rights-based, stigma-free care is a prerequisite for quality services.

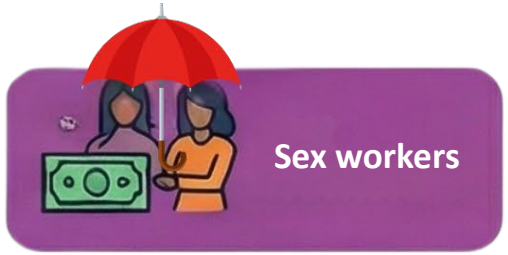
Integrate without losing sensitivity: Integrated services must remain responsive to KP needs and realities.

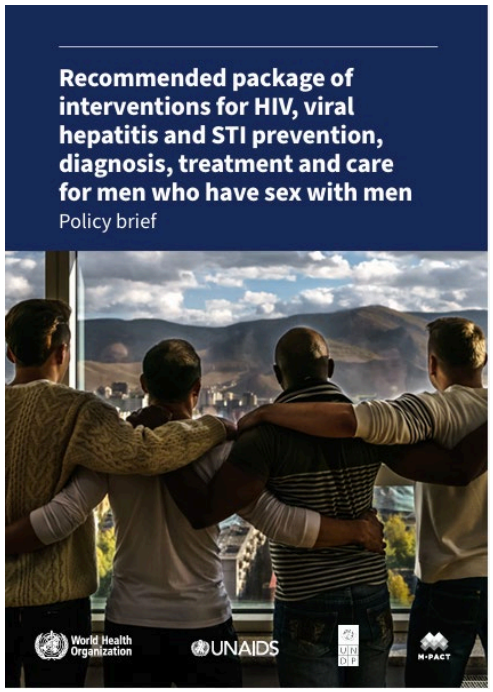
Partner with communities: Community-led approaches strengthen uptake, accountability, and impact.

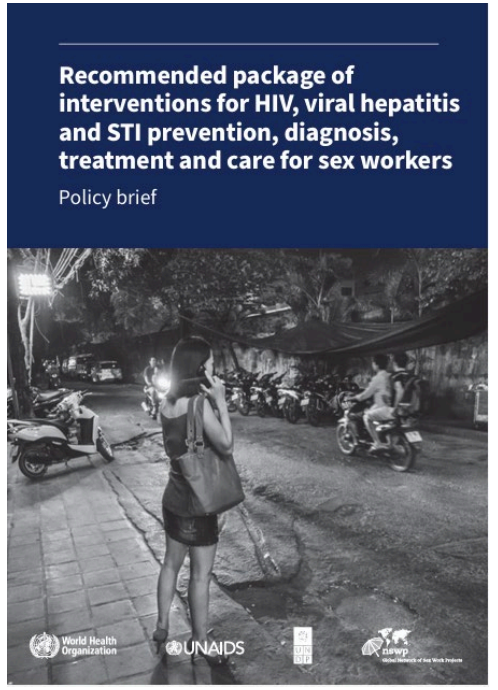
Measure what matters: Quality improvement should track both health outcomes and client experience.

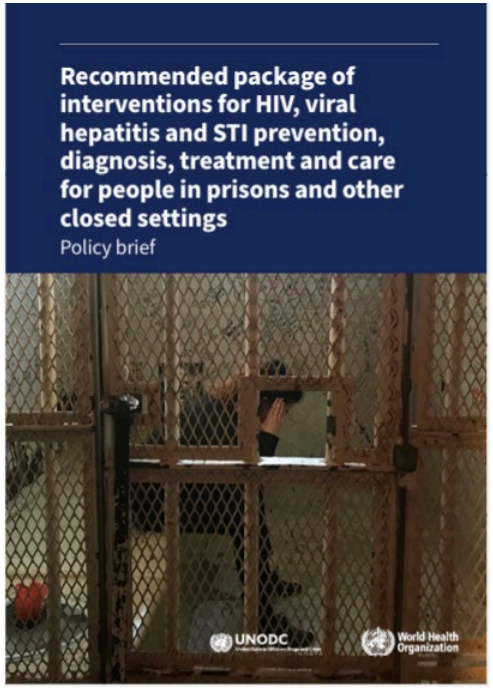
Protect the non-negotiables: Confidentiality, safety, stigma-free care, community leadership, and continuity of essential services must be safeguarded in every model of integrated care.

Policy briefs and supporting tools





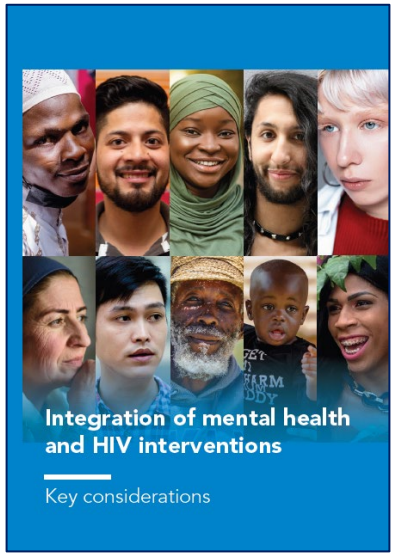




https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/populations

Related Technical Guidance

https://www.who.int/publications/i/item/9789240052390



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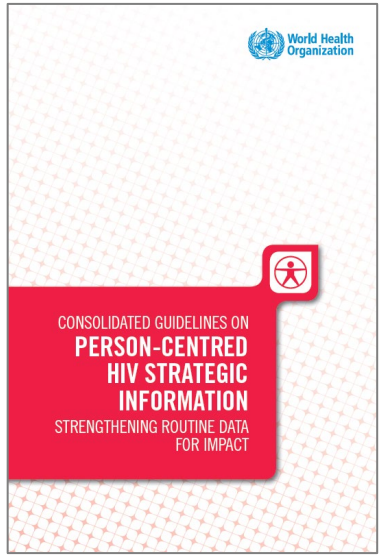

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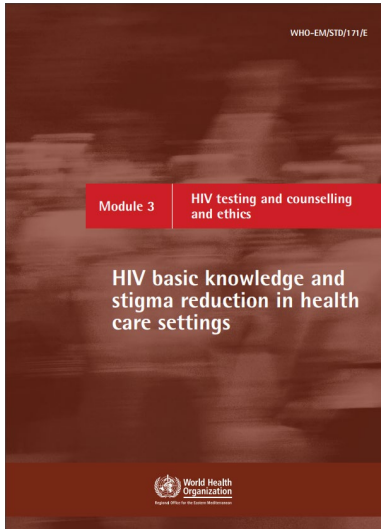

https://apps.who.int/iris/handle/10665/204680

https://www.who.int/publications/m/item/communications-and-community-engagement-interim-guidance-on-using-inclusive-language-in-understanding--preventing-and-addressing-stigma-and-discrimination-related-to-monkeypox

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Thank You

Strategies to Safeguard Key Population Services in Uganda

Gerald Pande, Program Officer, STI/KP
Ministry of Health, Uganda

Thursday, September 10th, 2026

Background

- Key populations (KPs) in Uganda have disproportionately high HIV prevalence, ranging from 13% among men who have sex with men, up to 33% among sex workers[1] (vs. 5% general HIV prevalence[2]).
- KP in Uganda also face significant stigma, discrimination and structural barriers, resulting in a high likelihood of being left behind.
- In 2023, the Ugandan Parliament passed the Anti-Homosexuality Act, which further criminalized homosexuality.
- Prior to 2025, all HIV prevention services (PrEP, condoms, lubricants, harm reduction services) and HIV treatment services were being offered to all KP groups through MOH-run services and civil society organizations (CSOs).

1. Crane Survey Report, 2023
2. UPHIA, 2021

Impact of Funding Cuts in 2025

Impact on KP Service Delivery:

- Major funding cuts led to the scale-down/closure of drop-in centers (DICs) and outreach services.
- Loss of PEPFAR-funded staff, from national level to community level, including peers. This led to critical staffing gaps, which reduced KP service coverage.
- Suspension of implementing partner activities for prevention.
- Disruptions in KP commodity supplies.

Program Impact:

- **Coordination**: Technical Working Group meetings were weakened with non-participation of PEPFAR staff.
- **Capacity Building**: No training or mentorship, resulting in declining quality of care.
- **M&E**: Data collection and reporting significantly declined with loss of staff.
- **Research**: Studies (e.g., BBS) suspended and not prioritized.

Program Challenges and Adjustments Following The Stop Work Order

Challenges and Gaps:

- Loss of differentiated service delivery models
- Reduced access to peer-led and community-based services, limiting coverage and reach, particularly for hidden KP.
    - Of approx. 600 health facilities (HFs) providing KP services, only 24 Global Fund–supported HFs do community outreach.
- Ongoing challenges with commodity supply and human resource constraints.

Key Changes Implemented:

- Transfer of clients from community/DIC services to public HFs.
- KP services are currently delivered as part of integrated services in facilities.

M&E Adjustments and Challenges

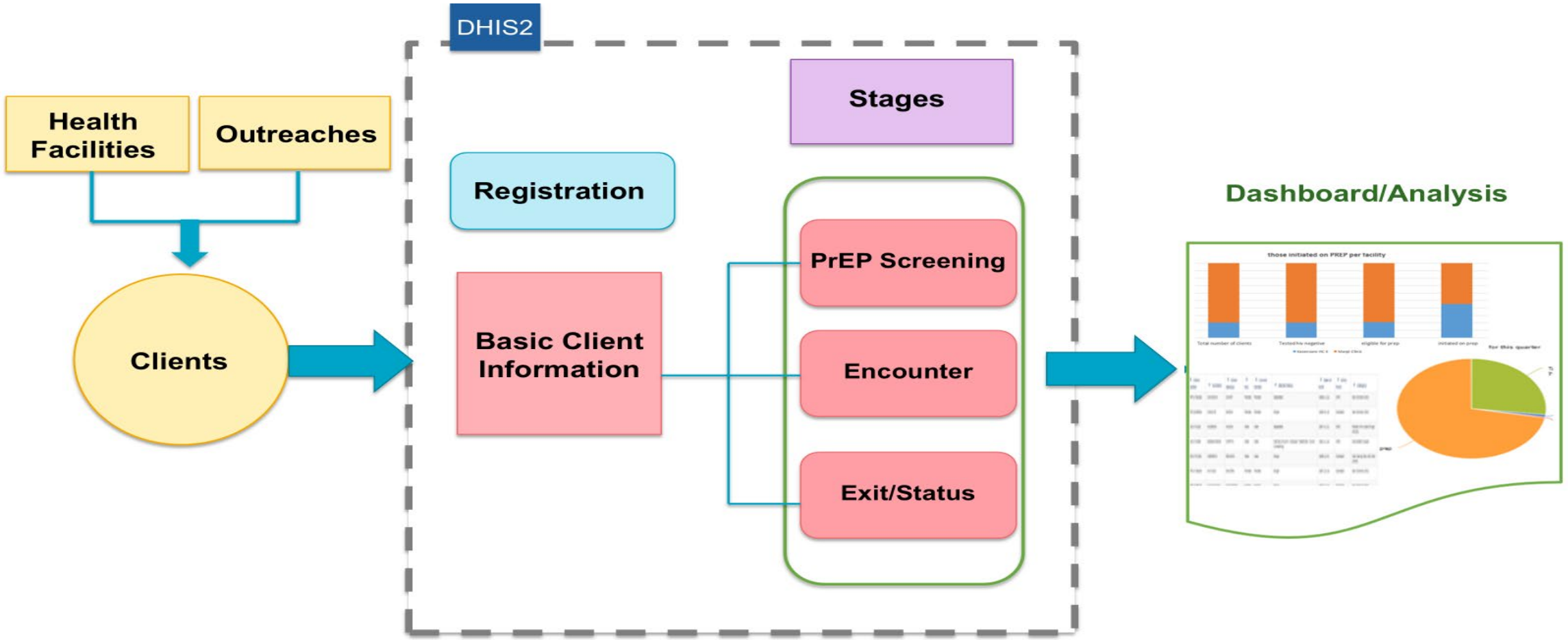
Key Changes Implemented:

- Transfer of PEPFAR Prevention Tracker to MOH
- Digitalization of KP tools:
    - Key and priority population risk assessment and classification guide
    - HMIS ACP 036: Key and priority population client HIV service tracking form
    - HMIS ACP 037: Key and priority population prevention and care register
    - HMIS ACP 106c: Key and priority population quarterly report

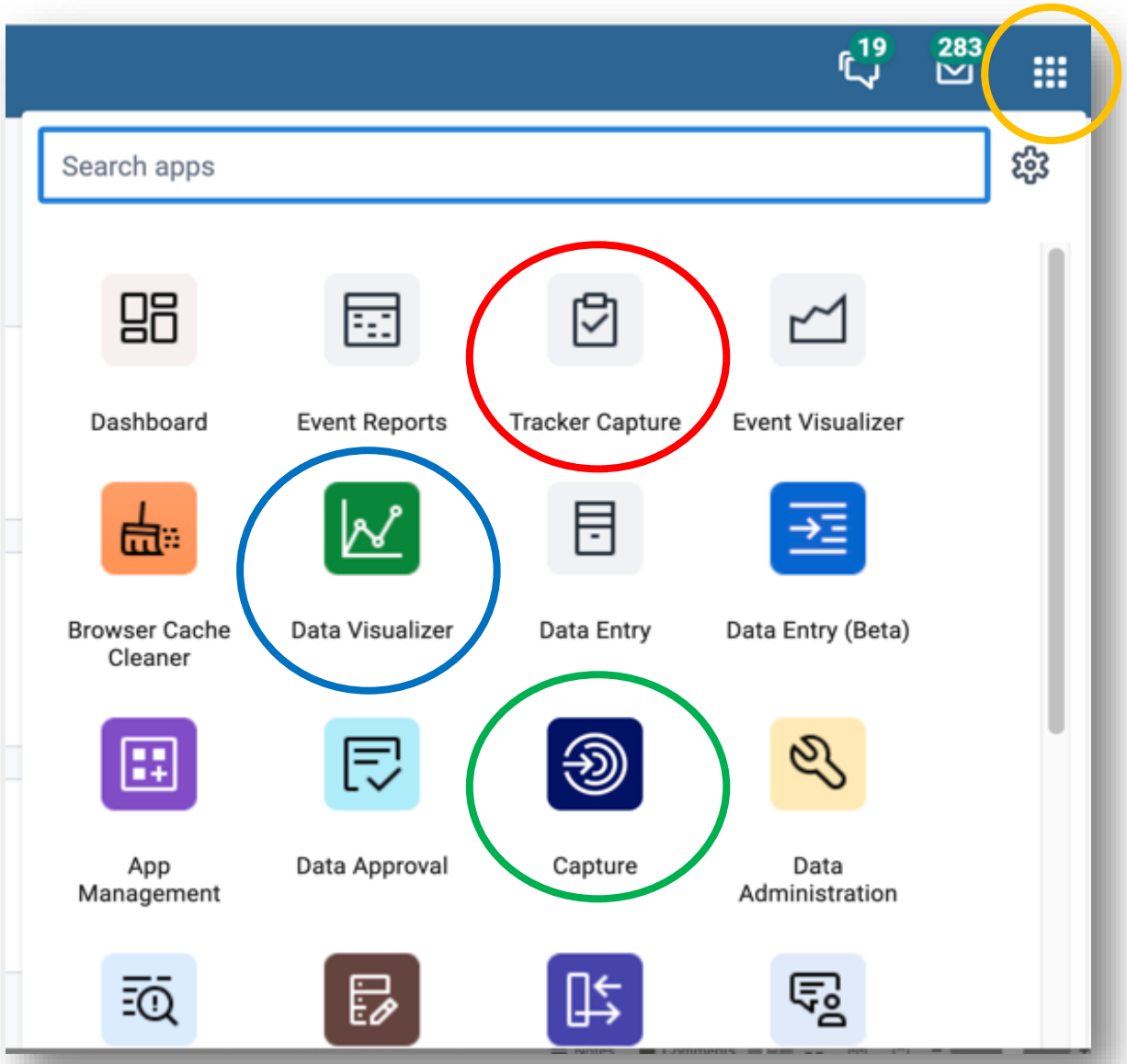
Ongoing Challenges:

- Persistent challenges with transferred trackers, including frequent system breakdowns, results in limited reporting.
- Lack of equipment to support digitalized data collection and untrained service providers.

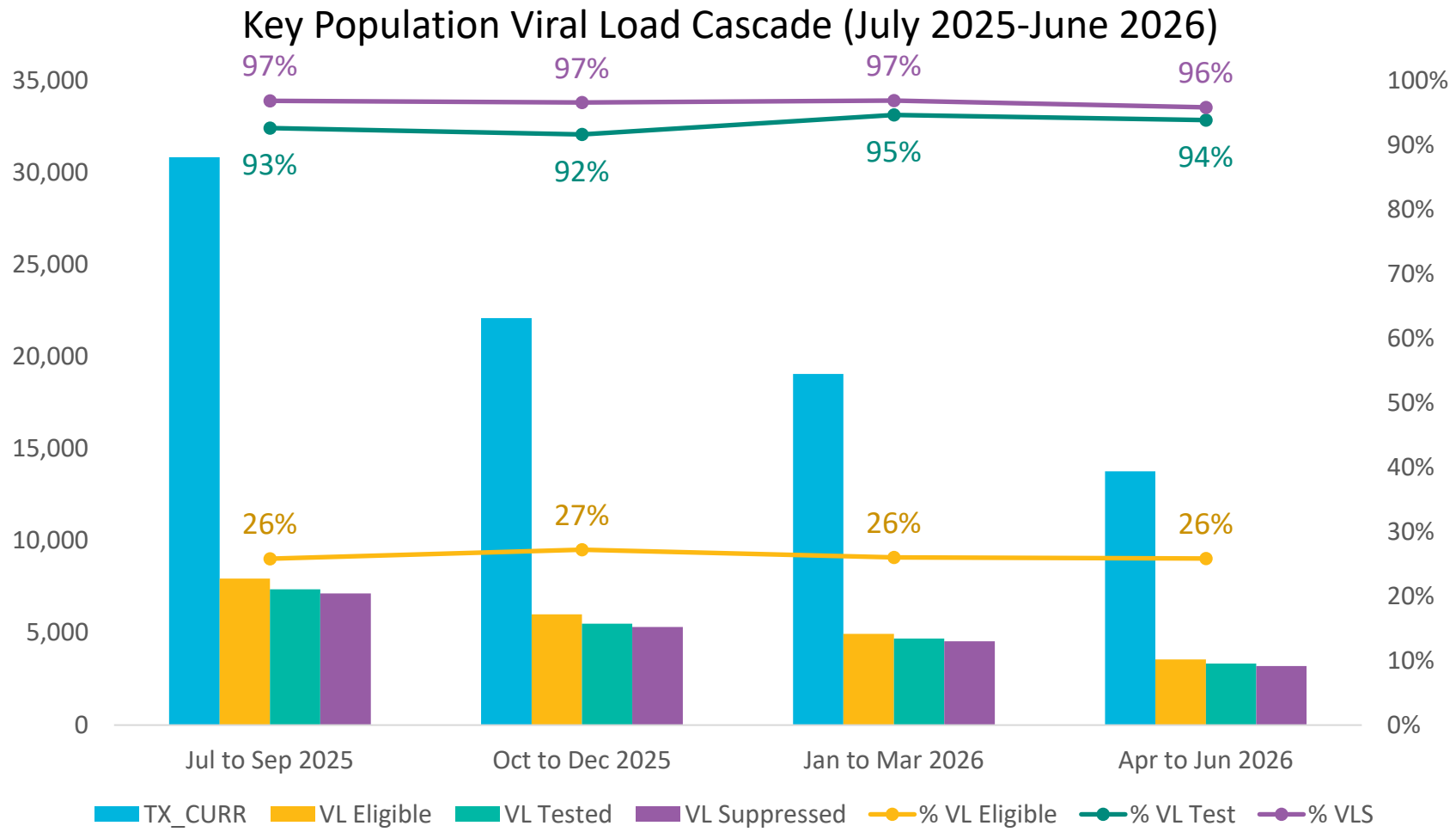
Prevention Tracker System



Common Tracker Applications



Example of Available Program Data for KPs

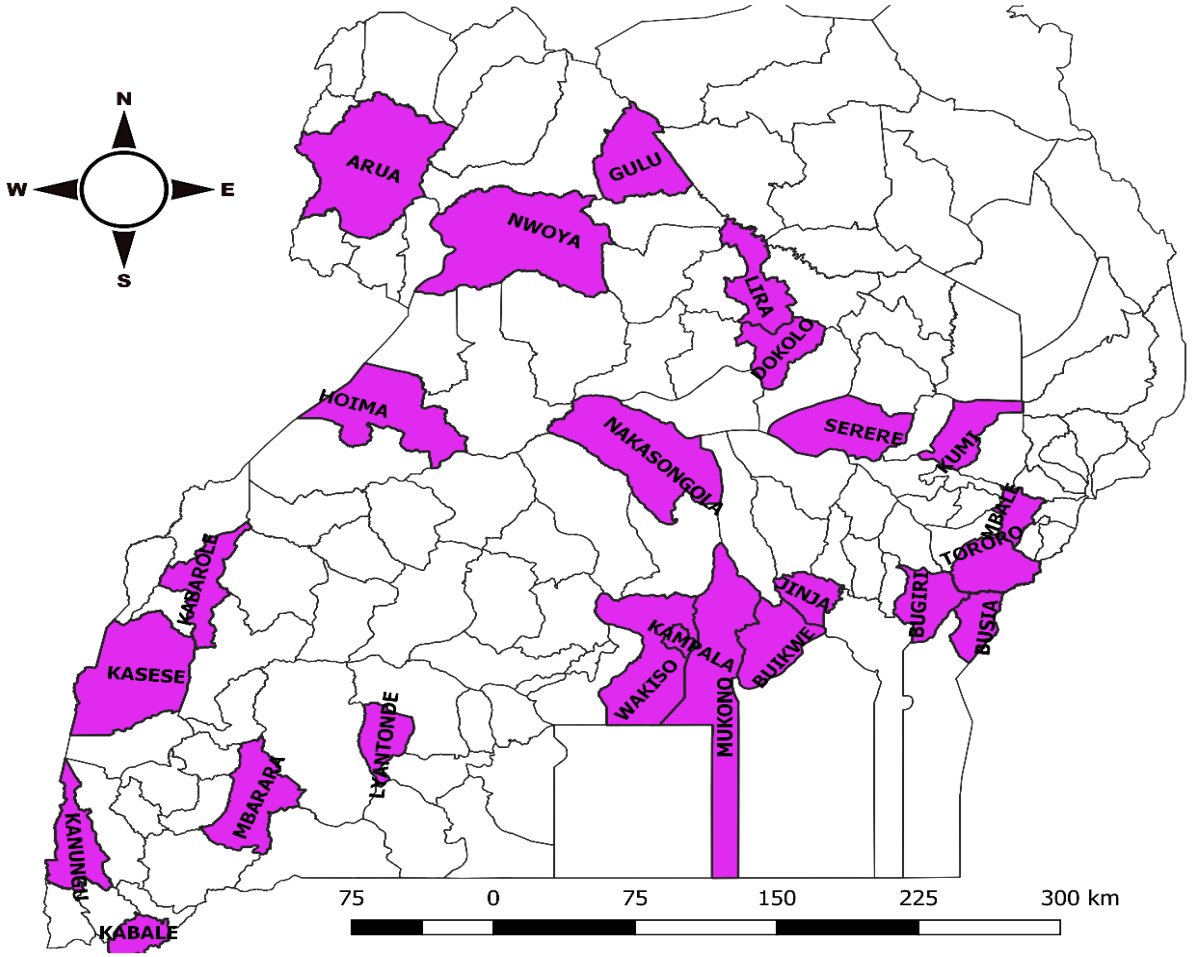


- Notable decline in TX_CURR with each quarter
- Only ~26% were eligible for VL testing, but coverage was good (92-95%) and suppression rates consistently 96-97%

Source: Prevention Tracker

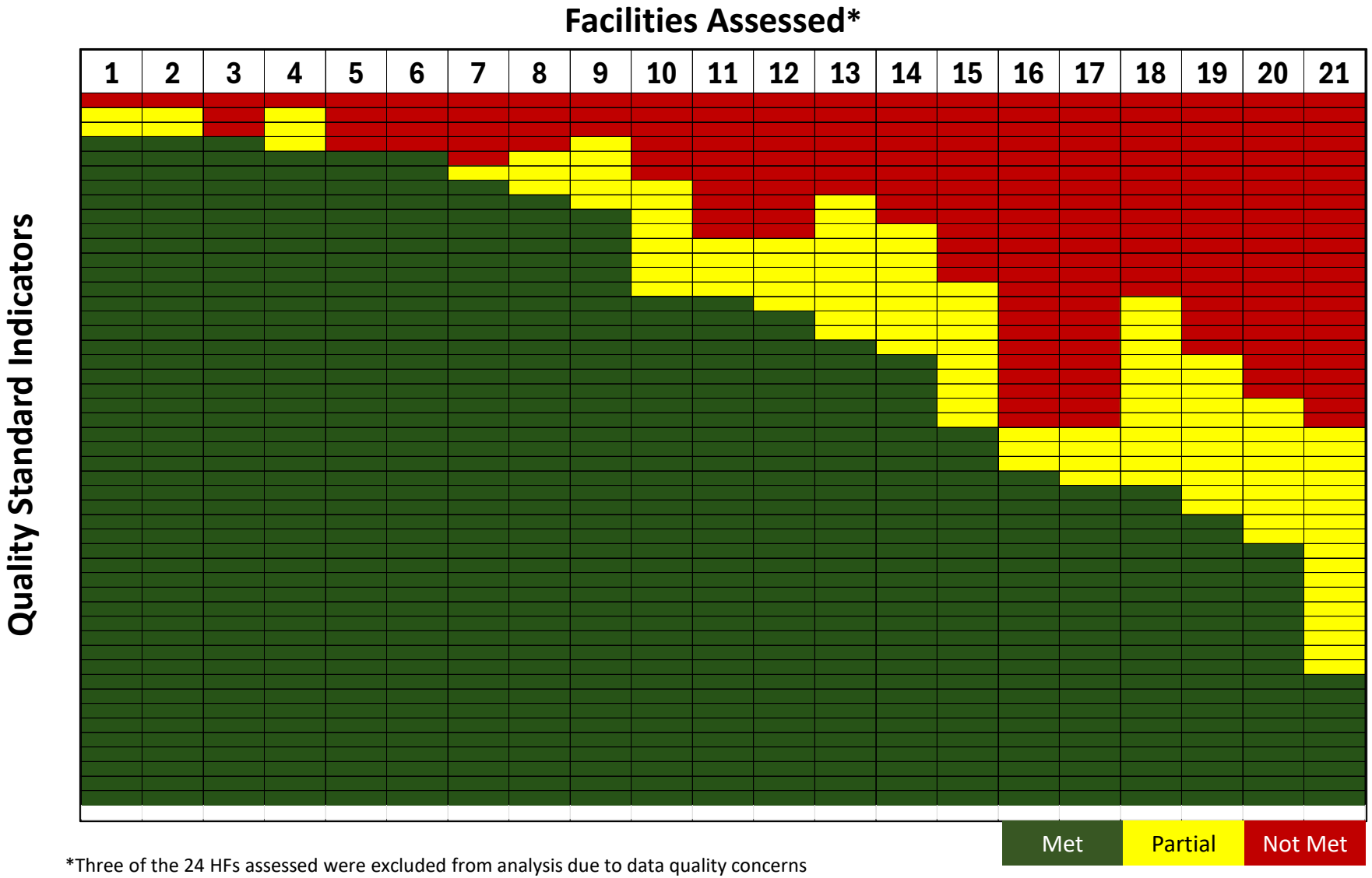
Assessing the Quality of Services for KPs

- With KP transitioning to public HFs, Uganda recognized a need to improve services for KP in the public sector.
- Uganda utilized CQUIN's KP SQA tool to assess the quality of KP-friendly services at the site level and identify areas for improvement.
  - Four HFs assessed as part of a pilot in 2025.
  - Another 24 sites were assessed across all the Global Fund-supported districts in March 2026.



Districts with assessed sites

Overall Scoring by Facility

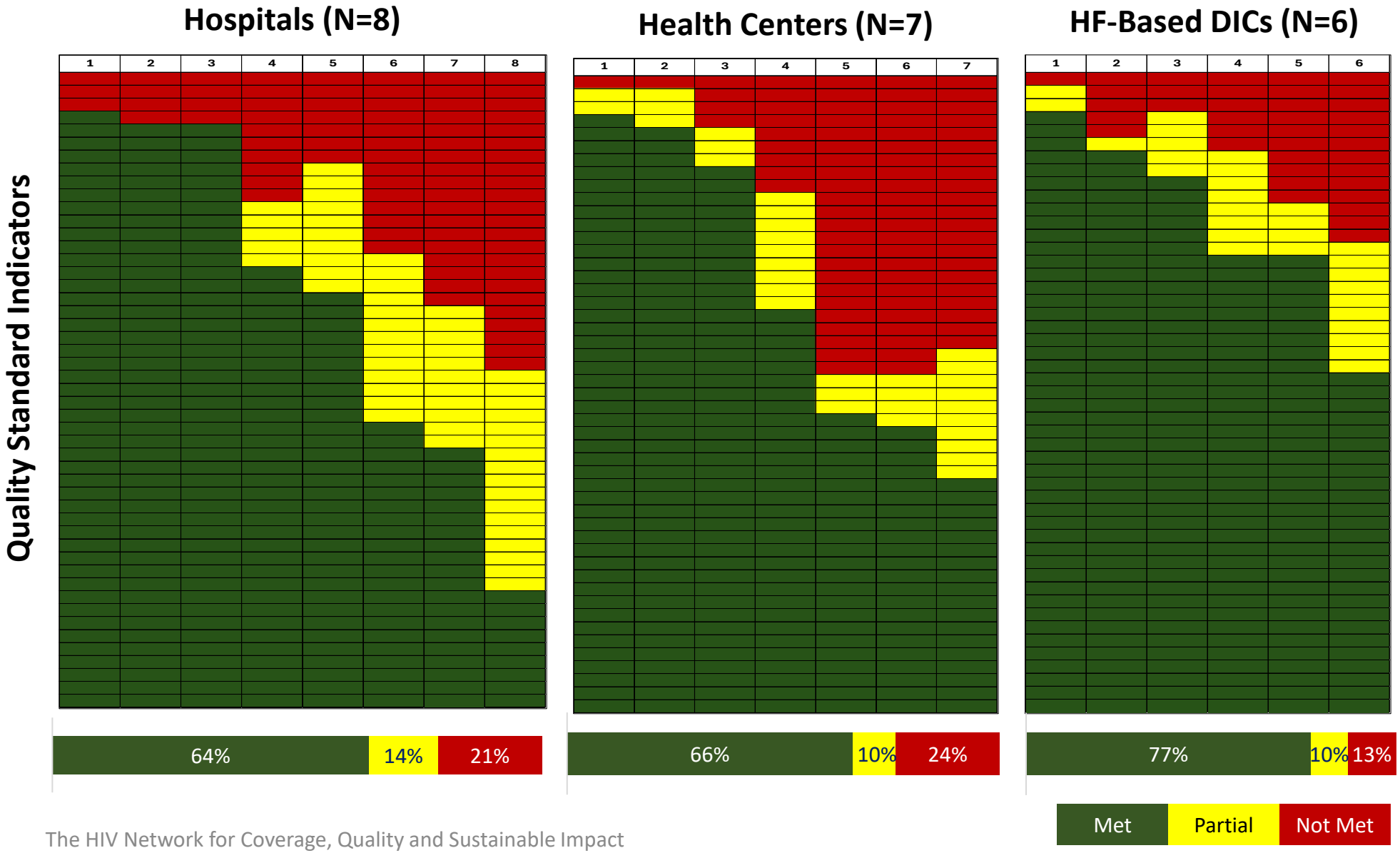


*Three of the 24 HFs assessed were excluded from analysis due to data quality concerns

Facilities ordered by achievement across all indicators.

Demonstrates notable variation by facility in meeting KP-friendly standards.

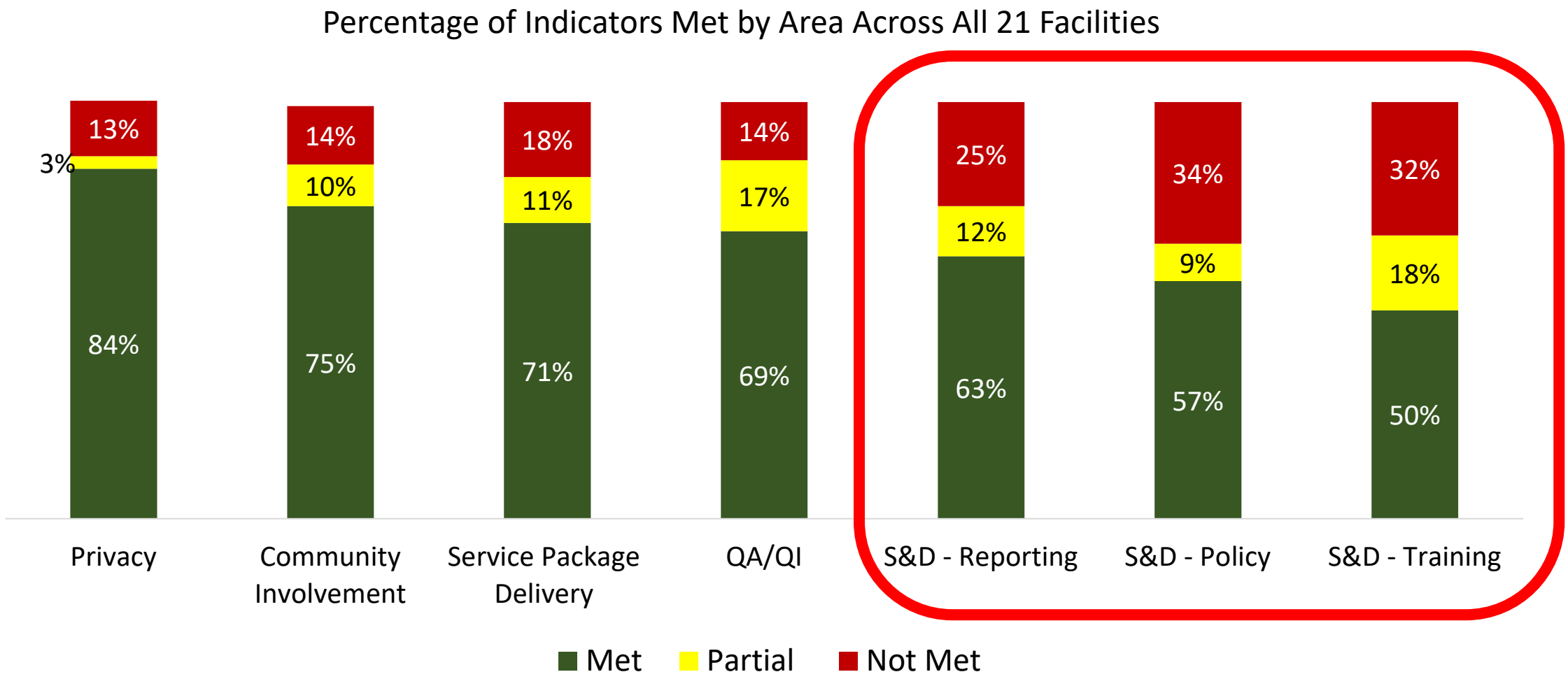
Overall Scoring by Facility Type



Indicator achievement grouped by facility type.

Overall, HF-based DICs have the best results, but performance varies by site within all groups.

Overall Performance by Thematic Area



S&D = stigma and discrimination

Key KP SQA Insights

- Privacy and confidentiality practices are strong across most sites, indicating good adherence to KP-friendly service principles.
- Gaps in stigma and discrimination training persist, especially in lower-level health centers and among non-clinical staff.
- Inconsistent implementation of stigma and discrimination policies and reporting systems, particularly in hospitals.
- Presence of both site-specific and cross-cutting gaps highlighted the need for targeted and system-wide interventions.
- The MOH used this data for advocacy and during planning with development partners.

Activities Following Assessment Findings

Uganda leveraged partners to address key gaps identified:

1. UNAIDS with funding from the Netherlands Embassy

- Obtained a grant to support orientations for district and city clusters on providing KP-friendly services, with a focus on HFs in areas with high concentrations of KPs, high HIV prevalence, high levels of urbanization, and along major transport corridors and highways. Most of the HFs included in the KP SQA are located within these priority districts and cities.

2. Human Rights Awareness Forum

- Convened multi-facility meetings targeting 15 districts with KP performance gaps.
    - Approximately 30 healthcare workers from facilities providing KP services in a district or city are converged at one central location.
    - Meetings focus on building facility staff capacity to identify and mitigate stigma and discrimination under Uganda's integration framework.

3. Reproductive Health Uganda (RHU)

- Provides direct service delivery at HFs to promote quality KP service delivery

Structure of UNAIDS-Supported Meetings

Participants include healthcare workers from facilities providing KP services, as well as members of the District and City Health Teams.

Approximately five priority HFs are selected from each district or city, along with relevant members of the respective health management teams.

Day 1	• MOH presents KP data: Crane survey results, Prevention Tracker Data, KP SQA findings (for HFs assessed) Topics covered: • Safety and security. • Provision of KP-friendly services under integration and challenges observed during program supportive supervision. • Enabling laws and policies under which we provide services for KPs. • Data capture, reporting, and digitalization.
Day 2	• Group districts to learn from each other about best practices for addressing the gaps and to think through what they can do to address them. • Includes a focus on data capture and reporting.
Day 3	• Action planning to address the identified gaps, building on practical solutions proposed by the facilities.

Community Engagement in KP-Friendly Services

1 Community voices

Peers, KP leaders and CSOs identify service gaps, safety concerns and priority groups.

2 Joint orientations

Community representatives participate in facility and district orientations on KP-friendly care.

3 Linkage to services

Peers mobilize clients, support referrals, accompany clients and strengthen community–facility trust.

4 Feedback loop

Communities share client experiences to improve confidentiality, stigma reduction and service access.

Key message: Facility orientations are stronger when peers and community representatives are engaged as co-trainers, mobilizers and accountability partners.

- Builds trust between KPs and facilities
- Improves uptake and retention
- Strengthens confidentiality and respectful care
- Helps services respond to real community needs

Engagement of peers and CSO's in an orientation meeting

Example of Masaka City Workplan Actions for District Health Team - July 2026

Activity	Assumptions
High level dialogue meetings about prevalence of HIV among high-risk populations and the availability of KP-friendly services in Masaka City	Engage RCC, city mayor and all the city councillors, DPC, RPC, two division mayors and their councillors, city disease and surveillance task force, leader of city development forum
Mentorship and supportive supervision: Guiding health facilities in offering KP-friendly services	All health workers at Nyendo HC III and Kiyumba HC IV will be mentored in KP service provision

Training of Health Workers on KP-Friendly Service Provision in Mbale, Busia, Mbarara and Bushenyi – June 2026

Rollout of UNAIDS-Supported Meetings

The program has reached **265 health service providers** from approximately **50 HFs across 10 districts and 7 cities.**

These areas have relatively high numbers of KPs and have therefore been prioritized to strengthen service providers' capacity to deliver respectful, confidential, non-discriminatory, and KP-friendly services within the broader health service integration framework.

- The overall target is to strengthen service delivery across 600 HFs that have been earmarked to provide approximately 70% of KP services nationally.
- All 600 facilities are expected to provide oral PrEP, while injectable PrEP is being progressively introduced in selected facilities.
- Currently, 103 facilities are providing injectable PrEP, against a target of 300 facilities for this year.

Challenges and Solutions

- The biggest challenge to KP SQA rollout is lack of funding for any form of assessment – Global Fund and USG Government-to-Government funding have deprioritized assessments.
- MOH is trying to phrase the tool differently and is looking for a suitable name for the tool.
- MOH has worked out a structure to integrate facility assessments during the UNAIDS inter-district learning meetings.

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Next Steps

KP SQA Plans

- For sites that have completed the inter-district learning meetings and were not among the first HFs to be assessed, the plan is to virtually orient them on the tool and assess 15 more HFs between now and November.
- Once the follow-on grant is approved by UNAIDS, starting in November, assessments will take place during the meetings, with plans to scale up to an additional 40 sites (November-March 2027).

National Plans

- Document models, approaches, practices, and innovations for integrating health services for high-risk populations into routine health service delivery/primary health care settings in Uganda.
- Dissemination of Safety, Security, and Digital Data Protection Guidelines for Key and Priority Population Services.
- Engagement meetings with key stakeholders regarding service integration and the importance of KPs.
- Development of materials that will strengthen the role of Peer Leaders in Uganda's Integrated Community Health System.
- Enhance supportive supervision and mentorship

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Thank You

Moderators

Dr Barbara Mambo,
HIV Prevention Lead,
NASCOP, Kenya

Humphrey Ndondo
Coordinator, Inclusive Men's Advocacy and Rights Alliance in Africa

Q&A - Presenters

Moderators

Dr Barbara Mambo,
Prevention Lead,
NASCOP, Kenya

Humphrey Ndondo
Coordinator, Inclusive Men's Advocacy and Rights Alliance in Africa

Presenters

Dr Cassia Wells
CQUIN Deputy Director (Technical), ICAP South Africa

Clarice Pinto
Key Population Focal
World Health Organization

Pande Gerald
Program Officer in Charge KP/STI, Ministry of Health, Uganda

Panel Discussion & Q&A

Moderators

Dr Barbara Mambo,
HIV Prevention Lead,
NASCOP, Kenya

Humphrey Ndondo
Coordinator, Inclusive Men's Advocacy and Rights Alliance in Africa, Zimbabwe

Panelists

Dr Magreth Kagashe
Manager for Youth and Cross-Cutting Issues and Resource Mobilization Officer, TACAIDS, Tanzania

Jay Mulucha
Executive Director Fem Alliance, Uganda

Zephanie Nzeyimana,
HIV Key Population Strategic Officer, Rwanda Biomedical Center, Rwanda

Closing Remarks

Dr Barbara Mambo & Humphrey Ndondo

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Upcoming CQUIN/HIVE Activities

Next CQUIN Webinar – October 2026 TBA

Optimizing Testing for HIV Prevention During Breastfeeding

Incident HIV infection during breastfeeding remains a key driver of new pediatric HIV infections. With several countries revising testing algorithms and reporting rising maternal seroconversion during the postpartum period, there is renewed urgency to strengthen testing approaches and ensure timely linkage to prevention services.

This HIVE webinar, will highlight practical approaches to optimize HIV testing during breastfeeding and ensure timely linkage to prevention services.

Duration: 90 minutes

SEPT. 17

8 am EDT
12 pm GMT
2 pm CAT
3 pm EAT

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Thank You!