‘The long struggle for HIV prevention for key populations in Eastern and Southern Africa: Emerging lessons from case studies across the region’

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Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is... a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men (MSM) and prisoners, through generating evidence of what works and why, and developing strategies to inform policymaking processes. It is a five-year programme funded by DFID and managed by MottMacDonald.

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1. Introduction: Critical Review on ‘How has change come about?’

2. Findings from case studies:
   - Actors
   - Factors contributing to change
   - Discussion: Issues arising
   - Strategic issues for civil society and other influencers
This Review is answering two questions:

1. ‘How has change come about to contribute to HIV prevention for key populations?’

2. ‘What has been the contribution of civil society to this?’
1. ‘How has change come about to contribute to HIV prevention for key populations?’

The review is focusing on key populations (MSM, sex workers, PWID, people in prison)

- Face misunderstanding and antagonism from the broader population in societies with conservative cultural values;
- Have little domestic political capital
2. What has been the contribution of civil society to this?

The review is open-minded about the comparative role of civil society, if any.
Case studies – overview

- Fellow Kenyans: How Kenya achieved national HIV policy commitments for key populations by 2010
- Changing attitudes in Kisumu: Reducing discrimination and improving inclusion for men who have sex with men in the context of HIV, Kisumu County, Kenya
- Pollsmoor: Reducing overcrowding in a South African remand detention facility
- Out of sight: Addressing sexual violence in South African prisons
Case studies – overview (2)

- Cracks in the walls: Access to improved services for HIV in Zambian prisons
- From prohibition to harm reduction: HIV prevention policy for people who inject drugs in Tanzania
- The stars aligned: The journey to the launch of South Africa’s National Sex Worker HIV Plan
- PrEP for Sex Workers! Public sector policy and implementation in South Africa
- A Manual for Swaziland healthcare workers: A cooperative venture in developing a key population manual
Findings – Contributing Actors (1)

• Researchers – local, often with international connections
• Civil society
  – Implementers (often linked to researchers)
  – KP organisations (organized individuals, CBOs, emerging sub-national)
  – Advocacy organisations – typically national
  – INGOs providing support
• International agencies: UNAIDS, WHO, PEPFAR
Findings – Contributing Actors (2)

- Local and National Government Departments, particularly Health, including senior public servants
- Parliament
- Accountability bodies e.g. JICS (South Africa), HRC (Kenya)
- International and national media
Contributing factors: enabling environment (Max = 10.0)

- Crisis/catalytic event 10.0
- CSOs (of various forms) present and had capacity to respond* 10.0
- Champions provided courageous/competent leadership 9.4
- Quality evidence available 9.4
- International policies available for adoption 8.8
- Research institutions expecting to engage on findings* 8.3
- Technical Working Group 8.3
- Evidence-based practice in governments* 7.8
- External funding available for research and implementation* 6.7

= Critical configuration of institutional actors 11
Tactics (Max = 10.0)

- Persistent and sustained commitment 8.9
- Wise and committed leadership applied politically astute approaches 8.9
- Civil society took opportunities 8.9
- Framed justification in terms of public health 8.3
- Pressure from international bodies 5.0
- Framed appeal in terms of constitutional reform and consequent expectations rather than universal HR 2.2
Contributing factors: enabling environment

- Crisis/catalytic event: ‘Never let a good crisis go to waste’
Crisis/catalytic event: ‘Never let a good crisis go to waste’

- Kenya: ‘the crisis following the post-election violence of 2007 provoked a new spirit of tolerance – Kenyans came to view each other as fellow Kenyans with needs, rather than Kenyans with specific identities that they disapproved of’.
- Sonke: prisoner death after contracting *leptospirosis* was final straw before litigation was initiated.
- DCS and Vernie Petersen as Commissioner in place of ‘Mineshaft’ Sithole
Civil society available in various forms:
- Implementers (often linked to researchers)
- KP organisations (organised individuals, CBOs, local and national organisations)
- National advocacy organisations
- INGOs providing support
Champions provided courageous/competent leadership:
Dr Chisela Chileshe, Medical Director, Zambia Prisons Service

Dr Nicholas Muraguri, NASCOP, Kenya

Helga Muskoyi, Kenya KP Programme Manager since 2008

Vernie Peterson, South African Correctional Services

Judge Edwin Cameron, maximized opportunities from exercising right to visit Pollsmoor prison.
• Quality Evidence Available:

Evidence from engaged researchers providing robust information on the scale and depth of the situation, including poor reach of services and resilient social constraints has been critical.

Tanzania and PWID: ‘When we presented our data on HIV sero-positivity among IDUs in Dar es Salaam on World AIDS Day, the participants from government, NGOs, and CBOs were shocked. Until this point neither the state nor international agencies had a clear mandate to respond to the HIV crisis among heroin injectors.’
• Quality Evidence Available:

Kenya and CSWs: ‘The continuous production of internationally recognised scientific knowledge on HIV amongst CSWs in Kenya continued to attract top scholars from Kenya and beyond to further expand the knowledge and interventions. Most of the research was funded by international aid agencies and aimed at being relevant for both academic and applied purposes. It provided epidemiological knowledge, size estimations, and knowledge on stigma and discrimination to access health, legal, and social services.’
Evidence: South Africa – IBBS carried out July 2013-Feb 2014.

Robust data demonstrating extremely high HIV prevalence estimates for female SWs, particularly aged 25+, low uptake of ART, indicators of high incidence of HIV. High rates of excessive use of alcohol, non-medical drug use, physical and sexual assault. Little contact with peer educators. Only in Johannesburg were at least one third of FSW reached; in Cape Town and Durban less than 1 in 7 had contact in preceding 12 months. Size estimates
International policies available for adoption:

**PrEP for sex workers in South Africa:**

*September 2015*, WHO launched revised guidelines. Most significant change in respect of PrEP – replacement of recommendation of PrEP for MSM with broader guidance that it should be offered to people at substantial risk.

*November 2015* – SANAC seeks approval for PrEP.

**Support for harm reduction for PWID in Tanzania:**

Efforts to develop harm reduction at national level co-evolved with international efforts to move from a prohibition/punitive approach
Discussion - Issues arising:

• The distinctive of HIV:
  • Very significant international interest including funding (for research and implementation)
  • Significant levels of quality research and data analysis, with collaboration between leading national and international researchers the norm.
  • International guidelines have significant profile.
Discussion - Issues arising

- **Framing** HIV prevention and KPs as:
  - A public health issue *rather than* through appeal to universal human rights – promoted change whilst the act remained illegal.
  - A constitutional issue – right to have appropriate healthcare.
Discussion - Issues arising: sex workers & MSM

• Interest in sex work led acceptance of KPs
  • Research until 2000s focused on sex workers
  • MSM ‘invisible’ until 2000s
  • More empathy for female sex workers – ‘umbrella’
  • ?? Bridge through male sex workers

• Once interventions and policy for MSM established, then MSM organisations took the space, developed, led programming and eclipsed sex worker representation
Discussion - Issues arising:

• Is all evidence correct evidence?
  • Swaziland and the evidence in 2009 for a KP programme in a generalised epidemic:
    o Justification ignores MoT study that disregarded contribution of MSM.
    o How much are interventions driven by demands of international players?
Engaging with evidence:

How do you identify appropriate evidence in formation?

Do partner CSOs at national and local level have the skill sets to engage with, and use, evidence effectively?

Where do you take evidence – to national-level, or to international-level given the favoured status of international guidance?
• Working with champions
  • How do you identify, nurture and work with champions, especially within government?
Strategic issues for civil society

• Exploiting crises/catalytic events
  • Are you ready to optimize the opportunities provided by crises/catalytic events, especially if they occur suddenly?
    ○ Do your planning and authorization processes anticipate the need to move timeously?
• Working with MSM and sex workers
  • As a generalization, MSM seem better organized, have stronger representation and be better supported.
  • But, sex workers may have a stronger case for support given their contribution to the epidemic
    □ Are your decision-making processes sensitive to such issues, or largely driven by the strongest applications?
Supplementary material follows on:

• Methodology used
• Anticipated approach to dissemination
Case studies - selection

- Reach out to find examples of positive change for KPs
- Selection of nine case studies to ensure that the full range of KPs included.
- As far as possible, a spread of countries included.
- Different types of change: policy, implementation, attitudes within society.
- Case studies were not pre-selected for outcome
• Literature review
• In-depth interviews with key stakeholders: representatives of spheres of government, civil society, research organisations, implementing partners
1. Development of nine analytical case studies

2. A synthesis paper

3. Targeted dissemination to identified audiences
Target audiences

1. Those concerned with bringing about change for KPs: MSM, people in prison, IDUs, sex workers

2. ‘Influencing discourse’: Duncan Green et al.
   #HowChangeHappens

3. Those concerned for other marginalised groups: LGBTI, disabled, living with mental illness
Vehicles for dissemination

- Range of published materials from a formal working paper through briefs to tweets all drawing on ‘mother’ document
- Seminars
- Forums focussed on particular audiences
Platforms for dissemination
- EHPSA website, social media
- Other media specifically reaching target audiences