Key messages: 2nd African Conference on Key Populations in the HIV Epidemic

The 2nd African Conference on Key Populations (KP) in the HIV Epidemic was held in Dar es Salaam (Tanzania) from the 16th to 18th December 2015 with the theme “Key insights, key advances, key partnerships”. Delegates were predominantly from eastern Africa with representation from other African regions.

Key populations and vulnerable groups: In summary, the central premise of the conference was: if programming focuses on prevention amongst key populations (as opposed to the “general” population) the likelihood of reducing the spread of HIV increases. These groups are both key to the epidemic’s dynamics and key to the response. Key populations are distinct from vulnerable populations in that they are subject to societal pressures and / or social circumstances that may make them more vulnerable to exposure to infections, including HIV. The World Health Organisation (WHO) cites figures of between 40% and 50% of all new HIV infections globally occurring among people from KP and their partners. The proportion of new infections amongst KP and partners in southern and eastern Africa is considered substantial, but varies greatly between countries.

Defining key populations: Papers presented focused predominantly on research with MSM, sex workers, people who inject drugs (PWID) and migrants. The definition of key populations appears to be somewhat fluid as well as contextually determined. The WHO KP guidelines address 5 key populations: MSM, PWID, people in prisons and other closed settings, sex workers and transgender people. However, there are overlaps between these groups, and adolescents within these populations require specific attention as well as other groups who may be omitted. Refugees for example (particularly those who are undocumented) could also be classified as key populations in different contexts.

Unpacking the term “MSM”: There was much discussion around the generalisation and gender stereotyping in the use of the term. It was argued that there are a number of sub-categories, and, one intervention may not address the needs of the different sub-groups.

Engagement: The conference recognised the importance of partnerships and engagement between researchers and policy makers / planners but stressed the need for representatives of key populations and/or communities to be engaged continuously throughout research and policy influence processes. KPs have to be consulted in order to ensure appropriate services.

Accessing key populations: Innovative research methodologies are required to access key populations. Often data collection relies on small sample sizes (with purposive sampling within known hot spots) and uses qualitative methods. The lack of comprehensive and robust data on many of the key populations is recognised as a challenge, especially when

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1 UNAIDS Terminology Guidelines, 2011
2 www.who.int/hiv/pub/guidelines/keypopulations
planners and policy makers argue that services cannot be provided on the basis of lack of evidence. In many instances, it is considered critical to provide services even if the evidence is unavailable. The provision of services could in turn become important sites for the generation of evidence. The generation of evidence is particularly difficult where vulnerable groups are engaged in “illegal” activities and confidentiality is required.

**SADC and EAC:** The East African Community (EAC) has established the East African Health Research Commission which aims to generate the evidence required to inform policies across the region. The need to identify and map all services providers and prevention interventions is recognised as important. Cooperation, coordination and standardisation (or compatibility of services) between countries is critical given the mobility of key populations. The participation of SADC is considered critical.

**Monitoring targets:** The WHO plans to pilot guidelines and tools for monitoring targets for prevention, diagnosis, treatment and care for KPs in a number of countries in sub-Saharan Africa. Engagement with these guidelines and tools will allow policy makers and planners to develop an expanded understanding of a comprehensive package that includes health sector interventions as well as the essential strategies for an enabling environment, such as:

- Legislation, policy, financial commitment and decriminalisation;
- Building the capacity of service providers (e.g. health workers and police) to address stigma and discrimination;
- Community empowerment; and
- Addressing violence against KPs.