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COP/ROP22 QUICKIES

COUNTRY ADVOCACY POINTS FOR COP22 COUNTRY PROCESS

Acknowledgement

APCOM extends sincere gratitude to our community partners in the countries. Without your trust and confidence in the work that we do, we are not able to continue to provide useful resources and technical assistance.
We acknowledge the contributions and inputs of our key populations and community partners into this Fact Sheet.

As a Regional Network, APCOM's work includes not only advocacy for community engagements in national forums for the design and financing of HIV programs, but also ensuring that key populations and communities are able to participate and contribute to these forums. One way to make this participation a reality is to make accessible to country partners useful resources and strategic information.

PEPFAR Asia Countries

Asia Region
Cambodia, India, Indonesia, Kazakhstan, Kyrgyz Republic, Laos, Myanmar (Burma), Nepal, Papua New Guinea, Philippines, Republic of Tajikistan, Thailand

Asia Bilateral
Vietnam

Design and layout: Vaness Silpakhon Kongsakul

ABBREVIATIONS

ART	Antiretroviral Therapy
CBO	Community-based Organizations
CLM	Community-Led Monitoring
COP	Country Operational Plan
CS	Civil Society
CSO	Civil Society Organizations
FSW	Female Sex Worker
FY	Fiscal Year
ICT	Information Communication Technology
IDUT	Injecting Drug Use Implementation Toolkit
KP	Key Population
MPR	Minimum Program Requirements
MSM	Men who are having sex with men
MSMIT	MSM Implementation Toolkit
OU	Operational Unit
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PLL	Planning Level Letters
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drug use
ROP	Regional Operational Plan
SWIT	Sex Workers Implementation Toolkit
TRANSIT	Transgender Implementation Toolkit
U=U	Undetectable equals Untransmittable
USAID	United States Agency for International Development
VL	Viral Load
WHO	World Health Organization

COP/ROP22 QUICKIES

Country Advocacy Points for COP22 Country Process

At the regional level, significant movements were made to ensure that KP communities are able to meaningfully engage with the PEPFAR processes to design and support services to address their health and human rights needs.

The Guidelines for the Country Operational Plans and the Regional Operational Plans have always actively required the involvement and engagements of the key populations within the processes. In 2021, the COP/ROP22 were shifted to an all-online meetings and processes due to the impacts from and threats by the COVID-19 pandemic. The virtual engagements posed new challenges towards the KP involvement due to limited timeframe and little to no access to internet.

For the COP/ROP22, APCOM recommends the following points that should be focused to ensure the active engagements by the key populations and their networks.

Here are some of the points that you can use in your engagements in the COP/ROP22 process! For any questions or clarifications, please do not hesitate to reach out to programmes@apcom.org

A

PROCEDURAL

- Disseminate and make accessible knowledge materials on the COP process, which are translated to local languages, to small and local KP and community groups;
- Disseminate information on PEPFAR country teams/coordination units to ensure that KP and community groups know where to ask for support and information on COP engagement;
- Disseminate information on existing communication platforms and feedback mechanisms for the COP process to small and local KP and community groups;
- Review COP guidelines and monitoring mechanisms to ensure PEPFAR country teams/coordination units engage a wide range of KP CSOs including small and local KP and community groups
- Review COP guidelines and monitoring mechanisms to ensure that the safety of KP and community groups, especially vulnerable groups are protected throughout the COP process
- Enhance engagement with small and local KP and community groups to identify their needs for resources and capacity-building for COP engagement

B

TECHNICAL SUPPORT

- Provide or make available organizational and management support such as around organizational processes, project development and project management.
- Provide or make available organizational support in preparing and reviewing budgets, developing financial reports, and drafting grant applications.
- Provide or make available technical support on technical writing, monitoring and evaluation, or legal and policy knowledge to collect and generate data for the improvement of existing services;
- Allocate emergency funds and support for COVID-19 emergency response that are accessible to KP and community groups

C

SERVICES FOR KEY POPULATION

The COP/ROP must include

- Dedicated funding for organizational capacity building for Regional KP Networks to become eligible for direct funding from PEPFAR and Global Fund
- Highlight the important role of regional networks to strengthen the technical capacities of civil society and key population organizations.
- Expand KP-led / community-led service delivery to include more clinical services such as community-based ART delivery for PLHIV, HIV Testing and PrEP for MSM, harm reduction for PWID, hormone therapy for Transgender community, and sexual health services for sex workers. This can be done by a process of certification by governments that KP lay providers can provide HIV/community-based services;
- strengthening the technical, programmatic, operation and finance, advocacy and service delivery capacities of CBOs.

Gay men and other men who are having sex with men (MSM)

- Increase the availability and accessibility of innovative HIV prevention tools such as daily and event-driven Pre-Exposure Prophylaxis (PrEP) and scale up its reach most especially to the hard-to-reach subgroup including MSM who engage in 'chemsex';
- Include HIV self-testing as part of testing modalities that is being provided to gay men and other MSM;
- Provide support to the ongoing and new online-to-offline program efforts directed towards gay men and other MSM including peer support programs, social and behavioral communications change (SBCC) to increase awareness and demand generation activities;
- Intensify online-based demand generation activities directed towards gay men and MSM;
- Expand online-based outreach, peer support and case management programs in scaling up access to testing and treatment;
- Prioritize and intensify advocacy efforts addressing criminalization of gay men and other MSM, stigma and discrimination and other social barriers which hinder their access to services;
- Strengthen the operational structure of the key population-led organizations which deliver HIV services and conduct advocacy activities at the country level;

Sex workers

- Provide support to sex worker-led organizations and network partners for capacity building and include implementation of health service delivery or consulting services for sex workers.
- include initiatives to protect the rights of sex workers and to decriminalize the population.

People who inject drugs

- Include programs on harm reduction tools such as Needle-Syringe programs and Opioid Substitution Therapy (OST) services need to be prioritized in the region;
- Integrate HIV/TB and HIV/Viral Hepatitis country programs for PWID.
- For a more effective HIV response, implement innovative approaches to address the needs of people who inject/use stimulant drugs.

Transgender persons

- Clear interventions on addressing legal, human rights, gender and age-related barriers;
- Support differentiated service delivery models for transgender women, including integration of gender-affirming care service (e,g. GAHT).

People living with HIV

- implement innovative activities to reach out to Loss To Follow Up (LTFU) clients;
- Remove legal barriers by creating policy or programs to remove Stigma and Discrimination (S&D) and acknowledging the importance of addressing the S&D that are still embedded in the AIDS response;

Young Key Population

- Implement capacity building programs to increase young people's knowledge and understanding about their human rights in the perspective of HIV, in particular to their access to prevention, testing, and treatment services;
- Disaggregate epidemiological data by age groups to identify the young key population and the HIV services they need;
- Address the age of consent within the healthcare settings which restricts young key population's access to prevention, testing and treatment services.

D COMPONENTS AND REQUIREMENTS FOR A KEY POPULATION PROGRAM

COP/ROP22 Guidance has included points that are specific to key population programs. The following are the components of a HIV program that you need to check during your engagements in the COP22 country process:

Key Population Program

1. Scaling up differentiated, person-centered HIV prevention, diagnosis, and treatment services, utilizing a case management approach, where desired by KP, to ensure each individual receives all needed services.
2. Partnering with community and civil society groups to improve the quality of KP programs and service delivery organizations.
3. Mentoring, building capacity of, and increasing funding to, nascent KP-led service delivery organizations.

4. Addressing the broader enabling, legal and policy environment, including reducing stigma and discrimination present in public and private HIV and other service settings, strengthening the KP-competency of service delivery providers, and ensuring zero-tolerance policies regarding discrimination among PEPFAR-funded staff and partners.
5. Ensuring each country in which PEPFAR operates is utilizing confidential, high-quality, accurate and safely collected and securely stored data to understand the size of key populations groups, their risk of HIV acquisition and onward transmission and service delivery coverage along the cascade, in order to inform resource allocation and programming.

Requirements or Expectations from PEPFAR and Country Operational Units

1. OUs will be expected in COP/ROP22 discussions to document the trajectory of KP budget and expenditures over the prior two COP cycles utilizing PEPFAR financial classification system.
2. Greater commitment to regular and safe key populations size estimation exercises as part of PEPFAR's planning cycle in all countries
3. Establishment of an independent PEPFAR-funded KP community consortium where/if it does not already exist, in collaboration with diverse stakeholders, and on ensuring there is regular engagement with KP communities in the geographies where PEPFAR works and with the national program.
4. PEPFAR remains committed to its affirming 'do no harm' principle that emphasizes voluntary, confidential, non-judgmental, non-coercive, and non-discriminatory services. All implementing partners (IPs) and their staff will be required to sign and abide to a code of conduct regarding ethical, non-discriminatory service provision for key populations.
5. OU Community-led Monitoring activities must include provision for distinct participation and leadership of key populations.
6. Provision of integrated KP-competent public and private service delivery that provides the opportunity for person-centered prevention, care, and treatment for the multitude of issues affecting key populations.
7. Each OU that serves key populations will submit, as part of its formal COP submission, a table or other visualization (illustrative example forthcoming) that details how the OU's key populations program will ensure a comprehensive, integrated service package, guided by WHO guidelines, for each key population group. The table will indicate:
    - Specific key populations sub-groups served including geographic variations
    - Specific prevention, testing, treatment, and structural interventions, by implementing partner, and where not financed by PEPFAR, the collaborating organizations
    - Clear mapping of intervention, partner, geography and expected indicators to report
8. Development of risk mitigation and continuity plans to ensure the safety and security for KP clients and organizations and related data in the event of political upheaval and/or violence directed at key populations.
9. Articulation of a remuneration standard for peer outreach workers/navigators, to ensure decent work and fair pay is provided

E

STRUCTURAL INTERVENTIONS

PEPFAR follows the lead of WHO in describing what structural interventions are. In WHO's 2016 Consolidated Guidelines [1], the structural interventions are described as socio-cultural factors that limit access to HIV services, constrain how these services are delivered and makes the effectiveness of the service less effective. These interventions should reflect strategies, activities, and approaches that aim to improve the accessibility, acceptability, uptake, equitable coverage, quality, effectiveness and efficiency of HIV interventions and services.

However, as PEPFAR noted, the structural interventions should be based on the context of the country, and should place KP leaders, organizations and communities in the lead role in the implementation of activities.

Below are examples of structural interventions:

- Advocacy for the funding of KP organizations so they are able to implement and monitor comprehensive KP services.
- Increase awareness of KP clients, beneficiaries, and communities about their human rights, including their right to stigma-free health services, the right to equal treatment before the law, the right to dignity, among others.
- Documentation of reported cases of stigma and discrimination against the key population and PLHIV committed by health facility workers and/or law enforcers.
- Advocacy to creating legal and enabling environment in the country, or advocacy for the decriminalization of key population.
- Engagement and partnership with the national government, national health program, and policymakers to ensure that the delivery of health services are based on human rights

1. WHO 2016 Conslidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations HIV Epidemics

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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