



Included!

How change happened for key populations

INTRODUCTION

Over the past 15 years there has been increasing recognition of the significant contribution of key populations¹(KPs) to HIV transmission in eastern and southern Africa (ESA). However, these groups suffer from stigma, discrimination and legal challenges, which make it difficult for them to receive HIV services.

In some countries in the ESA region the heightened need for effective HIV prevention for KPs has been recognised and has resulted in significant policy developments, funding, and provision of services. In others, conservative social values mean that antagonism towards KPs remains widespread and politicians are wary of being seen to be supportive. This results in weak or non-existent policy and programming for KPs, and in the language of the Sustainable Development Goals, these populations are potentially “left behind.”

EHP SA commissioned Nordic Consulting Group to try and understand how positive change has come about for KPs, even in countries with hostile socio-legal environments. Nine case studies investigate the processes leading to a significant step, or steps, in advancing policy and programming for HIV prevention. They also identify the key actors and understand important contributing factors and tactics that brought about the change. The research analysis has specifically reviewed the role of civil society organisations in contributing to change.

Common themes emerged from these cases studies, which were written up in the form of a discussion paper. This evidence brief is based on that discussion paper and is part of the series: *Included! How change happened for key populations for HIV prevention* available on the EHP SA website at <http://www.ehpsa.org/critical-reviews/included>.

¹ KPs include men who have sex with men (MSM), sex-workers, people who inject drugs (PWID) and people in prison.





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APPROACH

The nine case studies covered all four key populations and five countries.

Table 1: Case studies, focus population and focus country

Case study	Focus population	Focus country
<i>Fellow Kenyans</i> : How Kenya achieved national HIV policy commitments for key populations by 2010. Read...	Key populations: Sex workers MSM	Kenya
<i>Changing attitudes in Kisumu</i> : Reducing discrimination and improving inclusion for men who have sex with men in the context of HIV, Kisumu County, Kenya Read...	MSM	Kenya
<i>Pollsmoor</i> : Reducing overcrowding in a South African remand detention facility. Read...	People in prison	South Africa
<i>Out of sight</i> : Addressing sexual violence in South African prisons	People in prison	South Africa
<i>Cracks in the walls</i> : Access to improved services for HIV in Zambian prisons. Read...	People in prison	Zambia
<i>From prohibition to harm reduction</i> : HIV prevention policy for people who inject drugs in Tanzania	People who inject drugs	Tanzania
<i>Just bad laws</i> : The journey to the launch of South Africa's National Sex Worker HIV Plan: The journey to the launch of South Africa's National Sex Worker HIV Plan	Sex workers	South Africa
<i>PrEP for Sex Workers!</i> Public sector policy and implementation in South Africa	Sex workers	South Africa
<i>A Manual for Swaziland healthcare workers</i> : A cooperative venture in developing a key population manual	Key populations: Sex workers MSM	Swaziland

The research involved literature reviews and interviews with key informants in each country. Professional researchers were engaged who were committed to being objective and evidence-based. However, at the end of the day, the resulting case studies are narrative accounts, and as such it is difficult to entirely eliminate the possibility of bias.

The discussion paper reviews all nine case studies to draw common conclusions around key actors, key factors and successful tactics that brought about change. Factors and tactics were rated according to their prominence in the nine case studies.

WHY THIS STUDY IS IMPORTANT

The study highlights significant findings in terms of actors and key contributing factors for change across the portfolio of case studies. It draws out issues for reflection and provides insight into approaches that are effective at influencing change, particularly for civil society and other influencers.

Although the research was limited to key populations in the context of HIV, the findings may be of value for other "left behind groups" that face stigma and discrimination and may be excluded – for example, the disabled, those with mental health problems, the elderly, and refugees and other immigrants.





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FINDINGS

1. Key actors

Key actors identified in the change process across the nine case studies included:

- **Researchers:** These were based in local institutions but included both local and international researchers. Research informed policy, guidelines, programme delivery and the tools used to support implementation. Some researchers were contributors to setting international guidelines and norms.
- **Public servants in government departments:** Senior managers, especially in national departments of health, took the lead in many cases and were the champions who navigated difficult issues through government, putting their own positions on the line in pushing forward HIV prevention for KPs in conservative environments.
- **Civil society:** A range of civil society players were involved, including programme implementers, who provided evidence; key population organisations who helped consolidate change; advocacy organisations with skill and experience; and international NGOs who provided funding and technical support.
- **International agencies:** Agencies such as UNAIDS, WHO, PEPFAR, Global Fund made a policy decision to put increased emphasis on key populations from the early 2000s. They set international norms and disbursed substantial amounts of funding for research and implementation that was critical for changing policy and programming.
- **Accountability bodies:** For example, in South Africa, a range of prisons oversight bodies, through regular inspections, played an important role in providing evidence of poor conditions. In Kenya, the Human Rights Commission published a powerful report on the situation of LGBTI people in 2011 in the context of the new progressive constitution.
- **National and international media:** Media coverage of KP issues in many countries played a significant role in exerting pressure on authorities for change.

2. Key factors

The discussion paper identified the key factors that created an enabling environment for change. These were:

- **Catalytic events:** In many cases it was catalytic events or crises that provoked real change. These included new evidence around HIV prevalence of KPs, or actual events such as deaths in remand facilities and acts of government repression.
- **Civil society action:** This included research organisations providing evidence; KP organisations demanding change; international NGOs providing funding and technical support; and local social justice organisations advocating for reform.
- **Champions advocating for change:** Influential individuals showed competence, innovation, courage, dedication and political wisdom in reading opportunities to pursue progressive positions. These included highly placed managers in government and civil society actors.
- **Quality evidence disseminated and used:** In most cases it was quality evidence rather than political rhetoric, that drove change. Evidence included data on HIV prevalence of KPs, poor conditions in prisons, links between KPs and the general population etc.
- **Global policies available for adoption:** From the first decade of the new millennium, multilateral organisations such as UNAIDS and the World Health Organization demonstrated leadership by actively encouraging national governments to pay attention to the HIV needs of KPs and vulnerable groups. These agencies made bold pronouncements on the issues, produced guidelines and policies and urged national governments to take up KP issues.
- **External funding for research and implementation:** With growing interest in KPs came significantly more funding for research, and implementation. In most countries under review this represented most of the funding available for KPs and being off-budget gave researchers and implementers some freedom to press ahead. To some extent the external funding led decision-making in these countries because it established expected norms.





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Table 2 below ranks the factors in order of frequency across the portfolio of nine case studies.

Table 2: Key factors

Factor	Frequency (Max = 10.0)
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
Engagement of national Technical Working Groups	8.3
Evidence-based practice in governments	7.8
External funding available for research and implementation	6.7

3. Successful tactics

Many of the tactics deployed to effect change overlapped with the factors creating the enabling environment. Two of the more successful tactics warrant discussion.

- Persistent and sustained commitment: Many leaders remained engaged in influential positions for a number of years, which gave force and credibility to their role as champions.
- Public health arguments: With sex work, homosexuality and drug use being illegal in nearly all contexts policy makers justified policy and services for KPs by framing the argument in terms of public health benefits rather than universal human rights.

DISCUSSION

1. Political and financial commitments to HIV

International interest in and funding for HIV has been exceptionally high since it emerged as a new disease in the 1980s, with donor disbursements for STDs/HIV representing about a quarter of all available for health and population activities². The exceptional amounts of funding available for KPs fed into significant levels of

quality research and data analysis that is not seen for other topics. In addition, the international guidelines published by global institutions have significant influence on funding priorities of major donors and on policies of national governments. These aspects of “AIDS exceptionalism” are important drivers of change for KPs.

2. Sex workers and MSM as key populations

Interest in sex workers led the acceptance of KP policies. While sex work is illegal across the ESA region and sex workers remain highly stigmatised, the presence of sex workers is recognised in all societies. It is also generally understood that sex workers and their clients drive HIV in the broader community and therefore HIV prevention for these groups is essential. Once this was established in policy and implementation, it became easier to establish general KP policies, which in turn allowed the inclusion of more stigmatised and hidden groups such as MSM and PWID.

In terms of civil society activism, in recent years it has been MSM/LGBT more than sex worker organisations that have taken up the opportunities and the representation of the KP sector.

2 Nordic Consulting Group. [Resources for key populations. Allocations for key populations in six countries in eastern and southern Africa](#). EHP SA Pretoria; 2018



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3. The role of civil society organisations

Civil society – in various forms – played important roles in influencing change. Key issues in their success included:

- **Flexibility and adaptability:** When civil society organisations were engaged and prepared to change their standard ways of operating, they were best placed to take advantage of opportunities that resulted in change. This included being able to act rapidly, outside of organisational cycles.
- **Working with champions:** The ability of CSOs to identify and work with champions, especially in government, was often critical in bringing about change.
- **Engaging with evidence:** The skills to understand and use evidence gave CSOs an enormous advantage.

CONCLUSION

The review of nine illustrative case studies found many common factors - across time, geography and topic - in terms of actors, factors and tactics contributing to change.

- **Actors:** Researchers, public servants, civil society and international entities such as the multilaterals and PEPFAR were the most dominant actors in the change process.
- **Factors:** The four most important factors contributing to change were catalytic events, CSO action, champions that provided leadership and the availability of quality evidence.
- **Tactics:** The ability to sustain commitment and action; and the careful use of public health arguments were the two most successful tactics in bringing about change.

The role of evidence in bringing about change was found to be much more influential than anticipated at the outset. This was of particular interest to EHPSA, an organisation that focusses on getting research evidence into action.

In conclusion, while these lessons may be of use to actors wishing to bring about change for KPs, it must be recognised that a formulaic approach to the change process is unlikely to be effective. In the end, the most important qualities for change agents may be adaptability, an ability to take advantage of unexpected opportunities. And an willingness to embrace the mercurial nature of change.



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