



FOCUS ON

Key Populations

Ending the Epidemics and Leaving No One Behind

At the heart of the Global Fund mission is the recognition that we will only end AIDS, tuberculosis and malaria as epidemics if the people directly affected by the diseases are closely involved in the response. HIV, TB and malaria are fueled by stigma, discrimination, harmful social norms, criminalization and poverty. The Global Fund partnership is dedicated to both involving those directly affected in the response and fighting the social dimensions of disease in order to enable people to access the services they need.

Key populations are people who are at heightened risk of HIV, TB and malaria, and who face reduced access to services, and criminalization, marginalization or human rights violations. Those who fall outside of the above definition of key populations, but experience a greater vulnerability to and impact of HIV, TB and malaria, such as adolescent girls and young women in East and Southern Africa, are considered vulnerable populations. To end the epidemics, we must increasingly concentrate our efforts on providing prevention, treatment and care to both key and vulnerable populations.

In all regions, HIV incidence remains high or is increasing among key populations. More than 90 percent of new HIV infections in Central Asia, Europe, North America, the Middle East and North Africa are among people from key populations and their sexual partners; in Asia and the Pacific and Latin America and the Caribbean, key populations account for nearly two-thirds of new infections. Adolescent key populations face higher risks and start to have sex or engage in risky behaviors at a younger age, but there is a clear lack of global data and research on this group.

Who are key populations?

HIV

Gay, bisexual and other men who have sex with men, people who inject drugs, sex workers, and transgender people are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV. Those living with HIV are also considered as a key population.

Tuberculosis

Prisoners, people living with TB/HIV co-infection, migrants, refugees and indigenous populations are highly vulnerable to TB, and experience significant marginalization, decreased access to quality services, and human rights violations. All people who have, or have survived, TB are considered as a key population for TB.

Malaria

Refugees, migrants, internally displaced people and indigenous populations in malaria-endemic areas are often at greater risk of transmission, usually have decreased access to care and services, and are also often marginalized.

Sex workers, people who inject drugs, men who have sex with men and transgender people are not adequately reached with appropriate and acceptable HIV prevention, treatment and care. Many policy and legal barriers limit their access to these essential services. They often experience significant stigma, discrimination and violence. Fear of discrimination and possible legal consequences due to harmful laws that criminalize on the basis of sexual orientation, age, sex work or drug use means that many people are reluctant to seek HIV testing and further care. This results in late diagnosis, which has a negative impact on their own health and the health of their sexual partners.

In the context of TB, overcrowding in prisons contributes greatly to the spread of TB, with the risk of TB in prisons on average 23 times higher than in the general population. Similarly, for malaria, undocumented migrant populations in the borderlands of the Greater Mekong region in Southeast Asia are disproportionately more likely to be exposed to the disease and less likely to have access to protection measures, early diagnosis and treatment, as they often try to avoid contact with public services for fear of deportation or paying a high price for services as a non-citizen.

Investing in Services and Support

The Global Fund insists that countries include adequate investment in services and support for key populations in their funding requests. The Global Fund is committed to ensuring that people have access to prevention, treatment, care and support regardless of an individual's gender, sexuality, income, class or ethnicity. The Global Fund remains the world's major investor in harm reduction programs for people who inject drugs, having allocated approximately US\$603 million from 2002-2013.

The Global Fund encourages countries to promote evidence-informed and rights-based programs that expand access to prevention, treatment, care, and support for key populations in the context of the three diseases. For instance, in upper-middle income countries, the Global Fund requests that countries focus 100 percent of funding requests on addressing the needs of key populations. This also includes support to enable social networks and organizations led by and for key populations to advocate on behalf of and provide services to their peers.

Meaningful Engagement

To ensure that countries develop an effective response to the three diseases, the Global Fund requires the inclusion of key populations in Country Coordinating Mechanisms, the committee of local community, government and health experts that develop and guide Global Fund-supported programs in a country. A number of initiatives are being implemented to enable key populations representatives to meaningfully engage in those activities.

The Global Fund also requires a country dialogue, a process that engages key stakeholders (including key populations) to identify needs and the most effective health interventions in a country. The Global Fund places a high value on developing an inclusive working relationship with key populations; they are represented on the Global Fund Board, in recognition of their valuable insights, guidance and oversight.

Morocco Fosters Inclusion

In order to ensure safety and protection for key populations who are criminalized and highly stigmatized in Morocco, the Country Coordinating Mechanism ensured that its election process was fair and transparent while protecting the anonymity of candidates from key population groups. Committee membership was expanded to include people from key populations and human rights organizations, and a membership renewal committee included civil society in designing the election process. The number of members coming from key populations increased from just one in 2013 to five in 2014. The issue of stigma and discrimination is now regularly included in meeting agendas and monitoring site visits.

From Principles to Action

The Global Fund's investment in key populations has steadily increased, leading to real change and impact. The Global Fund has mobilized more resources for effective interventions such as needle and syringe programs and naloxone distribution to prevent opioid overdose. And more funding is now allocated to comprehensive packages for people who inject drugs. An expanding range of countries across eastern, southern, western and central Africa are increasing investment. Increasingly, funding for advocacy, policy dialogue and community strengthening is being allocated through regional grants as well to ensure that key populations, including people living with HIV, receive adequate services, particularly if their needs are not met through national programs alone.

The Global Fund is working to improve health data systems, particularly the collection of strategic information on key populations in the context of HIV, in order to ensure programs are designed and implemented to meet the specific needs of these groups. As of June 2016, 49 countries have nationally adequate size estimates for key populations, supported by a US\$6 million data systems program involving the Global Fund partnership.

The Global Fund has also put in place policies to support responsible transitions of countries that will soon no longer be able to access Global Fund financing to ensure that the gains made in response to epidemics amongst key populations are not lost.

About the Global Fund

The Global Fund is a 21st-century partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. As a partnership between governments, civil society, the private sector and people affected by the diseases, the Global Fund mobilizes and invests nearly US\$4 billion a year to support programs run by local experts in more than 100 countries. The Global Fund's operating costs are just 2.3 percent of grants under management, reflecting an exceptionally high degree of efficiency. By challenging barriers and embracing innovative approaches, we are working together to better serve people affected by the diseases.