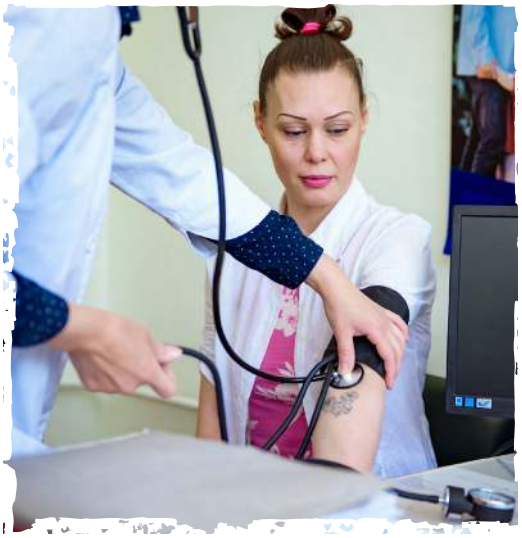

BRIDGING THE GAPS

Health and rights for key populations

Sex workers, people who use drugs and lesbian, gay, bisexual and transgender (LGBT) people are significantly more vulnerable to HIV than the general population. In 2019, 62% of new HIV infections occurred among key populations, yet in most countries they have the least access to prevention, treatment and care and support.

Bridging the Gaps, an alliance of nine international organisations and networks and, in the period 2011 – 2020, more than 120 partner organisations working at the local, national and regional levels, has worked across the globe contributing to ending the AIDS epidemic among key populations. Working together, Bridging the Gaps increased access to essential HIV and other SRHR services for key populations; built strong movements; strengthened the capacities of community-led organisations to hold governments accountable; and contributed to the greater realisation of human rights for key populations.

Bridging the Gaps is a partnership for sexual and reproductive health and rights, funded by and working in strategic partnership with the Dutch Ministry of Foreign Affairs (phase I: 2011 – 2015 and phase II: 2016 – 2020)

Bridging the Gaps 2016 -2020

The independent end evaluation of Bridging the Gaps (2016 – 2020) found that the programme:

- Improved the provision, access to and uptake of rights-based and gender sensitive services for key populations.
- Strengthened capacity of key population-led organisations and networks and increased their involvement in policy development, decision making and advocacy.
- Increased strategic collaboration and alliance building between key population communities and other movements for social justice, effecting in stronger advocacy and increased influence.
- Developed rights-based and gender sensitive training manuals and guidance for key population programming and ensured uptake by governments and health clinics.

Bridging the Gaps achieved these results by:

- Identifying and addressing gaps in services and policies.
- Increasing access to essential services for key populations.
- Advocating for the human rights of key populations.
- Flexible, long term funding and support to community-led organisations and approaches, which other, larger donors are not funding.
- Enabling key populations communities to inform, feed into and influence policy and budgeting processes at national, regional and global level, including Global Fund and PEPFAR processes.

Photos: Bridging the Gaps and partners

WHAT WORKED?

Community-led responses

Effective community-led participation and responses have bridged gaps in service provision and led to increased access to quality, tailored services for key populations.

- Setting up key population-led clinics and service provision, providing accessible and friendly services to communities.
- Integrating such services and approaches within government public health services where possible, and within national training curriculum for health service providers.
- Providing technical training and capacity support for community organisations to monitor public health services and reduce stigma among public health service providers.
- Taking gender and youth-sensitive approaches to service provision to ensure all members of key population communities are reached.
- Establishing community self-help groups, to engage in awareness raising and outreach work.

Local, regional and global advocacy

Collaboration between different key population groups and across different countries increased the effectiveness of global, regional and national-level advocacy.

- Establishing country key population platforms or consortia has supported key populations to work collaboratively and strengthened their voices and influence in decision making spaces, such as Country Coordination Mechanisms. This has also led to a better understanding among government and other institutions and organisations of the specific needs of different key population communities and improved policies and budgeting.
- Working with key stakeholders to maximise reach, such as with feminist organisations to advocate for sex workers' rights, with health care providers and law enforcers, and with relevant government bodies.
- Engaging in UN spaces, such as the 2030 Agenda and the policy dialogues on Universal Health Coverage, and ensuring the meaningful inclusion of key population communities.

Key populations and their sexual partners accounted for 54% of new HIV infections in 2018, yet a 2020 Bridging the Gaps and PITCH study found that only 2% of HIV funding targeted key populations in the same year. There is a staggering 80% gap between the budget required for HIV programmes targeting key populations and the amount made available.

WHERE FROM HERE?

Recommendations to donors and governments:

- Provide funding for crucial rights-based and key population-focused, and led, responses. Flexible funding and seed funding are essential for innovation and piloting of new approaches. Allowing flexibility means programmes can adapt and respond to the changing context and needs and priorities of communities.
- Continue investing in the key population HIV response in countries where this is not sufficiently taken up by governments, while capitalising on their influence with governments to advocate for inclusive national plans and budgets.
- Increase domestic funding and the inclusion of key population HIV responses in national plans.
- Ensure that design of future programmes for key populations address the issue of sustainability, working with relevant government bodies.
- Invest in resilient communities and the leadership and ownership of key population communities in countries where they are most affected, by prioritising funding for capacity strengthening and movement building.
- Support global and regional level advocacy, which has proven effective in amplifying the voices of key populations. Ensure that community advocates can participate in regional and global HIV policy advocacy forums, to share local realities and lessons learnt with international stakeholders.

THE RESULTS SO FAR 2011-2019

2.795.798
KEY POPULATION MEMBERS
have accessed prevention treatment care and other support services.

33.123
HEALTH CARE PROFESSIONALS AND SOCIAL SERVICE PROVIDERS
have been trained.

16.138 LAW ENFORCEMENT OFFICIALS HAVE BEEN TRAINED

8.473 HUMAN RIGHTS VIOLATION CASES
are responded to through legal support and strategic litigation.

>120
CIVIL SOCIETY ORGANISATIONS AND KEY POPULATION GROUPS AND NETWORKS
are supported and strengthened.

KEY POPULATION PLATFORMS
have been set up in Ukraine, Kenya, Kyrgyzstan and Indonesia.

IN ALL 15 COUNTRIES
key populations engage with the government on national strategies and policies that affect their health and rights.

aidsfonds AFEW International Интернешнл GNP+ Global Network of People Living with HIV NPUD International Network of People who Use Drugs

ITPC International Treatment Preparedness Coalition MAINline M•PACT Formerly known as MSMGF nswp

In strategic partnership with Ministry of Foreign Affairs of the Netherlands