



**Regional meeting on Key Populations and
the HIV/AIDS epidemic in West Africa:
RECOMMITTING TO ACTION**

REPORT

April 10th 2015, Dakar



CONTEXT

On April 10th, 2015, the regional consultation on key populations and HIV/AIDS was held at the King Fahd Palace Hotel in Dakar (Senegal). The consultation brought together the Health Ministers, Heads of National AIDS Commission, Public prosecutors, General Inspectors of police of 12 countries in West Africa, ECOWAS parliamentarians, the Directors of USAID and WAHO, HIV specialists and representatives of UNDP and Civil Society.

The meeting was moderated by Dr. Ibra N' Doye, consultant international VIH/sida/ IST and reported by Pr. Abdou Salam Fall, consultant, Coordinator of Laboratory research for economic and social Transformation (LARTES).

The Meeting Objective were to Revamp efforts geared towards containing the HIV epidemic based on new scientific evidence, share the outcomes of various studies on the new trends of HIV spread among key populations and agree on actions to reduce barriers that prevent the Key population from gaining access to Public Health services.

The April 10th meeting came at a convenient time because end AIDs epidemic is an urgent issue. Africa remains the continent most affected by AIDS epidemic. As we move towards Sustainable Development Goals, we must intensify HIV programs and promote policies that take into account the social and legal context. HIV is not only a disease, but it is a problem of development and security. That is why every actor is concerned. To ensure that the fight against the epidemic is productive, it is necessary to adopt a pragmatic approach and to strengthen prevention skills among populations most affected by HIV and at highest risks of HIV acquisition and transmission.

According to the importance of the meeting, many preparatory meetings have been organized during four months by USAID, UNAIDS, WAHO, the Ministry of Health and social action of Senegal for technical and logistics aspects for the success of the meeting. Pr Eva Marie Coll Seck , Ministry of Health of Senegal set up a local committee including members of Presidency of Republic, Ministries of Foreign Affairs, Security, Health. To better involve Key populations, to take into account their point of views, HPP advocate and support for their real participation to the meeting. This report show the main highlighted points of the meeting.

Key populations inseparable from general populations

Access to HIV care services is very limited for key populations. Key populations must be the priorities because they are most affected by HIV/AIDS regarding HIV prevalence. Existing data indicates an average prevalence rates of 17.6% among MSM 34.9% among FSW; respectively 19 to 30 times that of other reproductive age adults. However, these most at risk population are inseparable from the general population. Key populations are traditionally defined as Commercial Sex Workers and their clients, men who have sex with men, person who inject drugs etc. These most at risk of infection population suffered of stigma limiting access to HIV services. To fight against stigma, we must work on religious and cultural issues. Often in Africa, condom distribution is low because in many cases, abstinence is promoted as the best means of prevention. However, this type of method does not take into account the social realities in many countries, hence the importance of adapting prevention strategies to the cultural and religious context. The socio-cultural context is also problematic in AIDs control because in African countries, sexual issues are not often addressed in schools, high schools and in families. Sex is taboo. We must strengthen our communication skills and develop better strategic actions to have the support of partners.

Alarming statistics



After greeting the key populations without whom the meeting could not be productive, the Deputy Regional Director of UNAIDS Dr. Leo Zekeng said that key populations disproportionately affected by the HIV epidemic. This is partly due to discrimination and punitive laws, but also to the weakness of the health system and dependence on external resources. In West Africa, only 4 countries (Mali, Burkina Faso, Niger and Cote d'Ivoire) have no laws criminalizing sexual activity between consenting adults of the same sex. This explains why less than 50% of men who have sex with men have access to HIV testing. In addition, antiretroviral coverage is less than 50% in all West African countries (Treatment coverage is 37% of all people living with HIV in sub-Saharan Africa, World AIDS Day 2014 Report Fact Sheet).

Among children, antiretroviral coverage does not exceed 30%. Mother/child transmission rate is above 50% in many countries. Despite awareness campaigns on condom use, only two countries that are Guinea Bissau and Nigeria have a usage rate of over 50%. However, among female sex workers, the rate of condom use is higher than 80%.

The objective of Fast Track response defined by UNAIDS to end AIDs by 2030, is that by 2020, 90% of all people living with HIV will know their HIV status; 90% HIV infection will receive sustained antiretroviral therapy; 90% of all people receiving antiretroviral therapy will have viral suppression; 500,000 new infection among adults and Zero discrimination;

Dr Zekeng, also stressed the need for a differential approach, country-by-country, city-by-city, districts levels to ensure that all vulnerable people are protected.

The representative of UNDP, Dr Amitrajit Saha Senior Policy Adviser in human right has then recalled the role of UNDP in the fight against HIV. Indeed, UNDP has provided support to WAHO, which is the leader in health in West Africa, to build capacity for prevention against AIDS in ECOWAS countries. Dr. Saha called stakeholders in the fight against HIV to establish an acceleration policy so that new infections and HIV related deaths will be reduce. He also reiterated his belief that it is possible to end the AIDS epidemic and that it is imperative to succeed because a nation that does not take into account its youth is doomed to its decline.

Ministers and international development partners committed and determined to regional unity



Alex Deprez
USAID Director

Very pleased with the consultation, the USAID Director Alex Deprez reminded the audience of the urgency to quickly control the HIV epidemic and eradicate it by 2030. Mr. Deprez also indicated the need to strengthen the capacity of key populations, to supply countries in prevention products and promote research in this area. In this dynamic, he announced the publication in the Journal of Acquired Immune Deficiency Syndromes (JAIDS) of a special issue supported by USAID/WA on *HIV Risks and Vulnerabilities among Key Populations in West and Central Africa—Evidence to Inform HIV Prevention, Treatment, and Care* (<http://journals.lww.com/jaids/toc/2015/03011>) that will serve for evidence based programing. In the words of the general Director of

WAHO, Dr. Crespin who talked about the need of documentation on key populations, research and publication will help establish scientific evidence. Dr. Crespin also articulated the need to adopt better approaches to human rights, and respect religious and cultural rules in different countries.



Having welcomed the authorities present at the meeting, the Minister of Health and Social Action saluted the meeting whose originality lies in the gathering of actors from several areas of development. Pr. Eva Marie Coll Seck confirmed that the medical coverage of sex workers in Senegal has contributed to the decline in HIV prevalence rate from 1% to 0.7%. Indeed, Pr. Coll Seck (as her colleagues call the dinosaur in the fight against HIV because of her pioneering role) said that when the security services collaborate with health services, sex workers are far less at risk of infection because they are monitored and protected.



After the group photo and the friendly coffee break, Dr. Leopold Zekeng of UNAIDS made a presentation on actions to be taken to achieve an AIDS-free generation in ECOWAS countries. Dr. Zekeng focused on the need to improve access for HIV services in areas where key populations are more present, and to adapt prevention strategies to the realities of the different countries. A short documentary on the experiences of key populations helped introduce next the presentation of Mr. Vincent Pitché, Coordinator of National Aids

Council Organization of Togo and Ms. Odette Ky-Zerbo from ‘‘Programme d’Appui au Monde Associatif et communautaire (PAMAC)’’ of Burkina Faso.

According to them, the risk of infection is 14 times higher among sex workers than in women of the same city. Sex workers are more vulnerable to infection because of untreated sexually transmitted infections, a high number of partners, the lack of condom use and finally the stigma and discrimination that limit their access to adequate services. Men who have sex with men and injectable drug users are also exposed to HIV. Indeed, the prevalence of HIV among men who have sex with men is 17.9% in Sub-Saharan Africa. Moreover, among 1 million of injectable drug users in sub-Saharan Africa, 120,000 are HIV positive. Institutional and social changes are imperative to solve this situation.

Develop a more open definition of key populations

The attendance of high level representatives of various development sectors such as Ministers of health, general Directors of police (security), Attorneys republic from Ministries of justice and civil society has strengthened the multi-sectoral approach to the fight against HIV. During the dialogue session, participants shared their experiences and were able to identify gaps in the analysis of the evolution of AIDS. Many of them have reiterated the need to broaden the definition of key populations. For example, the Officer Bernard Dione Seck representing the Senegalese police found that the military and paramilitary personnel were not included in the analyzes, yet young people having extended stays in areas of conflict such as the Casamance are vulnerable to HIV infection . The Malian representative of the ECOWAS Parliament also stressed that young singles in gold mining sites are vulnerable, and that it is important to identify the key populations in different countries.

Based on the epidemiology of transmission of STIs and HIV, key populations at higher risk : SW, MSM and IDU, both key to the epidemic’s dynamics and key to the response represent core group transmitting HIV. Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV mining and military youth classified as bridge populations who have sex with core groups and the general population.

Promote social dialogue between key populations, health professionals, judges, security services, parliamentarians, scientists...

Representatives of different West African countries have approved and signed the Declaration that represents the consensus obtained to sustain the progress in the HIV response. Participants are committed to achieving the objective of Zero new infection by

2030.the 12 countries engaged to implement some major actions targeting key populations such as:

- invest in stigma reduction programs,
- enhance community service provision for Key population
- streamline health system strengthening
- relentlessly lay emphasis on key population as a priority group in national HIV aids response strategies
- strengthen strategic knowledge or information necessary to plan interventions for key population and monitor progress towards the attainment of objectives
- Encourage the establishment of a regional thematic working group on key population.

During the closing ceremony, the UNAIDS Deputy Regional Director urged stakeholders in the fight against HIV to get to the application phase of the key measures of the consultation. He also reassured the audience that UNAIDS is ready to assist the ECOWAS countries in achieving their objectives. In this dynamic, the WAHO's General Director- spoke about the need to innovate in terms of funding and create a favorable environment for the inclusion of key populations in the response to HIV. Last but not least, Dr. Coll Seck spoke about the success of the consultation and the importance of reflecting together on how to eradicate the HIV epidemic. She also thanked the participants and acclaimed the leadership of WAHO who is strongly committed to the fight against AIDS.

The various interventions were rich in analysis and examples, and identified the priorities in the fight against AIDS. In order to eradicate the HIV epidemic in 2030, it is essential to:



Dr Valentina Mendes, Ministry of public health signing the declaration



In the health sector: cover a larger scale

- ❖ improve the access of key populations to health services;
- ❖ promote a policy of acceleration and apply the measures;
- ❖ support prevention programs;
- ❖ ensure a better distribution of condoms;
- ❖ improve the antiretroviral coverage;
- ❖ strengthen the research on drug use by injection;
- ❖ improve the coverage of transmission from mother to child.

On the legislative front: initiate a regional legislative arsenal

- ❖ adapt laws to the experiences of countries;
- ❖ avoid toughening laws;
- ❖ harmonize the legislation in West Africa;
- ❖ review the legislative framework for key populations;
- ❖ Respect religious and cultural norms of the country.

On the action plan: promote dialogue between the justice, security forces, health specialists...

- ❖ strengthen the collaboration between health, security and justice;
- ❖ establish frameworks for dialogue between associations of key populations and security forces;
- ❖ establish intersectoral committees at the national level: specific and concerted actions;
- ❖ develop research, share best experiences on key populations to better target them;
- ❖ establish a consistent framework within ECOWAS;
- ❖ promote a supportive and non-discriminatory environment;
- ❖ fight against stigmatization through information campaigns.

Financially: encourage more active participation of the private sector

- ❖ mobilize domestic resources for HIV;
- ❖ ensure the transparency of the management of funds dedicated to health;
- ❖ invite the private sector to invest in health;
- ❖ call for innovative financing.

Act fairly and courageously

The meeting lasted one day but it is the result of a long process because for several months, experts from several institutions have worked to find a consensus. The leadership of WAHO, USAID, UNDP and UNAIDS is strongly appreciated. The interventions of HIV specialists, representatives of the judiciary and law enforcement sectors, parliamentarians and representatives of NGOs have helped define the priority actions to eradicate HIV. The participants of this consultation have agreed to do what is fair and in a courageous manner as suggested by Nelson Mandela.

Reactions of Participants

Innocent Liaison – Representative of an NGO that works on HIV responses

"The consultation in Dakar is in a positive dynamic. The meeting is particularly interesting because different sectors were brought together. We must see how within ECOWAS we can facilitate the access of key populations to HIV care. There is no limitation. We must focus on funding. "



"Governments must respect their promises. HIV/AIDS is a disease of poverty. We must put people in good conditions. We should also create alternative for domestic financing in the health field. In any locality, there are different key populations. We must define all vulnerable groups such as transporters, street vendors, domestic helpers, the young people in gold mining sites in Mali, Senegal, Burkina, etc."



"This is a meeting that is welcome as it is not common to have around the table at once the justice, security forces, health representatives, parliamentarians, governments and NGOs. As a lawyer, we apply the rules of parliament. Involving parliamentarians in the consultations is important because it is necessary to harmonize the laws. It also requires that the Heads of State get involved to invest more resources in order to achieve the objectives. The participants of the meeting shall disseminate the decisions and internalize them. "



Burkina police Representative

Mr Tarzaga- Commissioner National Police in Burkina Faso

"I am very happy today to be with the people from the health and justice sectors. The question of how to stop the spread of AIDS is problematic. As a police officer I was very interested to know how to instruct my men on the ground as to what role they can play in the fight against HIV. "

"I appreciated the clarity of the interventions. The job is now to expand the definition of key populations. It is also essential to establish a monitoring and evaluation mechanism, and focus on prevention. Finally, it is necessary to harmonize the legislation in the West African countries. "

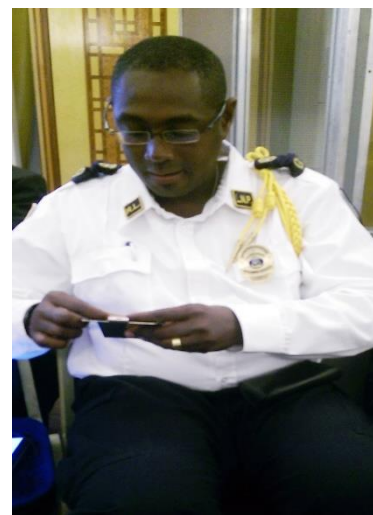


Elizabeth Mziray- World Bank

"The meeting went very well. It was very organized and the objectives have been achieved. We look forward to implementing all the measures taken."

Samuel Nimely- Liberia

"The meeting was very interesting. It would be beneficial to include lesbians in the group of vulnerable people, and broaden the definition of key populations."





Dr. Angela – Ghana

“This is a great meeting. We should have held it 2 years ago to develop the ECOWAS strategic plan for HIV. This conference is going to help the country meet the key players in the law enforcement sector. The representation has been excellent. Hopefully, we will be able to share our progress in the future. The meeting was especially important for policymakers who I hope will make a difference even within the current restrictive environment.”

Dr. Blantari- Chief officer

“The conference was very productive. It is very important to group together different actors in the fight against HIV/AIDS. Sharing experiences allow us to implement better policies.”



ANNEX

Annex 1: Agenda

Time	Session	Presenter	Session Chair(s)/ moderator
08:30-09:00	Registration		
09:00-10:00	Welcome Remarks (50 minutes)	<ul style="list-style-type: none"> – UNDP Representative – UNAIDS Representative – USAID Representative – WAHO DG – Honorable Minister of Health Republic of Senegal 	Dr N'Doye
	Overview of the Agenda (10 minutes)	Dr Brito Carlos; Dep of Epidemic and Disease Control HIV/AIDS; WAHO	Dr N'doye
10h00 - 10h30	Group Photograph		Dr N'doye
10h30 - 11h00	Tea Break		Dr N'doye
Session 1 11h00 - 12h30	HIV Evidence-based interventions in West Africa: Opportunities and challenges		
10 minutes	What's next in achieving AIDS free generation in ECOWAS countries?	Dr Leopold Zekeng; UNAIDS Deputy Director, RST for WCA	Dr. N'Doye
10 minutes	Movie – The current KP reality	Master of Ceremony	
30 minutes	Dynamics of HIV among Key Populations in West Africa: review of data, programs and policy for optimal response.	<i>Pr Vincent Pitche SP- CNLS Togo</i> <i>Ky-Zerbo Odette- PAMAC Burkina Faso</i>	
40 minutes	Discussion for clarification and consensus building around actions forward	Dr N'doye	
12h30 - 14h00	Lunch Break		
Session 2 14h00 – 15h00	Validation and signature of the draft declaration to indicate the main consensus reached that will enable ECOWAS Countries to sustain the progress in the fight against HIV / AIDS towards the "ZERO" Infection Objective		Dr Xavier Crespín, DG WAHO
Session 3 15h00 -16h00	Overview	Dr Ndoye	Dr. N'Doye
16h00-16h30	Closing Ceremony	MoH Senegal WAHO DG	Dr. N'Doye
16h30-17h00	Press Conference	MoH Senegal + 2 others ministries	