

Join us for the 13th GPC KP COP

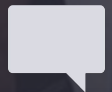
Optimising programmes with Young Key Populations



Thursday, 6th November 2025



Session 2: 16h00 – 18h30 GMT+2



English, French, Portuguese, Spanish, Russian



Register here: [Session 2](#)



**SOUTH TO SOUTH
LEARNING NETWORK**
Reimagining HIV Prevention





Welcome and Opening Remarks

Souad Orhan, UNAIDS

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Objectives of this Webinar

- To **deepen** understanding of the **essential components** for designing **effective**, sustainable HIV programmes for young key populations
- To explore practical, **best practice examples** and programme models for young key populations in various settings
- To **highlight collective actions needed at the various levels** to ensure young key populations are meaningfully involved and their specific needs addressed in the current HIV response

AGENDA

Time	Session	Facilitator/Speaker
5 Mins	Welcome: Introduction & Meeting Objectives Opening remarks	Souad Orhan, UNAIDS- Chair
25 Mins	Global Guidance: The presenters will share new guidance centered on interventions for key populations: <ul style="list-style-type: none"> • An updated guide on Planning and Managing HIV Programmes with Key Populations from the Global HIV Prevention Coalition (GPC) • A new implementation guide on How to Implement Programmes for Young Women who Sell Sex from South to South Learning Network (SSLN) 	Matteo Cassolato, GF Maria Stacey, SSLN consultant
50 Mins	Sharing Best Practices and Commitments : Panel Discussion Panelists representing governments, community networks and donors will share practical strategies and best practices for developing and implementing scalable, sustainable service delivery models for young key populations. The audience will get an opportunity to ask questions	Facilitator: Heather- Marie Ann, UNAIDS/WHO Nana Poku, Ghana NAC Roger Anthony Granizo Abril (Red Juvenil de Latinoamerica y el Caribe) Ssali Henry Bengo, ASWA Matteo Cassolato, GF
5 Mins	Mentimetre: Audience feedback using a mentimetre	SSLN
5 Mins	Closing	Souad Orhan, UNAIDS

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Global Guidance

An updated guide on Planning and Managing HIV Programmes with Key Populations from the Global HIV Prevention Coalition (GPC)

Matteo Cassolato, GF

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Planning and Managing HIV Programmes with Key Populations

Considerations for delivering and sustaining HIV services through trusted access platforms for sex workers, people who use drugs, men who have sex with men and trans and gender diverse people



What is the guidance about ?

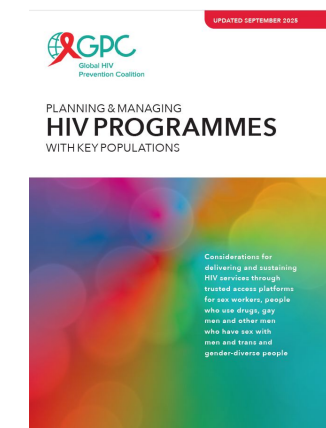
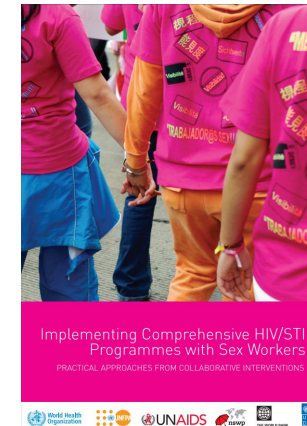
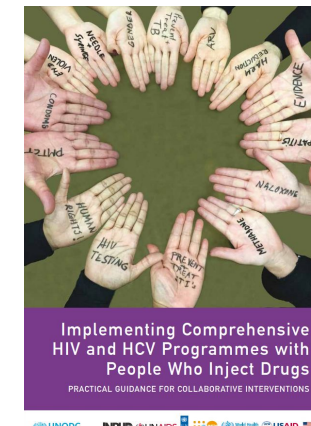
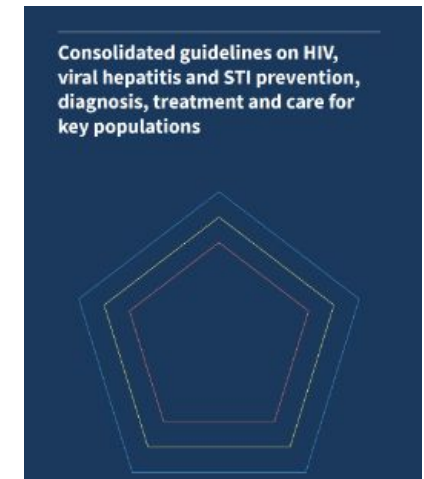
- Sex workers, people who inject drugs, men who have sex with men, and trans and gender-diverse people are **disproportionately affected by HIV** in almost every part of the world.
- This is because a range of behavioural, social, legal and structural **factors obstruct access** to health and other essential services that key populations need to lead healthy lives.
- The provision of health services to key populations considers the existence of these factors and is therefore planned in ways that as much as possible overcome barriers to accessing services.
- This guidance proposes to do so using a **“trusted access platform approach”**. This approach is based on acknowledging that for access to be effective, key populations need to have high levels of trust in both the service and those providing it.

PLANNING & MANAGING HIV PROGRAMMES WITH KEY POPULATIONS

Considerations for delivering and sustaining HIV services through trusted access platforms for sex workers, people who use drugs, gay men and other men who have sex with men and trans and gender-diverse people

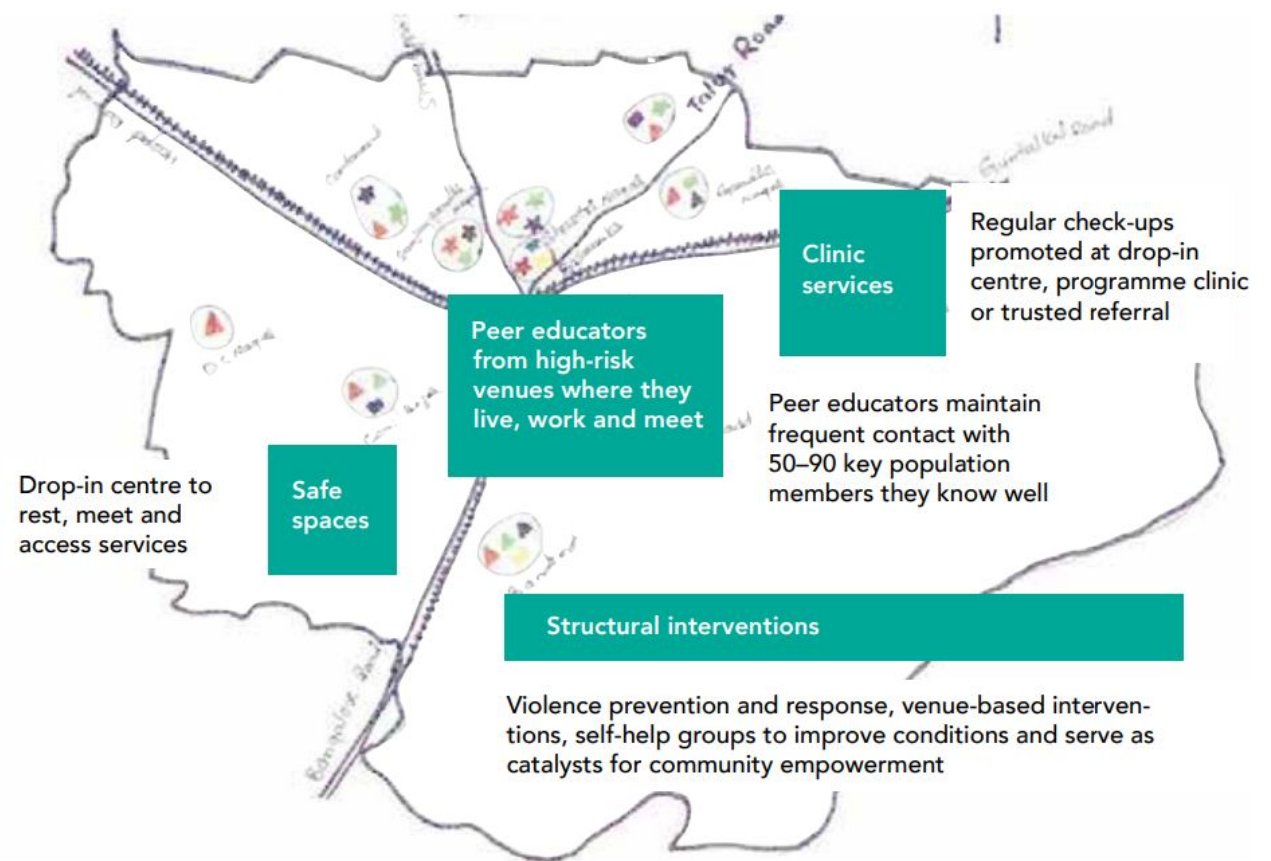
Complementarity with existing guidance

- WHO consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations ... sets out evidence-based norms and packages for services
- Key population implementation tools ... set out population-specific implementation guidance
- The planning and management guide for HIV programmes with key populations ... specifically addresses planning and budgeting for scaled and sustainable national programs with key populations



What is a trusted access platform approach?

- A trusted access platform (TAP) is an approach for ensuring that members of key populations can safely access the HIV prevention and treatment and related services they need.
- A TAP approach recognises that services can be delivered through multiple modalities and in different ways.
- All of the services, facilities and implementers that are trusted by key populations can be thought of collectively as the **platform**.
- What a platform looks like will differ between countries and key populations and even within countries since in any given location there will be a different set of actors providing services.



A platform not for a single service or tool but an (optimal) mix of services

What is covered in the guidance and who is it for ?

Part 1 discusses how to build trusted access platforms

- Understanding trusted access platforms
- Key elements of a trusted access platform approach
- Planning and adapting trusted access platforms & structural considerations
- Guidance on cost benchmarking, outreach roles and responsibilities, and how access platforms evolve (Annex 1 -3)

Audience

Local-level implementers and managers including community led organisations and health care providers, as well as strategic decision-makers

Part 2 discusses how to plan and manage trusted access platforms to achieve scale and impact

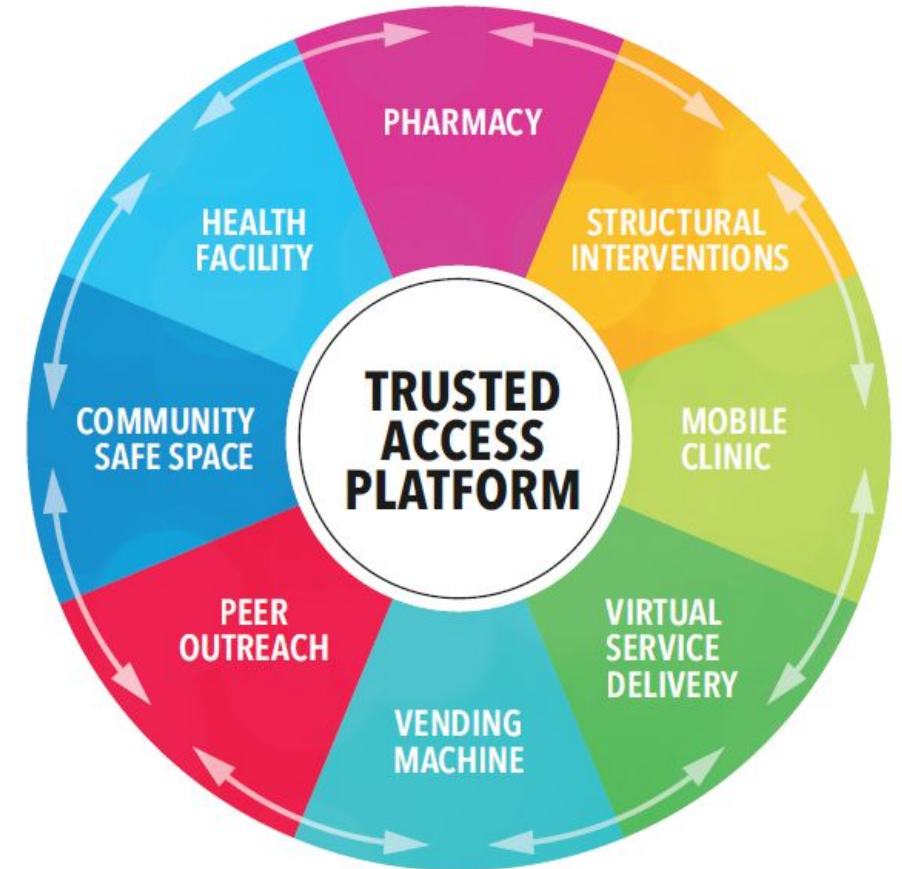
- Updating Mapping and Population Size Estimates
- Conducting Effective Oversight and Monitoring Selected Outcomes and Impact
- Embedding Community-led Monitoring
- Strengthening Community Capacity and Leadership
- Sustaining Programmes for Lasting Impact

Audience

National level strategic decision-makers (including members of key populations) and those responsible for allocating resources

What are the key elements of a trusted access platform ?

- Trusted access to HIV and other health services for key populations can be provided by a range of actors in a given location.
- What is important is to bring these different actors together to work as a platform. Local maps can be used to identify priority locations where key population members often congregate or where services are being provided, and to identify how they will work together to provide trusted access to these services.
- Key elements of trusted access platform typically include:
 - Peer Outreach
 - Online and Virtual Programming
 - Community Safe Spaces
 - Health Facilities
 - Mobile Clinics
 - Pharmacies, Kiosks, Vending machines



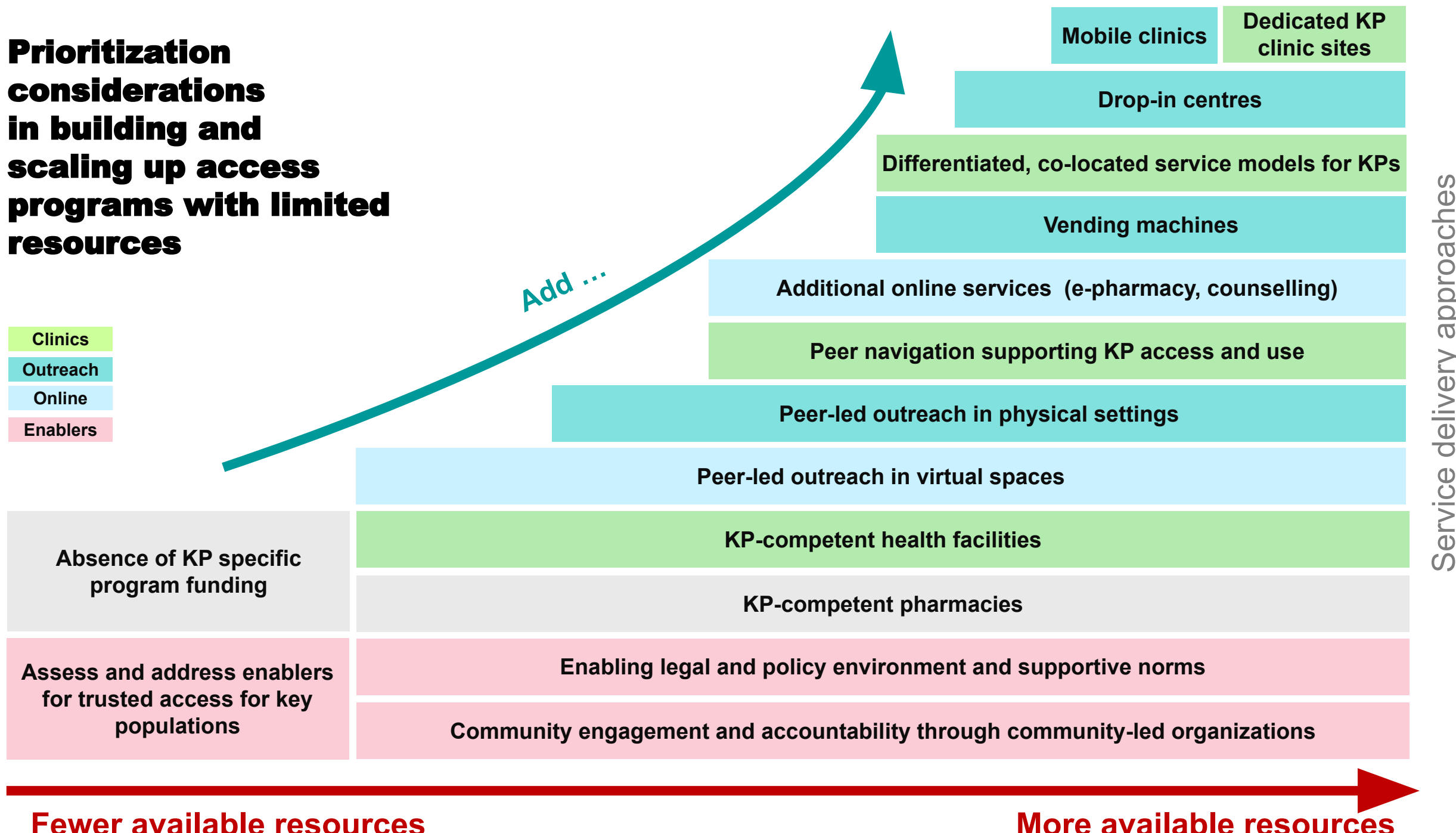
Planning and Adapting Key Population Trusted Access Platforms

- Key Populations trusted access platforms need to be planned and adapted based on the local context in which they are implemented
- This means taking into consideration the following factors:
 - **Epidemiological considerations**, size of KPs and their existing access to services
 - **Knowledge of the local context** (e.g. where KP meet, where they access trusted services from, ...)
 - **The human rights environment** (e.g. degrees to which laws and policies enable or restrict KP access to services)
 - **The level of resources** (external and domestic) available for the implementation of a KP program.
 - **Variations within a given key population** category such as age, language, migration status, preferences for online or in-person services.

The combination of these factors lead to different program designs (*next slide*)

Prioritization considerations in building and scaling up access programs with limited resources

- Clinics
- Outreach
- Online
- Enablers



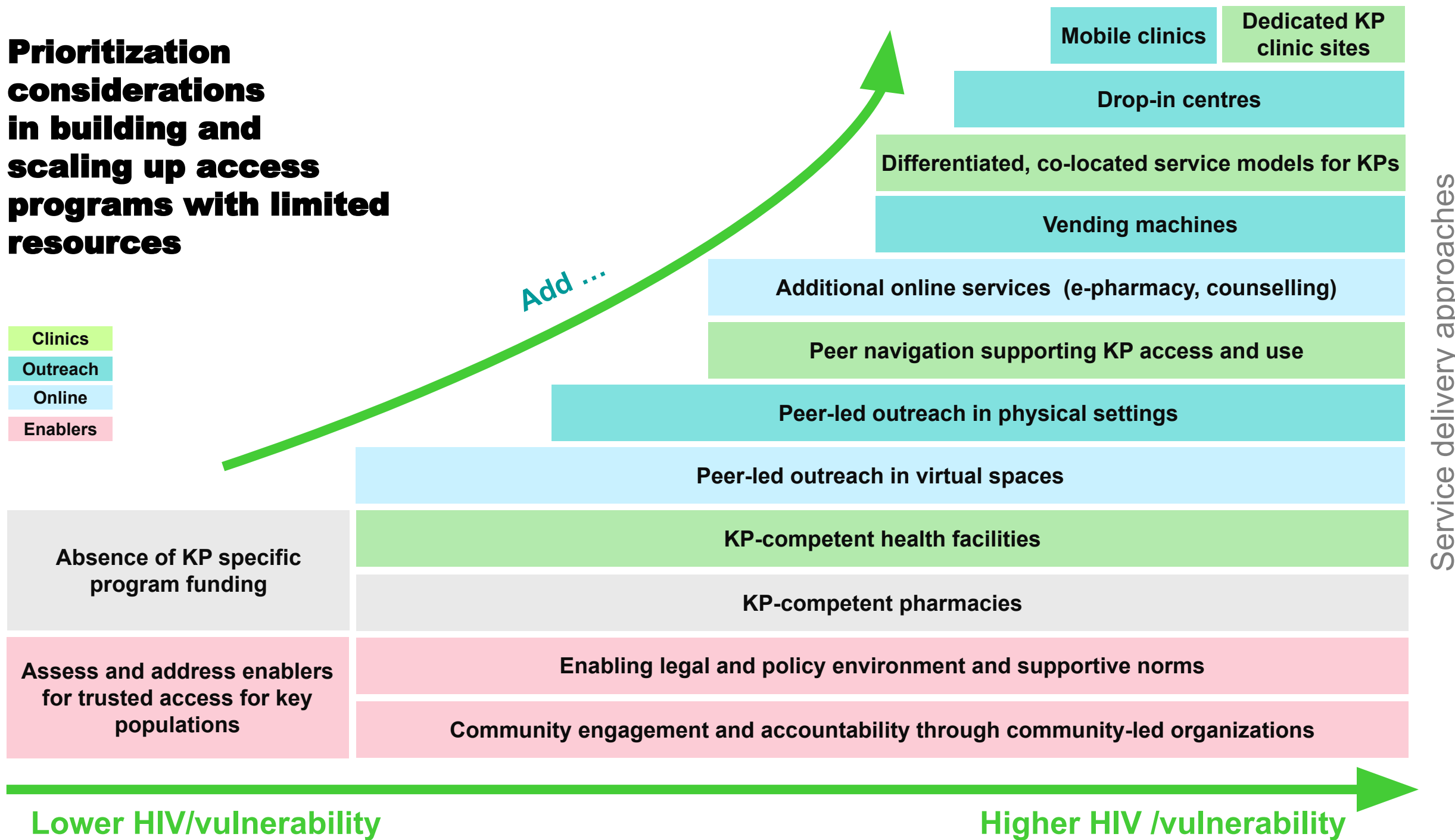
Fewer available resources

More available resources

Service delivery approaches

Prioritization considerations in building and scaling up access programs with limited resources

- Clinics
- Outreach
- Online
- Enablers



Service delivery approaches

Lower HIV/vulnerability

Higher HIV /vulnerability



Global Guidance

A new implementation guide on How to Implement Programmes for Young Women who Sell Sex
from South to South Learning Network (SSLN)

Maria Stacey, SSLN Consultant

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How to Implement HIV Programmes for Young Women Who Sell Sex (YWSS):

Introducing the implementation guidelines

SSLN

6 November 2025



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G:ENESIS
UNLOCKING VALUE

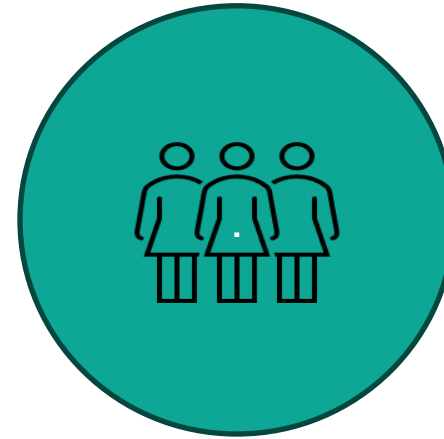


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Foundation**

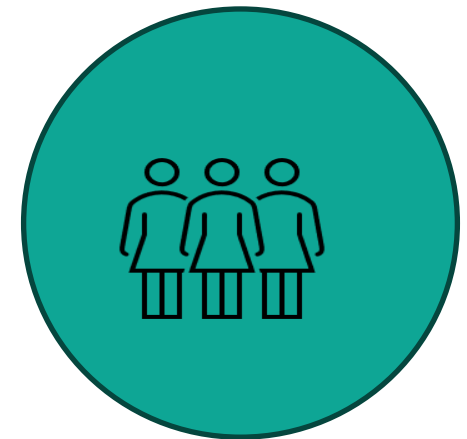
Why these guidelines were developed

Young women who sell sex are highly vulnerable to HIV, but underserved by HIV programmes

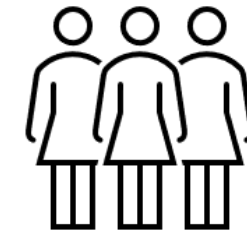
- YWSS are often underserved – falling between adolescent-girls-and-young-women (AGYW) and sex-worker programmes.
- SSLN previously developed i2i Evidence Brief: *How can we reach and provide HIV prevention programming for young women who sell sex?*
- Request for *practical guidance* to identify, reach, and support YWSS using existing HIV/SRH infrastructure.
- Audience: programme implementers, governments, donors, and community partners.
- Focuses on **adaptation, integration, and rights-based service delivery**, not stand-alone projects



Sex worker programmes



AGYW programmes

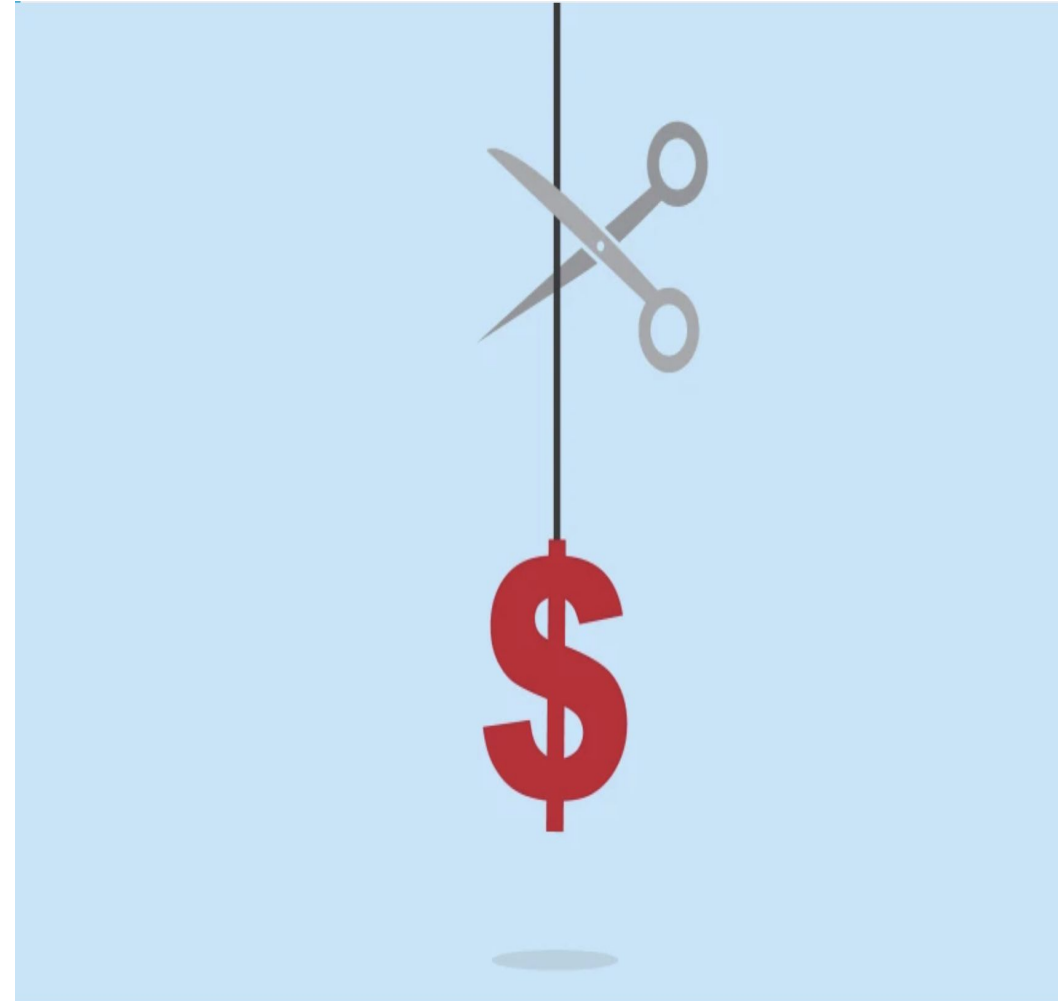


YWSS

Why Now?

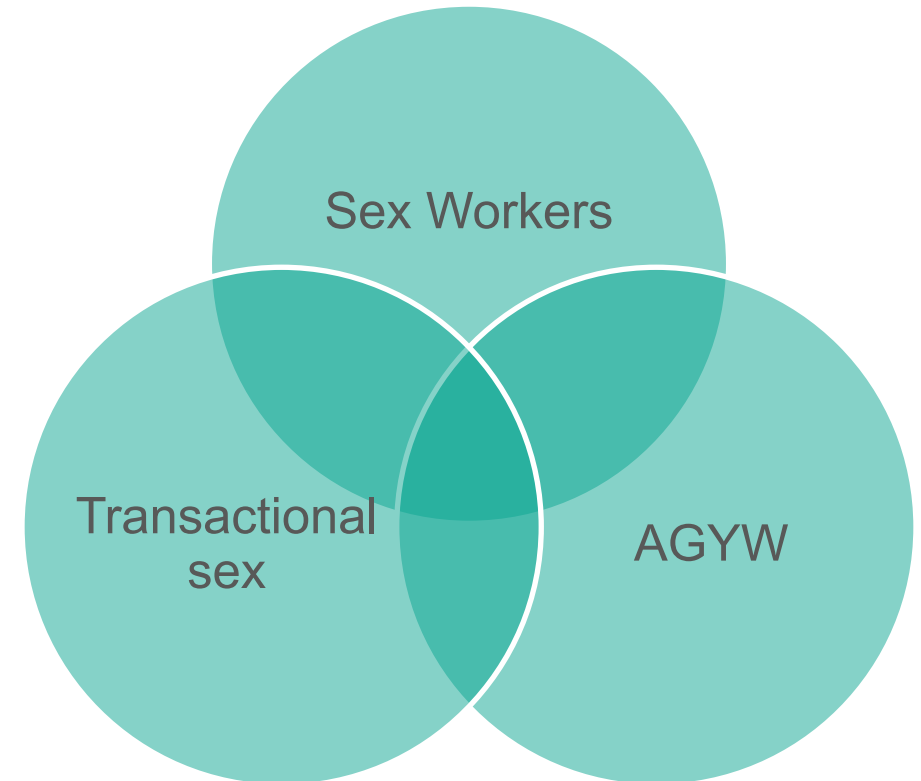
Precision Focus in a Funding Crisis

- Donor cuts (especially USG) threaten key and vulnerable population HIV services.
- Precision targeting = highest epidemiological impact per dollar.
- YWSS are among the highest-risk, lowest-coverage groups.
- The guide promotes adapting existing AGYW & FSW programmes — not creating new ones
- Evidence shows **community-led approaches are cost-efficient and yield higher reach**



Who are YWSS?

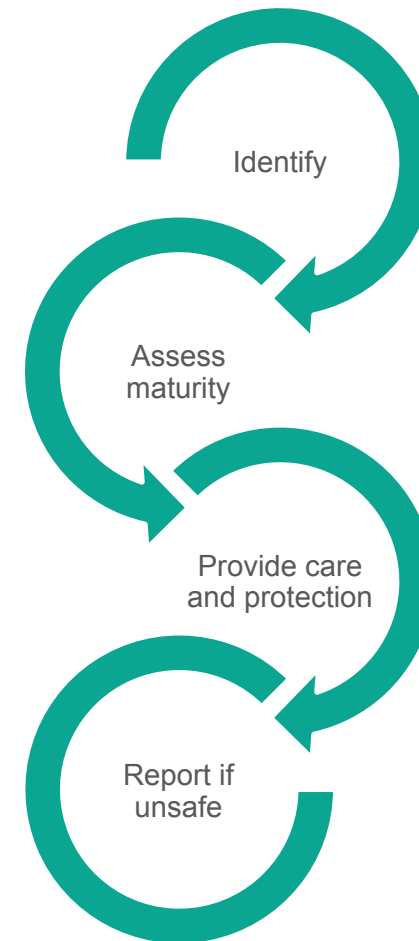
- YWSS are young women engaged in consensual sexual exchange
- YWSS **do not** include victims of sexual exploitation or trafficking.
- Three overlapping groups:
 - Sex workers (consensual exchange)
 - Adolescent girls and young women (vulnerable contexts)
 - Transactional sex (exchange for material support)
- Boundaries shift; categories are fluid.
- Definitions may vary by country, e.g. Kenya defines YWSS as 15–24.



Why Have YWSS Been Underserved?

Structural, social, legal and institutional barriers limit access — especially for minors.

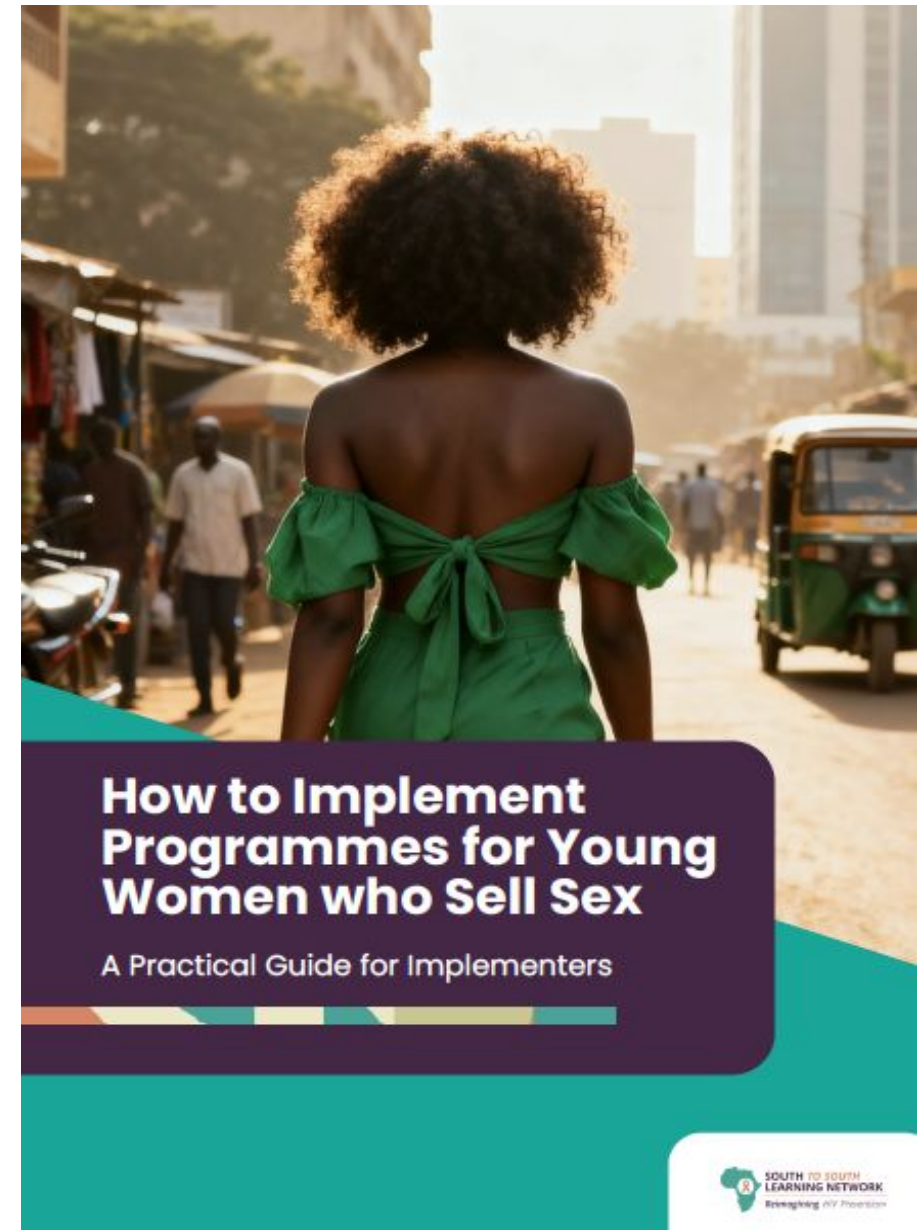
- Criminalisation of sex work, mandatory reporting and parental-consent laws.
- Stigma, moral judgement, and lack of youth-competent services.
- Rigid programme silos exclude those who don't 'fit'.
- Poverty, mobility, and gender-based violence compound risks.
- **Responding to minors who sell sex**
- Health services often exclude them out of fear.
- *CRC* requires acting in the child's best interests — protect, don't punish.
- Recognise **mature/emancipated minors** who can consent to SRH care.



What the guidelines offer

A practical roadmap for inclusion, efficiency, and impact informed by WHO and GPC guidance.

- Mapping and digital outreach strategies.
- Service design and planning guidance.
- Ethical decision-making for health care workers
- Guidance on meaningful participation, community mobilisation and leadership development for YWSS
- Costing and sustainability considerations.
- Monitoring and Evaluation including Community-Led Monitoring.
- Adaptable case studies and templates for immediate use.

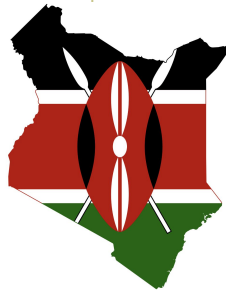


Case Studies: Adapting Existing Programmes

Real-world adaptations prove inclusion is feasible and affordable

Kenya – FSW Programme Adaptation

- Consulted YWSS and engaged them in design
- Remapping sites to identify locations where YWSS congregate
- DICE for adult FSWs expanded to YWSS (15–24).
- Introduced YWSS peers and conducted microplanning
- Trained health care workers and added youth-friendly hours.
- Shared staff/facilities kept costs low.
- Result: Higher HIV knowledge, clinic visit, PrEP uptake, improved linkage to care.



Zimbabwe – AGYW Programme Adaptation

- Multiple strategies to identify and reach YWSS
- DREAMS team identified AGYW engaged in transactional sex.
- Peer navigators linked YWSS to HIV, GBV, and social protection.
- Interactive group sessions conducted for YWSS
- Mature minor consent allowed confidential access.
- Result: Increased access and retention for hidden subgroups.



Conclusion

- Reaching YWSS is an issue of **equity, efficiency and ethics**.
 - Precision focus maximises impact where incidence is highest.
 - Community-led, data-driven adaptation is the way forward.
 - Implementation guidelines will soon be available on SSLN i2i website:
<https://www.hivinterchange.com/i2i/insight-2-implementation>
-
- “What practical steps could existing AGYW or sex-worker programmes in your country take to identify and include YWSS?”



Thank You



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Panel Discussion

- Nana Poku, Ghana NAC
- Roger Anthony Granizo Abril (Red Juvenil de Latinoamerica y el Caribe)
- Ssali Henry Bengo, ASWA
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What is one takeaway from today's discussion that you would like to prioritise in your country or organisation's work?

Qual é uma lição da discussão de hoje que você gostaria de priorizar no trabalho do seu país ou da sua organização?

Quelle est la principale leçon de la discussion d'aujourd'hui que vous souhaiteriez prioriser dans le travail de votre pays ou de votre organisation ?

¿Cuál es una conclusión de la discusión de hoy que le gustaría priorizar en el trabajo de su país u organización?

Какой главный вывод из сегодняшнего обсуждения вы хотели бы поставить в приоритет в работе вашей страны или организации?

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Closing Remarks

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South-South Learning Network

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hivpc@unaids.org

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