

Join us for the 12th GPC KP COP

Sustainable and Scalable Primary Prevention Programmes for Key Populations



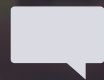
Thursday, 3rd July 2025



Session 1: 11h00 – 12h30 GMT+2 | **Session 2:** 16h00 – 17h30 GMT+2



Countries Examples From: Australia, Thailand, Zimbabwe, Brazil, Nigeria, Moldova



English, French, Portuguese, Spanish, Russian



Register here: [Session 1](#) | [Session 2](#)

AGENDA | Sustainable and Scalable Primary Prevention Programmes for Key Populations

1 | **Opening remarks:**
Welcome and meeting objectives

Clemens Bendikt, GPC



2 | **Global evidence:**
Analysis and evaluation of the evidence for scalable and sustainable HIV prevention service delivery models for key populations

Heather-Marie Schmidt, GPC & WHO



3 | **Sustainability roadmap:**
Update on the sustainability roadmap and the inclusion of HIV prevention and key population programming

Iris Semini, UNAIDS



4 | **Country examples:**
Sustainable and scalable models of HIV programming in Brazil, Nigeria, and Moldova

- **Brazil:**
Ivone de Paula
- **Nigeria:**
Michael Akanji
- **Moldova:**
Svetlana Plamadeala



5 | **Community perspectives:**
Community perspectives and recommendations on the topic

Roberto Paulo, Mozambique



6 | **Panel discussion:**
Responses to questions from the audience

Clemens Bendikt, GPC



7 | **Closure:**
Summary of actions and next steps

Clemens Bendikt, GPC



1 | Opening remarks

Clemens Benedikt, GPC 

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2 | Global evidence

Heather-Marie Ann Schmidt, GPC & WHO 



Scalable, sustainable and successful HIV primary prevention models for people from key populations

Dr Heather-Marie Schmidt

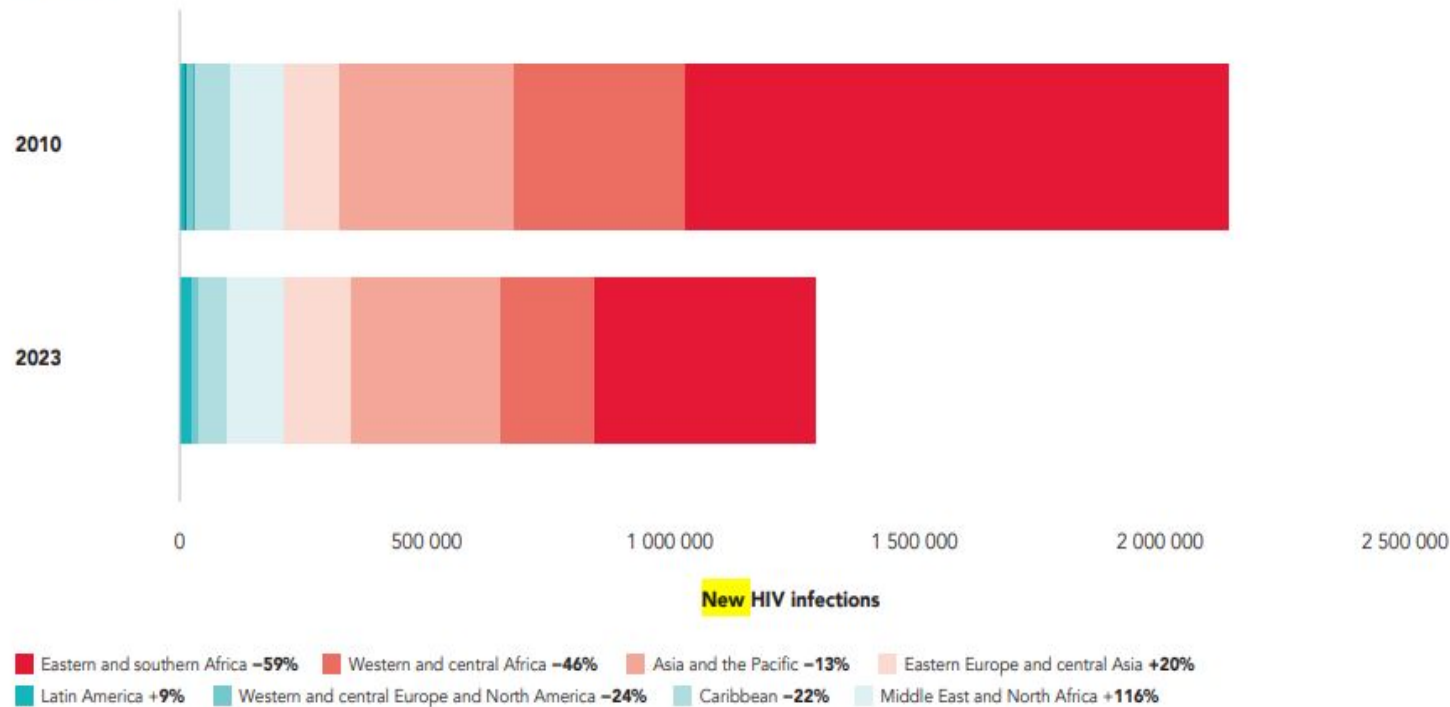
Advisor – HIV Prevention Programme Implementation
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Dr Antons Mozalevskis

Technical Officer – Key Populations
WHO, Geneva
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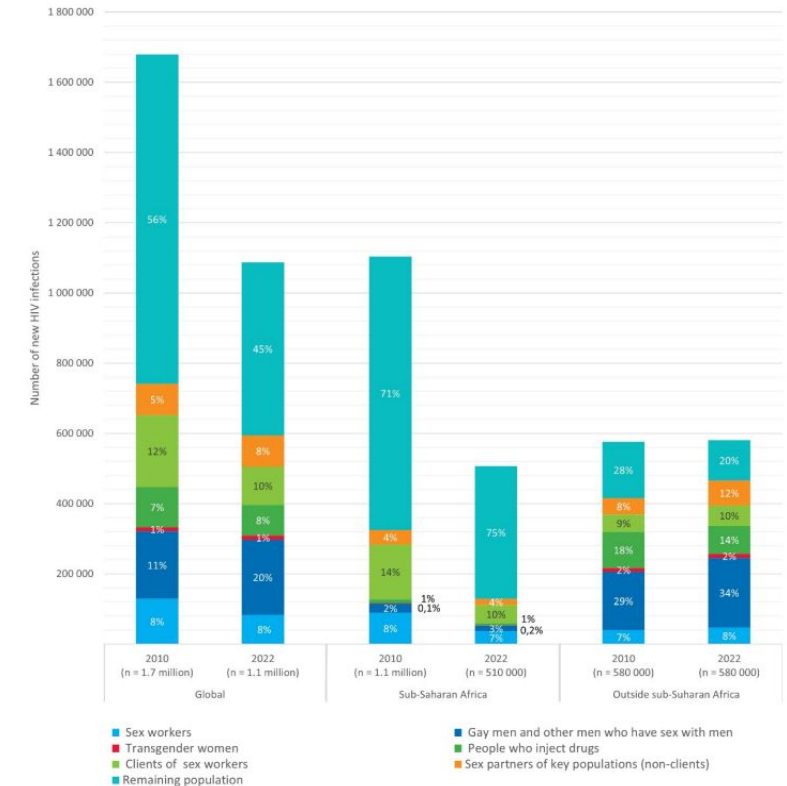
Why sustainable and scalable key populations prevention programmes matter now?

There were an estimated **1.3 million new HIV infections** globally in 2023, unchanged from 2022 and more than **three times the 2025 target**. 55% of new HIV infections occur among key populations and their partners.



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

Figure 2. Distribution of adult new HIV infections, global and by region, 2010 and 2022



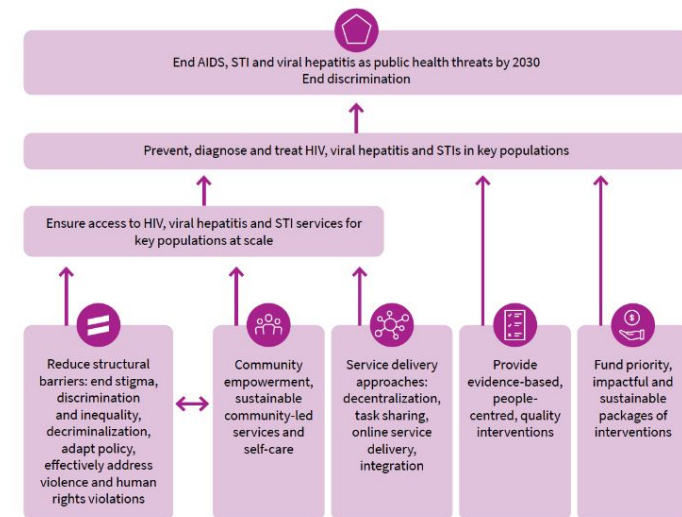
Source: Korenromp E, Sabin K, Stover J, et al. New HIV Infections Among Key Populations and Their Partners in 2010 and 2022, by World Region: A Multisources Estimation. JAIDS Journal of Acquired Immune Deficiency Syndromes. 2024;95(1S):e34–e45.

Why sustainable and scalable key populations prevention programmes matter now?

- Key barriers include: underfunding, stigma and criminalization, and fragmented services.
- Funding cuts have had a profound impact on HIV prevention programs among key populations.
- Effective models that are sustainable and delivered at scale are essential for long-term impact and ensuring key populations are not left behind.



Fig. 2. Theory of change: addressing HIV, viral hepatitis and STIs in key populations

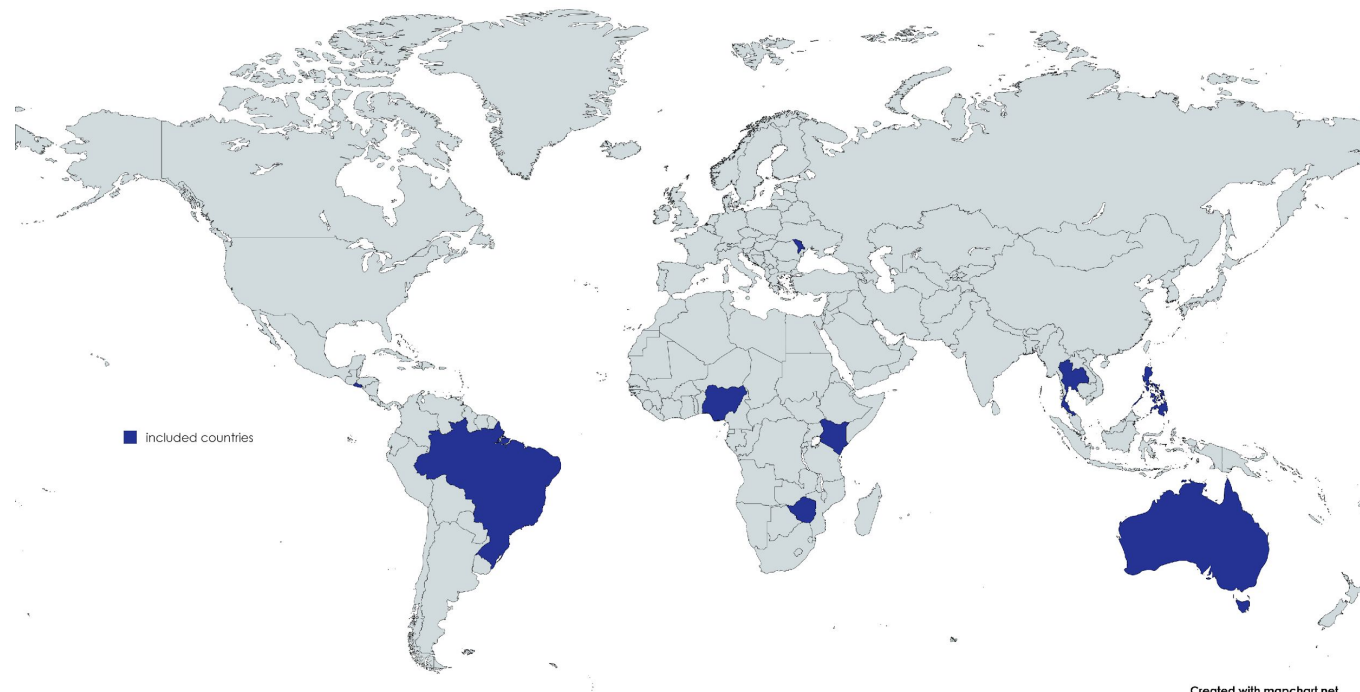


Methodology overview

- Objectives: Analyze examples of scalable and sustainable HIV prevention service delivery models for people from key populations, and identify important features and lessons learned
- Desk review + global call for case studies (250+ informants contacted)
- Criteria: Sustainability, scalability, service quality and coverage, innovation, programs for: Gay men and other men who have sex with men; transgender people; sex workers; people who inject drugs

Methodology overview

- Deep dive into 9 countries across regions and income levels
 - Collection of qualitative and quantitative data
- Stakeholder validation and standardized country case write-ups

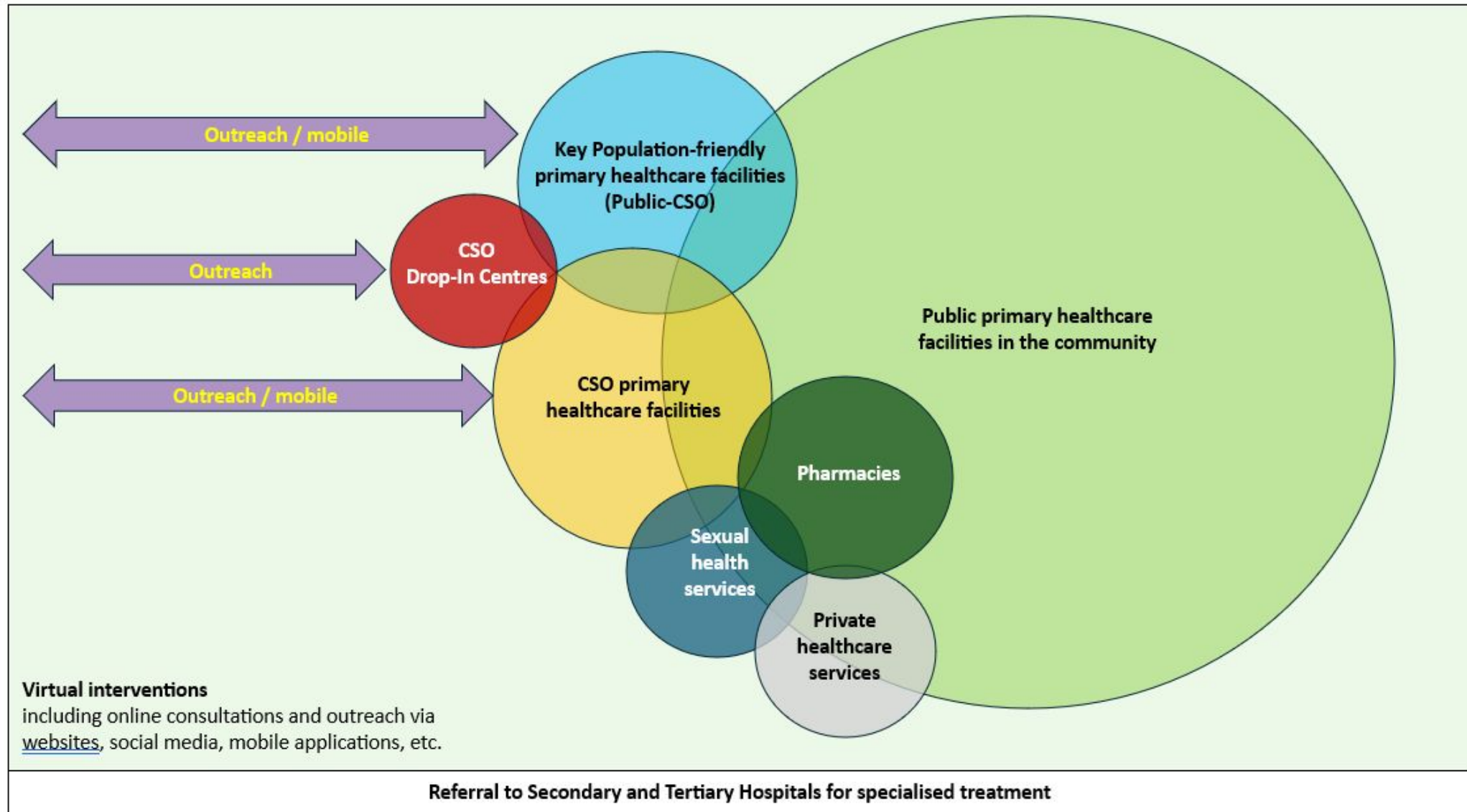


Note: review was undertaken before January 2025

Three overarching funding models identified for HIV prevention among key populations

- **Model 1:** Mainly donor-funded; may provide direct or indirect support to service providers (public, private and/or CSO); often donor-supported procurement (e.g. Kenya, Nigeria, Zimbabwe)
- **Model 2:** Significant domestic funding; often (but not always) managed through a semi-autonomous agency (e.g. Republic of Moldova, Brazil, Thailand, El Salvador, Philippines)
 - For example: bulk procurement of services by governments, reimbursement to CSOs via national insurance agencies, social security funded services at specific facilities
- **Model 3:** Fully domestically funded; registered service providers (public, private and/or CSO) may be reimbursed and/or contracted (e.g. Australia)

Service delivery typologies



Common features of sustainable & scalable models

Common features are on a continuum, but there is currently no **perfect** model.

- Domestic financing and national ownership
- Integration into primary healthcare and social insurance
- Enabling legal/policy environments
- Community-led and person-centred services across all models are vital
 - CSOs are trusted, embedded in communities, innovative, require adequate funding
- Use of differentiated service delivery (DSD)
 - Variety of models: outreach, drop-in centres, fixed clinics, mobile clinics, pharmacies and vending machines
 - Co-location and/or strong linkages of CSO and public services
 - Task sharing, peer-led navigation and secondary distribution (e.g. HIVST kits)
 - Innovations including virtual interventions: apps, chatbots, telemedicine, e-prescriptions

Lessons learned and way forward

- 1. Prioritize domestic financing for prevention in HIV sustainability planning**
 - Global Fund and PEPFAR have played a significant role in funding HIV prevention services for key populations, especially staff salaries within CSOs.
- 2. Establish or strengthen evidence-based mechanisms that have propensity for sustainability and scalability to include HIV prevention**
 - For example: social contracting, national program / national health insurance reimbursement, and/or pooled procurement.
- 3. Institutionalize CSOs and peers within the health system e.g. task-shifting and peer provider certification**
 - Engage communities in planning and delivery
 - Undertake necessary legal and policy reform
 - Invest in community-led monitoring and capacity
- 4. Leverage real-world evidence to inform country and investments, and to advocate for integration, innovation and scale-up**
- 5. Remember: there is no “one-size-fits-all” approach**

WHO statement on potential global threat to people living with HIV

العربية 中文 Français Русский Español

28 January 2025 | Statement | Reading time: 1 min (375 words)

The World Health Organization (WHO) expresses deep concern about the implications of the immediate funding pa... to life-savin... with HIV at

A funding h... death and t... prolonged, taking the v... the United :
For the glot... in scientific... innovative c...
We call on t... HIV treatm...
PEPFAR
The United... global HIV r... a direct imp... treatment.

Media Contacts



Protecting key populations from abrupt disruptions to essential HIV services

27 February 2025 | Departmental update | Reading time: 2 min (621 words)

Prevention, testing and treatment services for HIV, viral hepatitis and sexually transmitted infections (STI) have driven unprecedented progress in improving population health over the past two decades, with millions of new HIV infections and AIDS-related deaths averted.

Foreign aid investments in the global HIV response, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund on AIDS, TB and Malaria, have been pivotal to this success, along



Drastic cuts to global health funding will leave millions without essential HIV and STI services

#ZERODISCRIMINATION



UNAIDS Impact of US funding cuts on the global AIDS response

Estimating the Potential Impact of HIV Response Disruptions

LATEST UPDATES

05 JUNE 2025

"We want to build a future where everyone—regardless of gender, health status, or identity—can live..."
READ MORE

29 MAY 2025

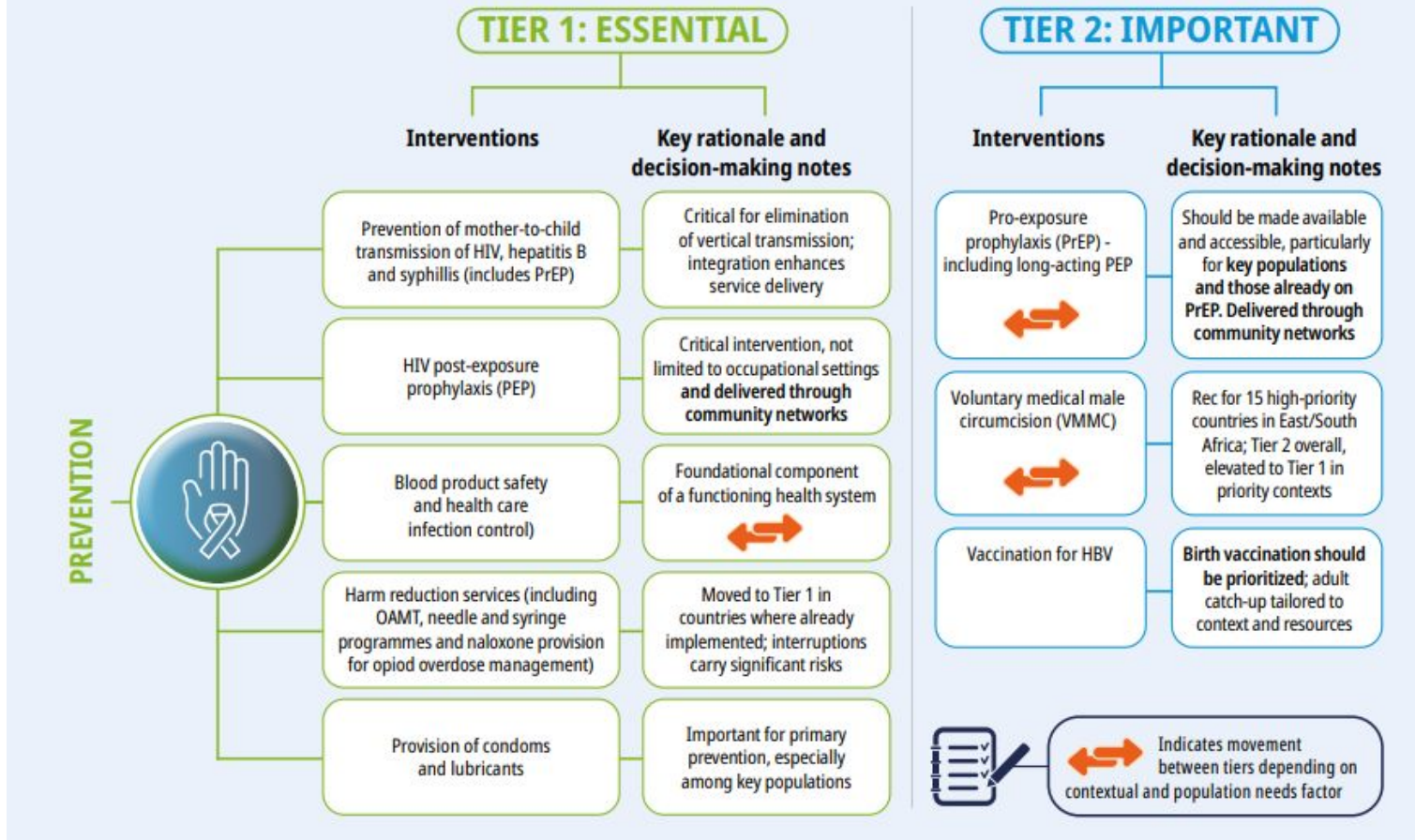
"If funding is not restored or replaced, our progress will be lost" - UNAIDS Country Director in...
READ MORE

Adapting to abrupt reductions in donor funding

- HIV prevention for key populations is disproportionately affected by sudden cuts in donor funding.
- CSO-led services often rely heavily on external support, especially in low- and middle-income countries.
- Reduced funding jeopardizes access to PrEP, harm reduction, peer navigation, and community-based services.
- Immediate adaptation is needed through:
 - Domestic resource mobilization and inclusion in health insurance schemes
 - Emergency transition plans to maintain critical services
 - Greater support from multilateral partners for short-term gaps
 - Advocacy to protect and prioritize KP services in national budgets
- Now more than ever, we must invest in resilient, country-owned systems.

New guidance from WHO on prioritisation

Fig. 6. Prevention: Results from the rapid global assessment exercise



World Health Organization

Sustaining HIV, viral hepatitis and STI priority services in a changing funding landscape: operational guidance

Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programmes

World Health Organization
Updated June 2025

Thank you!

Thank you to **Graham Shaw** who led this work on behalf of the GPC.

Thank you to the contributors from Australia, Brazil, El Salvador, Kenya, Nigeria, Philippines, Thailand and Zimbabwe, UNAIDS country and regional offices, and global communities and partners who contributed to the data collection, and to the working group who oversaw it. Thank you to the Gates Foundation for funding the GPC.

Thanks also to the **UNAIDS Prevention and Global Prevention Coalition Secretariat team** and to the **WHO HHS Testing, Prevention, and Populations team** for contributions to this presentation.

NEW Global Prevention Coalition Resource Hub:

<https://hivpreventioncoalition.unaids.org/>

WHO's global work on key populations:

<https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/pre-exposure-prophylaxis>



3 | Sustainability roadmap

Iris Semini, UNAIDS 

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Sustainable and Scalable Programmes for Key Populations

The HIV Response Sustainability Roadmaps

Iris Semini (UNAIDS)

Gemma Oberth (Consultant)

Context

- New Global AIDS Strategy, Targets to get us to 2030, Sustaining HIV response impact by and beyond 2030
- Estimates project a growing number of people living with HIV until 2039, all of whom will require life-long treatment (Carter et al., 2024)
- Recent changes to the global HIV funding landscape require accelerated **prioritization, optimisation, sustainability and transition planning**

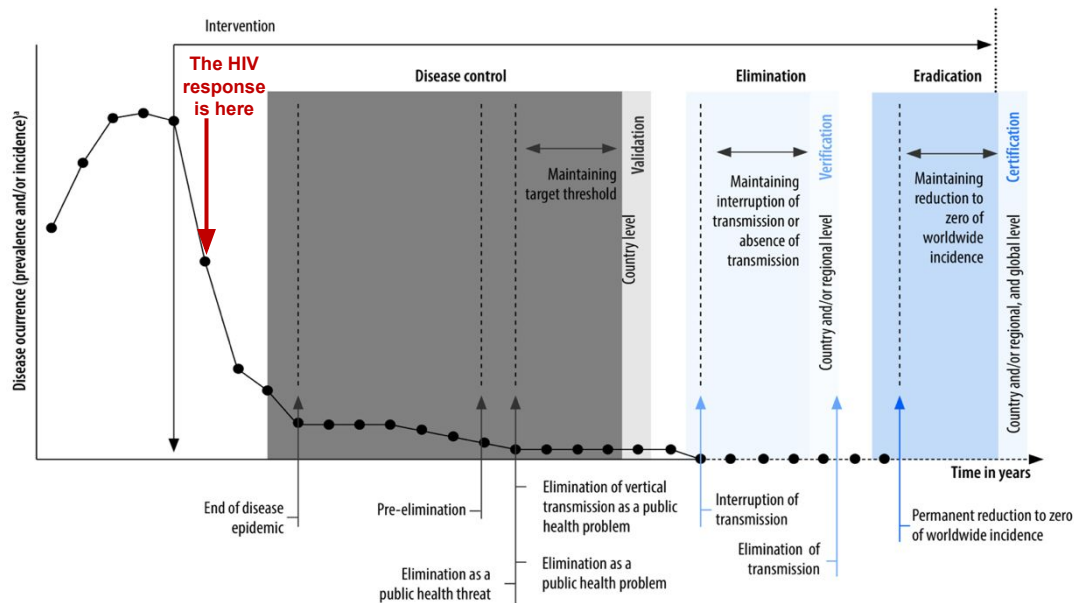


FIGURE 1. Time horizon for HIV eradication and estimated position on epidemic curve (Source: Khawar e al., 2023)

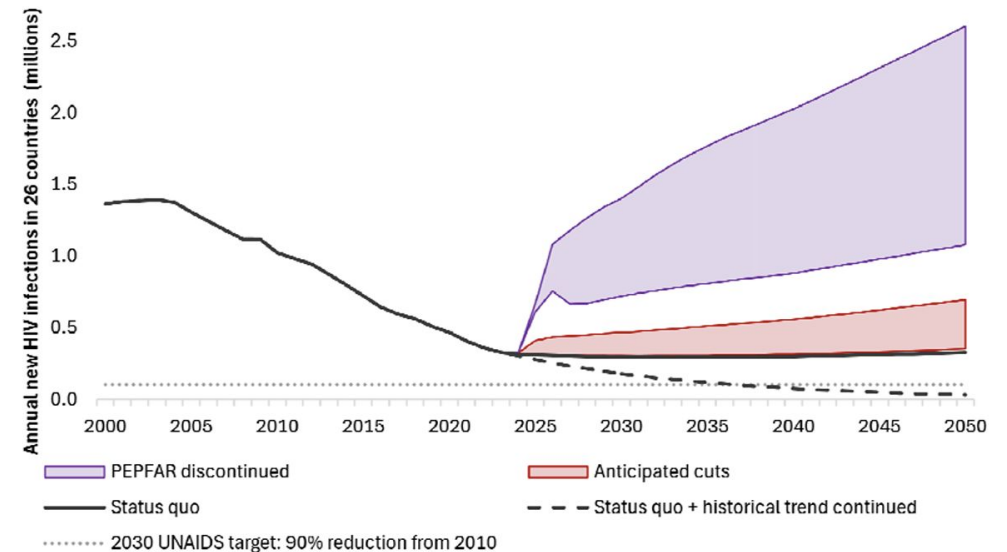
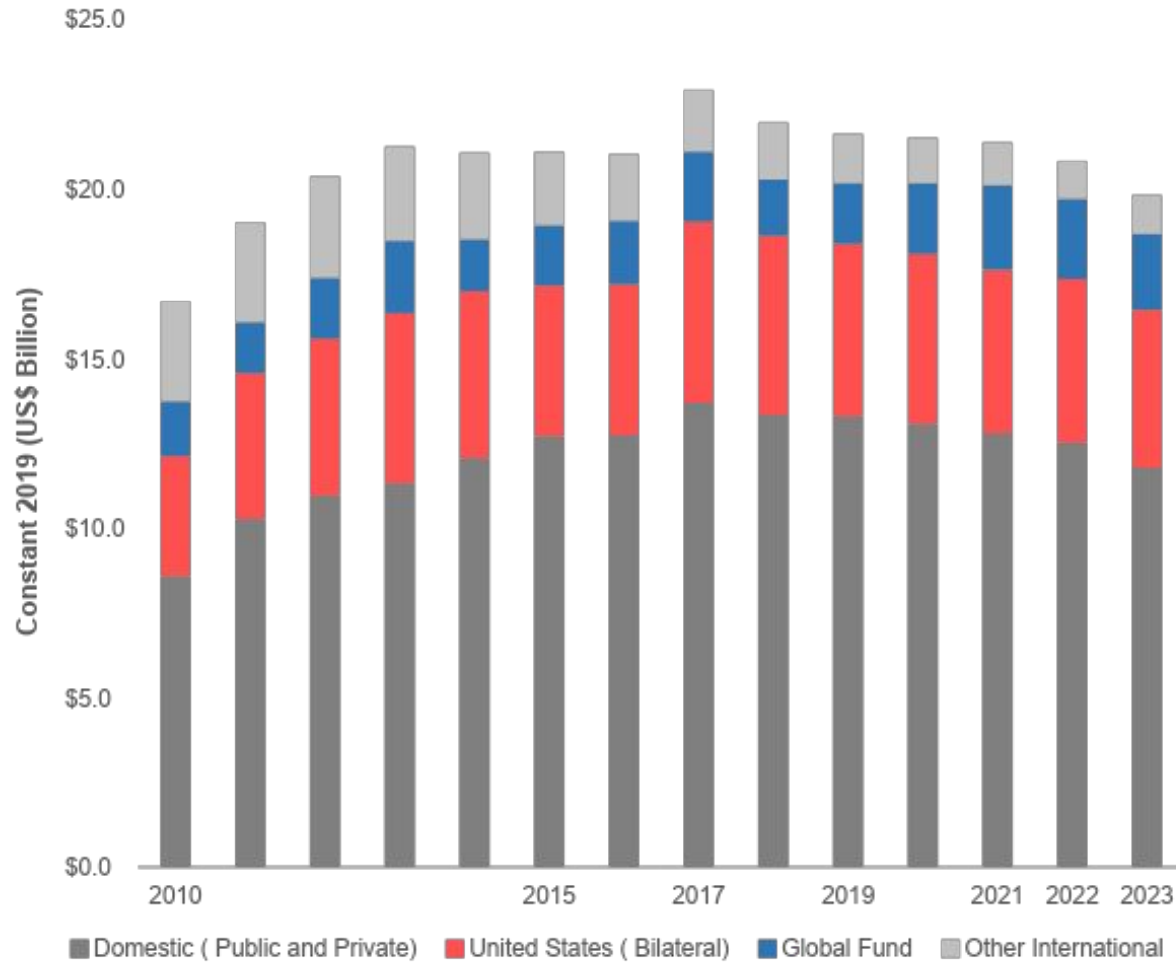
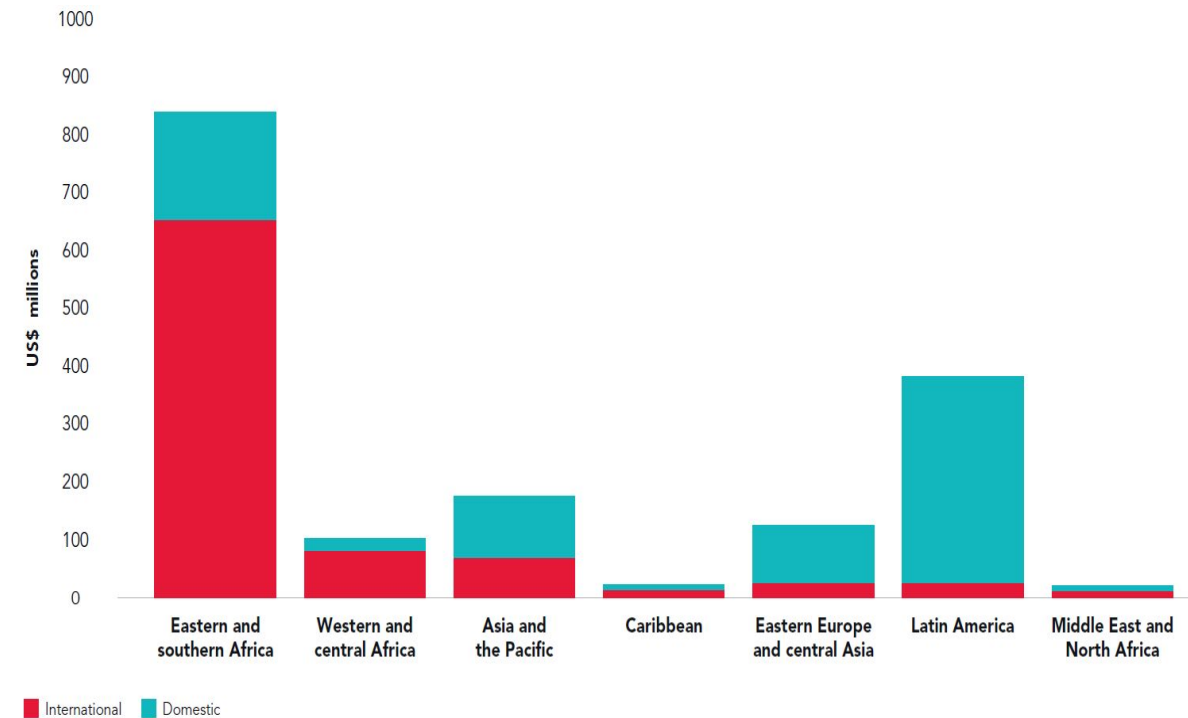


FIGURE 2. Projected impact of HIV program funding cuts in 26 countries from 2000 to 2050, on new HIV infections (ten Brink et al., 2025)

Resource availability for the HIV responsibility in low-middle income countries, 2000-2023

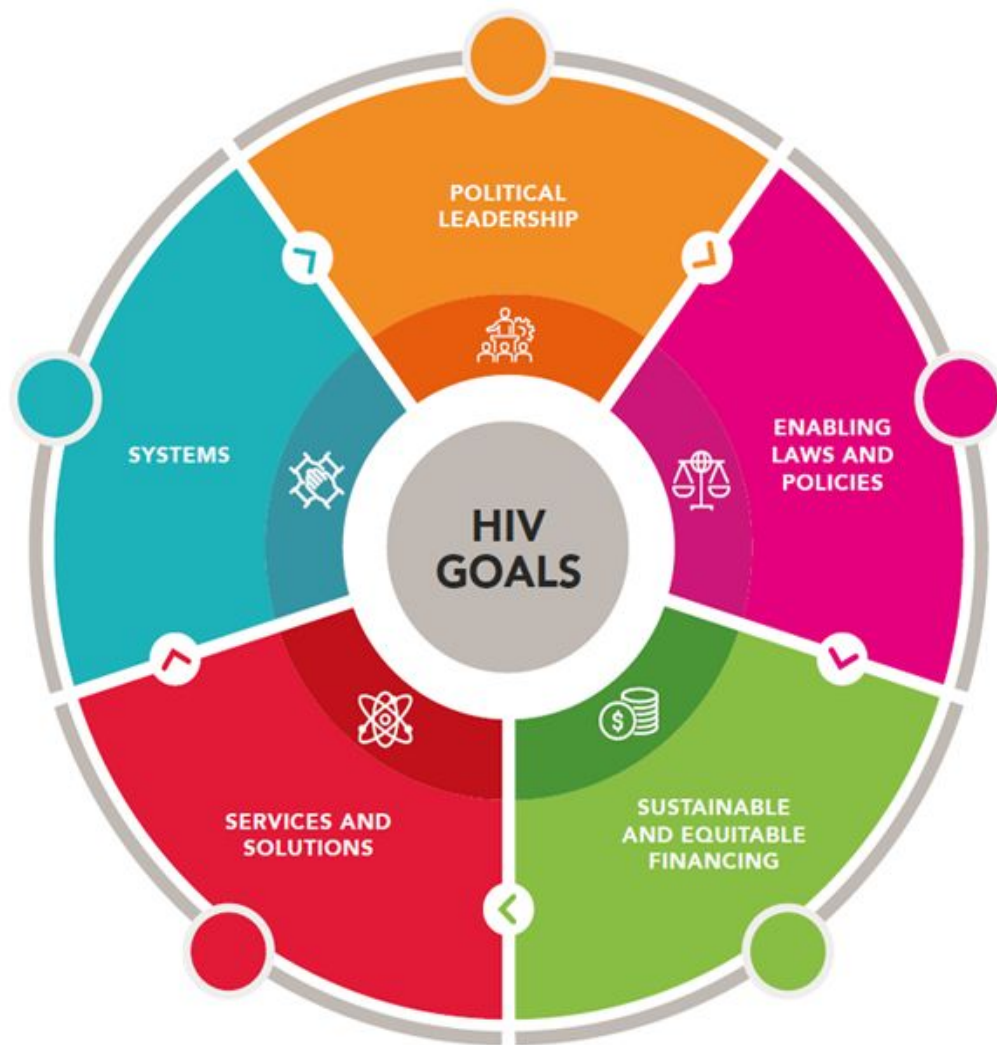


Amount and source of HIV prevention spending, 2023



Source: UNAIDS financial estimates, July 2024 (<http://hivfinancial.unaids.org/hivfinancialdashboards.html>).

HIV response sustainability



- **Holistic framework** to sustain impact of a transformed HIV Response by and beyond 2030
- **Five Domains** to guide identifying transformations required to sustain impact
 - Sustained VL Suppression
 - Prevent, detect and respond to new HIV infections
 - End or reduce inequities and inequalities that drive the HIV epidemic
- Sustainability approach starts by **knowing your epidemic**
- **Country-led**, participatory with communities and people living with HIV at the center of design and implementation
- **All countries** engage in sustainability discussions – transformations take time and resources

HIV response sustainability roadmaps: From vision to results

Phase 2: Sustainability Assessment

- Data-backed current state assessment
- Future state delineated
- Identify high-level outcomes



Phase 4: Roadmap Part B – Create a Transformation Plan

- Strategies
- M&E plan w/milestones, benchmarks, & indicators
- Quality management plan
- Timeline and responsibilities
- Risk mitigation plan

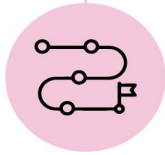
Roadmap Part B finalized



Phase 3: Design Roadmap Part A

- Prioritize high-level outcomes
- Identify pathways of change
- Begin to discuss how to sustain progress beyond 2030

Roadmap Part A finalized



Phase 5: Implement and Monitor

- Implementation of Roadmap
- Program data
- QA/QI recommendations
- Updated Roadmap



Phase 1: Plan/Adapt the sustainability journey: Country engagement

- Country leadership: Technical working group on HIV Response Sustainability
- Sustainability Dialogue: Goal, vision, Roadmap timeline



Country-led Roadmaps: Outline concrete, quantifiable plan for programmatic and financial sustainability to sustain impact

Part A: Country's visions, Political Commitment, High-Level Outcomes for five domains to achieve and sustain impact by and beyond 2030



Part B: Prioritized, two and five-year benchmarks, Evidence-driven two year costed Transformation Plan translating commitments into

Actions to transition from donor funding, advance policies, programmes, and systems sustainability

Mechanisms, functions, response components that will transition to fully national ownership

Integrated financing framework: increasing domestic financing, aligning donor investments (e.g. GF, PEPFAR)

HIV response sustainability roadmaps: From vision to results

- 30+ countries engaged in developing the SRM Part A (UNAIDS, WHO, PEPFAR and partners' support)
- HIV SRM Part A integrated into national multi-disease requests (e.g. Ethiopia, Nigeria)
- 15 countries have (so far) requested support to develop Part B

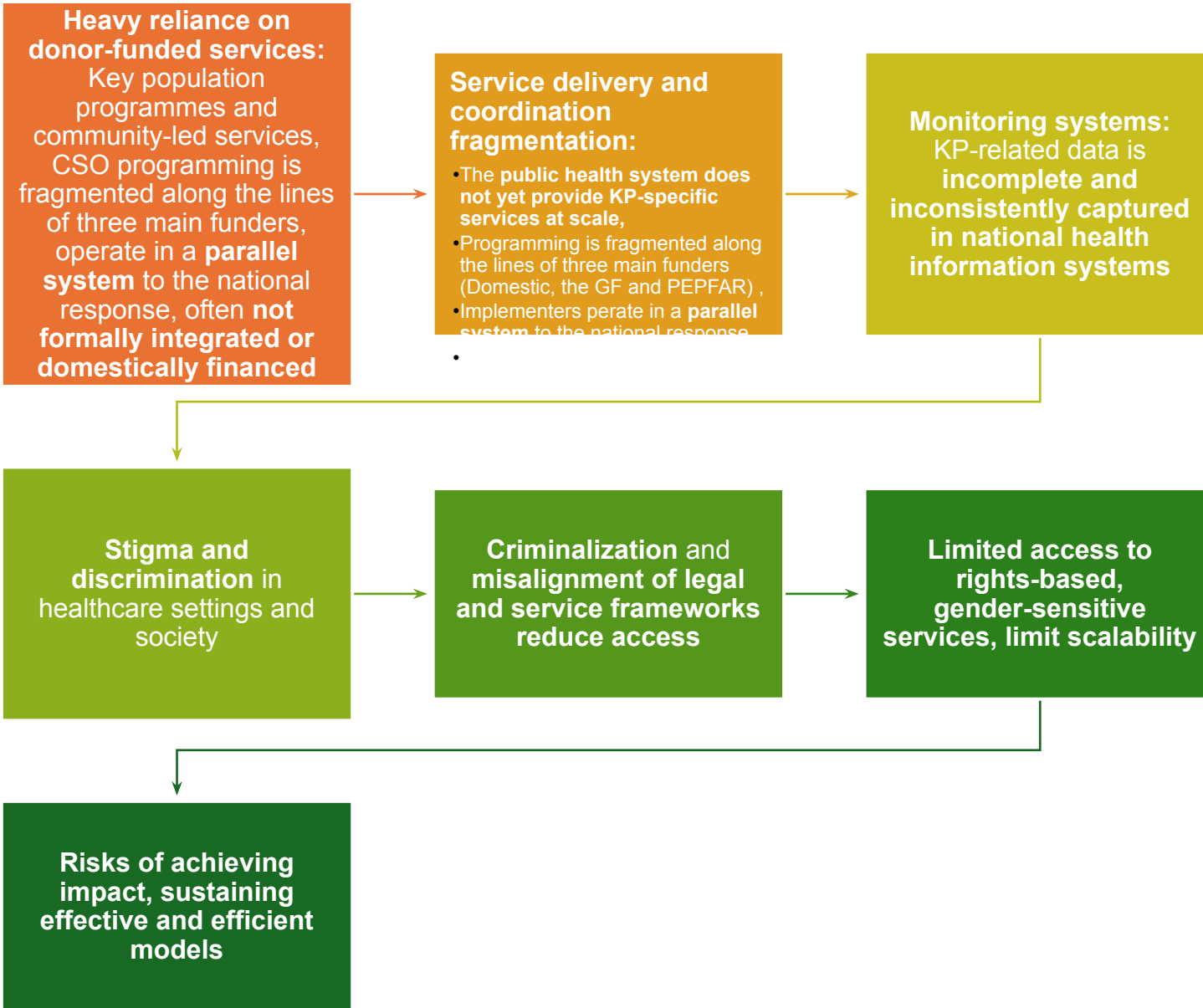
All SRMs Part A:

- Reinvigorated Political Leadership, vision of the HIV response sustainability
- Achieve and Sustain epidemic control: HLOs and pathways for governance, programme sustainability, multisectoriality
- Domestic financing targets and strategies for their journey to self-reliance
- Community involvement and social contracting
- **Centrality of key populations in the national HIV response** (including in countries that have reached 95-95-95)
- **Key populations: priority groups** requiring tailored interventions that are at a **critical intersection** of sustainability and risk
- Indicate (not limited to) targeted programs like:
 - Peer-led education and service delivery; Condom distribution
 - PrEP and PEP access; harm reduction for PWID
 - Voluntary medical male circumcision (VMMC)

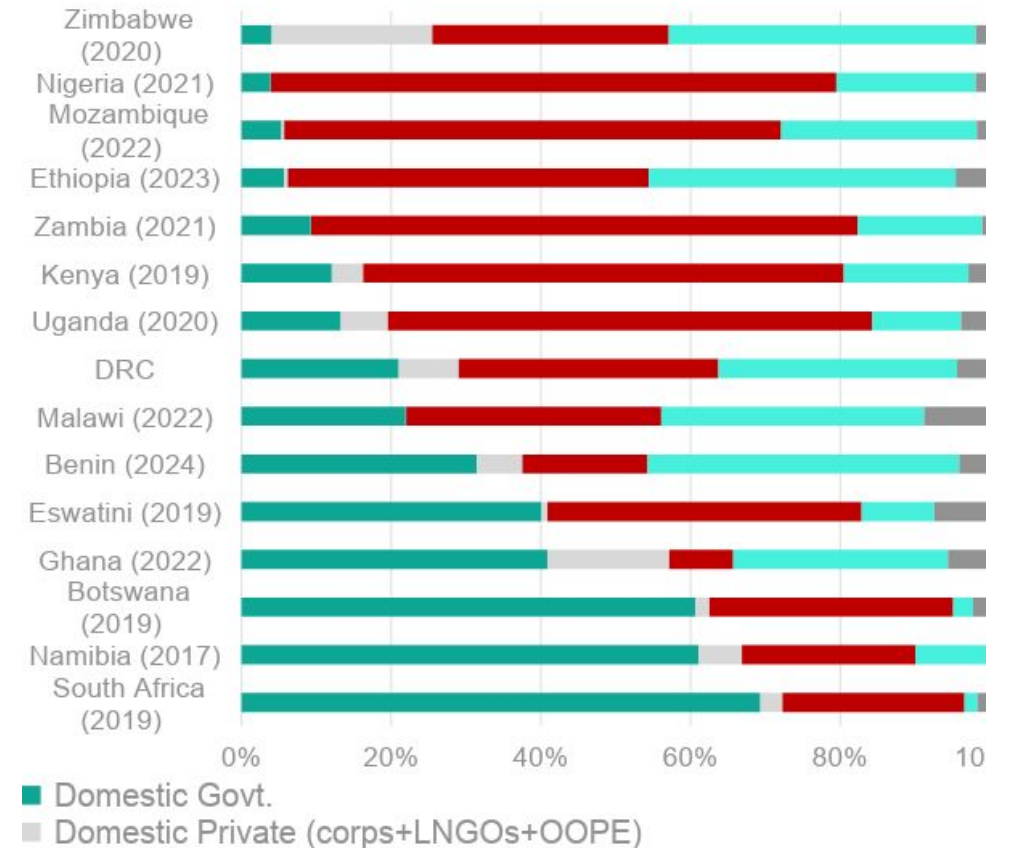
TABLE 1. Country-led Progress Developing National HIV Sustainability Roadmaps

Countries with an endorsed Roadmap Part A by December 2024	Countries with a draft with a completed sustainability assessment and/or Roadmap Part A
▶ Botswana	▶ Benin
▶ Cambodia	▶ Cameroon
▶ Eswatini	▶ DRC
▶ Ghana	▶ Dominican Republic
▶ Kenya	▶ Senegal
▶ Lesotho	▶ Belarus
▶ Namibia	▶ Burkina Faso
▶ Malawi	▶ Burundi
▶ South Africa	▶ Cote d'Ivoire
▶ Tajikistan	▶ Indonesia
▶ Tanzania	▶ Liberia
▶ Togo	▶ Mali
▶ Uganda	▶ Nepal
▶ Viet Nam	▶ Mozambique
▶ Zambia	▶ Rwanda
▶ Zanzibar	▶ Sierra Leone
▶ Zimbabwe	▶ Thaila

Review of risks and challenges related to key populations programmes



National AIDS Spending in Africa - % financing contribution



Roadmaps strategies to sustain key populations programmes and impact



Social contracting: mechanisms to institutionalize public financing of CSO-led key population services



Increased KP representation: HIV and health decision-making and accountability platforms, inclusive planning and implementation



Dedicated budget line/Government allocations: for KP-focused interventions within national health financing,



Institutionalize KP programming: within national HIV planning and budgeting processes



Strengthen KP-specific data and M&E systems: disaggregation and size estimation, surveillance



Scale up **human rights and stigma-reduction initiatives**

Stigma-free environments

Rights-based and inclusive service delivery

Gender equitable norms

Expanded social protection for KPs

Promote equity-driven financing and governance reforms.

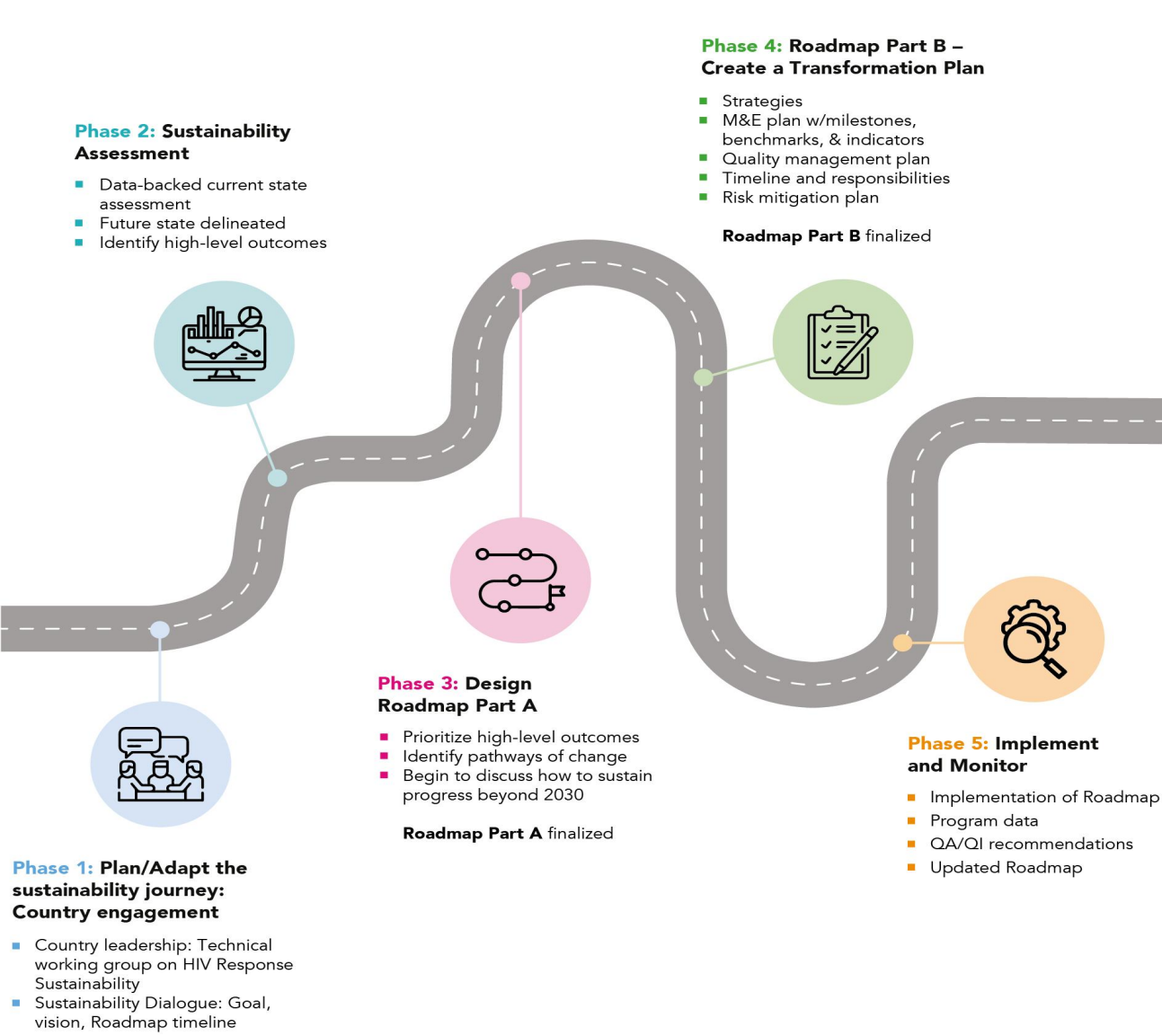
SRMS high-level outcomes and actions: Opportunities for advancing the roadmaps in countries

- **Ghana:** In Oct. 2024, NAC shared that the Ghana AIDS Commission Act (Act 938) will be reformed to sustain political leadership community engagement.
- **Cambodia:** In June 2023, the government expanded access to free publicly-funded HIV services for key populations, including sex workers.
- **Early, 2025 Significant Reduced Funding** for HIV prevention services, community-led interventions, key populations, structural enablers
- In many countries, integration of key population services into public health facilities occurred with limited measures to reduce stigma and discrimination
- **Uganda:** In February 2025, the government issued a circular with new guidance that standalone HIV/TB clinics will be phased out and integrated into general outpatient services.
- **South Africa:** The 2025 Budget Review includes a 5.9% annual increase over three years for health expenditure, including a 3.3% annual increase for HIV and TB, with specific commitments for National Health Insurance preparation.

BOX 1. Example High-Level Outcomes from Sustainability Roadmaps Part A

- ▶ **GHANA:** User fees (including unofficial charges) and other out-of-pocket spending are reduced, leading to wider and more equitable access to HIV care for all.
- ▶ **Botswana:** Sustain KP services post-donor through government financing and CSO integration
- ▶ **Eswatini:** Institutionalize KP programming via social contracting and legal reform
- ▶ **KENYA:** There is Zero tolerance for stigma and discrimination in healthcare settings.
- ▶ **LESOTHO:** Community-led organisations independently drive progress toward the 30-80-60 targets, delivering testing, prevention, and support services with sustained resources and capacity, empowered by formalized funding, training, and robust, meaningful partnerships
- ▶ **TOGO:** 50% of key interventions in the fight against HIV/AIDS are financed by public resources, with a substantial contribution from insurance systems and are complemented by external financing and maintained throughout the response period
- ▶ **Zambia:** Establish social contracting to enable public financing of community-led services and integration into the health care delivery system (strategic purchasing)
- ▶ **Tanzania:** Integrate HIV-related interventions into national health insurance

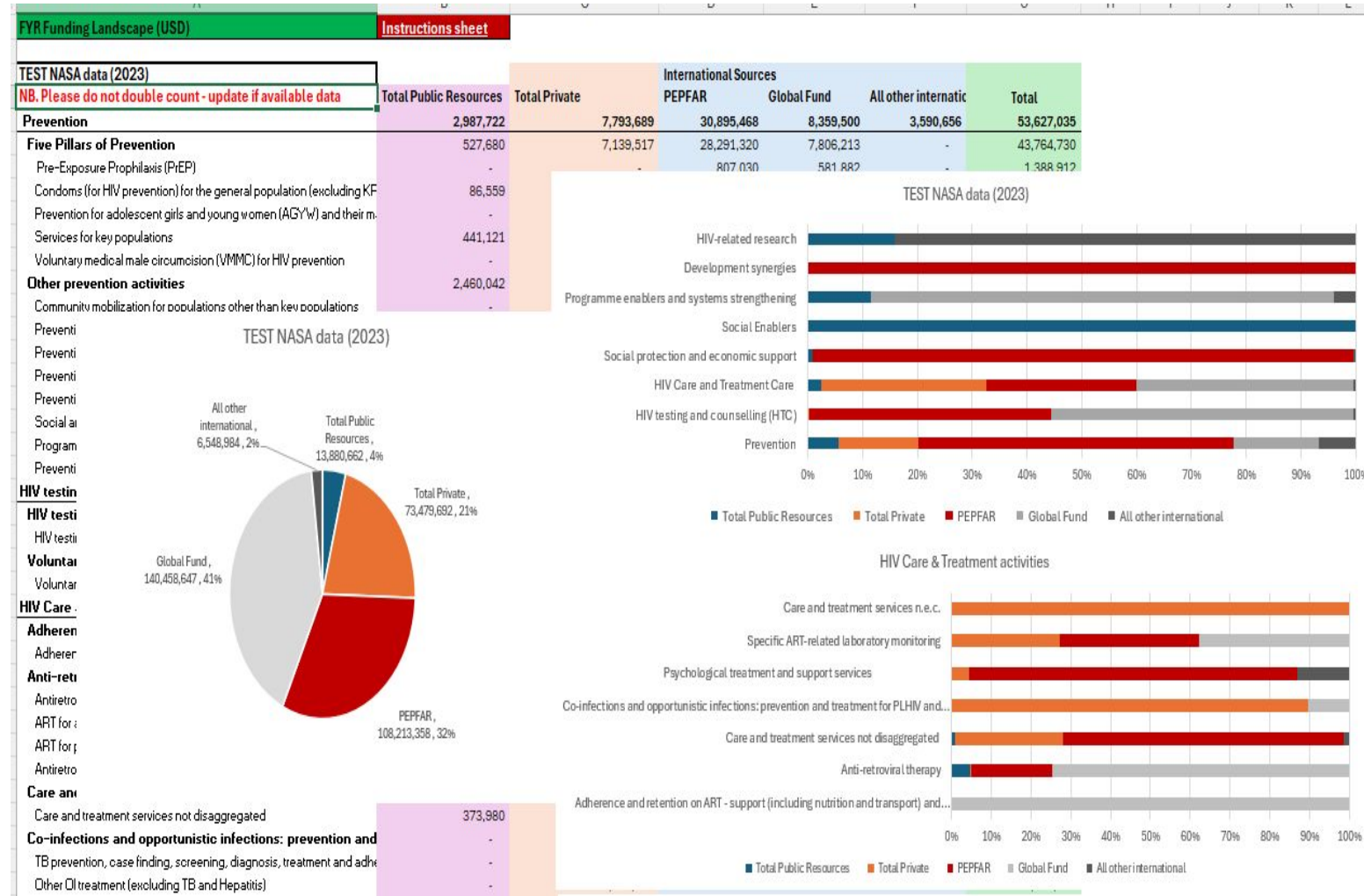
HIV response sustainability roadmaps: Opportunities to engage



- The Companion Guide to develop the second part (Part B); the two-year Transformation Plan shared on July 1st, 2025
- **One country sustainability Roadmap** : Countries are advancing the design to guide domestic and donor financing, transition and sustainability
- Participate in the Sustainability Working Group, dialogues and planning to influence decisions and advocate
- Mapp, document service interruptions, the funding gaps, and potential impact
- Organize, prepare data and proposals of programme interventions, service delivery modalities, potential integration and safeguards to be in place
- Define and assess the capacity development needs
- Leverage partnerships and alliances to make the case and increase awareness regarding gaps, shortfalls, and violations.

Examples: Funding landscape analysis

- Detailed review of the funding landscape to identify funding gaps, prioritize elements for urgent and mid-term transition and/or be included in sustainability actions
- Less granular data and transparency on funding of key population programmes
- Challenges in **defining the funding gap and assess the impact of funding interruptions** for key populations and community-led services
- Country-level dialogue with implementers, partners, dedicated analysis to inform the funding landscape and prioritization



Example: Development of the Transition and Transformation

Plan

The Transformation Plan: A two-three year costed sustainability and transition plan (narrative and workbook)

- The **funding landscape table** has been developed and included in the Plan
- Based on prioritization and modelling, include the agreed upon **evidence-driven activities in the excel workbook (per domain) that contribute to the benchmarks and the HLOs**

The companion guide proposes key questions per domain to assist with:

- Prioritization, identifying transition and sustainability actions
- Reflect on potential integration pathways
- Include references to the different technical guidance available per domain

Illustrative Examples	
Political Leadership	How to adapt the strategic positioning of multisectoral engagement structures, including communities in the current competitive context?
Services and Solutions	<ul style="list-style-type: none"> • How to reach at sustain AGYW programmes? Is integration with SRH services and other community health outreach programmes reaching women and girls a potential pathway? • What opportunities to integrate VMMC into health service where still cost-effective • How to sustain effective KP programmes? Shall we map key functions and identify the different priority options (peer-led, virtual, KP-friendly service) ? • What are the mature primary HIV prevention models sustained through domestic resources in other countries? • What are the steps to prioritize and scale PrEP? • What are the simplified service delivery models • How can we leverage the WHO operational guidance to further prioritize services?
Equitable and Sustainable Financing	<ul style="list-style-type: none"> • Next steps to operationalize commitment on implementing social contracting (policies and regulation for public-financing of CSOs) • How to initiate the integration of the HIV services in health insurance package and ensure financial protection? • Shall we engage with MOH departments to advocate for sin taxes earmarked to health and HIV financing? • How does the decentralization of health care affect budget allocation decision-making?
Enabling laws and policies	<ul style="list-style-type: none"> • How can we prioritize actions to address criminalization, gender inequality, stigma and discrimination that are barriers to access ?
Systems	<ul style="list-style-type: none"> • What will the national data system look like given the reduced funding? • Steps for optimizing HRH, sustainable and equitable access to commodities • Supply chain

4 | Country examples

Ivone de Paula, Brazil

Michael Akanji, Nigeria

Svetlana Plamadeala, Moldova



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

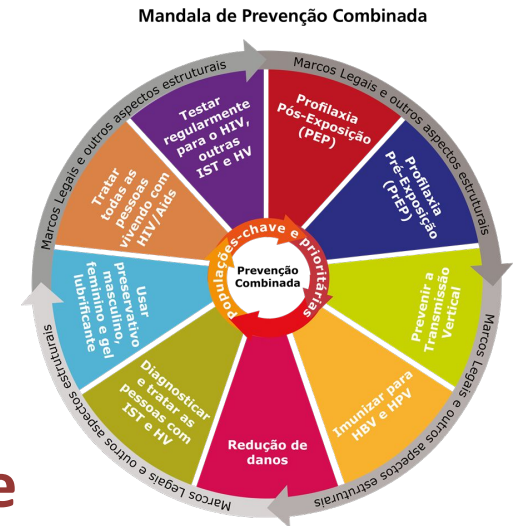
12º webinar da Comunidade de Práticas de Populações-Chave (KP CoP)

organizado pela Coalizão Global para a Prevenção do HIV (GPC) e pela Rede de Aprendizagem Sul a Sul (SSLN).

Brasil – São Paulo

Centro de Referência Treinamento DST/Aids do estado de São Paulo

03/07/2025



Mandala de Prevenção Combinada

Estratégia de prevenção que visa aumentar a **autonomia** de indivíduos e de segmentos sociais



Baseada no direito de pleno acesso às informações e aos diversos métodos de prevenção Cada indivíduo possui a capacidade de escolher o método preventivo mais adequado a sua realidade e às suas necessidades

Zero Discriminação

Etapas do Modelo do Contínuo do Cuidado IST/HIV/HV





Caracterizando o Estado de São Paulo – Brasil

São Paulo tem 645 municípios – 165 são prioritários para receberem recursos financeiros para os programas de HIV/Aids, devido aos critérios Epidemiológicos.

Temos em todo o estado:

210 SAE - Serviço de Atendimento Especializado em atendimento à PVHIVAids.

46 serviços com ambulatório para atendimento da população de travestis e transexuais.

A epidemia Aids no estado está concentrada em jovens do sexo masculino entre 15 e 24 anos, a taxa de detecção de casos é maior entre pessoas pretas e pardas.

Estratégias de Prevenção

#PartiuPrevPerifa - PPP - estratégias de Prevenção a jovens moradores das periferias.



Estratégias de Prevenção

“Juntos na Prevenção” – Saúde /Educação - trabalho conjuntos entre a Secretaria da Saúde e da Educação.



Estratégias de Prevenção

“Ações de Prevenção junto aos organizadores de Parada LGBTQIA+”.



“Realização de Campanha anual de testagem envolvendo 100% dos municípios do estado”.

“Estabelecimento de parcerias com outras secretarias como: Educação, Justiça, Desenvolvimento Social”.

“ Estabelecimento de parcerias com Universidades para potencializar as ações de prevenção t também viabilizar vinda de recursos”.

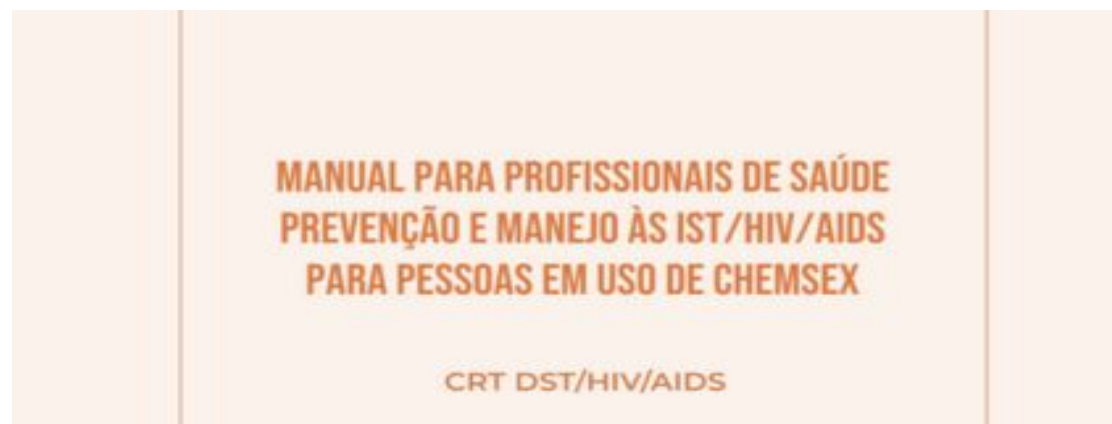
Estratégias de Prevenção

“Extensão de Ensino – recebemos estagiários/residentes de diversas universidades e área de formação (enfermeiros, médicos, psicólogos)”, com o objetivo de propiciar a discussão das ações de prevenção dentro do ambiente de ensino.

“Linha de Financiamento para ONG com repasse Estadual (Centro de Referência Treinamento DST/Aids de São Paulo com o objetivo de viabilizar projetos de Prevenção” para populações vulneráveis).

Estratégias de Prevenção

“Formação de grupos de trabalho para produção de conhecimento específico – Grupo de Trabalho - GT Chemsex” , elaboração de manual para profissionais de saúde.





Estratégias de Prevenção

CURSO EAD

Saúde Integral da População LGBTQIA+


O **objetivo Geral** do curso é promover a compreensão e a prática na oferta de ações de promoção e assistência à saúde integral para a população LGBTQIA+, capacitando profissionais a reconhecerem e respeitarem a diversidade sexual e de gênero, além de compreenderem as políticas públicas, direitos humanos e leis de proteção que asseguram o cuidado adequado para essa população.



Os **objetivos específicos** do curso são :

- Analisar as políticas públicas existentes, os direitos humanos e as leis de proteção voltadas para a população LGBTQIA+, compreendendo seus impactos na promoção da equidade em saúde;
- Compreender a diversidade sexual e de gênero, identificando diferentes orientações sexuais e identidades de gênero, e reconhecendo as especificidades de cada grupo dentro da população LGBTQIA+;
- Identificar as necessidades de saúde específicas da população LGBTQIA+ e aplicar práticas de saúde integral que respeitem e atendam a essas necessidades;
- Compreender as particularidades da saúde de travestis, pessoas transexuais e outras variabilidades de gênero, desenvolvendo estratégias para o acolhimento e cuidado integral dessa população;
- Avaliar e implementar abordagens inclusivas e sensíveis para o atendimento da população LGBTQIA+ nos diversos contextos de saúde, promovendo um ambiente de respeito e equidade.

Público-Alvo: Profissionais que atuem no SUS – SP, das instâncias municipais, estaduais e federais, independente do vínculo empregatício



Módulo 01 – Decifrando a diversidade sexual e de gênero

- 1.1 O conceito sobre sexualidade e a compreensão sobre diversidade sexual e de gênero
- 1.2 Orientação sexual - as várias expressões do afeto e do desejo sexual
- 1.3 População trans e com variabilidade de gênero: conceitos básicos
- 1.4 Preconceito e discriminação – homofobia e transfobia: violência contra a vida.

Módulo 02 – Políticas públicas, Direitos Humanos e Leis de Proteção

- 2.1 A Declaração Universal dos Direitos Humanos e a Constituição Federal
- 2.2 Normas e Legislação – garantia de direitos?
- 2.3 Educação – o papel da escola na segregação ou inclusão social
- 2.4 Assistência Social – a articulação entre as políticas sociais para enfrentamento das vulnerabilidades

Módulo 3 - Acolhimento e atenção à Saúde da População LGBTQIA+

- 3.1 A Política Nacional de Saúde Integral LGBTQIA+
- 3.2 Instâncias de planejamento e controle
- 3.3 Determinantes sociais de saúde e interseccionalidade
- 3.4 As vulnerabilidades ao HIV e às IST – A Prevenção Combinada

Módulo 4 – Saúde Integral da População de Travestis e Pessoas Transexuais e/ou outras variabilidades de gênero

- 4.1 Diversidades de gênero: conceituação e referencial teórico
- 4.2 A população trans e os ciclos de vida
 - 4.2.1 Transexualidade na infância
 - 4.2.2 Transexualidade na adolescência
 - 4.2.3 Envelhecimento trans
- 4.3 Dispositivos de afirmação de gênero
 - 4.3.1 Organização da equipe multidisciplinar
 - 4.3.2 Hormonização
 - 4.3.3 Procedimentos e cuidados pré e pós cirúrgicos

Estratégias de Prevenção

“Comunicação com a população”

Conversaria Sem Tabu, página no facebook, e whatsapp para tirar dúvidas sobre IST/Aids, prevenção e sexualidade.



www.crt.saude.sp.gov.br



(11) 99130-3310



@crt aids
@conversariasemtabu



08000 16 25 50

www.crt.saude.sp.gov.br

Saiba onde fazer o teste de HIV/Aids.



Cadastro de Unidades participantes - versão 7

Sistema atualizado em 05/12/2024

total: **5198 unidades**

Todas as unidades de testagem do HIV cadastradas também informam se ofertam:

- Testes convencionais e rápidos de sífilis e hepatites B /C
- Preservativos masculinos, femininos e gel lubrificante
- Autoteste de HIV
- Tratamento de Doenças Sexualmente Transmissíveis (DST)
- Profilaxia Pós-Exposição Sexual (PEP sexual) – **Você conhece a PEP** – [clique aqui para saber mais.](#)

Escolha uma das opções para continuar:

[São Paulo Capital](#)

[Outros Municípios](#)

www.crt.saude.sp.gov.br

Encontre um serviço que oferece PrEP perto de você.



Cadastro de Unidades participantes - versão 1.0
Sistema atualizado em 12/02/2025
total: **221 unidades**

Escolha uma das opções para continuar:

São Paulo Capital

Outros Municípios



www.crt.saude.sp.gov.br

Encontre os serviços que oferecem PEP



Cadastro de Unidades participantes - versão 1.1

Sistema atualizado em 08/04/2024

total: **856 unidades**

Escolha uma das opções para continuar:

São Paulo Capital

Outros Municípios



Obrigada pela oportunidade!!!

Ivone de Paula

*Gerente da Área de Prevenção do Centro de Referência
Treinamento DST/Aids de São Paulo.*

55 11 991258725

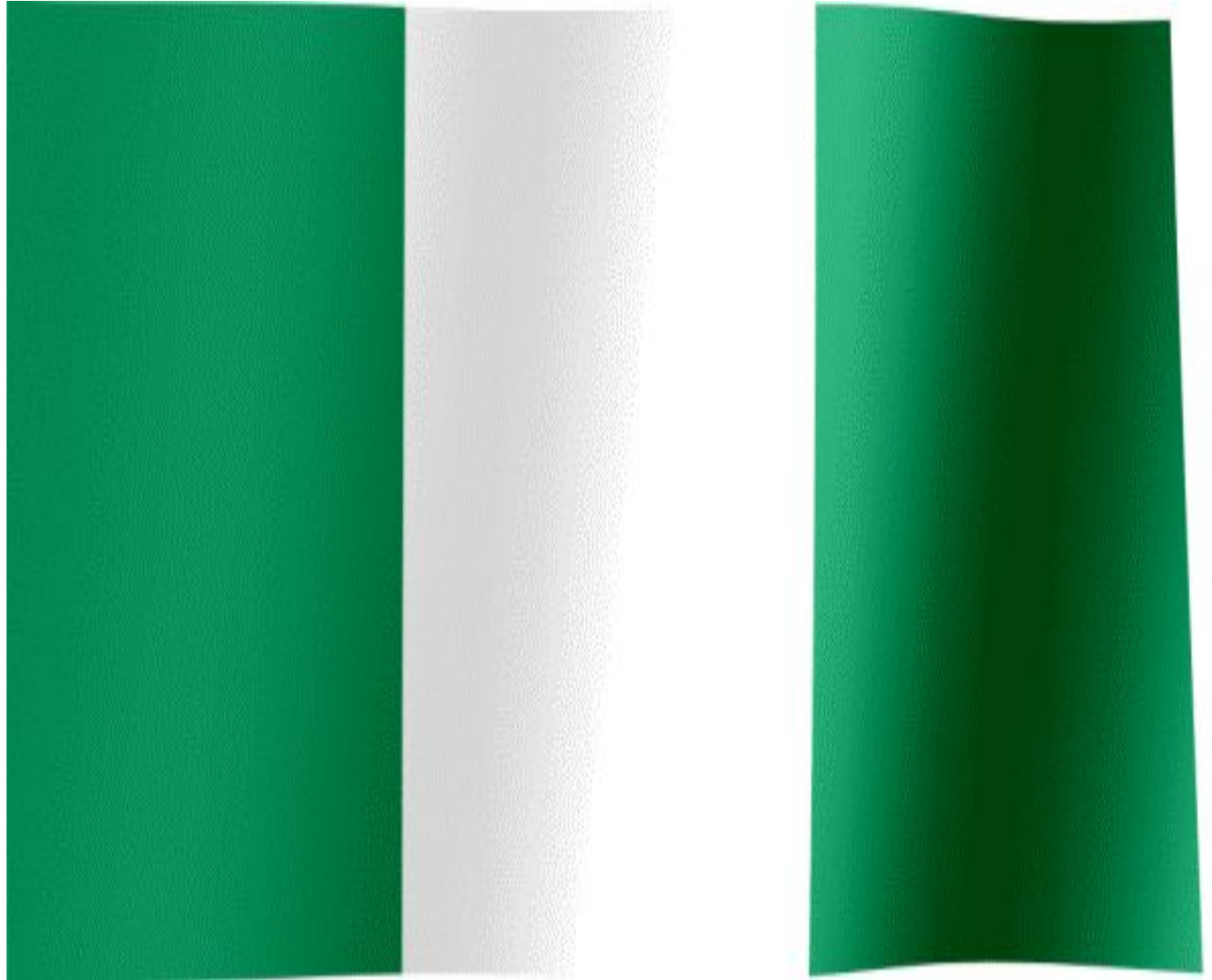
An aerial photograph of a large industrial power plant. Two tall, white smokestacks with red and black bands are prominent in the background. The plant itself is a complex of white buildings and piping. To the right, there is a large electrical substation with many power lines and towers. The foreground shows a paved road, green lawns, and some smaller buildings. The sky is overcast.

SUSTAINABILITY AND SCALE: HIV PROGRAMMING IN NIGERIA

MICHAEL AKANJI

OUTLINE

- **NOTABLE PROGRESS IN
ADVANCING HIV
PROGRAMMING**
- **PROGRAM REALIGNMENT
TRENDS**
- **SCALABLE MODELS**



NOTABLE PROGRESS IN ADVANCING HIV PROGRAMMING

Expansion of Differentiated Service Delivery (DSD) for KPs

- Community-based ART delivery and refill models
- Multi-month dispensing (MMD) of antiretroviral therapy
- Peer-led testing and linkage services
- Mobile and outreach clinics in hotspots and hard-to-reach areas

Strengthening of Community-Led and KP-Led Interventions

- Played critical roles in outreach, demand creation, and service delivery
- Established drop-in centres and safe spaces
- Provided legal aid, psychosocial support, and harm reduction services

Enhanced Multi-Stakeholder Coordination (TWG) - support harmonized programming, joint planning, and resource mobilization.

Development of National KP Guidelines and Strategic Frameworks

- National Guidelines for HIV Prevention, Treatment and Care for Key Populations (2016, revised 2020)
- National KP Size Estimation and Mapping Reports
- State-level KP Implementation Plans
- Inclusion of KPs in the National Strategic Framework for HIV/AIDS
- Consolidated service delivery guidelines On HIV and STIs for Key Populations in Nigeria
- One stop Shops
- Integration of mental Health and Human Rights Services

Dedicated sub-committee for KP programme

Scale-Up of Pre-Exposure Prophylaxis (PrEP) and HIV Self-Testing

Integration of Human Rights and Legal Literacy into HIV Programming

PROGRAM REALIGNMENT TRENDS

Transition to national ownership

Growing shift from donor-led initiatives to increased government leadership in HIV programming.

Enhance sustainability

- Need for strong policy safeguards to avoid diluting the effectiveness of specialized interventions.

Emphasis on integration and efficiency

Integration of KP services into general public health systems, particularly primary healthcare (PHC).

- Streamlining service delivery points, merging HIV interventions with reproductive health and TB services, and emphasizing cost-efficiency.
- Improve access and reduce stigma, that does not compromise the safe and confidential environments

PROGRAM REALIGNMENT TRENDS

Focus on high-impact, cost-effective programming

- Increasingly prioritize interventions that demonstrate strong epidemiological impact per dollar spent.
- Consolidation of programming in high-burden locations, and deprioritization of lower prevalence regions or interventions considered “non-core.”
- **Implication:** Vital community-led and rights-based services, such as legal aid, mental health, and empowerment programming, face exclusion from realigned funding structures.

Deprioritization of vertical KP programs

- Standalone or “vertical” KP-specific projects are being replaced with broader programs.
- KP indicators are being absorbed into general programmatic data systems, sometimes without sufficient disaggregation or attention to lived realities.
- **Implication:** Visibility of KPs in national monitoring and reporting systems may decline, undermining targeted responses and accountability.

PPROGRAM REALIGNMENT TRENDS

Shift to digital and remote service delivery

- Digital tools such as online outreach, virtual peer support, self-testing, and telemedicine.
- Scaled up as part of cost-efficient realignment strategies.
- **Implication:** While promising, digital solutions must be accompanied by digital literacy, privacy safeguards, and attention to excluded groups (e.g., disabled persons).

Pressure on community-based organization

- Community-led organizations (CLOs) and KP networks face cuts to operational costs, staff salaries, and capacity-building opportunities.
- Pressure to deliver more with fewer resources.

SCALABLE MODELS

Health insurance models

- Pilot schemes that include inclusive specific services (e.g., PrEP, STI management, psychosocial support) within public or subsidized private health insurance frameworks.
- **Scalability advantage:** Contributes to long-term financial protection and access continuity.

Mobile outreach and decentralized service delivery

- Mobile clinics and community-based distribution of services (including HIV self-testing, PrEP, condoms, lubricants, and harm reduction kit – Needle and Syringes) enable services to reach highly marginalized, mobile populations in hotspots or locations best for them .
- **Scalability advantage:** Cost-efficient and adaptable across diverse geographic settings.

SCALABLE MODELS

Task shifting to peer and lay providers

- Training and mentoring community peer educators, navigators, and community health extension workers to provide select HIV services.
- Reduction in human resources is a constraint in an overstretched health systems.
- **Scalability advantage:** Builds community ownership, ensures cultural competency, and alleviates workforce shortages.

Digital and health innovations

- Use of mobile apps, SMS platforms, social media, and telehealth to support HIV prevention, treatment literacy, adherence, appointment reminders, virtual consultations, and linkage to care.
- **Scalability advantage:** Low-cost outreach to large populations, especially youth, useful for hard-to-reach or closeted individuals.

SCALABLE MODELS

Public-private and multi-stakeholder partnerships

- Collaborative arrangements between government agencies, private providers, and civil society improve access to resources including commodities production – like local production of Lubricants, RTKs, Needles and Syringes, expand service options, and promote accountability.
- **Scalability advantage:** Enables resource leveraging and institutionalization.

Integration with social protection and livelihoods

- Incorporating livelihood empowerment, vocational training, and social safety net programs helps address structural barriers to HIV care.
- **Scalability advantage:** Supports holistic well-being, reduces vulnerability, and creates incentives for continuity in care.

Conclusion

- Sustainability requires political will, policy alignment, and funding reform.
- In scaling HIV intervention strategies, KP programs must not sacrifice inclusivity or quality.
- Community leadership is essential for resilience and responsiveness.

**SUSTAINABLE AND SCALABLE
PRIMARY PREVENTION PROGRAMS
FOR KEY POPULATIONS
REPUBLIC OF MOLDOVA CASE**

Svetlana Plamadeala

Country Director

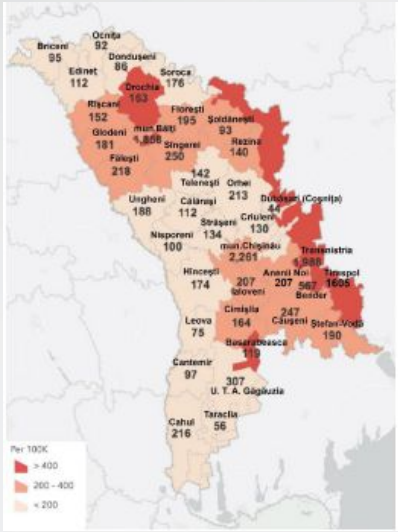
UNAIDS Moldova

KP CoP

03.07.2025

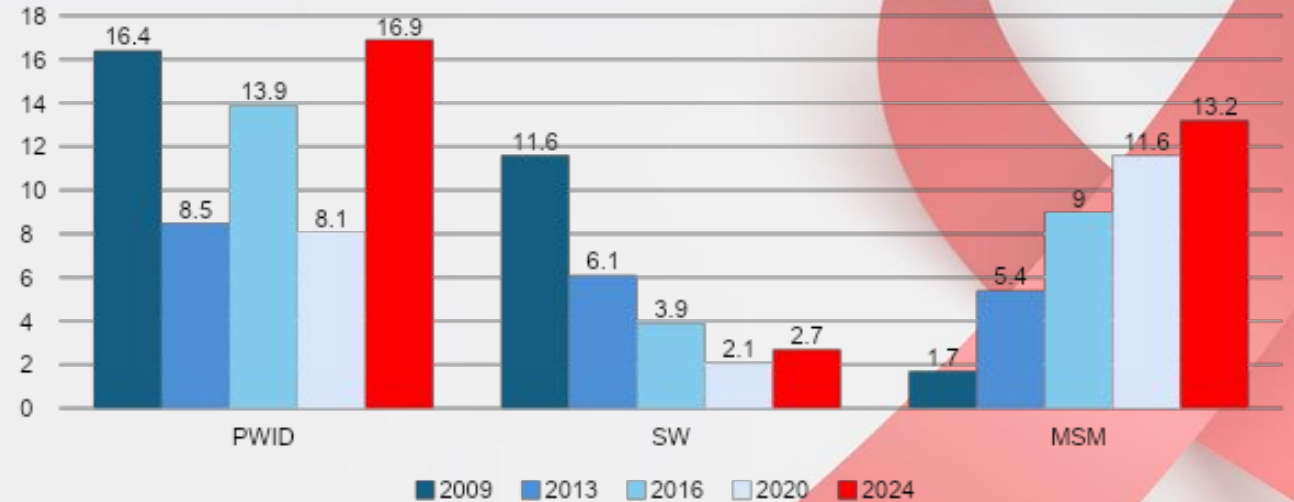


HIV data and context, Moldova



Moldova neighbors
Ukraine and Romania
Total population: 2.4 million

HIV prevalence in key populatons, %, 2009-2024 (IBBS)



Indicator	#
Cumulative cases (1987-2024)	17914
Nr of cumulative death (1987-2024)	5588
PLWH alive (2024)	11 890

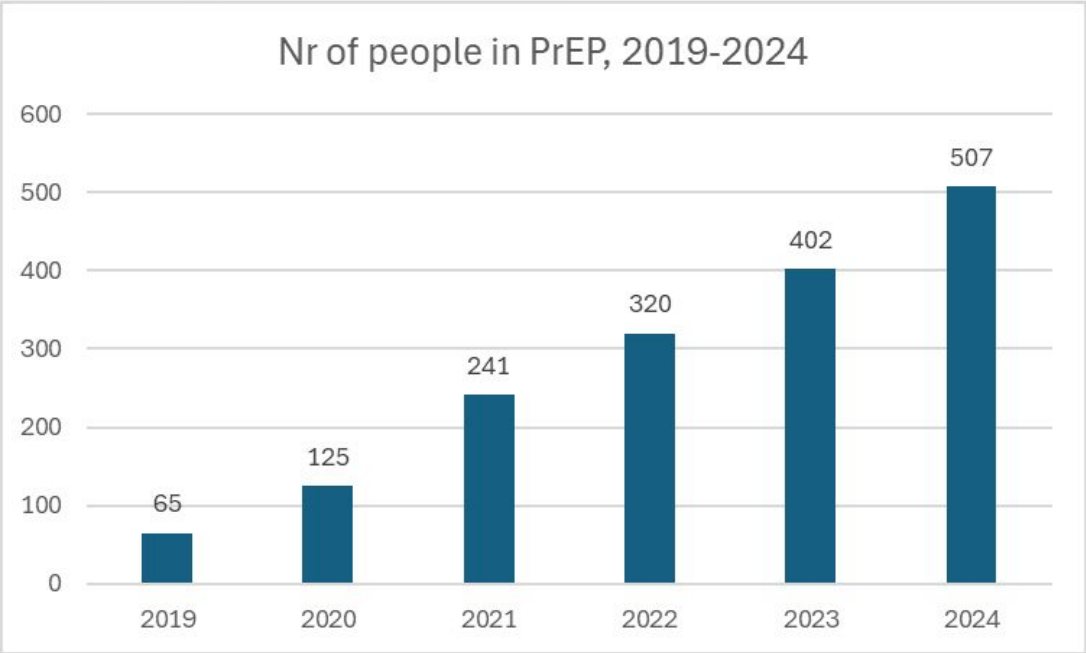
Coverage of KP with prevention services, 2024	Estimated	Covered	%	% Target
% PWID coverage (a.n. and %)	27 500	14712	53,4	87,0%
% SW coverage (a.n. and %)	15 800	7730	48,9	81,0%
% MSM coverage (a.n. and %)	14 600	7251	49,6	64,0%

HIV prevention milestones and design



- 1st priority with the NAP 2021-2025
- On site: 10 NGOs and 18 prisons for prevention
- Outreach, rapid testing, TB screening
- Pharmacies: 2022
- Mobile clinics (regional coverage): 2016
- Vending machines: 2023
- Peer to peer in prisons (since 2000)

PrEP coverage



HIV prevention innovations

- Peer to peer prevention in prisons
- Self-testing through pharmacies
- Vending machines for KP in friendly places
- Attractive package of services and RBM top ups for peers
- Real time data monitoring & digital CLM
- Coverage with prevention services from National Health Insurance company



HIV/TB/HV/STI prevention in refugees from Ukraine

- **Interconnectivity of NGOs active in HIV field in the region of Eastern Europe, Central Asia and Central and Western Europe to support people to get ARV**
- **Integrated services centered on people: HIV & TB & hepatitis & OST with NCDs/mental health/SHRH & GBV referral&humanitarian support**
- **NGOs accreditation in TB screening and HIV rapid testing/community-based PrEP**
- **Diversifying the approaches and adjusting to communities' peculiarities:** close work with LPAs; integration into refugees' mechanisms: Blue DOTS; web reaching; Work in RACs etc
- **Answering equally to the local communities needs**

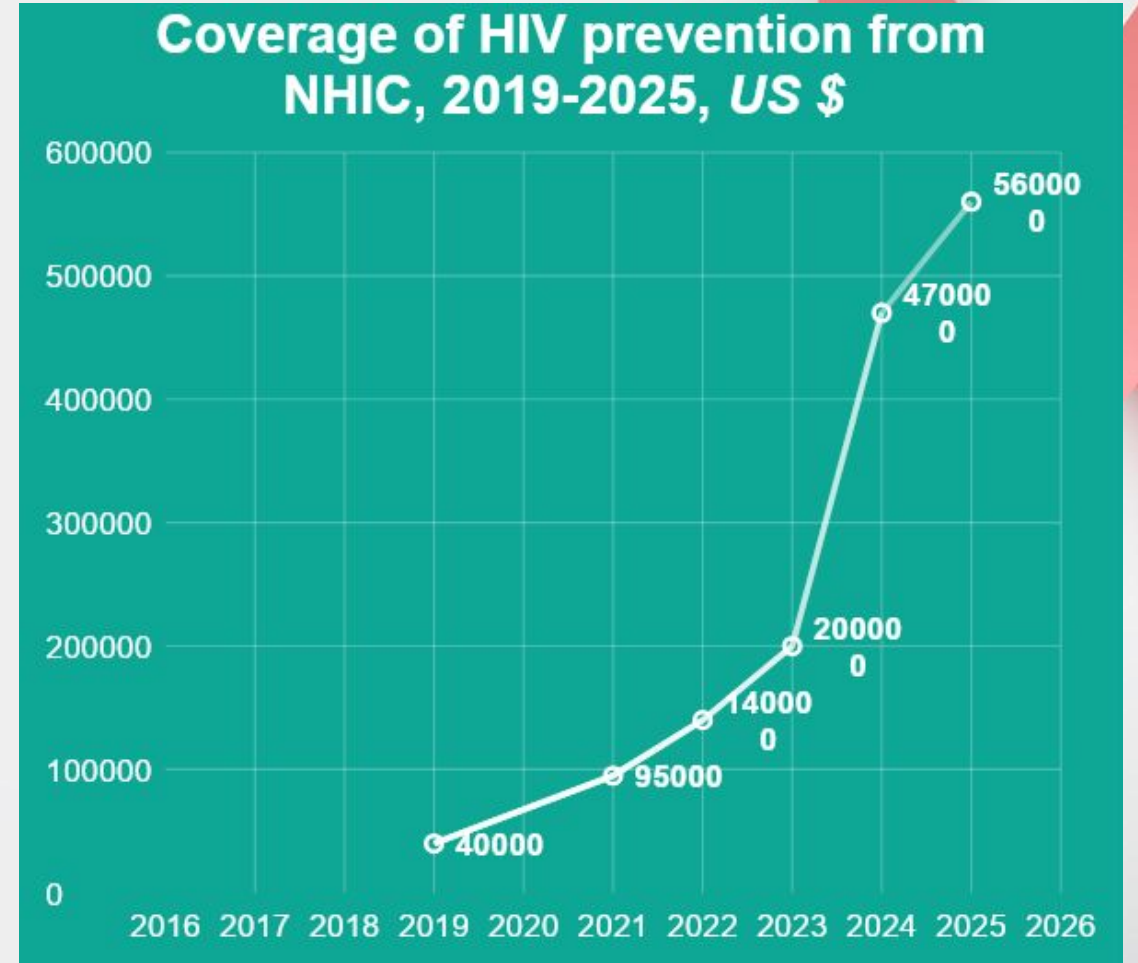
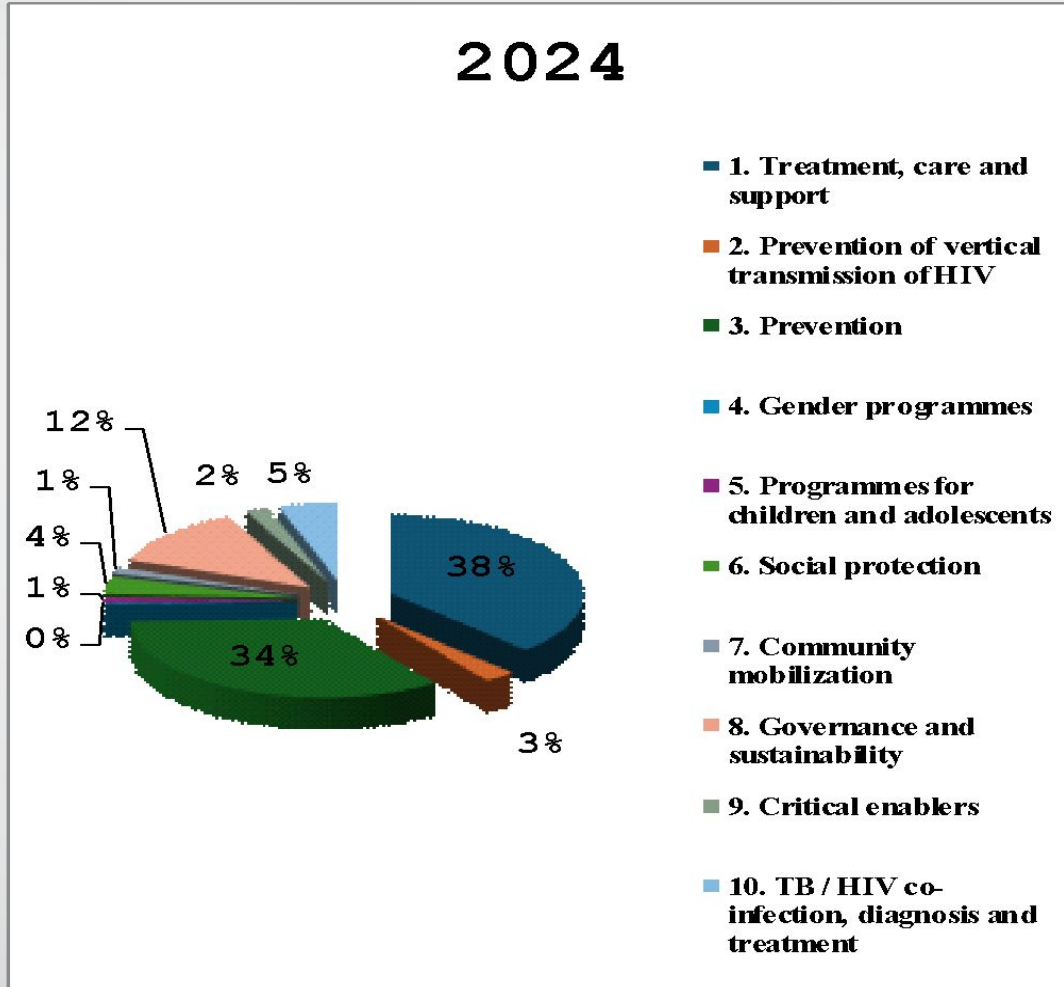


Refugees coverage 2022-2024, a.n.



Information about and provision of at least one harm reduction service	10746
Registered beneficiaries of Harm Reduction programs all over the country	4701
HIV/TB/HCV screening	3337
Referral to health, legal and social services	2046
Psychological support (first aid)	3580
Social support services provision	2282

HIV prevention coverage from domestic funding



Summary



Evidence and data were crucial in programing, measuring and advocating



The government and political will is leading the policy decisions and resources



Normative acts, such as standards for prevention, costing the services, NGOs services accreditation and procurement mechanisms were vital



Strong existent infrastructure for implementation and achievements



Continuous dialogue and partnerships

Thank you



5 | Community perspectives

Roberto Paulo, Mozambique 

- 1
- 2
- 3
- 4
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Apresentação da Lambda Moçambique

Maputo, 03 de Julho de 2025



ESTRUTURA DA APRESENTAÇÃO

- Breve apresentação sobre a Lambda
 - Contexto de Moçambique
 - Barreiras que afectam o acesso aos serviços de HIV
 - Preocupações da comunidade com a programação actual ao HIV
 - Recomendações
 - Chamada para a acção
- 

Associação Moçambicana para a defesa das Minorias Sexuais

Criação, 13 de
Outubro de 2006

Visão: Uma sociedade onde os direitos humanos dos cidadãos LGBT são respeitados, garantidos por lei e assegurados pelo Estado.

Missão: Liderar o movimento LGBT e mobilizar a sociedade, tornando-a mais favorável à promoção e garantia dos direitos económicos, políticos e sociais dos cidadãos LGBT.

Contexto e Voz da Comunidade em Moçambique

- A prevalência do HIV em adultos (15-49 anos) é estimada em 12,5%.
- Moçambique define os grupos de população-chave segundo a classificação da OMS.
- Moçambique despenalizou relações homo afectivas em 2015.
- O PEN V estabelece como valores a não discriminação com base em SOGIE.
- A constituição de população-chave está representada no MCP.
- O trabalho de sexo em Moçambique não é crime, pese embora não esteja regulamentado.
- Moçambique aprovou em 2016 a directriz de atendimento a Pop Chave.
- As ordens executivas do governo americano impactaram negativamente nos programas de População-chave e promoção de direitos LGBTQIA+ promovendo um retrocesso abismal.
- A lei 3/97 é um desafio, pois criminaliza as pessoas que usam drogas.
- Muitas organizações de população chave e LGBTQIA+ não conseguem registo oficial.

Realidades Vividas das Pessoas LGBT na Prevenção do HIV

- Apesar de o PEN V, a directriz de atendimento as populações chave serem instrumentos aprovados pelo governo, ainda verifica-se exclusão na provisão de serviços às Populações-chave.
- Boa parte dos servidores públicos continuam a oferecer tratamento desigual e julgativo, o que desencoraja a procura dos mesmos.
- O fraco nível de escolaridade e deficiente acesso ao emprego formal aumentam o nível de vulnerabilidade das Populações-chave face ao HIV.
- Os programas de redução de danos são constantemente secundarizados ou enfrentam barreiras para ter aceitação das autoridades.
- A recente política reactiva a DEIA tem estado a limitar a oferta de serviços para a comunidade LGBTQIA e a aumentar os discursos de ódio e elevar os movimentos anti direitos LGBTQIA+.

Preocupações da Comunidade com a Programação Atual do HIV

- Extrema dependência da ajuda externa para a operacionalização da resposta ao HIV em Moçambique, onde 97% é apoio de doadores, o que aumenta o nível de exposição a choques externos.
- Os serviços de saúde são concebidos numa perspectiva heteronormativa, o que faz com que faltem serviços especializados para a comunidade LGBTQIA+.
- Reduzido número de profissionais de saúde sensíveis às questões de SOGIE e direitos humanos das Populações-chave.
- Fraco nível de desagregação de dados relacionados à comunidade LGBTQIA+, com enfoque para as pessoas trans, exacerbada recentemente com as ordens executivas o que aumenta a invisibilidade.
- Fraco nível ou ausência de apoio estrutural (assistência jurídica, educação, cuidados de afirmação de género).

Recomendações da Comunidade para Programas Escaláveis e Sustentáveis

- Aumento do envolvimento da comunidade no desenho e implementação de programas voltados a resposta ao HIV.
- Integração do módulo de SOGIE e Direitos humanos na capacitação de profissionais de saúde a todos os níveis, como forma de reduzir o estigma e discriminação.
- Assegurar que os modelos diferenciados permitam a dispensa de medicamentos (PrEP e TARV) ao nível dos comunitário (centros comunitários/drop in centres).
- assegurar a disponibilidade de insumos de prevenção, sobretudo lubrificantes no sistema nacional de saúde.
- Estabelecer um mecanismo de seguimento de beneficiários eficaz combinando os códigos únicos de identificação gerados no nível comunitários e os números de identificação de doentes gerados nas unidades sanitárias.
- Aumento do nível do financiamento doméstico para a resposta ao HIV, através do OGE e de contribuições do sector privado local.

Chamada à Ação: Construindo Parcerias para o Impacto



- Descriminalização das pessoas LGBTQIA+ e População-chave, para que se reduza o estigma e discriminação.
- Registo de organizações LGBTQIA+ e População-chave, para que possam ser mais interventivas garantindo alcance de grupo de difícil alcance.
- Alinhar as estratégias e políticas as experiências vividas pela comunidade.
- Conceber e implementar programas mais inclusivos e menos heteronormativos.
- Considerar a perspectiva de direitos humanos em todas as abordagens ligadas a resposta ao HIV.

THANK YOU

THANK YOU

MERCI

MERCI

LOGOTYPE

ORGANIZATION

TERIMA KASIH

TAKK

DANKESCHÖN

KÖSZÖNÖM

PAKKA PÉR

GRAZIE

DANKE

DANK U

KÖSZÖNÖM

OBRIGADO

GRAZIE

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TEŞEKKÜR EDERİM

ありがとう

DANK U

DANKESCHÖN



6 | Panel discussion

Clemens Benedikt, GPC 

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7 | Closure

Clemens Benedikt, GPC 



Thank you for joining us today!

Reach out to us

South-South Learning Network

<https://www.hivinterchange.com/contact-us>

GPC

hivpc@unaid.org

Find all our webinar recordings on the SSLN website under our Events page,

