The African Key Populations’ Declaration

We, the undersigned African Key Populations’ comprising of diverse communities of people living with HIV, young people, particularly young women, adolescents, trans-diverse persons, women who have sex with women, lesbian, bisexual and queer women, sex workers, people who use drugs, gay men and men who have sex with other men and our allies represented at the Key Populations Pre-conference of the 2019 International Conference on AIDS and STI in Africa (ICASA) held from 29 to 30 November 2019 at The Ubumwe Grande Hotel in Kigali, Rwanda;

Recognize and applaud the increase in investment to the global health response particularly the replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the attention put on addressing the epidemic at the grassroots level;

Welcome the commitment of the United Nations member States to achieve universal health coverage (UHC) by 2030, with hopes that this commitment will benefit the often-marginalized and criminalized groups in healthcare delivery.

However, we are,

Deeply concerned that the policy, cultural, legal environment, and criminalization of sex work, same-sex relationships and drug use continue to scale down access to HIV prevention and treatment services; thereby limiting Key Populations programming outcomes and slowing down the accomplishment of the 95-95-95 targets to ending AIDS epidemic by 2030;

Appalled by the poor state of healthcare system that often impedes the quality of the HIV programming minimum package for Key Populations including comprehensive Sexual and Reproductive Health and Rights (SRHR) services for adolescents and young Key Populations, Trans-diverse persons and Gender non-conforming persons;

Disappointed by the situation of safety and security and the insufficient lack of attention on the issues affecting further-disadvantaged Key Populations including but not limited to Refugees and persons suffering gender-based violence and harmful practices;

Further disappointed by the low availability of prevention and treatment commodities such as the provision of Pre-exposure Prophylaxis (PrEP), Post-exposure Prophylaxis (PEP), Water-based lubricants, Methadone, and Needles & Syringes;

Deeply concerned by the poor engagement and inclusion of domestic Key Population-led organizations’ by lawmakers, donors and international implementing agencies, in decision-making processes including in national priority setting, programme development and funding.

Alarmed by the lack of gender-sensitive health services, which forces trans-diverse persons to resort to self-medication which does not meet the minimum standard of quality health service provision
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Therefore, we demand the following;

1. Support and fund community-led advocacy and litigation to secure protective laws and policies that address stigma, discrimination and prejudice against Key Populations.

2. Protect open spaces for civil society organizing, formation of associations and registration without exception of any kind including on the basis of the explicit label of the target group.

3. Realize the full decriminalization of HIV transmission, exposure and non-disclosure, same-sex sexuality, sex work, drug use, and ensure full legal gender recognition for transdiverse, and intersex people, across Africa;

4. Provide direct and increased funding to key population-led programmes, including advocacy, scaling up capacity strengthening initiatives, and increase accountability in the expenditures, procurement and funding allocations by intermediary international implementing organizations’ in Africa, so as to ensure sufficient programme support and skills transfer at the grassroots level;

5. Extend and scale-up full access to essential prevention and treatment commodities for key populations, particularly Pre-Exposure Prophylaxis for all who need it; methadone and needle and syringe exchange for people who use drugs; lubricants for sex workers, trans people, and men who have sex with men; and timely diagnosis and treatment for key populations yet to be reached in current program coverage, which remain insufficient and at a lower scale;

6. Ensure effective and meaningful engagement and leadership of key populations in decision making on HIV, STI & TB research; monitoring and evaluation of service delivery, and in funding for health by domestic governments across Africa as well as Global health institutions such as Global Fund, and PEPFAR;

7. Introduce and scale up continuous public health care providers’ training covering the knowledge, attitudes, and skills essential for patient-centered care according to the differentiated needs of men who have sex with men; sex workers; people who use drugs; trans, gender diverse, and intersex people; and lesbian, bisexual and queer women;

8. Include and scale up mental health services within health programs and gender-based violence responses for key populations; including lesbian, bisexual and queer women; and trans, gender diverse and intersex people;

9. Provide grants for the economic empowerment of key populations as a means of addressing the root causes of exclusion through structural interventions that address the socio-economic drivers of vulnerability to HIV infection and transmission, and disease progression;

10. Distinguish and implement comprehensive HIV responses and gender affirming health service provision for underserved vulnerable communities, including trans diverse and intersex people,
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lesbian, bisexual and queer women; young key populations; key population refugees, asylum seekers and internally displaced, and key populations in situations of crisis and insecurity;

11. Ensure that Universal Health Coverage (UHC) addresses prevention, treatment, care and support for key populations beyond the insurance aspect.

As key populations and marginalized communities we commit to sustaining our organizing whilst taking stock of the challenges and gains over the years and in spirit keep holding ourselves accountable to operate with professionalism and transparency.

We will continue to work in solidarity with each other and other marginalized and vulnerable groups including youth and adolescent women and girls, people living with different bodily abilities, migrants and displaced persons; mobilize and organise our communities, including key populations living with HIV.

We will intensify efforts to engage, educate and sensitize governments, regional and sub-regional bodies and other relevant stakeholders; and be present and committed in the forefront of interventions; hold ourselves, governments, and other stakeholders accountable.

Finally, we call on human rights organizations, as well as those working on health and HIV, broader civil society and other stakeholders to stand in solidarity with, and demand accountability and investment in key populations-led initiatives to ensure sustainable and strong systems that respond to different Key Population needs.