EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

EHPSA Case Study series:
Included! How change happened
for key populations and HIV prevention

EHPSA Discussion Paper

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Executive Summary

In the past 15 years, there has been increasing recognition of the significant contribution of key populations – men who have sex with men, sex workers, people who inject drugs and people in prison – to HIV transmission in eastern and southern Africa.

In some countries in eastern and southern Africa, the heightened need for effective HIV prevention for key populations has been recognised and positive steps have been taken. In other countries, conservative social values mean that antagonism towards key populations remains widespread, and politicians are wary of being seen to be supportive of key populations. In many countries policy and programming for key populations remains weak. In the language of the Sustainable Development Goals, these populations will potentially be 'left behind'.

EHPSA commissioned research to understand notable examples where positive change for HIV prevention has come about for key populations, even in countries with hostile socio-legal environments. This review of nine illustrative case studies covering the four key populations – men who have sex with men, sex workers, people who inject drugs and people in prison – found many common factors in terms of actors and factors that contribute to change.

Researchers, public servants, different dimensions of civil society and international entities such as WHO, UNAIDS, PEPFAR and the Global Fund were important actors. Factors contributing to change were divided between those that contributed to the environment that enabled change, and tactics that brought about change in this context.

Important contributors to the enabling environment were catalytic events (positive and negative); CSOs (of various forms) that were present and had the capacity to respond; champions that provided leadership; the availability of quality evidence and international policies for adoption; research institutions expecting to engage on findings; and, evidence-based practice in government.

Two tactics were highlighted: (1) persistent and sustained commitment in a context where even the first steps of change may take more than ten years; and, (2) using a narrative that resonated with the public. This approach to framing inevitably supported the argument that members of key populations should receive support to reduce the risks of HIV transmission on health grounds, while prohibitive legislation remained in place.

Finally, the paper raises a number of strategic issues for civil society and other influencers that stem from its findings, particularly around whether organisational policy and procedures enable the most effective interventions to bring about positive change for these marginalised groups.

1. Introduction

In the past 15 years there has been increasing recognition of the significant contribution of key populations – men who have sex with men (MSM), sex workers, people who inject drugs and people in prison – to HIV transmission in eastern and southern Africa.

In some countries in eastern and southern Africa, the heightened need for effective HIV prevention for key populations has been recognised and positive steps have been taken. In other countries, conservative social values mean that antagonism towards key populations remains widespread, and politicians are wary of being seen to be supportive of key populations. In many countries policy and programming for key populations remains weak. In the language of the Sustainable Development Goals, these populations will potentially be 'left behind'.

EHPSA therefore commissioned research to understand the notable examples where positive change for HIV prevention has come about for key populations, even in countries with hostile sociolegal environments. Research took the form of nine illustrative case studies chosen to cover all four key populations, in five countries, regardless of the approaches used to bring about change (see Table 1).

These case studies investigate the processes that led to a significant step, or steps, in furthering HIV prevention. They also identify the key actors and understand important contributing factors and tactics that brought about the change. The analysis specifically reviews the role of civil society organisations in contributing to change for 'people left behind'.

Table 1: Case studies, focus population and focus country

Case study	Focus population	Focus country
Fellow Kenyans: How Kenya achieved national HIV policy commitments for key populations by 2010. Read…	Key populations together Sex workers MSM	Kenya
Changing attitudes in Kisumu: Reducing discrimination and improving inclusion for men who have sex with men in the context of HIV, Kisumu County, Kenya. Read…	MSM	Kenya
Pollsmoor: Reducing overcrowding in a South African remand detention facility. Read…	People in prison	South Africa
Out of sight: Addressing sexual violence in South African prisons. Read…	People in prison	South Africa
Cracks in the walls: Access to improved services for HIV in Zambian prisons. Read…	People in prison	Zambia
From prohibition to harm reduction: HIV prevention policy for people who inject drugs in Tanzania. Read…	People who inject drugs	Tanzania
Just bad laws: The journey to the launch of South Africa's National Sex Worker HIV Plan. Read…	Sex workers	South Africa
PrEP for Sex Workers! Public sector policy and implementation in South Africa. Read…	Sex workers	South Africa
A Manual for Swaziland healthcare workers: A cooperative venture in developing a key population manual. Read…	Key populations together, particularly Sex workers MSM	Swaziland

Although the case studies were limited to key populations in the context of HIV, we believe that the findings will be of value for other left-behind groups that face stigma and discrimination and may be excluded – for example, the disabled, those with mental health problems, the elderly and refugees and other migrant populations.

This paper highlights significant findings in terms of actors and key contributing factors for change across the portfolio of case studies. It then draws out issues for reflection and provides insight into approaches that have been effective at influencing change, particularly for civil society and other influencers.

About this paper

This paper is part of the series *Included! How change happened for key populations for HIV prevention* commissioned by EHPSA to the Nordic Consulting Group. The full series of nine case studies will be available on the EHPSA website at http://www.ehpsa.org/critical-reviews/included. The series was based on both literature research and interviews with key actors. Professional researchers were engaged who were committed to being objective and evidence-based. However, at the end of the day, the resulting case studies are narrative accounts, and as such it is difficult to entirely eliminate the possibility of bias.

About EHPSA

Evidence for HIV Prevention in eastern and southern Africa (EHPSA) is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, men who have sex with men and people in prison, through generating evidence of what works and why, and developing strategies to inform policy-making processes. It is a five-year programme funded by UK aid and managed by Mott MacDonald.

2. Findings

2.1 Key actors

A wide range of actors were involved in bringing about change. These included:

Researchers

Although researchers were based in local institutions, they were both local and international. It is striking that many researchers had strong links with institutions in the US, Canada and Europe and accessed large international grants. Many research organisations were also health-service providers and were thus able to progress from proof of concept to testing implementation in demonstration projects to full scale-up. Researchers often worked with local key-population groups and ran clinics through which they would carry out research as part of service provision to a key population cohort.

These two approaches – working with key population groups and running the clinics – provided insights into what it means to be a member of a key population group. Research experience informed policy, guidelines, programme delivery and the tools used to support implementation. Some researchers were contributors to the guidelines used to set international and national norms.

Public servants in government departments

Senior managers, especially in national departments of health and national AIDS councils, took the lead in many cases and were the champions who navigated difficult issues through government, putting their own positions on the line in pushing forward HIV prevention for key populations in conservative environments.

Civil society

A range of civil society players were involved:

- Implementers – These were often linked to research institutions and provided evidence of what could work, and the associated costs and benefits. There was often strong collaboration with government institutions.

- Key-population organisations – Many key-population organisations started small as groups of individuals that grew with an increase in political and social acceptance, and funding. Generally, they were informants for change – rather than drivers – at national level, that benefitted from change and helped to consolidate and further it through increased organisation of key populations, managing programmes and speaking out.

- Advocacy organisations – In South Africa, strong NGOs with established reputations and good research skills and political analysis played significant roles. There was little mention of mainstream human rights organisations in other countries.

- International NGOs provided funding and technical support to emerging KP organisations and made international connections and representations.

International agencies: UNAIDS, WHO, PEPFAR, Global Fund

In the early 2000s, international agencies made a policy decision to place greater emphasis on key population. They set international norms that led positive movement in many countries. The exceptional amounts of funding they disbursed for research and implementation were critical to changing policy and programming at national level.

Parliament

In South Africa, the Parliamentary Portfolio Committee played an important role in exerting the requisite pressure for improvements to prison conditions and secured sign-off of a policy to address sexual violence in South African prisons. There was no mention of Parliament in any of the other study countries.

Accountability bodies

The South African prison oversight body, the Judicial Inspectorate for Correctional Services (JICS), played an important role in providing evidence through its own inspections and the presence in prisons of members of its Independent Visitors programme. Judges of the Constitutional Court who exercised their right to inspect prisons provided detailed and high-profile evidence critical to generating media interest and prepare for litigation. In Kenya, the Human Rights Commission published a powerful report in 2011 on LGBTI people in the context of the new progressive constitution.

National and international media

Although our research has uncovered national media coverage of key population issues in many countries, the media was not mentioned in stakeholder interviews. The exception was in South Africa where investigative journalists ensured that there was high-profile coverage in both local and international media of the appalling conditions at Pollsmoor prison, which exerted additional pressure on prison authorities.[3]

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3   See, for example, the CNN documentary video: CNN Amanpour, 2016. Inside South Africa's notorious Pollsmoor prison. 24 February 2016. Available at http://edition.cnn.com/videos/tv/2016/02/24/pkg-david-mckenzie-cape-town-jail-amanpour.cnn

2.2 Contributing factors

To identify the critical factors that contributed to the achievements, this paper makes a distinction between those that created an enabling environment for change, and the tactics used to bring about change within this context. Inevitably, there is some overlap of these.

Creating an enabling environment

The factors that contributed to creating an enabling environment were ranked in order of frequency across the portfolio of nine studies. In brief they were:

Factor	Brief description
Catalytic events	These events caused decision-makers to review long-held positions and to be open to change because of new circumstances. They were either crises or positive developments.
CSOs (of various forms) present and had capacity to respond	Civil society in various forms was available and had the capacity to contribute to bringing about change.
Champions provided courageous/ competent leadership	Champions emerged to invest time and energy into achieving change. Given the sensitivities regarding KPs, this required courage; many showed political wisdom.
Quality evidence available	Reliable, irrefutable evidence from high-quality research was made available.
International policies available for adoption	Global organisations developed policies and guidelines for more effective HIV interventions and promoted adoption by governments in the ESA region.
Research institutions expecting to engage on findings	Research institutions that had developed evidence expected engagement with stakeholders over its significance.
Technical Working Group	This group brought together stakeholders – policymakers, researchers, civil-society representatives and donors to work for solutions to a shared concern.
Evidence-based practice in governments	Governments accepted that any new policy and programming developments should be informed by the evidence available.
External funding available for research and implementation	Funding from international donors such as the Global Fund and PEPFAR, bilaterals (e.g. DFID and SIDA) and international NGOs.

Catalytic events

The backdrop to our studies was that, from the late 1980s, HIV caused a long-term crisis across the ESA region, with major social and economic consequences. Yet it was only in the 2000s that the situation of key populations and their contribution to this crisis began to be fully understood. This in turn provided opportunities to respond to the needs of key populations, bearing out Friedman's view[4] that a crisis must precede real change. Duncan Green[5] expresses the argument as follows:

> *Such 'critical junctures'…. force political leaders to question their long-held assumptions about what constitutes 'sound' policies, and make them more willing to take the risks associated with innovation, as the status quo suddenly appears less worth defending.*

This effect of crises was common to all the case studies, but we also found examples of positive events that triggered change. Accordingly, we prefer to describe them collectively as 'catalytic events'.

The nature of the contributing crises varied significantly, as did the stakeholders that were influenced. In many cases, a situation built up over time before there was sufficient recognition to bring about change. The availability of a well-researched survey that confirmed a crisis was catalytic in the cases of key

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4   'Only a crisis—actual or perceived—produces real change' in Friedman, M., 2009. Capitalism and freedom. University of Chicago Press, p. ix.

5   Green D.,2016. *How change happens.* Oxford: Oxfam GB.

populations in Kenya (MoT, 2008) and Swaziland (BBS Survey, 2011), PWID in Tanzania, sex-workers in South Africa (IBBS, 2014) and prisoners in Zambia (Simooya et al., 1999). In other contexts, it was an actual event that was critical – as with the moves against LGBTI people in the Ugandan parliament that triggered the establishment of NYARWEK in western Kenya, and the death of an inmate from rat-borne infection at Pollsmoor that cemented a decision by civil-society actors to launch litigation. Whilst many crises brought about a response from policymakers or NGO leaders, in Kenya the post-election violence in late 2007 and early 2008 shifted public perceptions of members of key populations from antagonism to 'fellow Kenyans'. This provided political space for increased programming and progressive policies.

Box 1: Catalytic events: South Africa – Integrated Biological and Behavioural Surveillance Survey (IBBS) relating to sex workers, July 2013–Feb 2014[6]

Key findings:

- Robust data demonstrated extremely high HIV-prevalence estimates for female sex workers, particularly those aged 25+; low uptake of ART, and indicators of high incidence of HIV. There were also high rates of excessive alcohol use, non-medical drug use, and physical and sexual assault.

- Little contact with peer educators: Only in Johannesburg was a minimum of a third of female sex workers reached.

- Size estimates proved the significant extent of this key population.

Some positive developments were equally dramatic. The appointment of a reformist prison commissioner in South Africa transformed the attitude within the prison service towards acknowledging and addressing sexual violence, which provided momentum that outlived the commissioner's short tenure.

Civil society organisations present, with the capacity to respond

As we have seen, a range of civil-society actors made important contributions. Given the important role evidence played in bringing about change, research organisations were significant in many contexts, particularly those with implementing roles who expected to engage with their results.

There were other organisations that were also adept at creating or adopting evidence, and at finding effective ways of engaging in influencing. Many KP organisations started small as organised groups of individuals and grew as political and social acceptability improved and funding became available, even though legislation remained unfavourable.

Significant policy advances were often a trigger for growth. In most countries, where interventions focused initially on sex workers the existence of MSM was denied and consequently, little was known about their situation. However, as the acceptability of key populations grew, it was often MSM/LGBT organisations that took the lead in terms of managing funding and representing the key-population sector as a whole. Both sex worker and MSM/LGBT organisations have been vocal in calling for change, and have drawn from their own experiences to support the cause.

International NGOs provided funding and technical support to emerging KP organisations and made international connections and representations.

Strong local human rights organisations played a critical role as advocates in South Africa but were not evident in other study countries.

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6   UCSF, Anova Health Institute, WRHI. South African Health Monitoring Study (SAHMS), 2015. The integrated biological and behavioural survey among female sex workers, South Africa 2013–2014.

Influential Champions

Inspiring individuals showed competence, innovation, courage, dedication and political wisdom in reading opportunities to pursue progressive positions. Many were highly placed managers in government who appealed to evidence becoming available locally, and emerging international norms. Many maintained their role for many years; the tenure of others was short but catalytic.

Champions also came from civil society, many speaking passionately from lived experience and also demonstrating tenacity and determination.

> ### Box 2: A champion, albeit briefly: a progressive National Commissioner at the South African Department of Correctional Services (DCS)
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> Vernie Petersen's appointment in May 2007 to the most senior position in DCS brought hope to hard-pressed advocates of improved responses to sexual violence in South African prisons. Petersen's background was different from most corrections officials; before a series of management roles at DCS, he had served at a social justice NGO, NICRO, and was highly aware of, and engaged in, issues of sexual violence in prisons and had a Master's degree in social science from the University of Cape Town.
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> In June 2008, Commissioner Petersen organised a day-long workshop on prisoner rape. Two NGOs, Just Detention International (JDI) and the Centre for the Study of Violence and Reconciliation (CSVR) were invited to present papers. In his opening remarks, Petersen praised their work. During the seminar, Petersen spoke in blunt terms about sexual abuse in prisons and the obligation of the state to provide safe and humane custody. This was a landmark moment; never in DCS's history had any high-ranking official, let alone the commissioner, been as candid about the department's failure to keep prisoners safe. Petersen even invited the press to the seminar, which ensured that his calls for greater accountability reached far and wide.
>
> Commissioner Petersen invited JDI and CSVR to work with DCS, which opened more doors for pilot training programmes. However, by late 2008, leadership in DCS was fracturing and Petersen was transferred to another national department. Despite this, the momentum for reform initiated by Petersen was sufficiently strong for the partnership with the NGOs to continue. Eventually, in 2013, the minister of correctional services approved a policy to address sexual abuse of inmates in DCS facilities.

Quality evidence was made available and was used

It was quality evidence, rather than political rhetoric, that drove change. As indicated, in many situations, the availability of results from epidemiological surveys was catalytic. These results provided challenging insights into the exceptionally high HIV prevalence found in KPs, their disproportionately high contribution to new infections nationally, their sexual connectivity with the general population and the surprising size of what had until then been denied and invisible populations. The evidence also confirmed the poor reach of services and continuing social constraints that contributed to this lack of access to health services.

Much of the research was funded internationally with the expectation that it would be used for academic, policy-making and programming purposes, and that researchers would engage stakeholders with their results. Similarly, champions in government took cognisance of evidence, and used it to support policy change. In Kenya, the close relationship between the University of Nairobi and the government meant that early research results fed into policymaking; in South Africa, the establishment of a technical working group ensured that evidence shaped the design of pre-exposure prophylaxis (PrEP) rollout. At times, evidence made uncomfortable reading for government, particularly when antagonism to key populations constrained progress.

Civil society was effective at using evidence to highlight serious situations, lobbying government, working with the media to increase pressure, and, in the case of overcrowding at Pollsmoor Remand correctional facility, informing litigation. However, with exceptions such as members of the SANAC Sex Worker sector in South Africa, there were few examples of systematic collaboration between biomedical researchers and civil society. Generally, researchers engaged directly on their findings, and civil society adopted findings or commissioned their own research and then advocated with these research results.

Box 3: The role of evidence: Tanzania and PWID

Publishing results in academic journals is usually not enough to sway public opinions or influence government officials, so researchers were determined to disseminate the facts to a broad range of stakeholders. On World AIDS Day in December 2006, the Muhimbili University of Health and Allied Sciences (MUHAS) and the University of Texas School of Public Health conducted a workshop in Dar es Saalam to report the peer-reviewed results of their epidemiologic research and to highlight the issue of injecting drug use and HIV. Members of the Tanzanian parliament, NGOs, donor agencies, and the news media attended the workshop. This dissemination of facts provided the impetus for the state and donor agencies to respond to the HIV epidemic among people who inject drugs in Tanzania.

Quoted from: Ratliff E.A., et al. Harm reduction as a complex adaptive system: A dynamic framework for analyzing Tanzanian policies concerning heroin use.[2]

Global policies available for adoption

From the first decade of the new millennium, multilateral organisations such as UNAIDS and the World Health Organization began actively encouraging national governments to pay attention to the HIV-related needs of key populations and vulnerable groups. This unlocked a large amount of donor-funding for key populations and influenced national policymakers to take up the issue. These global organisations also produced international guidance on recommended practice that was frequently updated and was highly influential in a top-down way. Many public servants accepted it as best practice in their response to HIV, and accepted that this was necessary to receive funding. The rapid adoption in South Africa of revised WHO guidance that PrEP should be made to available to people at substantial risk (and hence sex workers) is a powerful example of the influence of such international guidance, as illustrated below.

Table 2: Timeline for the introduction of PrEP for sex workers in South Africa[8]

Date	Development
Sep 2015	WHO launched revised guidelines with a significant change in respect of PrEP – replacement of recommendation of PrEP for MSM with broader guidance that it should be offered to people at substantial risk.
Oct 2015	South Africa PrEP Technical Working Group established
Nov 2015	SANAC gains approval for PrEP for sex workers
Jan 2016	Decision made to prioritise PrEP for sex workers
Mar 2016	Announcement that PrEP will be made available to sex workers first in the public sector
May 2016	Implementation of PrEP for sex workers in the public sector

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7   Ratliff, E.A., et al., 2016. Harm reduction as a complex adaptive system: A dynamic framework for analyzing Tanzanian policies concerning heroin use. *International Journal of Drug Policy*, 30, pp.7-16.

8   EHPSA, 2018. PrEP for Sex Workers! Public sector policy and implementation in South Africa. Pretoria.

Technical Working Groups (TWGs)

TWGs have become an important feature of policy and programme development; they bring together stakeholders – ideally, policymakers, researchers, civil society representatives (including from key populations) and donors – to work for solutions to a shared concern.

A TWG may serve a broad issue on a long-term basis or be set up for a specific task. For example, a key populations TWG in Kenya in 2008 still meets every quarter; in an interview in 2016, the convenor said it had not missed a meeting in the eight years since it was established.

Conversely, in South Africa a PrEP TWG was set up in October 2015 to work towards introduction of PrEP the following year. TWGs provide a basis for extensive collaboration and decision-making between stakeholders, which is why sex-worker representatives were unhappy at not being invited to join that TWG for PrEP in South Africa.

External funding for research and implementation

As indicated above, from around 2000, there was growing interest in key populations from global players and with this came significantly more funding for research, and interventions. In most countries under review this was nearly all the funding available for key populations. This gave researchers and implementers freedom to press ahead without waiting for government policy to be updated. It also allowed governments to push ahead with programme interventions to consolidate policy developments before the case for funding from the national budget had been won (see Box 4). To some extent the external funding led decision-making in these countries because it established norms of what provision was expected for key populations.

Box 4: External funding to consolidate policy developments: Tanzania and PWID

The national press coverage of the event[9] and of other antidrug trafficking efforts presaged the Tanzanian government's 2007 request to direct some funds from PEPFAR toward HIV prevention outreach projects specifically targeting PWID.[10]

Later that year, the Tanzanian government received funding from PEPFAR for MUHAS to initiate HIV intervention projects for people who inject heroin in Dar es Salaam under the umbrella of the Tanzania AIDS Prevention Program. These activities include targeted outreach to disseminate information and cleaning kits, coordination of support groups and psychosocial services through partner NGOs, and HIV testing and counselling.[11]

Table 3 ranks contributing factors in order of frequency across the portfolio of nine studies.

Table 3: Contributing factors – enabling environment

Factor	Frequency[12] (Max = 10.0)
Catalytic event	10.0
CSOs (of various forms) present and had capacity to respond	10.0
Champions provided courageous/competent leadership	9.4
Quality evidence available	9.4
International policies available for adoption	8.8
Research institutions expecting to engage on findings	8.3
Technical Working Group	8.3
Evidence-based practice in governments	7.8
External funding available for research and implementation	6.7

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9   Presentation on World AIDS Day 2006 – see Box 3

10 Ratliff, E.A., et al., 2013. An overview of HIV prevention interventions for people who inject drugs in Tanzania. *Advances in preventive medicine.*

11 Ratliff, E.A., et al., 2016. Harm reduction as a complex adaptive system: A dynamic framework for analyzing Tanzanian policies concerning heroin use. *International Journal of Drug Policy*, 30, p. 12.

12 This figure was generated by reviewing across the nine case studies and then expressing the score out of 10. For example, if the factor occurred in three case studies out of nine this would be expressed in the table as 3.3 out of 10

2.3 Tactics

Many of the tactics deployed to effect change overlapped with the factors that were creating the enabling environment. For example, champions within government were politically astute, as was seen with the journey to progressive key-population policies in Kenya. Here, following the post-election violence in 2007 and changing attitudes within the general population, the head of NASCOP in Kenya saw the opportunity for better acceptance of services for key populations. This allowed global players to apply pressure on the Ministry of Health in Kenya on the back of making funding available and establishing global norms.

The tactics used were ranked in order of frequency across the portfolio of nine studies. In brief they were:

Factor	Brief description
Persistent and sustained commitment	Advocates for change – within government and from civil society – continued to push for change over many years, often ten or more.
Wise and committed leadership applied politically astute approaches	Leaders in government and civil society anticipated political risks and opportunities and steered the advocacy sensitively in response.
Civil society took opportunities	Civil society took note when opportunities for progress arose and were effective in taking them.
Framed justification in terms of public health	Policymakers justified progressing services for KPs by presenting the argument in terms of the benefit to public health.
Pressure from international bodies	The international bodies – Global Fund, PEPFAR, UNAIDS and WHO – that saw the importance of progressing interventions for KPs put pressure on national governments to adopt more progressive policies and programming by setting their expectations about how their funding would be used.
Framed appeal in terms of constitutional reform and consequent expectations, rather than universal human rights	Policymakers justified progressing services for KPs by arguing that it was aligned with the stipulations of the national constitution.

Two of the most powerful tactics were:

Persistent and sustained commitment

Many of the case studies confirm the adage: 'influencing is usually a marathon, not a sprint'.[13] Critically, many leaders retained their influential position for many years. For example, the current Key Population Programme Manager in Kenya began the programme in 2008; a leading civil society activist for prison reform in South Africa carried out influential research in 2002 and has worked on the issue ever since; similarly, activists for decriminalisation of sex work in South Africa have carried out research and engaged over policymaking for more than ten years.

Framing the argument for wider appeal

Drawing conclusions from a historical study of nine big campaigns in the UK, Childs highlights the importance of the language used to frame the argument for change:

> It is not enough to use language which motivates only existing support; it is necessary to find language that facilitates participation by the elite and wider society as well.[14]

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13   Tilley H., et al., 2017. Ten things to know about how to influence policy with research. ODI, London. January.

14   Childs M., et al., 2017. Campaigning for Change: Lessons from History. Friends of the Earth and History and Policy, London.

In commenting on this finding, Green emphasises the importance of finding a narrative that resonates with the public.[15]

Sex work, homosexuality and drug use are all illegal in most countries in the region and stigma and discrimination are strong. Policymakers could thus not appeal to universal human rights that were not widely accepted in their context. The following approaches were used for alternative, more appealing, framing.

Public-health benefits

Policymakers in the health sector focused on the wider public-health benefits of progressing services for key populations, often arguing in the context of the AIDS crisis that their responsibilities for these took precedence over legal issues that were the responsibility of other ministries. With this, they emphasised evidence that demonstrated the high HIV prevalence amongst members of key populations, how sexual behaviour created a bridge between key populations and the general population, and the disproportionately high contribution of key populations to infection nationally. The publication of survey results was often a catalytic event.

> **Box 5: Framing the argument for KPs as a public health issue in Swaziland**
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> Following the establishment of the [key populations] programme, the Swaziland National AIDS Program saw the need to include these groups in the National HIV Strategic Plan. This was not easily achieved, as people regarded these groups as being engaged in criminal behaviours. The Principal Secretary of the Ministry of Heath played a big role in clearly stating that the mandate of the ministry was to ensure universal access to health services without any discrimination, and that the legal aspects should be left to the Ministry of Justice. Following this, KPs were clearly defined and included in the National Strategic Plan of 2009–2014, which identified gaps in services and targets.[16]

New constitution

Kenya's new, progressive constitution promulgated in 2010 entrenched health rights for citizens without discrimination while emphasising the professional identity and integrity of civil servants such as health workers and police officers. In this new dispensation, there was a focus on marginalised populations and public concern for the values of equality and justice. Both civil society and state actors were supportive of the new constitution and committed to putting it into effect. Accordingly, both government and civil society implemented reforms for MSM/LGBT by connecting with a sense of pride and energy in the new Kenya and a shift in attitude with which Kenyans began to view members of key populations as fellow Kenyans with specific needs, rather than individuals with identities they disapproved of.

Table 4 ranks the factors in order of frequency across the portfolio of nine studies.

Table 4: Contributing factors – tactics

Factor	Frequency (Max = 10.0)[17]
Persistent and sustained commitment	8.9
Wise and committed leadership applied politically astute approaches	8.9
Civil society took opportunities	8.9
Framed justification in terms of public health	8.3
Pressure from international bodies	5.0
Framed appeal in terms of constitutional reform and consequent expectations rather than universal HR	2.2

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15 Green D., 2015. What can today's activists learn from the history of campaigning? Available at: https://oxfamblogs.org/fp2p/what-can-todays-activists-learn-from-the-history-of-campaigning/

16 EHPSA, 2018. A Manual for Swaziland healthcare workers: A cooperative venture in developing a key population manual. Pretoria.

17 This figure was generated by reviewing across the nine case studies and then expressing the result as a score out of 10. For example, if the factor occurred in three case studies out of nine this would be expressed in the table as 3.3 out of 10.

3. Discussion – issues arising

3.1 The role of evidence

The role of evidence in bringing about change was found to be much more influential than anticipated at the outset. This reflected both supply and demand. Biomedical researchers sought to engage government with their evidence; in many instances government was receptive to new evidence to improve programming, or sensitive and responsive to evidence that portrayed a situation in poor light.

Both local and international media played an important role in highlighting new evidence which in turn exerted pressure on government. Although this finding was of interest to EHPSA because of its focus on translating research evidence into action, case studies were not chosen in advance to make this point.

3.2 HIV issues

Funding and focus on HIV

International interest in, and funding for HIV have been exceptionally high since it emerged as a new disease in the 1980s; donor disbursements for STDs and HIV amount to about a quarter of all funding available for health and population activities.[18] PEPFAR and the Global Fund account for a very high proportion of HIV funding. Both agencies are committed to increasing their spend on key populations.[19]

The exceptional amounts of funding available feed into significant levels of quality research and data analysis. Along with collaboration between leading national and international researchers this provides a depth and extent of research for prevention not seen in other research areas, and associated availability of evidence to inform and support influencing.

Furthermore, the significant external funding disbursed through national ministries of health for HIV activities grants them a great deal of independence from the finance ministry and government as a whole, and enables them to pursue public health concerns rather than be constrained by political considerations.

In addition, the international guidelines published by global institutions have significant influence over the funding priorities of major donors and, in turn, over the policies of national governments that receive those funds.

These factors in combination imply that health ministries may be actively supporting improved provision of services for key populations even though homosexuality, sex work and drug use are still regarded negatively elsewhere in government. These aspects of 'AIDS exceptionalism' are important drivers of change for key populations.

Sex workers and MSM as key populations

Interest in sex workers led acceptance of the need for KPs programming. However, once that acceptance was established in policy and implementation, it was MSM and LGBTI groups that took up the opportunities and representation of the KP sector as a whole. The process for the introduction of guidelines for key populations and HIV in Kenya illustrates this well.

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18 Nordic Consulting Group, 2018. Resources for key populations. Allocations for key populations in six countries in eastern and southern Africa. Pretoria: EHPSA.

19 Ibid, p.5: In the study countries, PEPFAR and the Global Fund accounted for more than 95% of HIV spend.

Box 6: Using sex workers to build acceptance of key populations in Kenya[9]

In Kenya, until the 2000s, the focus within key populations for both research and interventions was on sex workers. This was because they had an exceptionally high prevalence of HIV and were believed to make a significant contribution to infection in the general population. Meanwhile, MSM were essentially invisible and research with them only started in the 2000s. Not only did sex workers have higher profile than MSM, but they were viewed more sympathetically because of an assumption that sex work is strongly associated with poverty. As a result, astute policy-makers in Kenya introduced policy for key populations in general under the cover of sex workers. So, the first national guidelines for a key population and HIV were for working with sex workers but were widely regarded as being for key populations in general. Once there was greater acceptance of key populations in general, then specific guidelines for MSM programming were introduced and interventions were scaled up even more. When interventions and policy for MSM had been established, then MSM organisations took the space that came with this, developed and led programming, and took over from sex workers as the ones that led representation of key populations.

Similarly, in Swaziland, the national multi-sectoral strategic framework (NSF) 2009–14[20] stated that there was no data on MSM. However, by 2014, it was MSM and LGBTI organisations that were engaging with the Ministry of Health over the design of the training manual on key populations and HIV. There was no formal sex-worker representation in this process.

On the whole, across the region, MSM organisations seem better established, have stronger representation, more capacity and are better resourced. However, sex workers may have a stronger case for support given their extremely high HIV prevalence in surveys, their contribution to infection within the general population and their poor uptake of services. This presents challenges to the ways in which decisions are made over investment in interventions for various populations, and the extent to which they are driven by processes that favour capacity over need.

3.3. Implications for civil society

Civil society, in various forms, played important roles in influencing change. Many strategic issues for civil society arise from the key contributing factors and pose challenges as to whether civil society operates in the most effective way to bring about positive change.

Exploiting catalytic events and crises

Effective use of catalytic events was a critical factor in all the case studies. However, by their nature, catalytic events upset the status quo; business is no longer 'as usual'. This may present a challenge, particularly for organisations that have become used to a singular approach and do not anticipate that an external change may render it less effective or present opportunities to tackle an issue better, but in a different way.

There are many examples of organisations so focused on delivering their chosen approach or on internal issues, that they missed a critical event and the opportunities that came with it. It is thus important to always be scanning the external context and to assess the impact of changes on an influencing strategy with a view to adaptation. The opportunity to progress may otherwise be lost.

Some organisations struggle to adapt to opportunity, especially when decisions must be made promptly. This may be because of frameworks set by funders, or organisational characteristics and cycles. If a response to a catalytic event is critical to influencing, it is important that influencers are not constrained in this.

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20 Government of Swaziland, 2009. The National multi-sectoral strategic framework for HIV and AIDS: 2009–2014. Mbabane; 2009. Available at: http://www.infocenter.nercha.org.sz/node/371.

Working with champions

Champions played a key role in many successful change processes. The majority operated from within government, which challenges the widely held assumptions that policymakers are risk-averse and resistant to change and that it is only pressure from civil society that brings about change. The implication is that influencers need to be able to identify, nurture, and work with champions, especially within government. This requires adaptation from influencers who assume adversarial approaches and have not explored more nuanced alternatives.

Engaging with evidence

Quality evidence was widely used to instigate change or strengthen the argument for it. Often it was the initiatives of international organisations that used their influence and resources to support surveys and promote the results. Some evidence was commissioned by civil society to address specific issues. Several issues arise from this:

1. Influencers need to be able to connect with and track the processes that are generating evidence to complement other approaches.

2. International NGOs and partner CSOs at national and local level need the skill sets and resources to engage with and use evidence effectively.

3. Change is often led by guidance from international organisations because of their status, incentives to follow this, and the challenges for national policymakers to engage with locally generated evidence.[21] This raises the question of whether locally generated evidence is best targeted at national policymakers or fed into international thinking.

Persistent and sustained commitment

Change happened over many years, even extending beyond ten years, in most case studies. This implies that funders should anticipate providing support for change processes over many years, and should thus reflect this in funding requirements. Organisations should also plan to support staff to remain active and effective over such periods, particularly when they need to deal with demanding issues.

4. Conclusions

Despite continued hostility towards key populations across the region, the case studies identified many examples of positive change in terms of supportive policies, increased provision of services, improved local attitudes and the implementation of a court order.

The review of nine illustrative case studies found many common factors – across time, geography and topic and in terms of actors, factors and tactics – that contribute to change.

• Actors: Researchers, public servants, civil society and international entities, such as the multilaterals and PEPFAR, were the most dominant actors in the change process.

• Factors: The four most important factors contributing to change were catalytic events, CSO action, champions that provided leadership, and the availability of quality evidence.

• Tactics: The ability to sustain commitment and action and the careful use of public-health arguments were the most successful tactics to effect change.

The role of evidence in bringing about change was found to be much more influential than anticipated at the outset. This was of particular interest to EHPSA, an organisation that focuses on translating research evidence into action.

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21 Hayter E., 2017. Policy-makers, HIV and evidence. Factors preventing evidence use for HIV prevention policy for key and vulnerable populations in southern and eastern Africa. Pretoria: EHPSA.

Many of these factors might be expected to be associated with any process in which there is influencing for change. However, a number of them may have been more significant because of the context of the antagonism towards key populations seen across the region, and the lack of political support for them. With this background, the incentives for change had to be stronger. It is therefore not surprising that robust evidence, and pressure and financial incentives from international organisations were important contributors to the enabling environment.

Furthermore, against the backdrop of the continuing AIDS crisis, evidence that emphasised the severity of the challenges faced by key populations and their wider impact often had a catalytic effect that prompted governments to act in response. The two tactics highlighted also reflect the tougher context for change – the need to anticipate that change may come after many years of persistent lobbying, and to frame arguments in ways that build public participation and support, for example, through demonstrating the health costs of not introducing new approaches for key populations. These approaches may well be applicable for bringing about positive changes for other 'left-behind' groups. However, in many of these contexts, the extent of financial resources available to enable and to ease change will be a great deal less.

In conclusion, while these lessons may be of use to actors wishing to bring about change for key populations and other 'left behind groups' it must be recognised that a formulaic approach to the change process is unlikely to be effective. In the end, the most important qualities for change agents may be adaptability, an ability to take advantage of unexpected opportunities. And a willingness to embrace the mercurial nature of change.

Annexure 1: Acronyms and Glossary

CSO   Civil Society Organisation

EHPSA   Evidence for HIV Prevention in Southern Africa is a catalytic intervention, contributing to national, regional and global processes on HIV prevention for adolescents, MSM and people in prison, through generating evidence of what works and why, and developing strategies to inform policymaking processes. It is a five-year programme funded by UK aid and managed by Mott MacDonald.

KP   Key population – defined to be either MSM, sex workers, people who inject with drugs, or people in prison

LGBTI   Lesbian, gay, bi-sexual, transgender, inter-sex

MSM   Men who have sex with men

NASCOP   The National AIDS and STIs Control Programme of Kenya, leads the health sector response to HIV and AIDS and STIs. This involves policy and guidelines formulation, procurement and supply chain management coordination, capacity building and monitoring and evaluation of the HIV response.

PEPFAR   The President's Emergency Plan For AIDS Relief is the United States governmental initiative to address the global HIV/AIDS epidemic

PrEP   Pre-exposure prophylaxis is when people at very high risk for HIV take HIV medicines daily to lower their chances of getting infected.

PWID   People who inject drugs

SANAC   South African National AIDS Council: a national body established in South Africa to oversee and advise government on HIV and AIDS, STIs and TB

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