



CONCEPT NOTE

REGIONAL CAPACITY BUILDING FORUM ON HIV, TB, HUMAN RIGHTS AND THE LAW FOR LAW ENFORCEMENT OFFICERS AND HEALTH CARE WORKERS

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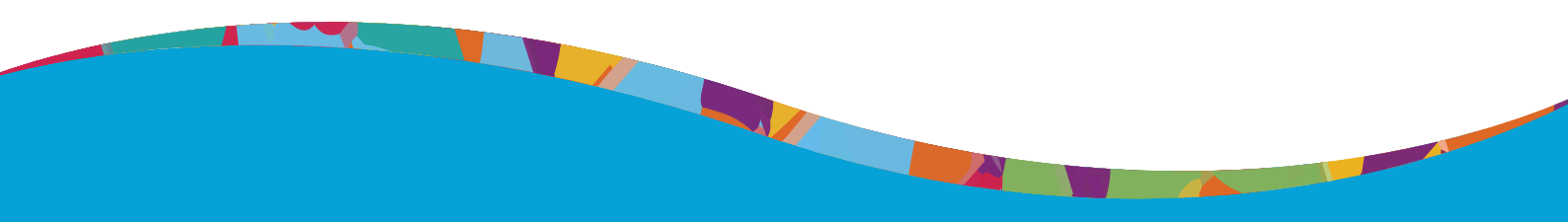
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1.0 INTRODUCTION AND BACKGROUND

Sub-Saharan Africa is greatly affected by HIV and AIDS, with 70% of all new HIV infections in the world emanating from the region. Progress has however been made in East and Southern Africa, with these sub-regions reducing the rate of new HIV infections by more than 30% overall and by more than 50% in seven countries. In addition, AIDS-related mortality has declined by 39% overall in the sub-Saharan region between 2005 and 2013. HIV treatment in the region has expanded with treatment now available to almost four in ten people living with HIV in the region. However, 30% of all new TB cases occur in Africa, translating into 255 per 100,000 persons each year being newly infected. Further, 34% of TB cases in the region are estimated to be co-infected with HIV and the prevalence of multi-drug resistant (MDR) and extensively drug resistant (XDR) TB is of concern.

Key populations; Men who have Sex with Men (MSM), sex workers, People Who Use Drugs (PWUD), the LGBTI community and prisoners continue to be disproportionately affected by HIV and constitute a significant proportion of new infections in the region. Further, there is no disaggregated data on TB infections amongst MSM and Transgender populations; there is also limited TB data on people who use drugs in Africa. However, in sub-Saharan Africa the pooled HIV prevalence among sex workers is estimated at 36.9% with more female sex workers affected by the disease. Existing studies show that injecting drug use is estimated to contribute to 3.8 - 4.8% of new infections through high-risk sexual and injecting behaviour amongst PWUDs.

Environmental factors, specifically restrictive laws and policies, have a profound impact on Health-seeking behaviour among vulnerable populations. When discussing barriers to TB diagnosis and treatment among key populations, the issue of criminalisation should take precedence. Despite recommendations of multiple international bodies (including WHO, UNDP, UNAIDS, UNHCR, and UN Women) calling for a revision of punitive laws that affect key populations in order to reverse their negative impact on health, human rights and development, countries continue to institute harsh punishments for key populations.

A disproportionate amount of key populations in Africa and around the world are incarcerated. This subjects these populations to increased risk of HIV, HCV, and TB or MDR-TB, and treatment delays and interruptions. In addition, punitive laws and criminalisation also lead to complete disregard for the human rights of key populations, widespread harassment and violence by police, and the reinforcement of societal stigma. Both in police lock-ups and in health settings, criminalisation translates into discrimination against key populations, denial of care and treatment, and other practices that can be characterised as cruel, inhumane and degrading.

2.0 HIV, TB AND THE LAW

The law is a mechanism through which social determinants are transformed into health and development outcomes. However, laws that are not grounded on human rights principles create social inequalities and exacerbate human rights violations against vulnerable groups. For example, laws that criminalise the actions and behaviours of key populations have necessitated stigma, discrimination and violations against MSMs, sex workers, Transgender and PWUD. In particular, the criminalisation of same sex relationships and various aspects of sex work expose these populations to targeted stigma, violence and marginalisation by health care workers, law enforcement officers and the general public. These consequently deter key populations from accessing HIV prevention services and; constrain their ability to legally deal with cases of violence meted on them.

Punitive laws also lead to the incarceration of a disproportionate number of key populations in Africa and around the world, thereby subjecting these populations to increased risk of, HCV, and TB or MDR-TB, and treatment delays and interruptions.

3.0 JUSTIFICATION

The Africa Regional Grant which is in its third and final year of implementation, aims to address human rights barriers faced by vulnerable communities in Africa, and facilitate access to lifesaving health care. The goal of the programme is to strengthen the legal and policy environment to reduce the impact of HIV and TB on key populations in Africa, including men who have sex with men, sex workers, transgender people, people who use drugs, and prisoners.

Three years since the inception of the grant, and as a result of the two regional trainings conducted in August 2016 and June 2017 respectively, the following achievements have been noted.

- Nigeria has established a multi sectorial and stakeholder platform with a clear plan to address the legal and human rights barriers to increase access of key and vulnerable populations to HIV and AIDS services in the country.
- In Uganda participants have scaled up advocacy campaigns within the police force resulting in: the Uganda government allowing for demonstration of the use of the Needle & Syringe Programme; and Opioid substitution therapy. Uganda participants also trained other 60 law enforcement officers culminating in them joining the Support Don't Punish campaign.
- In Kenya health care workers in conjunction with the Mombasa County government have scaled up TB screening of persons who use drugs in drug dens.

From the above it is clear that there is need to underscore the effectiveness of regional grants in advocating for the rights of key populations especially now that the Regional Grant on HIV: Removing legal barriers is coming to an end. The good work accentuated by the grant ought to be advanced on a national, regional and global level.

It is in this regard that KELIN in partnership with ARASA, ENDA Sante, SALC and UNDP regional office with support from The Global Fund seeks to conduct a three day capacity strengthening forum for law enforcement officers and health care workers. The forum will be premised on the crucial role that law enforcement officers and healthcare workers play in supporting rights-based responses to HIV and TB in the region and will provide an opportunity for these stakeholders and other partners to brainstorm on carrying forward the regional grant.

4.0 OBJECTIVES

The key objectives of this meeting include:

- To provide a platform for in-depth analysis on the successes of the regional grant and how this success stories can be carried forward nationally, regionally and globally
- To provide a platform for in depth discussions on emerging issues and opportunities for synergy in carrying forward action plans
- To provide a platform for forging partnerships at country regional and global level to carry forward the work of the regional grant

5.0 EXPECTED OUTPUTS

- Development of action plan by participating countries on how to carry forward the success of the regional grant at a national level
- Development and/or strengthening of networks among participants to share good practices and experiences as they implement action plans post the regional grant

6.0 METHODOLOGY

The forum will involve presentations from experts, panel discussions and group discussions amongst participants. Persons living with HIV and/or affected by TB will also be part of the resource persons.

7.0 PARTICIPANTS

A total of 60 participants are expected to participate in this forum. The participants will be law enforcement officers, health care workers, representatives of key populations, CCM representatives and development partners.

8.0 DATES AND VENUE

The three days forum will be held at the Sarova White Sands, Beach Resort and Spa in Mombasa, Kenya on 27- 29 June 2018.