TREAT US WITH DIGNITY

Improving police relations and cooperation with key populations for better public health, community safety and human rights

SUMMARY
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About KELIN
KELIN is a human rights NGO working to protect and promote HIV-related human rights in Kenya. We do this by: providing legal services and support, training professionals on human rights, engaging in advocacy campaigns that promote awareness of human rights issues, conducting research and influencing policy that promotes evidence-based change.

About the Africa Regional HIV Grant - Removing legal barriers
The aim of the Africa Regional HIV Grant – Removing legal barriers, funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, is to strengthen the legal environment in an effort to reduce the impact of HIV and of Tuberculosis on the key populations in Africa. UNDP, principal recipient of the grant, coordinates this project in cooperation with four civil society organizations - AIDS and Rights Alliance for Southern Africa (ARASA), ENDA Santé, The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN), and Southern Africa Litigation Centre (SALC).

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TREAT US WITH DIGNITY

Improving police relations and cooperation with key populations for better public health, community safety and human rights

SUMMARY
Since 2010, the annual global number of new HIV infections among adults (15 years and older) has remained static, at an estimated 1.9 million. In 2015, members of key populations, including sex workers, people who inject drugs, transgender people, prisoners and gay men and other men who have sex with men, and their sexual partners accounted for 45 percent of all new HIV infections.

**HIV PREVALENCE IN THE EAST AFRICAN REGION**

In 2012, it was estimated that the prevalence of HIV among adults 15–49 years of age was 1.3 percent in Burundi, 6.1 percent in Kenya, 2.9 percent in Rwanda, 7.2 percent in Uganda and 5.1 percent in Tanzania, according to UNAIDS. Sex workers and their clients represent about 1 in every 10 new infections, except in Burundi where this mode of transmission is 1 in 4 of new infections. In Kenya, men who have sex with men and prison populations are about 15 percent of the new infections, while men who have sex with men are 3 percent or less of new infections in other countries.

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Source: Data from UNAIDS AIDSinfo at http://aidsinfo.unaids.org/

Factors that exacerbate HIV prevalence

The HIV epidemic among key populations continues to be exacerbated by human rights violations, which are fuelled by discrimination, stigma, violence, and punitive laws, policies and practices. Some of the factors that exacerbate HIV prevalence include:

1. **Legal factors**: Some legal frameworks in sub-Saharan Africa are likely to impede behaviour change, disclosure of HIV status (necessary for accessing treatment) and access to HIV-related services. In many of these countries, the criminalization of sex work renders those engaged in it vulnerable to sexual and gender-based violence and exploitation. It leaves them no choice but to operate underground. Those who
inject drugs meanwhile are subjected to harassment, arrest and prosecution and this may lead them to also operate underground or neglect to seek treatment when it is necessary. Laws may perpetrate discrimination, increase stigma and abuse, and isolate key populations from such programmes and activities that are good for their well-being.

2. **Stigma and discrimination:** Stigma, discrimination and the violation of human rights of people living with HIV are among the major factors that drive the HIV epidemic in Africa. These factors include social stigma and discrimination from families and communities, internalized stigma (self-stigma), physical and verbal violence, and institutional stigma and discrimination especially in the workplace and health facilities. Discrimination against key populations is more evident, and practised even where it is outlawed.

3. **Lack of knowledge of legal redress to stigma and discrimination:** Very few members of key populations are aware of their rights and how to access justice. Many are not aware of their national laws which protect their rights. Many are also not aware of the international and regional commitments made by their governments to protect their rights. This is a problem that affects key populations themselves, but also a problem faced by organizations that work with key populations. This limits their capacity to pursue their rights once they are infringed.

4. **Poor access to justice:** A number of challenges are related to the violation of the rights of key populations and poor access to justice, including:

   - Inadequate implementation of existing protective laws and policies, and lack of access to justice when rights are infringed.
   - Lack of knowledge about laws that protect the rights of key populations and how to go about enforcing such laws. There is also a lack of legal aid or affordable legal assistance to key populations which contributes to their lack of access to justice.
   - Criminalized populations frequently experience human rights violations at the hands of law enforcement officials who are supposed to have the mandate of enforcing the laws that protect their rights. This reinforces cycles of violence, increases the risk of HIV infection, undermines HIV prevention and treatment interventions, and violates the constitutional mandate of the police to protect people and communities.
   - Court processes are slow and expensive and are not accessible to the majority of people.

THE EFFECT OF LAWS ON THE RESPONSE TO HIV AND KEY POPULATIONS

Laws may hinder or interfere with public health activities and programmes that are necessary for the well-being of key populations and their protection from HIV infection. However, there are instances where laws and legal systems can play a constructive role in responding to HIV, by respecting, protecting and fulfilling human rights, and thus protecting the dignity of members of key populations.

Law enforcement efforts are a vital service, not only in the protection and promotion of human rights but also the enforcement of laws for the common good of society. This service is also important in the promotion of public health. Globally, there is increasing emphasis on encouraging changes in policing environments to eliminate stigma and discrimination and facilitate access to health services. Many civil society groups and key population organizations have also added pressure to advocate for these changes.

LAW ENFORCEMENT AND KEY POPULATIONS

In some cases, police officers discriminate against and violate the rights of key populations because the law and social attitudes authorize them to do so in the name of public safety, order or morality. Such laws, lack of protection from police, and lack of access to justice guarantee the continuation of such violence by the police. When violence occurs at the hands of the police, members of key populations are too scared to seek legal redress. Police practices in enforcing the law and their policies determine the risky environment in which members of key populations operate.

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populations operate in. Key populations may be harassed, tormented, tortured and persecuted by police officers because of their behaviour or identity.

There have been a number of recorded incidents where police have humiliated and degraded members of key populations, which in some cases compromises their access to health care services. While civil society organizations have made efforts to highlight the situation, this work has been sporadic and not sustainable. Any improvements have not been scaled up nor included in the day-to-day working or training of the police officers. Past interventions and alternative approaches for working with key populations have been rejected and ignored, or have not resulted in changing the day-to-day acts and relationships that define policing at the community level. As a result, the antagonistic relationships that heighten the risk of violence and abuse against key populations continues, despite these efforts. There are, however, examples of police champions, changes in the work of police, and trainings undertaken in various countries that show that meaningful engagement and training can bring about changes in handling key populations by the police. There is therefore a need for candid engagement and understanding between the police and key populations.

**VIOLATIONS BY POLICE OFFICERS**

Violations of human rights by police officers against key populations occurs when police are on official duties enforcing the laws that criminalize the behaviours of key populations, or do so in the name of enforcing public health laws. In all these instances, victims of such violence do not report it because of fear of arrest and further violations by the police and because investigation or prosecution based on their claims is not likely. This ends up creating an environment of impunity for all the perpetrators of acts of violence against key populations.

Acts of violence by police include: beatings, threats, false and unlawful imprisonment, extortion, torture, selective or arbitrary arrest, selective enforcement of the law, lack of prosecution for perpetrators, sexual extortion, harassment, rape, gang rape, theft, condom confiscation, bribery, denial of access to medication when in police custody, verbal abuse, blackmail and demands for a protection fee.

**Consequences of police violence against key populations**

## How violence increases HIV risk

<table>
<thead>
<tr>
<th>TYPE OF VIOLENCE</th>
<th>VIOLATION BY POLICE</th>
<th>EFFECT OF VIOLENCE</th>
</tr>
</thead>
</table>
| Physical violence                                    | Beatings, threats, torture, harassment                                              | • Used by clients of sex workers to coerce unprotected sex  
• Fear of harm reduces ability to negotiate condom use  
• Leads to key populations going underground and not seeking treatment |
| Sexual violence                                       | Rape, sexual extortion, gang rape                                                    | • Usually perpetrated without condom  
• Causes genital and anal injury that increases the risk of HIV transmission  
• Includes high-risk anal rape and gang rape involving multiple perpetrators |
| Intimate partner violence                            | Refusal to arrest and prosecute                                                     | • Sexual partner violence poses direct threat of HIV transmission  
• Fear of harm reduces ability to negotiate condom use |
| Stigma and discrimination in community and health care settings | Verbal abuse, denial of access to medication when in police custody, condom confiscation, syringe confiscation | • Prevents access to HIV testing, treatment, adherence and viral suppression as well as other health services  
• Prevents seeking timely medical services including accessing ARVs  
• Increases the risk of STIs being left untreated, increasing likelihood of HIV transmission  
• Increases the risk to violations of one's rights |
| Economic violence including extortion by police       | Bribery, extortion by police, blackmail, demand for protection fees, theft          | • Can prompt key populations to take on riskier clients or sex acts to recover lost money  
• Reduced financial resources limits key population's ability to afford medical treatment, increasing the risk of injuries going untreated and likelihood of HIV transmission.  
• Reduced financial limits the ability for effective harm reduction strategies |
<table>
<thead>
<tr>
<th>Criminalization</th>
<th>Selective enforcement of the law or lack of prosecution of perpetrators</th>
<th>False or unlawful imprisonment</th>
<th>Can lead to sex workers hiding from police and not attending health centres</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Can lead to violation of the rights of sex workers on false charges</td>
<td>Can increase the violence perpetrated against sex workers by their clients who are not prosecuted</td>
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UNDERSTANDING HUMAN RIGHTS-BASED POLICING

Policing that is based on human rights is the comprehensive, systematic and institutional adherence to national or domestic laws on human rights. Police conduct, practice and training with regards to human rights are to a large extent dependent on legal and policy guidelines available to help them implement their work. National constitutions and the other national laws and guidelines,² and international human rights law³ provide guidance for the careful balance between the powers of the police to ensure law and order on the one hand, and the protection of human rights on the other.

Why must police protect and promote human rights?

There are many reasons why police should protect human rights:

- Police are expected to respect human rights as a moral, legal, ethical requirement and a practical requirement for law enforcers.
- National constitutions require that the police respect, protect, promote and fulfil human rights.
- The principles and values of security require that policing should be done in a way that promotes and respects justice, equality, accountability and efficiency.
- Where the police respect human rights, their professionalism increases in their approach to solving and preventing crimes and maintaining law and order.
- Public confidence is built and community cooperation is increased
- Respect for human rights by police enhances their effectiveness.
- Police are able to be closer to and seen as part of the community and therefore are in a position to prevent and solve crimes through proactive policing
- Police are seen as performing a valuable social function
- An example is set for respect for the law by society

Police bring honour to their uniforms, their agency and the government by protecting and promoting human rights.

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2 This include laws such as the National Police Service Act, the National Police Service Commission Act, the Independent Policing Oversight Authority Act and guidelines and regulations such as the Service Standing Orders.
3 Article 2(6) of the Constitution of Kenya provides that any treaty Kenya has signed is part of their laws.
Characteristics of human rights-based policing

The following are the characteristics of a human rights-based approach:

- **Strict observance of the law and police policies and procedures:** Human rights-based policing entails strict observance of policies, guidelines and other operational procedures. Violations only occur when police officers do not follow established policies and procedures. When police officers follow and apply laws and procedures, they uphold human rights while carrying out their policing work.

- **Adherence to the Constitution, national laws and international standards for law enforcement:** This approach is about adhering to laws and international standards of law enforcement.

- **Professional competence and courteous service:** This approach is achieved through professional competence and courtesy. Police should remember the adage: “do unto others in a manner that you would want them to treat you”. This includes not using force unless it is absolutely necessary, and the arrest and restraining of suspects bases on probable cause.

- **Respect for rule of law and civilian supremacy:** The Kenyan constitution provides that the people are supreme. A human rights-based approach is based on the rule of law and recognition that the citizen is supreme. Enforcement is based on the law. This requires accountability on the part of the police for all its actions by its officers.

- **Pro-democracy and pro-citizen:** This approach is democratic and citizen-centred. Police must seek greater participation by the community in maintaining law and order. The police must remain responsive to the needs of the community and this can be through dialogues and consultations.

POLICING FOR PUBLIC HEALTH PURPOSES

In the context of HIV prevention, treatment, care and support for key populations, the need for balanced partnerships between police and HIV programmes is critical and police therefore have an important role in the HIV response. The need for a stronger public health approach in policing is based on the need to protect and promote the human rights of the most vulnerable, including key populations.

The overriding feature of such policing approaches is that of partnerships, where the police play an active role within a multisectoral decision-making process by a community which includes key populations, organizations working with key populations, public health institutions, and the police.

Principles underlying policing for public health

Some suggested principles for policing for public health include:

- The accommodation of both health and security considerations
- Respect of human rights and fundamental freedoms
- Respect for the needs of affected groups of populations
- Prioritization of immediate harms
- Basing policy and practice on evidence, cost-effectiveness and transparency
- Public access to information about impact assessments and independent evaluations
CHALLENGES FACED BY THE POLICE WHEN DEALING WITH KEY POPULATIONS AND THE LAW

Police officers face a myriad of challenges when dealing with key populations. These stem from the need to enforce the law on the one hand and the need to protect the rights of key populations. These challenges are also ingrained in the culture within the police. Challenges include the following:

- Application and enforcement of the law in a way that protects people from being infected or infecting others
- Application and enforcement of the law without making those who most need HIV preventive services isolate themselves from the service
- Expectations from the community and political leaders for the police to “clean” the society of key populations
- A culture of policing that only follows orders with little discretion
- Lack of knowledge on how to uphold the rights of key populations and whether members of key populations have rights

HUMAN RIGHTS FOR KEY POPULATIONS

“The law alone cannot stop AIDS. Nor can the law alone be blamed when HIV responses are inadequate. But the legal environment can play a powerful role in the wellbeing of people living with HIV and those vulnerable to HIV. Good laws, fully resourced and rigorously enforced, can widen access to prevention and health care services, improve the quality of treatment, enhance social support for people affected by the epidemic, and protect human rights that are vital for survival and save the public money.”


There is a direct link between HIV and human rights with different facets including medical and health, social, cultural and economic. A lack of respect for human rights fuels the spread and exacerbates the impact of HIV. Strategies to respond to the HIV epidemic are hampered where human rights are not respected.

The relationship between HIV and human rights

- Increased vulnerability: Certain groups are more vulnerable to contracting the HIV virus because they are unable to realize their civil, political, economic, social and cultural rights, including the rights to work, information and privacy.
- Discrimination and stigma: The rights of people living with HIV often are violated because of their presumed or known HIV status. Stigmatization and discrimination may obstruct their access to treatment and may affect their employment, housing and other rights.
- Impedes an effective response: An environment where human rights are not respected, e.g. discrimination against and stigmatization of key populations such as injecting drug users, sex workers and men who have sex with men, drives these populations underground. This inhibits the ability to reach these populations with prevention efforts, and thus increases their vulnerability to HIV.

Bills of rights under various constitutions provide for the various rights and freedoms that are enjoyed by all on the basis that they are human beings. This includes key populations. Such rights cannot be taken away simply because of one’s behaviour or actions that are not in tandem with the law. Such rights include:
• Equality and non-discrimination: This is the pillar on which all other human rights rest. These two principles guide and support the denunciation of discrimination related to HIV status and key populations. Kenya’s constitution also explicitly prohibits discrimination on the basis of health status.

• Right to dignity
• Right to highest standards of health care
• Right to education
• Right to employment
• Freedom from torture, cruel and inhuman treatment
• Right to privacy
• Right to access justice
• Equality before the law

HUMAN RIGHTS TREATIES AND CONVENTIONS THAT RELATE TO KEY POPULATIONS

These instruments advocate for the protection of rights that have specific reference to situations confronted by key populations. These include: the right to equal protection of the law; freedom from arbitrary arrest and detention; freedom from torture, cruel, inhuman and degrading treatment; the right to information; freedom of movement; the right to enjoy just and favourable conditions of work; the right to organize; the right to an adequate standard of living; equal access to public services, including the right to health care; and the right to be free from discrimination. These treaties can be invoked in order to pursue the rights of key populations once violated.

A HUMAN RIGHTS APPROACH TO HIV

All people have an equal right to live free from violence, persecution, discrimination and stigma. International human rights law establishes legal obligations on states to ensure that every person, without distinction, can enjoy these rights. Failure to uphold the human rights of key populations and protect them against abuses such as violence and discriminatory laws and practices constitutes serious violations of international human rights. It is incumbent upon every state to promote and protect all human rights and fundamental freedoms which includes civil and political rights and economic, social and cultural rights.

This approach firstly refers to the processes of using human rights as a framework for addressing the HIV pandemic. Secondly, it entails the assessment of human rights implications of any HIV policy, strategic plan, programme, legislation or item in a constitution and thirdly, it involves the making of human rights an integral dimension of the design, implementation, monitoring and evaluation of these HIV-related policies, strategic plans, programmes, legislation and constitutions. This approach ensures that every person’s rights are promoted and protected by national laws and international law.

KEY PRINCIPLES OF HUMAN RIGHTS

Equality and non-discrimination

This principle emphasizes that one should not be treated differently on grounds of race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.

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4 UN Committee on Economic Social and Cultural Rights, General comment No. 20: Non-discrimination in economic, social and cultural rights (art 2, para 2 of ICESCR).
Universality of rights

This principle focuses on the dignity of all human beings and assumes that all human beings, irrespective of their circumstances or environments have a right to equally enjoy all human rights.

Human rights are indivisible

This principle emphasizes the equal importance of all human rights. It avoids the temptation to classify human rights into categories of important and not important.

Human rights are interrelated

This principle emphasizes that the fulfillment of one right often depends, wholly or in part, upon the fulfillment of another right. For example, the fulfillment of the right to health may depend, in certain circumstances, on the fulfillment of the right to clean water and food, development, education or information.

Participation and inclusion

All people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being. Rights-based approaches require a high degree of participation by communities, civil society, minorities, women, young people, indigenous peoples and other identified groups.

WHY A RIGHTS-BASED APPROACH FOR KEY POPULATIONS?

A human rights-based approach emphasizes that every person has basic rights which should be respected and protected. It makes all health policy and decision-making processes participatory, transparent, accountable and non-discriminatory, while respecting the rule of law. When human rights inform the content of national responses to HIV, vulnerability to HIV infection is reduced and people living with HIV can live with dignity.

When human rights principles guide the process by which local and national responses are implemented, the results are responses tailored to the needs and realities of those affected. Key populations will have a say in the manner in which policies and other health decisions are made; this is a key population-centred approach to health for key populations.

Where human rights are not respected, protected and promoted, the risk of HIV infection is increased. A rights-based approach ensures that the rights of key populations are protected and promoted in accordance with national laws and international human rights treaties and standards and in accordance with agreed guidelines.

The cornerstone of a human rights-based approach and the international human rights framework is the right to health. Such an approach includes the implementation of international rights-based instruments and laws that protect and promote rights. States therefore have an obligation as the duty bearer to respect, protect and fulfil a patient’s right to health by ensuring the availability, accessibility, affordability, acceptability and quality of health services within its health system, while at the same time making sure that it observes the wider principles and standards of human rights law such as the right to privacy, as the right to health is universal, inalienable, indivisible, interdependent and interrelated with all other human rights.
THE RIGHT TO HEALTH

Underlying determinants

**Availability:** functioning public health and health care facilities, goods, services and programmes in sufficient quantity

**Accessibility:** non-discrimination, physical accessibility, economic accessibility (affordability), information accessibility

**Acceptability:** respectful of medical ethics and culturally appropriate, sensitive to age and gender

**Quality:** scientifically and medically appropriate


CHANGE FOR THE BETTER: BEST PRACTICES AND EXAMPLES FROM AROUND THE WORLD

According to a report by Open Society, a combination of human tragedy, police willingness, civil society pressure, and common sense have moved communities and authorities to support what might in public health terms be called "smart law enforcement": measures that protect public order and safety, but also help vulnerable people access health services.5

The African Union through their *Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Responses in Africa* has also called for action on HIV with a basis in both human rights and the cooperation of police, the judiciary and government.

Pillar 3: “Effective HIV responses rest on the ability of individuals and communities and their systems, particularly those most vulnerable and affected by HIV to demand and access to effective preventive and health services. Programmes that empower affected communities to know and demand their rights are critical to the HIV response and need to be expanded significantly. Hence investments must be made in programmes to reduce HIV-related stigma and discrimination including roll-out of the People Living with HIV Stigma Index, provide legal aid and legal literacy, reform laws, train police on non-discrimination, engage parliamentarians and judiciary on protective legal responses to HIV, reach out to vulnerable populations, address violence against women and train health care workers on non-discrimination, informed consent and confidentiality. Stronger and positive partnerships should be built with communities and civil society organizations, including people living with HIV, for a more transparent, accountable, rights-based and result-oriented response to HIV that addresses the protection and health needs of all those in need of services.”

Police officers are often the primary responders and representatives of governance in the enforcement of law, and therefore they cannot be ignored in matters involving law enforcement and health matters and any changes in those areas. The police can also enable the use of more appropriate responses and services where key populations are concerned. Police structures and organizational cultures can incorporate more widely shared understandings of key populations, gender, violence and other social factors. This understanding can be the basis for supportive interactions that can contribute to an effective HIV response for key populations.

Law enforcement officers have the singular role to uphold and protect the fundamental rights and freedoms of every person, which includes key populations. They also have the role to uphold and enforce laws, some of which deal with public health issues. Policing strategies are in some instances seen as a violation of human rights. This calls for police to rethink their strategies of dealing with members of key populations who are not violent, even as they attempt to enforce public health requirements and the law in general.

Active participation, engagement and partnership and education with and for the police and key populations can reduce conflict and tension and use the role of the police to reduce risk. Continuous dialogue and mediation between key populations and police can create a platform for clear working relationships, substantive changes and informed common language and understanding that takes into account the different perspectives and understanding of all the players. Towards this end, the police service can develop policies, guidelines and standard operating procedures with regard to HIV prevention which are favourable in handling key populations and which must be disseminated and enforced. Good relationships between the police and key populations can create avenues for positive outcomes in policing for key populations. The following are some of the strategies that can be used to create this relationship.

**Education and awareness-raising**

Education and awareness-raising can contribute to better relationships by:

- Enhancing the knowledge of police on public health
- Allowing police to recognize the impact on public health of their work
- Facilitating police to become an integral part of the public health response
- Enhancing awareness among key populations on their rights, allowing them to defend themselves against repressive police behaviours, and to access justice
- Enhancing understanding of police work by key populations

**Training**

There is a necessity to introduce training in harm reduction to police officers together with training on the promotion and protection of the human rights of key populations during policing. Law enforcement officers need to be trained on preventing and responding to violence against key populations and especially on effective, respectful and non-violent ways of interacting with the community. This training can be done at training colleges and in subsequent refresher courses. Such trainings should be continuous and should always take into account new strategies, laws and policies.

**Diversion and referral**

This involves making discretion meaningful in policing involving key populations. This discretion would allow police officers in response to incidences that involve key populations to avoid arrests and incarceration but allow for referral and diversion. This calls for such processes to be embedded in police policies and trainings. Such policing also calls for observance of human rights in policing. This would also require the police to work with other agencies to which the referrals will be made. This calls for strategic partnerships with other organizations and institutions.
Internal complaint mechanisms

This includes having a process for accountability for police in relation to their actions against key populations. Such accountability measures will increase police adherence to human rights protection and harm reduction. Accountability can be at the station level. Issues can be escalated to higher levels within the police service where station-level mechanisms are not working.

Community empowerment

There is a need to empower key populations in the HIV response with interventions aimed at empowering key populations to protect their human rights. This will include programmes that provide legal literacy and provision of legal services to key populations. This will ensure their understanding of the laws and ensure access to justice and appropriate responses to violence committed against them. Through such empowerment and collective information-sharing among key populations, they can warn each other about violent clients, intervene in violent incidences and where one has been arrested, pool resources to get them out. This is already happening in the Mombasa region in Kenya among sex workers. Such empowerment programmes can be provided in partnership with organizations of key populations and other legal aid bodies.

Collaboration and cooperation

Police can work alongside sex workers to protect them from violence, enhance condom distribution and ensure access to justice. This can encourage innovation in partnerships. Such partnerships should be done from the county levels to the national level as well as at the regional level. Police officers can also be part of the wider conversations taking place locally, regionally and internationally on how to be more progressive and effective with regard to working with key populations. This will allow them to be part of the global movement that is reforming the work of policing for public health. These collaborative efforts can be used to identify programmes that align goals that are part of law enforcement, human rights and public health despite not always being seen as such. These collaborative measures will help identify areas of collaboration, constraint and solutions that benefit all parties.

Research

Research is needed to better address the root causes of violations of the rights of key populations and to test suggested preventive measures. Research will also help in collecting data and other information about key populations that can be used in programming and resource allocation.

Programme development

The following considerations are needed when developing programmes for police officers and key populations.

- Involve police in the programme from the inception. By doing so, fear and misconception can be addressed, partnerships built and challenges overcome.
- Establish senior-level support within the police for the programme. Police work is through bureaucracy and instructions. A senior officer is able to give instructions to a junior officer which is obeyed.
- Involve key populations in the implementation of the programme with police officers. Key populations can help the police properly understand issues that affect key populations.
- Use statistics, evidence-based information, champions and peer educators within the police to spread awareness to police officers.

BEST PRACTICES BY LAW ENFORCEMENT OFFICERS

These are a few examples of action taken from different countries that have engaged the police and key populations using different strategies.

Uganda: In Uganda, a harm reduction network had face-to-face meetings with police that have reduced arrests and prosecution of people who use drugs. The approach taken is to work more closely with the health and HIV department of the police and better market the assistance that civil society and organizations working with key populations can provide police.

KELIN: The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN), in collaboration with other organizations, has organized and carried out various capacity-building workshops for senior law enforcement officers in the areas of HIV, human rights and the law. Such workshops have also showcased best practices of initiatives targeting law enforcers to mitigate the vulnerability of key populations to HIV.

KASH: Keeping Alive Societies Hope (KASH), a Kenyan NGO, has continued to engage police officers in training sessions, sensitizing them on the need to support key populations. This includes having joint health sessions involving police officers and representatives of key populations. This ensures continuous partnerships between the parties involved. Police officers conduct follow-ups on violations of human rights and ensure key population members’ cases are solved.

Ghana: The Ghana Police Service together with John Hopkins University developed a training manual which focused on stigma and discrimination reduction among key populations. The manual is in two parts: a training school manual and an in-service manual for police officers already in the service. This is targeted at improving knowledge of police officers in the area of HIV and related stigma and discrimination. The AIDS Control Programme of the Ghana Police Service is also trying to educate police officers on issues relating to HIV and their role as law enforcement agents in mitigating increases in HIV prevalence. The programme implemented by the Ghana Police Service realized that acceptance of key populations and their uniqueness is a major breakthrough to reforms. Meaningful engagement with them will ensure consensus-building, and the transparency and sustainability of programmes.

RECOMMENDATIONS TO THE POLICE

1. Identify champions of human rights-oriented policing, access to health care and harm reduction from the apex and through the rank and file who can work with key populations and public health professionals to find solutions to the issue of policing and key populations. Such champions can also be used as peer educators within the police service. This will help effect cultural change within the police force.

2. Establish systems that track, monitor and evaluate police engagement and responses to human rights violations suffered by key populations. This will generate evidence to inform police and policy interventions, e.g. the Discrimination Reporting System in Ghana. This system should be informed by the Analytical Framework on HIV/AIDS Legal Assessment tool.

3. Provide opportunities for blended learning/peer-to-peer learning that allow key population police “champions” and the police service at large to engage in an interactive learning space that allows them to interrogate solutions to community policing of key populations.

4. Develop and design protocols that clearly outline standard operating procedures (SoPs) addressing matters of gender equality, sexual and gender-based violence, gender-affirming interventions, health and incarceration in relation to laws on same-sex relationships and sexual activity, sex work and drug use.

5. Conduct regular in-service trainings that ensure continuous innovative understanding, approaches, solutions and learning of key population issues by promoting interpersonal dialogue that fosters human rights protection and promotion. Human rights, public health and risk reduction should take centre stage for such engagements.

6. Exposing law enforcement agencies to active sites of learning exchange and best practice at the forefront of promoting human rights, public health and harm reduction-based approaches helps them find legitimacy and resonance with like-minded peer organizations in local, national and international platforms including exploiting digital and social media to promote human rights.
7. Foster community dialogue forums between key populations and the police service to bolster a coordinated response among civil society organizations led by key populations and the police service for preventing human rights violations.

8. Police must have alternatives to arrest or incarceration for non-violent persons who are members of key populations. This can be done through administrative action and development of protocols that guide police officers. Success in policing, especially where key populations are concerned, should be measured on the improvement of health and safety of key populations and the rest of the community.

9. Police and the community must hold dialogues with key populations on a regular basis to ensure the training of police officers includes improving understanding of public health principles, human rights protection and promotion, the human rights needs of key populations and harm reduction principles.

10. Police should implement rights-based approaches in policing, including those that advance public health while at the same time protecting the rights of key populations.

11. Many countries have community policing initiatives. How to work with key populations should be integrated with and included in these models.