

Q&A from Nicole Fraser-Hurt's presentation

Q: How generalizable do you consider these results to be?

A: Allocative efficiency analyses in concentrated epidemics frequently find that key population (KP) interventions are underfunded and general population interventions should receive comparatively less, if impact of finite HIV funding is to be increased (we cite the UNAIDS Global report of 2013 which states that HIV allocations to key populations should be increased in alignment with the drivers of the HIV epidemic). However, few studies have been able to recommend HOW MUCH national HIV spending should go towards KP programmes, and what ADDITIONAL IMPACT can be gained. We hope that this type of allocative efficiency analysis fills this gap.

Q: What is the underlying message for local governments in terms of these sorts of very specific investments?

A: Such an analysis raises awareness that KP investments are an excellent use of HIV money and will reduce the HIV burden sustainably and across populations, since effective HIV prevention in the high-transmission groups prevents downstream infections. But: money is not enough – the KP expenditures need to be accompanied by considerations on the accessibility, appropriateness and completeness of the services for KPs, and this entails reaching out to other sectors (like police) and the target group itself. Local data especially on mapping and site characteristics need to be used by local government, and self-evaluation and joint review promoted for constant adaptation and improvement of interventions.

Q: Could you please give more explanation on how integration actually led to decreased service delivery? How did you define integration and please give some examples from your analysis?

A: This is largely based on George Batona's report of the HIV epidemic and response in Niger (2011), and on our stakeholder consultation. We understand that the adapted, specialised FSW service under the SIDA-3 regional programme were integrated into the public sector health services, but the mostly did not carry on. Batona states: 1) Since the end of SIDA-3 in 2007, the National reference centre provides only with difficulty the medical follow-up of some Niamey-based FSW; 2) Even in Niamey, the transition and appropriation of the FSW intervention package by the national actors did not occur as envisaged; 3) The lack of alignment between the community component and the medical follow, the lack of inclusion of FSW clients /partners at the service sites, the irregularity of interventions and the cessation of FSW service in three facilities reflect the low coverage of FSW services; 4) There is hardly any community-based component of the FSW package left, apart from condom social marketing by an NGO; 5) Activities have gradually disappeared due to lack of supervision and financing. Stakeholders confirmed these points during our conversation, and these weaknesses are now being addressed, as outlines in the presentation and paper.

Q: How willing would you say the respective governments are to engage key populations and plan for their HIV programming in policies and domestic financing?

A: Based on our information, the Government is very willing to invest in FSW programmes, due to the positive experience during SIDA-3, the evidence of impact (strengthened by the allocative

efficiency study), and the general support to such investments including from Global Fund and World Bank. The AIDS coordination is actively evaluating increased domestic contributions for the HIV response including from private sector. We have just heard from the AIDS coordination in Niamey that the report of the allocative efficiency analysis has been extensively used for the GF concept note. We therefore trust that there will be a renewed focus on targeted and effective KP interventions, as well as investment in the HIV care cascade which will greatly benefit KPs.

Q&A from Georges Batona's presentation

Q: Intervention development is really complicated and your results highlight the importance of having a conceptual framework. Do you think similar results would apply for willingness to engagement in ART among FSW living with HIV in Benin?

A: We believe that these results are inspiring and specific for the studied behavior (getting tested regularly). However, the approach and the conceptual framework used to identify determinants are valid and applicable to the context of female sex workers living with an HIV infection and willing to engage in ART.

Factors are considered for each behavior from a given population. It is possible that factors could be similar for both behaviors given, mainly when there is a link. However, if we want to develop an intervention, identification of salient beliefs associated with specific behavior is required from the population (FSWs living with HIV) would imply a small preliminary qualitative study.

Q: How willing would you say the respective governments are to engage key populations and plan for their HIV programming in policies and domestic financing?

A: This is a very interesting and relevant question. We are about to analyze this issue for 18 countries of Southern and East Africa (commitment, national financial contributions to the response, taking into account four key populations (FSWs, MSMs, PWID and TG). The report is in the production process; I can't go very deeply in the results. However, it appears that there are many challenges and gaps to fill, especially on national financial contributions (dependency of national strategic plans for international resources, inadequate allocation of resources with the needs and contributions of key populations to infection). However, in the new national strategic plans, recognition and inclusion of key populations in priority interventions is becoming more apparent.

In Central and West Africa: the specific case of Benin, on the programmatic level, the will and the governmental commitment to integrate key populations as a priority in the response is reflected in the new national strategic framework, however the big challenge is that national financial contribution does not accompany this desire. The commitments are not always respected and dependence on international funds (Global funds) is total and unfortunately constitute a large gap in ownership.