

Key Populations, Size Estimates, and Plans in COP22

Introduction

Key populations (men who have sex with men (MSM), sex workers, people who inject drugs, and transgender people) and their partners make up 65% of new HIV infections globally, and 39% in sub-Saharan Africa¹. Despite this, HIV programming for key populations – particularly in sub-Saharan Africa – continues to be hampered by inadequate investment. Access to quality health care services is not being expanded and necessary structural and human rights interventions are not being implemented at the levels required. These interventions are urgently needed to mitigate the inequities and injustices key populations face that undermine them as individuals and threaten our collective goals in fighting HIV. This must change and must change urgently.

In most PEPFAR program countries, PEPFAR is the largest investor in key populations programs.² PEPFAR’s 2022 COP Guidance this year has emphasized the need for PEPFAR programming for key populations to embrace more structural interventions addressing stigma, discrimination, and human rights, stating:

New in COP22, PEPFAR has introduced a new Minimum Program Requirement: Evidence of progress toward advancement of equity, reduction of stigma and discrimination, and promotion of human rights to improve HIV prevention and treatment outcomes for key populations, adolescent girls and young women, and other vulnerable groups.³

Despite this, PEPFAR often limits investments, strategy, and scale by using inadequate size estimates for key populations to plan programming. In COP22, PEPFAR again intends to invest in size estimate studies but the need for new size estimations must not be used to justify delays in starting or expanding urgently needed key populations programming. This document lays out the issues with key population size estimates, PEPFAR’s reliance on these estimates, and the lack of a comprehensive strategy to improve size estimation and program implementation in circumstances where estimates are inadequate.

Role of Size Estimates in PEPFAR COP Planning

Key population size estimates determine the scale of PEPFAR’s investment in key population programming. Population size estimates that are inaccurately low serve as a cap on the targets PEPFAR will authorize for key populations programming in each country. Because PEPFAR’s budget process ties budget allocations to targets, they also affect the budget and focus that implementing partners put into serving the unique needs of key populations.

While this is a typical public health approach for planning, PEPFAR must also recognize that where size estimates are inaccurate, using them to determine the scale and focus of PEPFAR’s planning and implementation is counter to public health. Accepting and utilizing bad data simply because they exist is

not a data-driven approach to programming, especially when it is recognized that key populations are at much greater risk for acquiring HIV than other populations.

Table 4.7.3: Target Populations for Prevention Interventions to Facilitate Epidemic Control

Target Populations	Population Size Estimate	Disease Burden	Coverage Goal (in FY21)	FY21 Target
MSM	27,196	5,207	70%	19,035
FSW	37,632	20,711	82%	30,814
TG	1,913	517	40%	764
AGYW (15-24)				91,953

Source: Zimbabwe COP2021 SDS

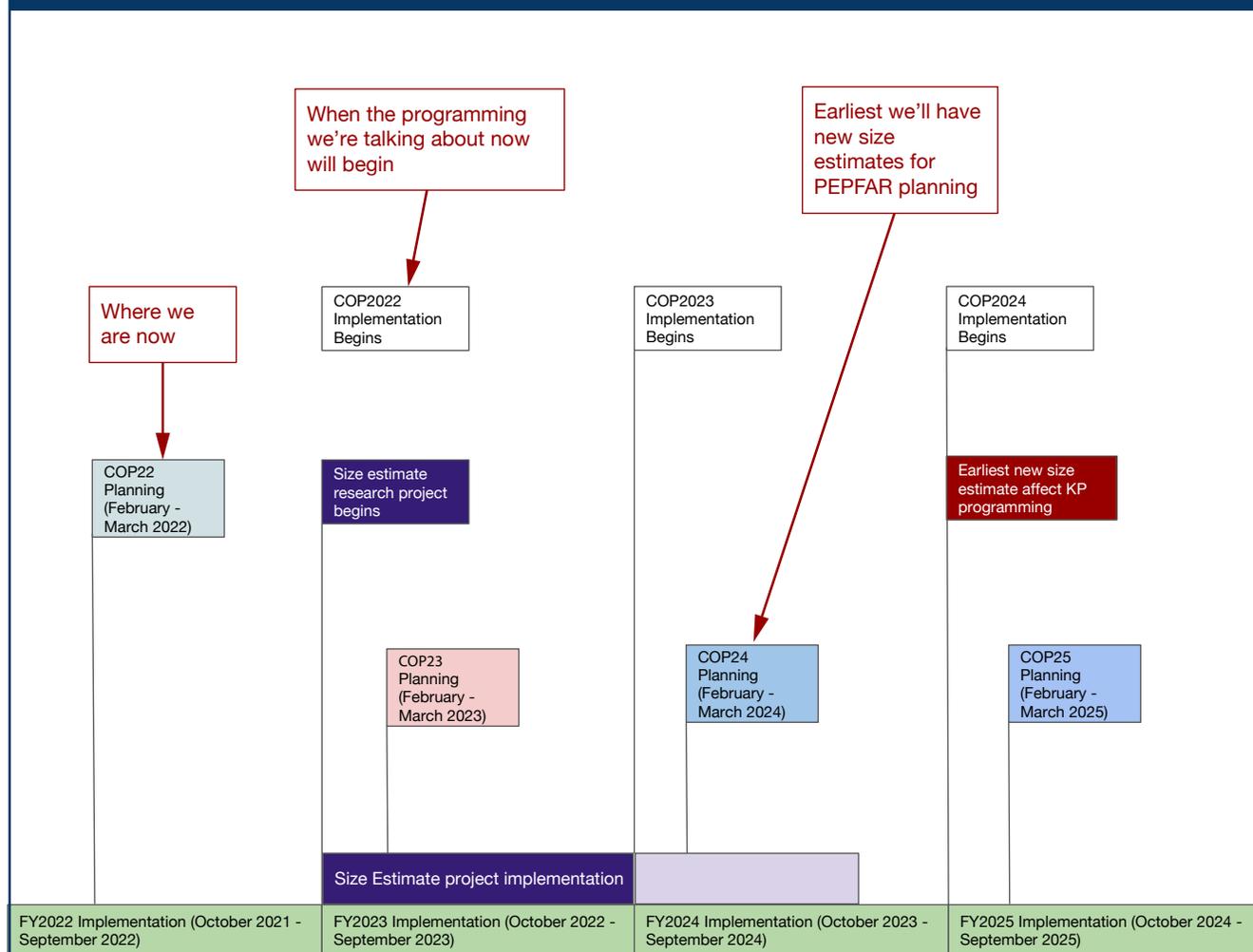
Timeline of Size Estimates Funded in COP 22 to Affect KP Programming

Size estimation studies take time to implement. Depending on the study being implemented, researchers have to develop the study design – including the survey tools and methodology that will be used, consult with members of key populations organizations, and get ethical approval from institutional review boards (IRBs) and the ministry of health prior to even starting to collect any data. Then, once data collection begins, it takes time to implement the study, then analyze and publish the results. In some cases, this process can take several years to complete.

Funding size estimates as a strategy to affect PEPFAR’s key population investments is difficult due to the rigid calendar

of PEPFAR’s planning processes. A decision taken during the COP22 meetings to implement a new study means the study receives funding starting in October 2022, but is unlikely to have results until after the COP23 meetings in March 2023. The data from the study therefore won’t be used in programming until COP24 at the earliest, for implementation starting in October 2024, more than two and a half years from the decision to fund the study. While investments in size estimate studies have long-term benefits, waiting for the results of these studies will mean multiple years of delays in changing PEPFAR’s programming for key populations that are being neglected with inadequate programming now.

Timeline for when Size Estimates will Start Affecting PEPFAR Programming (COP22)



Questions and Expectations for New Size Estimates

In the COP22 Guidance, PEPFAR has included size estimations in the Minimum Requirements/Expectations of PEPFAR Key Populations Programs, stating:

Greater commitment to regular and safe key populations size estimation exercises as part of PEPFAR's planning cycle in all countries with updates for new data and methods, where PSE are conducted separately from BBS, they should be conducted every 2-5 years. In intervening years, PSE and BBS data should be triangulated with program data. Mathematical and statistical models estimating population size should be updated as needed, as they are for generalized population estimates.⁴

While new size estimates can form part of a long-term strategy, they do not change programming in the short term and should not be used to justify delays in changing existing programming – especially when those needs have been documented by communities through community-led monitoring, People's COPs, or other mechanisms. Moreover, PEPFAR's teams should be in a position to answer specific questions about the reasons prior size estimations were inaccurate and how the methodology for any new size estimation studies will specifically address those shortcomings, and what specific information the new size estimate studies will provide to help with the targeting of additional KP program resources.

Below is a list of questions CSOs may consider asking PEPFAR teams during the COP review meetings to ensure the funding for size estimate studies and will improve outcomes in the medium to long term:

How much is being budgeted for the new size estimate study?

PEPFAR teams should be able to provide a specific funding level for the size estimate work they are planning. This information should also be in PEPFAR's Table 6 tool that tracks COP funding for above-site or research projects. CSOs should ask whether this will be the best use of these resources or whether key populations might be better served by investing this money in other KP programming, such as structural interventions, stigma and discrimination programming, and human rights and law reform.

When will the results of the new size estimate study be available? What is the timeline for implementation of the study? Does the study require ethical approval from an IRB (institutional review board)?

As noted above, this is critical for understanding when the new size estimates will be available for inclusion in PEPFAR planning processes in the future. IRBs are also a critical

ethical and human rights safeguard for all research that includes human subjects, but can also take significant time to review proposals and approve studies for implementation. Delays in the IRB process will delay the entire study but it is an essential component of ethical research.

If the size estimates are released after a PEPFAR planning process has already been completed, will PEPFAR have additional KP resources available to scale and adjust programming immediately without waiting for another planning cycle?

PEPFAR should be able to specifically identify how they will shift resources to expand programming based on the results of the size estimate studies. If there are no such plans or processes in place, then the size estimates will only serve to further delay expanding such programming.

What methodology was used in prior size estimate studies in the country? If the estimates came back too low, what was specifically wrong with the methodology or how the study was implemented? How will the new size estimate study specifically address these shortcomings?

New size estimate studies will do little good if they merely repeat the mistakes or shortcomings of prior studies. PEPFAR KP teams should be able to explain how the new study will specifically learn the lessons of what worked and didn't work in the prior round(s). If no prior studies have been done in the specific population to be studied, the PEPFAR team should still be able to explain how the experience of size estimate studies in other populations is being leveraged to avoid methodological and implementation problems.

What is the geographic reach of the new study? Will it be conducted nationally or only in particular cities and districts? If the latter, what methodology will be used to scale the results to be nationally representative?

Many IBBS and size estimate studies are conducted in ways that are not nationally representative. There may be good reasons to do geographically limited studies to learn about KPs in particular areas, but these studies generally face problems producing size estimates for the country as a whole.

What specific questions will the new size estimate study be able to answer? Is it designed to identify the specific districts or locations that need additional KP services? Will it tell us the specific services that KPs need or want access to? What gaps in our understanding of the current insufficiency of KP programming services will the study specifically fill?

If the size estimate or IBBS won't tell us specifically where services need to be expanded or what specific services should be expanded, it is unlikely that it will provide specifically useful information to inform programmatic

decision making beyond what is already generally known – that KPs are generally underserved by traditional public health systems. Without answering these types of questions, PEPFAR will likely be left in the same position as it is currently in, unsure of where services should be scaled and to what level.

What is the planned consultation process with key population organizations that represent the communities to be studied? When will those consultations begin (if they haven't already)?

The involvement of key population organizations and communities is essential to successful implementation of any size estimate study. But developing buy-in from communities and trust between communities and the researchers can take time. It's essential that that process be given the time necessary and that communities are fully on board with the process.

Will the researchers have independent authority to publish the results without pre-approval from PEPFAR or the ministry of health? Who controls when the results will be published? What will be the process for releasing the results to communities?

Independence is needed to ensure the results are not subject to political or other pressures which would threaten the accuracy of the study and create unnecessary delays. Minimizing the size and needs of key populations is disappointingly common, and maintaining integrity is essential for the size estimates to reflect real community needs.

REFERENCES

1. UNAIDS, Global AIDS Report, 2021: https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf
2. amfAR, Key Populations and KPIF Data Project, <https://kpdata.amfar.org>
3. PEPFAR, COP 2022 Guidance, section 2.2.2, page 59.
4. PEPFAR, COP 2022 Guidance, section 6.5, page 425.