





# REGIONAL STRATEGY FOR HIV PREVENTION, TREATMENT, AND CARE AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AMONG KEY POPULATIONS 2024-2030

HIV remains a critical public health challenge in the Southern African Development Community (SADC) region, disproportionately affecting key populations such as sex workers, men who have sex with men, transgender individuals, people who inject drugs, and people in prisons and other closed settings. While SADC countries have made significant progress in reducing HIV new infections and expanding treatment access, key populations continue to face severe barriers to healthcare, legal protections, and social inclusion. Structural inequalities, punitive laws, stigma, and discrimination contribute to high HIV prevalence among key populations and limit their ability to access essential prevention, treatment, care, and sexual and reproductive health and rights (SRHR) services.

Recognizing these challenges, SADC developed the Regional Strategy for HIV Prevention, Treatment, Care, and SRHR among Key Populations in 2017 to address these systemic inequities and foster a more inclusive and effective regional response. The Strategy was reviewed and updated in 2024 following a series of participatory processes that involved members of key populations, including young key populations, governments, key population-led civil society organizations and development partners.

2012	Regional Meetings with the African KP Experts Group and Leave No-one Behind Consultations	2017	Implementation of the regional strategy	May-September 2024	Updating of the regional strategy (Circulation for inputs with NACP, CSO and KP representatives)	November 2024
SADC Regional Consultation with Member States	2014	Circulation of Draft 2 for inputs and validation and consensus of the regional strategy in October	2018-2024	Progress review of the regional strategy (Consultations with NACP in 16 Member States, development partners, CSO and KP representatives)	September- October 2024	Approval of updated regional strategy by the SADC Joint Committee of Ministers of Health and Ministers Responsible for HIV and AIDS

The 2024-2030 SADC Regional Strategy aims to provide a coordinated regional framework that guides SADC Member States in implementing targeted, evidence-based, and rights-driven interventions for key populations. It aligns with global and regional health goals, including the UNAIDS 95-95-95 and 10-10-10 targets, the Sustainable Development Goals, and SADC's regional health commitments.

More than just a health-sector initiative, this strategy is a human rights-based and development-driven approach that seeks to improve public health outcomes while promoting social equity and legal protections. Achieving the objectives of this strategy requires strong political will, sustainable financing, and meaningful engagement with key populations. Through this strategy, SADC reaffirms its commitment to ensuring that no one is left behind in the HIV response.

## **Key Result Areas**

The strategy takes a multi-faceted approach that addresses stigma and discrimination, violence against key populations, healthcare delivery (including sustainable financing, key population-specific data generation, and community engagement), and legal and policy reform.

#### **ELIMINATING STIGMA AND DISCRIMINATION**

Many key populations avoid seeking healthcare due to stigma and fear of discrimination. To counteract this, the strategy proposes to put in place regional and national systems to establish and operationalize mechanisms for preventing, documenting, and responding to situations that put key populations at risk.

# of Member States with institutionalized mechanisms accessible to key populations to respond to stigma against them. # of Member States where training to reduce stigma and discrimination towards key populations is implemented in: (i) health; (ii) judiciary; (iii) law enforcement; and (iv) religious/traditional leader settings.

#### SIGNIFICANTLY REDUCING VIOLENCE AGAINST KEY POPULATIONS

Key populations face high levels of violence and lack of access to legal aid and support services. The strategy aims to develop and implement access to justice mechanisms for key populations.

# of Member States providing legal aid services accessible to key populations.

#### SCALING UP OF EVIDENCE-BASED AND RESULTS-ORIENTED HIV AND SRHR SERVICES

Key populations require tailored services that meet their unique health needs and address the intersecting challenges they face. The strategy calls for:

Improving access to services by developing and providing a standard package of effective, evidence-based, voluntary, community-empowering SRH and HIV prevention, diagnosis, treatment, and care services to all key populations.

# of Member States that are providing the comprehensive package of services outlined in the WHO guidelines such that the services are accessible to all key populations.

 Mobilizing sufficient resources to provide sustainable scaled-up SRH and HIV services to all key population groups and ensure resources are utilized effectively and equitably.

# of Member States having specific budget allocations for key population interventions and programmes in their National Strategic Plans or annual budgets.

# of Member States mobilizing additional financial resources for key population interventions.

Scaling up generation of evidence relating to key populations with real involvement and ownership of key populations.

# of Member States conducting integrated HIV bio-behavioural surveillance studies and population size estimates of at least two key population groups of interest disaggregated by age, sex, and sub-group in the last 3 years.

# of Member States that use key population surveillance data for programmatic purposes.

 Ensuring key population groups are engaged in policy and programmes by developing and operationalizing mechanisms for their meaningful participation, while ensuring safety and security.

# of Member States where programme design and implementation, monitoring and evaluation are led by key populations, or they are key participants.

### **ADDRESSING LEGAL, POLICY AND CULTURAL BARRIERS**

Legal frameworks that criminalize key populations remain one of the biggest barriers to HIV prevention and treatment. The strategy emphasizes the need for reviewing, with substantive participation of key populations, punitive and protective laws, policies, and law enforcement practices, and traditional and cultural practices applicable to key populations across the region and identifying the impact of such laws, policies, and practices on key populations and SRH and HIV outcomes based in part on lived experiences of key populations.

# of Member States having developed a nationally validated action plan based on a legal environment assessment on HIV and SRH. # of promising practices on removing legal and policy barriers for key populations documented and shared.

# Implementation, Monitoring, and Evaluation

To ensure the success of the strategy, a strong implementation framework is required. SADC Member States are encouraged to adapt the strategy to their national contexts, integrating key population-specific interventions into national HIV and SRHR programmes. Governments must commit to providing technical and financial support while collaborating with civil society and development partners. A regional monitoring and evaluation (M&E) framework has been developed to track progress and identify gaps.

## TO LEARN MORE, DOWNLOAD THE FULL STRATEGY



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