



Action against AIDS Germany

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## Hidden Key Populations in Africa

**How can the access to prevention, treatment, care and the consideration of key populations be strengthened within Universal Health Coverage (UHC)?”**

**Mohammed Abdul-Wadud, Ghana**



*On 7 December, the VENRO conference "Shaping an African-European Partnership on Health - Perspectives from Civil Society" took place. As part of the conference, we are organising a workshop to explore what needs to be done to ensure access to information, prevention and treatment for key populations in order to realise the concept of Universal Health Coverage (UHC). We have invited representatives from key populations that are not often mentioned when discussing access to health care on the African continent: drug users, men who have sex with men and other LGBTI communities and sex workers. Some governments in the region simply deny the existence of these groups, and in this context, of course, the need for special support or targeted programmes. The result of this policy of denial is that representatives of these groups are often not at the table when programmes are decided and decisions are made about the distribution of resources. For those affected, denial, especially when access to treatment or prevention depends on it, sometimes has deadly consequences.*

*Photo: Mohammed Abdul-Wadud, Ghana*

*The aim of the workshop was for us to learn more about the realities of life of the aforementioned groups on the ground and to open our eyes once again to completely different realities. We did not want to talk about the groups, but with them, to give them a voice and let them speak. Ultimately, the implementation of the often quoted principle "leave no one behind" starts with ourselves: the deliberate disregard of certain realities of life is a form of exercising power, violence and neglect that we would like to counter. In this sense, the testimonies from the workshop have certainly contributed to broadening perspectives on what we might think of as "civil society" on the African continent.*

### ***The participants:***

**Allan Maleche**, human rights activist from Kenya explained in his introduction what the human right to health and civil society participation means to him in relation to health care for all. Key words: GIPA principles Leave no one behind, UHC,

**Mohammed Abdul-Wadud**, LGBTI activist from Ghana reported on the shocking events in Ghana and homophobia in the region. Mohammed wrote the following report.

**Daughtie Oguto** from Kenya, representative of a network of and for sex workers, reported on the legal situation of sex workers on the continent.

**Richard Nininahazwe**, Burundi, spoke as a drug user about the situation of people who use drugs in Africa and the work of the AfricanPUD network.

### **The report from Mohammed's perspective**

Action against Aids organized a virtual workshop titled “How can the access to prevention, treatment, care and the consideration of key populations be strengthened within Universal Health Coverage (UHC)?” on 7th December, 2021 as part of a conference hosted by VENRO which was also titled “Shaping an African-European Partnership on Health – Perspectives from Civil Society”. I had the opportunity to be part of the speakers in my capacity as the Communications Director for LGBT+ Rights Ghana. Other speakers were Alan Maleche from KELIN - Kenya, Daughtie Ogutu who is the visibility coordinator – Africa at The International Federation for the Protection of Human Rights and also the coordinator for Africa Key Populations Experts Group (AKPEG) and Richard Nininahazwe from AfricaPUD – Burundi.

The key interest about this workshop is the intention of the organizers – Melanie Otto and Peter Wiessner to give a platform to community representatives for drug users, sex workers and the LGBTQIA+ community to speak for themselves. Being a community leader and a mobilizer for the LGBTQIA+ community in Ghana, I know first-hand how the community and other key populations are excluded at the higher decision-making entities concerning interventions meant for the community. This exclusion no matter how unintended has had dire consequences on key populations in almost every part of the African continent. A typical consequence is how the basic human rights of marginalized groups are constantly disregarded which makes it difficult to reach key populations to take advantage of such interventions.

As community led organizations' leaders, we are ultimately the first contact for the community when they are in need and are in any trouble. This comes with a lot of pressure physically, psychologically and financially. This makes us the best people to engage with in terms of planning and executing interventions for key populations. We may not be as equipped as governmental institutions and larger entities but we do have the trust of the community. We have the legitimate data and information of key populations needed for strategic decisions.

In Africa, there are countries with good laws protecting marginalized groups that are not being implemented, other countries with bad laws criminalizing marginalized groups that are implemented with force and countries with no laws protecting marginalized groups which makes it unsafe for key

populations to live freely and thrive. This as pointed out by Alan Maleche during the workshop drives key populations underground and makes them harder to reach which makes African governments ill equipped with data. Governments have not been making conscious efforts in collecting data. In places where there are some efforts, they are not doing it in a manner that drives the confidence of key populations. This reflects in the country data which suggests that they have lower numbers with regards to key populations but ideally an environment of trust, safety and tolerance has not been created for key populations to come out to be counted. This also in some instances make key populations become convenient tools for donors who are more concerned for targets rather than the biomedical issues concerning key populations.

It was very evident during the workshop the common challenges that the LGBTQIA+ community, sex workers and drug users in Africa face. The stigmatization and discrimination towards these groups makes it difficult to achieve the goals of the Universal Health Coverage. It should be noted that one of the major ways to deal with this problem is for donors and funders to work directly with community-based organizations. As stated by Daughtie, there is a lot of data that exist within the community themselves due to researches done by community-based organizations. It is also to be established that the data should be generated by the community itself and the community informs how such data is used.

On the reflections of some possible solutions, donors are tasked to do a thorough assessment of recipients to know who is actually doing the work and to make sure that funds reach such organizations especially grassroot organizations. This helps in building the capacity of smaller community-based organizations who work to make the lives of affected communities better. Donors should find ways of trusting these organizations to be able to handle these funds and also look into the sustainability of interventions and projects. Finally, donors have to hold institutions they fund accountable and make sure these funds are utilized and disbursed adequately and efficiently.

In the end, key populations need to be engaged in developing intervention plans geared towards the realization of a just and equal world.

#### **More information about the speakers:**

**Richard NININHAZWE** is the coordinator of African Network of People who Use Drugs ( [AfricaNPUD](#)). With his colleagues, they have a mission which is to strengthen the voice of people who use drugs at the regional level. For him, it is imperative that the community of drug users is involved at all levels whatsoever in the design of harm reduction service delivery programs. He unhesitatingly assures that drug users deserve an essential seat on the advocacy table for better drug policies in African countries. He always ends by affirming that the community can his great experience in his daily life. AfricaNPUD is a forum for Africa People who use drugs (PWUD) under the umbrella of INPUD International Network of People who Use drugs). Guided by the principles in the Vancouver Declaration 2006, 'Nothing For Us, Unless By Us'.

**Daughtie Ogutu** – Visibility Coordinator – Africa at The International Federation for the Protection of Human Rights Defenders also known as Front Line Defenders and also serves as the Coordinator for the Africa Key Populations Experts Group (AKPEG). Daughtie is a Sex Worker, SRHR/ HIV Activist and Feminist leader in Africa. She pioneered and led the Sex Workers Rights Movement in Africa, co-founding and serving at the helm of [The African Sex Workers Alliance - ASWA](#) for 10 years. Daughtie holds a diploma in Community Development and Social work and is a certified paralegal. She has vast

skills in community mobilization, Movement Building, facilitating community processes and Capacity strengthening of Key Population communities. She has lead advocacy campaigns on the decriminalization of sex work and other SOGI rights, including participating in the development of several community tools and guidelines that have been adopted globally.

**Allan Maleche** is a dynamic leader, an advocate of the high court of Kenya and a human rights defender with over fifteen years of experience in law, ethics, governance, policy, health and rights, including eight years managing rights-based programmes that protect affected, marginalised and vulnerable populations. He is currently serving as the Executive Director of Kenya Legal & Ethical Issues Network on HIV & AIDS ([KELIN](#)). He sits and co-chairs the UNAIDS Human Rights Reference group and is a member of the International Advisory Board for the Global Health Centre. A former Board Member of the Developing Country NGO Delegation to the Global Fund Board, where he also served as a member of the Global Fund's Audit and Finance Committee, and the former Chair of the Implementers Group of the Global Fund Board. The Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN) was formed in 1994 and registered as a Non-Governmental Organisation (NGO) in 2001. It was established following a workshop in Accra, Ghana which focused on creating country-based networks that intersect law, ethics, human rights, and HIV.

**Abdul-Wadud Mohammed** is a young activist living in Ghana. He is also the communications director for Ghana's first-ever LGBTQ+ community center, which was raided by police and forced to close its doors in February, just three weeks after opening. On Feb. 11, he first tweeted the hashtag [#QueerGhanaianLivesMatter](#), which has now grown into a rallying call about issues of discrimination and violence faced by Ghana's LGBTQ+ community. More about Abdul:  
<https://www.globalcitizen.org/en/content/LGBTQ-center-ghana-close-hashtag-equality/>

Many thanks to the speakers and to Abdul Wahud Mohammed for the report!

**More information:**

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