When Situations Go from Bad to Worse:

GUIDANCE FOR INTERNATIONAL AND REGIONAL ACTORS RESPONDING TO ACUTE VIOLENCE AGAINST KEY POPULATIONS

JUNE 2018

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The concept for this document and its contents were created by the members of the Technical Advisory Group on Violence, Stigma, and Discrimination Against Key Populations and by the individuals who participated in an October 2017 workshop in Nairobi. The organizations that these individuals collectively represent are listed below.

- Access for All, South Sudan
- African Men for Sexual Health and Rights
- African Sex Workers Alliance
- Aids Fonds
- The Bill and Melinda Gates Foundation
- Bar Hostess Empowerment Programme, Kenya
- Centers for Disease Control and Prevention
- CEDAW Committee
- Community Health Education Services and Advocacy, Tanzania
- Defenders Protection Initiative, Uganda
- East African Sexual Health and Rights Initiative, Kenya
- East and Horn of Africa Human Rights Defenders Project, Uganda
- Eastern African Network of AIDS Service Organisations
- Elton John AIDS Foundation
- FHI 360
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Network of People Living with HIV
- Global Network of Sex Work Projects
- Heartland Alliance International, Nigeria
- House of Empowerment and Awareness in Tanzania
- HIVOS
- Human Rights Awareness and Promotion Forum, Uganda
- Icebreakers Uganda
- lNERALA+gh, Ghana
- IntraHealth International
- International HIV/AIDS Alliance
- International Network of People Who Use Drugs
- International Community of Women Living with HIV
- International HIV/AIDS Alliance
- Innovative Response Globally for Transgender Women and HIV
- International Treatment Preparedness Coalition
- Jinsiangu, Kenya
- Johns Hopkins University
- Joint United Nations Programme on HIV/AIDS
- Kenya Network of People Who Use Drugs
- Law Enforcement and HIV Network
- Men Against AIDS Youth Group, Kenya
- MPact (formerly Global Forum on Men Who Have Sex with Men and HIV)
- PACT
- Palladium
- Population Council
- RTI International
- Social Health and Empowerment Feminist Collective of Transgender Women, South Africa
- Society for Women against AIDS in Africa
- Tanzania Sex Workers Alliance
- Tanzanian Network of People Who Use Drugs
- TB HIV Care, South Africa
- Transgender Equality Uganda
- Uganda Harm Reduction Network
- United Nations Development Programme
- United Nations Population Fund
- University of Manitoba
- University of North Carolina
- United States Agency for International Development
- Wake Up and Step Forward Coalition, Tanzania
- Women's Organisation Network for Human Rights Advocacy, Uganda
- World Bank
- World Health Organization

Summary

As the violence directed at members of key populations most affected by HIV — gay, bisexual, and other men who have sex with men; people who inject drugs; sex workers; and transgender people — intensifies and becomes "acute" in many parts of the globe, this brief offers guidance to international and regional actors who wish to be part of an effective and coordinated response. International and regional actors who may benefit from this guidance include, but are not limited to, key population networks, governmental bodies, donors, embassies, security experts, nongovernmental organizations (NGOs), media, research institutions, United Nations (UN) agencies or offices, and human rights organizations operating globally or regionally.

Developed by representatives from key population networks, community-based organizations (CBOs), UN agencies, international NGOs, donors, and defenders of human rights who support and implement HIV programs for key populations in East Africa, the brief describes the current challenges that limit the effectiveness of acute violence response and recommends concrete ways to strengthen international and regional stakeholders' actions to protect the human rights of key population members and reduce the effects of acute violence on HIV programming. While placing these recommendations within the context of principles for ethical and sustainable HIV programs, this document calls upon international and regional actors to:

1. Defer to local communities involved in the response
2. Commit to implementers' safety by appropriately resourcing their legal and medical needs
3. Acknowledge and safeguard the unique needs of key populations, including the distinction between men who have sex with men and transgender women
4. Collaborate and communicate with local actors respectfully
5. Equitably and transparently align support with the expressed needs of local actors
6. Ensure that all supported activities avoid victim blaming
7. Prioritize support for local collectives instead of individual actors
8. Proactively support the development of mechanisms for local coordination
9. Preemptively develop mechanisms and norms for international and regional cooperation
10. Create spaces for continual mutual learning and exchange

This brief can be used immediately by international and regional actors seeking to strengthen the support they offer during periods of acute violence. It can also help these same actors prepare to respond to such violence — thereby mitigating its effects. The contributors to this brief hope that it will serve as both a call to action and a guide that helps us collectively better respond to, and ultimately cease to experience, both acute violence against members of key populations and the barriers that acute violence presents to an effective HIV response.

Background

CONTEXT

Violence against key populations — gay men, bisexual men, and other men who have sex with men; people who inject drugs;[a] sex workers; and transgender people[b] — takes many forms. It includes physical, sexual, economic, psychological/emotional, and structural violence, as well as other human rights abuses, such as the confiscation of essential HIV prevention commodities, for example, condoms and lubricant.[1] Violence denies members of key populations their human rights and increases HIV risk;[2-7] it also decreases the uptake of testing, prevents disclosure, and limits the initiation of and adherence to antiretroviral drugs (ARVs).[8-10]

In some instances, the severity and intensity of violence increases, causing further disruption to the lives of key population members and to the HIV programs that serve them (see Box 1 for examples of disruptions caused by acute violence). Local key population program implementers take the lead in responding to the violence, but particularly in cases where the State explicitly or implicitly sanctions the violence, others — such as global and regional key population networks, UN agencies, international NGOs, security experts, donors, and embassies — must also be ready to play a role if local implementers request support.

Yet, when acute violence (see more on terminology in Box 2) occurs, the

Box 1. Disruptions to HIV programs caused by acute violence

When the severity and incidence of violence against key populations increase, this often creates an environment where CBOs and other program implementers are forced to limit HIV program activities or even cease to operate. Such violence might include, for example, when the press publishes inflammatory statements about and publicly identifies men who have sex with men, when police officers jail and torture transgender peer educators or participate in the forced disappearance of sex workers, or when extrajudicial killings of people who use drugs are implicitly or explicitly sanctioned by local authorities. The effects of such violence are magnified when staff such as those working at CBOs, which are the heart of key population programs, are also members of key populations and face violence in both their personal and professional lives. Disruptions to programs can occur at multiple levels, including:

CBO staff may be kept from performing their duties if they are in prison or may be at risk of physical harm or blackmail for continuing their work. Some CBOs may be deregistered and face temporary or permanent closure.

Program managers may divert resources to new equipment and technology that address heightened risks to physical and virtual safety, limiting funding for outreach or other service delivery activities.

Peer outreach workers may be unable to move freely in the face of harassment and surveillance, limiting outreach activities and commodity distribution and affecting follow-up with clients who miss appointments.

Health care providers may cease outreach to key population communities or limit the number of services they provide (e.g., no longer offering mobile testing) due to safety concerns.

Beneficiaries or potential beneficiaries may seek to avoid contact with programs that are associated with key populations. This results in fewer opportunities for key population members to hear prevention messages or receive commodities, less HIV testing, missed appointments, reduced initiation of treatment, and lower ARV adherence.

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[a] This brief focuses not only on people who inject drugs, but also the broader group of individuals who use drugs.

[b] This document primarily focuses on transgender women whose HIV prevalence rate is 49 times that of the general population and who were part of developing this guidance.

immediate response often involves a scramble among those who wish to support local implementers, characterized by uncertainty about what should be done and by whom, and simultaneous but unconnected conversations among different local, regional, and international actors. The result is that many regional and international organizations and individuals who want to be useful are not sure what roles and responsibilities they should take on (if any at all), efforts are not clearly coordinated, communication demands overburden those who are principally impacted, and the overall response is less rapid and less effective than it could be.

The Technical Advisory Group (TAG) on Violence, Stigma, and Discrimination Against Key Populations, convened by the USAID- and PEPFAR-supported Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project, supported the development of this brief to provide guidance to international and regional actors on how they can more effectively offer support during periods of acute violence against key populations. The TAG includes many organizations and individuals who have been involved in responses to acute violence and who have witnessed the need for a strengthened and streamlined collective response.

TERMINOLOGY

To support the development of this brief, the TAG defined several key terms related to violence against key populations and international and regional actors' responses to that violence. In order to hone in on the specific instances in which an improved collective response is most necessary, the TAG distinguished between violence experienced by key populations that is "chronic" — defined by Merriam-Webster's dictionary as "always present and encountered" — and cases where violence can be considered "acute," or "characterized by severity" and "requiring an urgent response." The TAG-established definitions for both forms of violence can be found in Box 2.

The TAG and the participants of a workshop it convened (described in detail under the Process section) also identified actors beyond those implementing or governing locally who could play a role in the response to acute violence; these actors are the intended audience for this guidance document. Our shorthand

Box 2. Key terms related to violence against key populations and violence response

Chronic violence: Chronic violence refers to the long-term and persistent nature of violence experienced by key populations. Chronic violence can manifest itself and be experienced differently across key populations and subpopulations and from location to location.

Acute violence: Acute violence refers to periods of increased severe violence experienced by key populations. Acute violence can be episodic, and at times linked to broader political dynamics. Acute violence results in significant increased disruptions to programs and services for key populations.

International and regional actors: International and regional actors may include UN agencies or regional offices, international NGOs, global and regional key population networks, global and regional security experts, donors, embassies, international human rights organizations, intergovernmental bodies, international criminal courts, the media, lobby and advocacy groups, corporations/the private sector, religious organizations, health/HIV ambassadors, and research institutions.

Support: Support consists of funding; trainings and other technical assistance; site visits; documentation coordination; media outreach; provision of safe spaces; accompaniment; relocation (migration, asylum process); advocacy and lobbying — awareness and international days, campaigns; dissemination, publication, and media outreach; remaining informed; legal support (strategic litigation); research, trend analysis, and mapping; innovation; and wellness/self-care.

for this group of stakeholders is "international and regional actors," although many of them may have offices in an affected country. Use of this nomenclature is intended to indicate that these organizations generally include offices and staff outside of the country that is experiencing acute violence and can mobilize resources from beyond the national level. Finally, workshop participants offered a range of activities that could be considered "support." Both the list of actors and types of support also appear in Box 2.

The list of international and regional actors is not exhaustive, and not all actors will be relevant in each case of acute violence. Furthermore, in some cases — particularly if local governments are allies in efforts to promote the human rights of members of key populations — national institutions such as ministries of health and human rights commissions will also play a critical role. However, they are not the primary audience of this document, which focuses on efforts to respond to acute violence in contexts where the State may either fail to protect key populations or be part of efforts to target them.

PURPOSE

This guidance brief is designed to provide international and regional actors who are, or who could be, involved in responses to acute violence with:

1. A better understanding of current challenges in acute violence response
2. Recommendations on concrete actions to take during periods of acute violence and during periods of relative calm, when preparations should occur
3. Principles that place actions to respond to acute violence within the broader context of ethical and sustainable HIV programming for and with key populations

In this way, the brief is meant to further discussions among, and shape the actions of a broad range of, international and regional stakeholders who are or who could be involved in responses to acute violence. It seeks to complement, and not replace, documents that currently provide relevant recommendations; for example, *Preventing and Responding to HIV Related Human Rights Crises,* which offers guidance to help "country-based UN staff in determining how best to respond to [HIV-related human rights crises]."[11]

The brief focuses on and includes extensive input from implementers working in East Africa due to the increasing acute violence in the region and the many key population programs, often implemented in collaboration with TAG members, in operation there. However, the brief could be adapted for other locations where acute violence against key populations occurs, through efforts involving local consultation and validation.

Process

This guidance brief was developed through a multi-step process guided by members of the TAG Planning Committee. The Planning Committee includes the four global key population networks — the MPact (formerly the Global Forum of Men who have Sex with Men and HIV), the Innovative Response Globally for Transgender Women and HIV (IRGT), the International Network of People Who Use Drugs (INPUD), and the Global Network of Sex Work Projects (NSWP) — FHI 360, the International HIV/AIDS Alliance, the U.S. Agency for International Development (USAID), and the United Nations Development Programme (UNDP).

To support the development of this guidance brief, the TAG held a one-day workshop on October 4, 2017 in Nairobi, Kenya. Participants included 48 representatives from 35 international, regional, and local organizations that work with gay men, bisexual men, and other men who have sex with men; people who use drugs; sex workers; and transgender women (see Box 3 for the organizations with representatives in attendance). During the workshop, CBO and key population network representatives, in collaboration with members of UN agencies, international NGOs, donors, and human rights defenders, led the generation of recommendations to inform international and regional actors' responses to acute violence.

As part of the workshop preparation process, FHI 360 staff interviewed implementers who had experienced and responded to acute violence. These implementers discussed both challenges and promising practices in acute violence response, which were then summarized and shared with workshop participants. The challenges most commonly described are presented in Box 4. Using the information from the implementer interviews and their own experiences, workshop participants developed overarching recommendations and specific concrete actions to guide international and regional actors seeking to provide support during periods of acute violence. They also discussed overarching principles that place actions to respond to acute violence in the broader context of ethical and sustainable HIV programming for and with key populations.

Box 3. Workshop participants

- Access for All, South Sudan
- African Men for Sexual Health and Rights
- African Sex Workers Alliance
- Bar Hostess Empowerment Programme, Kenya
- Community Health Education Services and Advocacy, Tanzania
- Defenders Protection Initiative, Uganda
- East African Sexual Health and Rights Initiative, Kenya
- East and Horn of Africa Human Rights Defenders Project, Uganda
- Eastern African Network of AIDS Service Organisations
- FHI 360
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Global Network of Sex Work Projects
- Heartland Alliance International, Nigeria
- House of Empowerment and Awareness in Tanzania
- Human Rights Awareness and Promotion Forum, Uganda
- Icebreakers Uganda
- INERALA+gh, Ghana
- Innovative Response Globally for Transgender Women and HIV
- International HIV/AIDS Alliance
- International Network of People Who Use Drugs
- Jinsiangu, Kenya
- Joint United Nations Programme on HIV/AIDS
- Kenya Network of People who Use Drugs
- Law Enforcement and HIV Network
- Men Against AIDS Youth Group, Kenya
- MPact
- Social Health and Empowerment, South Africa
- Society for Women against AIDS in Africa
- Tanzania Sex Workers Alliance
- Tanzanian Network of People who Use Drugs
- TB HIV Care, South Africa
- Transgender Equality Uganda
- Uganda Harm Reduction Network
- University of Manitoba, Kenya
- Wake Up and Step Forward Coalition, Tanzania
- Women's Organisation Network for Human Rights Advocacy, Uganda

Box 4. Key challenges in international and regional engagement during periods of acute violence

Lack of deference to local voices, resulting in negative, unintended consequences. For example, when international or regional actors fail to seek local actors' guidance on whether it is strategic to increase international visibility of human rights abuses, efforts to garner international condemnation may result in a backlash from the local government and/or cause an issue to be seen as imported from the West instead of locally relevant.

Requests that increase the burden on those most affected by violence. For example, international and regional partners' desire to be informed as quickly as possible about events may translate into local actors — who are also struggling with the direct effects of increased violence — being bombarded with requests for information, including by regionally or internationally based individuals who come to witness the incidents firsthand and then require local support during their visits.

Poor communication and limited collaboration among international and regional actors. For example, health and democracy teams within a single embassy or across embassies often fail to coordinate their efforts, missing opportunities for coordinated and, therefore, more powerful, advocacy.

Lack of clear roles. For example, when acute violence breaks out, there are often questions about which international and regional actors should take on specific supportive roles. The lack of a clear process for answering these questions hampers the efficiency of a response.

Nontransparent decision making or withholding information. For example, a focus on proprietary knowledge among international, regional, and local actors has historically limited willingness to share information, thereby limiting opportunities to act collectively.

The spread of misinformation or partial information. For example, in the rush to identify what is happening during a crisis, international and regional actors may rely on their longtime local partners, instead of on those who are closer to the violent events. This can cause counter-narratives to spread, which may mean that legitimate information is viewed as unreliable and is not acted upon.

Safety and security efforts that promote victim blaming. For example, internationally and regionally supported safety and security trainings often include content that suggests that participants should set aside their gender expression or gender identity to increase their personal safety or that of their community. Individuals who use drugs are also often blamed for violence against them if they fail to cease drug use in a context of persecution. This implicitly and explicitly places the blame for violence on those who are being victimized and causes further harm.

A lack of adequate support from international and regional actors for the implementers who are most at risk of violence. For example, HIV programs rarely guarantee adequate financial support for legal or medical bills that peer educators and outreach workers may incur when working in hostile environments. This leaves those who are consistently on the front lines of service delivery, but the least compensated, at risk of being unable to access vital support.

Conflation of transgender women with gay men, bisexual men, and other men who have sex with men. For example, international media often inaccurately describe transgender victims of violence and refer to transgender women as men who have sex with men or "men dressed as women." This erasure of transgender women means that their specific needs are not discussed and that their lives and struggles are misrepresented.

A perceived failure to equitably align resource distribution with need. For example, in some instances of acute violence, local actors perceive that resources are not distributed equitably among those affected. This can cause tension between individuals and community groups, making collaboration more difficult. Additionally, local actors working in areas with less donor investment often find it more difficult to mobilize international and regional support than those working in a location with multiple donor-funded projects.

Mechanisms of support selected by international and regional stakeholders hamper longer-term local collaboration. For example, international and regional actors may work only with known local partners or even encourage staff from one CBO to form their own organization in order to streamline support to trusted entities, instead of providing resources or technical assistance to a collective. Working with individuals or one organization instead of established collectives can undermine the ability of local CBOs to collaborate and can lead to a duplication of efforts, as the same types of support are provided by multiple international and regional actors to multiple local organizations.

Recommendations

The following recommendations and illustrative actions were developed by the participants of the workshop. They address the current challenges in international and regional responses to acute violence and build on strategies that workshop participants have found to be effective.

> **Box 5. Key resources related to chronic violence and safety and security in HIV programs**
>
> **LINKAGES Key Population Implementation Guide:** Describes violence prevention and response activities that can be integrated into HIV programs for key populations, including establishing a system to respond to incidents of chronic violence against members of key populations[12]
>
> **Safety and Security Toolkit: Strengthening the Implementation of HIV Programs for and with Key Populations:** Provides a review of issues and resources on safety and security within HIV programs for and with key populations, strategies to address chronic violence, checklists to systematically plan for and mitigate safety and security risks, and an annotated bibliography of safety and security tools[13]

While the recommendations focus on actions to address acute violence and are especially critical for that context, many overlap with actions required to address chronic violence. This overlap is logical, as the ability of local, regional, and international actors to mitigate the harm caused during acute violence, including the disruption of HIV programs, requires that these programs have a strong foundation for day-to-day implementation that includes an ability to address chronic violence. That strong foundation includes:

- Adhering to best practices for key population programs, including appropriately resourcing peer-led efforts, as peer educators and outreach workers are central to key population-led efforts to address violence[1, 14-17]
- Using tools designed to protect both key population clients and program implementers from violence and to respond effectively when violence occurs (see Box 5 for selected tools)

For readers who are first viewing this document when acute violence is already occurring, Recommendations 1–7 will be most immediately useful. For those who are using this document to mitigate the impact of a future instance of acute violence, all of the recommendations will be useful, with Recommendations 8–10 offering ideas for proactive investment.

1. DEFER TO LOCAL COMMUNITIES INVOLVED IN THE RESPONSE

All actions taken by international and regional actors to respond to acute violence should be guided by the requests and knowledge of those most affected. Each situation of acute violence is different, and local communities are both most aware of what is needed and most vulnerable to the effects of any inaction or action taken. When considering which local actors are best placed to provide direction and accurate information, international and regional actors should take time to identify those who are most affected instead of assuming that it is adequate to reach out only to existing partners.

Illustrative actions

a. Respond with direction from the local community. For example, do not visit the affected area without first being asked to come or without a clear purpose for the trip. Resources that go to a fact-finding mission might be better used for other purposes, and the presence of international or regional partners during a period of acute violence may create additional tension or danger for local implementers.
b. Do not seek out opportunities to raise the profile of an act of acute violence — for example, by engaging international or national media — unless requested to do so by local actors who have had the opportunity to both discuss whether visibility is desired and develop appropriate messaging.
c. Continually assess sources to ensure that information is coming from those most affected. Do not rely on traditional spokespeople unless you can ensure that they are able to speak about current realities. Triangulate information from multiple sources to develop an accurate picture of the situation on the ground.

2. COMMIT TO IMPLEMENTERS' SAFETY BY APPROPRIATELY RESOURCING THEIR LEGAL AND MEDICAL NEEDS

It is essential to acknowledge both the human rights and worker's rights of those employed by HIV programs serving key populations by proactively and appropriately resourcing the safety and security of those most at risk of violence. In the context of HIV programs, this generally refers to peer educators and outreach workers who may encounter hostile police or others while conducting site visits or at testing and other events. All program staff, and particularly those engaged in outreach, need financial and other support if they are arrested or injured during the course of their duties. While coverage should not be limited to times of acute violence, the resources that need to be set aside during times of acute violence are likely to increase.

Illustrative actions

a. Create standard operating procedures (SOPs) that identify minimum standards for actions that both the international and local partners will take to protect implementers' safety and security and to respond when individuals are arrested or injured. Prioritize outreach workers and peer educators' well-being within the SOPs. Fund/monitor SOP adoption among implementers.
b. Provide insurance or other protections — such as compensation payments — to ensure that peer educators, outreach workers, and others who generally face the highest levels of work-related risks have access to legal and health services if they are arrested or injured while engaging in activities supported by an HIV program. This coverage should be clearly defined and described at the time of their employment.

3. ACKNOWLEDGE AND SAFEGUARD THE UNIQUE NEEDS OF KEY POPULATIONS, INCLUDING THE DISTINCTION BETWEEN MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN

Each instance of acute violence is unique, as are the experiences of the individuals who are affected. Many factors may affect individuals' risk of violence and ability to access support. These include key population type, languages spoken, ethnicity, socioeconomic status, and rural versus urban location. Responses to acute violence should recognize and address key population members' unique needs and concerns to ensure that the response is truly appropriate. Illustrative examples of concerns that may

differ by key population include brothel raids that result in mass arrests of sex workers, peer educators working with men who have sex with men being detained for carrying lubricant, surprise mandatory drug tests of CBO staff who work with people who use drugs, or transgender women being charged with gender impersonation and placed in prison with male inmates. While many concerns will overlap, it is vital that each key population be acknowledged as distinct from the others. Importantly, transgender women and men who have sex with men should never be conflated or treated as a monolithic group. In cases where individuals are members of multiple key populations, such as sex workers who use drugs, there may be opportunities for collective mobilization, but there should always be opportunities for all of the diverse voices within a collective to define their own needs.

Illustrative actions

a. Avoid funding a CBO that has traditionally focused on only one key population (e.g., men who have sex with men) to do work with multiple key populations (e.g., men who have sex with men, sex workers, and transgender people). Instead, provide funds directly to multiple CBOs whenever possible.
b. Unless all affected communities choose to have one shared spokesperson to avoid exposing multiple people to the danger that may come from increased visibility, avoid calling upon a lone spokesperson who addresses "LGBT issues" broadly.
c. In media education, address the issue of mis-gendering both activists and those affected by violence. For example, ensure that transgender women are not referred to as men by the media.

4. COLLABORATE AND COMMUNICATE WITH LOCAL ACTORS RESPECTFULLY

All communication with individuals and organizations facing acute violence should be characterized by respect and patience on the part of the regional and international actors and an acknowledgement that key population members are the experts on their own lives and on their communities' needs. Respectful communication includes being thoughtful about the requests made of local actors, recognizing that the decisions made in chaotic environments are often difficult, responding promptly to requests for support, and honoring all commitments made.

Illustrative actions

a. Communicate in ways that add minimal additional stress to local actors. When possible, do not repeatedly request information; instead, work with other international and regional stakeholders to determine what existing sources or channels of information are available and how they can be accessed.
b. In funding emergency response actions for individuals, such as relocation or medical care, be aware that there is a trade-off between accountability and speed. For example, following multiple steps to verify a case of violence will mean a delay in resource distribution to the victim of that violence. In partnership with local actors, develop shared expectations on whether speed in the provision of support or ensuring the accuracy of claims will be prioritized.

5. EQUITABLY AND TRANSPARENTLY ALIGN SUPPORT WITH THE EXPRESSED NEEDS OF LOCAL ACTORS

Support to key populations who experience acute violence should be commensurate with their needs, and decisions about how support is allocated should be made as transparently as possible. In addition, access to regional and international support should not be contingent upon large-scale existing

investments by donors. Local implementers operating in any country should be able to access international and regional support when needed.

Illustrative actions

a. Fund all key population groups in the same location facing the same threat levels in an equitable manner based on need and local input.
b. Be transparent when allocating funding; for example, have all requests for funding follow the same channels (such as through a process established by an emergency response committee), and provide opportunities to seek clarification when a funding request is not granted.

6. ENSURE THAT ALL SUPPORTED ACTIVITIES AVOID VICTIM BLAMING

While it is important to openly discuss the potential consequences of actions that may be taken by an individual who is a member of a key population during a period of acute violence, no one who experiences violence because they are a member of a key population should ever be blamed for that experience.

Illustrative actions

a. Invest in training on appropriate first-line support, so that anyone who is likely to act as resource to a victim of violence will not explicitly or implicitly blame the person who has experienced the violence.[18]
b. When convening safety and security workshops, provide accurate briefings on security risks, but do not assign guilt to victims of violence. For example, do not tell transgender women that they must limit their gender expression or give up who they are for the sake of safety, and do not ask people who use drugs to cease carrying drug paraphernalia to avoid police harassment, as this can substantially exacerbate their vulnerability to HIV and other blood-borne infections. When discussing the possible consequences of expressions of gender that are perceived as not conforming to rigid gender norms, or of carrying drug-use equipment, describe the risks and allow individuals to make their own decisions, without imparting judgment or blaming the victim.

7. PRIORITIZE SUPPORT FOR LOCAL COLLECTIVES INSTEAD OF INDIVIDUAL ACTORS

Community-based organizations that have historically struggled to collaborate can sometimes find common ground during periods of acute violence, and collectives are often formed or strengthened as a result. Regional and international actors should be mindful that their actions can either facilitate or obstruct this collaboration.

Illustrative actions

a. As much as possible, avoid providing direct funding to preferred partners if there is a collective effort, such as an emergency response committee, to organize and distribute available funds across organizations.
b. Respect local structures and seek to bolster existing organizations and collaborations instead of creating new ones.

8. PROACTIVELY SUPPORT THE DEVELOPMENT OF MECHANISMS FOR LOCAL COORDINATION

Ideally, CBOs, other implementers, and relevant UN and other organizations based in a specific hostile environment have the opportunity to come together as a coalition and discuss safety and security issues before acute violence occurs. Conversations and planning that occur jointly during periods of relative calm allow (1) implementers to systematically and thoughtfully increase their individual safety and security measures, including through formal connections to other institutions (such as links to sensitized law enforcement officers) who may be able to provide support; (2) coalitions of implementers and other civil society organizations to develop emergency response plans that can be activated when needed, instead of hastily constructing these plans during periods of chaos; and (3) coalition building between organizations focused on public health and those focused on human rights.

Illustrative actions

a. Commit to funding emergency response plans that are collectively developed by local actors as contingencies in case a situation of acute violence should occur.
b. Through technical assistance and adequate funding, encourage local partners to engage in coalition building to promote functional networks that share information and work toward common safety and security goals.
c. Support the expansion of local coalitions to include stakeholders focused on human rights, as well as HIV, as this can increase the number of institutions and individuals working toward the same objective and broaden the skillset of coalitions working to prevent and mitigate the impact of acute violence.

9. PREEMPTIVELY DEVELOP MECHANISMS AND NORMS FOR INTERNATIONAL AND REGIONAL COOPERATION

Preemptive coordination between international and regional actors creates the opportunity to streamline communication, agree on norms that encourage transparency and information sharing during periods of acute violence, and define roles in advance. Coordinating bodies at the regional or national level should include all international and regional actors who plan to take part in a response to acute violence. Each coordinating body, and contact information for a focal point within that body, should be known to local implementers, who can then update and activate multiple international and regional actors at the same time, as needed. Individuals within institutions should also have plans for how they will coordinate with the focal point representing them on the coordinating body.

Owing to the division of labor among UN agencies in the HIV response and factors such as which agencies have offices in a given country, a different UN agency may be best placed to get involved, depending on the nature of the crisis. It is always advisable to contact UNAIDS and UNDP country offices in the places where acute violence occurs; they can then make further connections to other UN agencies, as applicable.

Illustrative actions

a. Establish regional (e.g., East Africa) or national mechanisms for acute violence response that involve donors, international NGOs, human rights organizations, UN agencies, security experts, embassies, and other regional or international actors. Define roles and responsibilities for each member institution to respond to acute violence in each country (or on an even more localized scale).
b. Coordinate within embassies and across embassies. Ensure that health, human rights, and democracy staff within a given embassy have opportunities to jointly develop statements that take all sectors into account.
c. Link regional and international coordinating bodies to the local coalitions described in Recommendation 8, and/or clearly provide channels of communication that local coalitions or individual organizations can use to share information with or request support from the regional or international coordinating bodies.

10. CREATE SPACES FOR CONTINUAL MUTUAL LEARNING AND EXCHANGE

Continuous and mutual learning and exchange can strengthen the collective ability of international, regional, and local actors to understand, prevent, and respond to acute violence. For example, a review of acute violence over time in several locations may identify trends that help predict and mitigate future instances of violence. Setting up structures to monitor trends may also provide opportunities to intervene diplomatically or through other channels before acute violence occurs.

Establishing mechanisms to collect and share data on HIV service uptake during periods of acute violence may be particularly useful in advocacy with local decision makers and donors. The decreases in service use that are likely to occur can demonstrate the direct impact of acute violence on epidemic control and underscore the need for resource allocation toward monitoring, preventing, and responding to violence.

Illustrative actions

a. Monitor trends that may help predict outbreaks of acute violence, including media portrayals of key populations, relevant law and policy debates on either key populations, HIV, or civil society generally, and religious messaging.
b. Document the response to acute violence, including lessons learned in that response, to inform future efforts. Fund and train (as needed) local actors to gather and interpret their own data.
c. Be open to not only documenting lessons learned, but making immediate decisions based on those lessons. This could include changing work plans, agreements, and even coalitions as a situation evolves and as it becomes clear which activities/mechanisms are most effective at mitigating harm.

Principles

The recommendations and illustrative actions presented above provide concrete suggestions for immediate action. Workshop participants also noted that the steps taken by international and regional actors will be strengthened by a shared understanding of the broader context in which responses to acute violence occur.

Throughout the process of developing this document, participants noted three crosscutting truths, or principles, in acute violence response. The principles help describe the immediate and longer-term importance of an effective acute violence response and place that response in the broader context of efforts to implement HIV programming for key populations both sustainably and ethically.

A PROACTIVE INVESTMENT IN "FIRST, DO NO HARM" IS FUNDAMENTAL TO THE DESIGN AND IMPLEMENTATION OF EFFECTIVE AND ETHICAL KEY POPULATION PROGRAMS.

Just as programs serving victims of violence have an obligation to "first, do no harm," because they are designed to support those who are already vulnerable, programs for key populations must also recognize and respond appropriately to vulnerability. In hostile environments, it is often the case that individuals providing and using HIV services must put themselves at risk to do so. Yet, "first, do no harm" may not be considered by international and regional stakeholders until acute violence occurs, and then it is too often discussed as a justification for inaction. Going forward, "first, do no harm" should be associated with proactive responses to vulnerability, such as budgeted plans for safety and security activities that limit risk, in addition to well-organized immediate action when support is requested.

THE PROTECTION OF HUMAN RIGHTS IS VITAL TO THE EFFECTIVE CONTROL OF THE HIV EPIDEMIC.

As funding becomes scarcer and donors supporting key population programs attempt to zero in on the key elements of an effective program in order to become leaner and more efficient, too often the protection of human rights is thought of as beyond the purview of an HIV program. However, in a context in which human rights violations make implementation difficult or impossible, it becomes clear that HIV programs that only support biomedical and behavioral interventions will have limited impact. We must simultaneously invest in creating an enabling environment where implementers can operate safely and clients can seek services without fear. This means supporting key populations, who lead both HIV programs and the response to violence, by hiring sufficient peer educators and supporting them through investments in their own safety, as well as that of their communities.

A commitment to protecting human rights also requires the consideration of individuals beyond their relevance to institutional mandates. For example, if a coalition of lesbian women and gay men are targeted for violence because they are leading a campaign for increased access to HIV testing, but only gay men receive international or regional support because they are members of a key population most affected by HIV, the deeper importance of the human rights of all people can be lost.

Finally, the acknowledgement of the paramount importance of human rights creates opportunities for new partnerships. Perennial distinctions between public health and human rights mandates have limited collaboration that could have benefitted both sectors. In the case of acute violence, collaborating with human rights defenders can increase access to more sophisticated systems for responding to and documenting abuses and prevent HIV-focused institutions from reinventing approaches that others have already developed.

RESPONDING TO INSTANCES OF ACUTE VIOLENCE IS VITAL, BUT IT MUST BE ACCOMPANIED BY A BIG-PICTURE VIEW AND EFFORTS TOWARD LONGER-TERM CHANGE.

Each time a crisis occurs, international and regional actors can and should sound the alarm and increase their investments in the affected communities. But putting out fires often requires laser focus on one location and a limited set of actors. Maintaining a broader perspective may help resolve the violence in a more sustainable way and can also support coalition building. For example, there have been recent efforts in many countries to crack down on civil society as a whole. While key population-led groups may be some of the easiest to target due to elevated levels of stigma, this does not mean that efforts to reduce the influence of civil society will stop if the State is able to silence key population-led organizations. Often, this is just the beginning of a broader offensive. If civil society organizations see this larger trend, they can use it to form a broader coalition, including but not limited to key population-led organizations, to counter the crackdown through a more organized and larger base that is part of a greater movement.

Focusing only on the present danger also means that there may be lost opportunities to leverage current actions to achieve longer-term goals — such as policy change, decriminalization, coalition building, empowerment of national human rights structures, and productive engagement with religious leaders and organizations — all of which can be advanced during a response to acute violence. The information collected on rights abuses and the impact on the HIV epidemic, the lawyers contracted to not only bail out those arrested but to set legal precedents in court, the CBOs whose capacity is built, and the coalitions supported during acute violence all can and should be leveraged for longer-term change, strengthened HIV programming, and a more enabling environment.

Conclusion

This brief draws attention to the urgent need for more coordinated and effective responses to acute violence. It makes the case that preparing for and responding to acute violence are essential components of effective HIV programs for key populations, provides concrete guidance on actions that should be taken to advance these essential components, and helps place them all in a broader context of sustainable and ethical HIV programming.

International and regional stakeholders' recognition that addressing acute violence is essential brings with it an obligation to act responsibly. We encourage international and regional stakeholders to plan, fund, and implement activities using the recommendations and principles presented here — to invest in local collectives and emergency response plans, to improve safety and security trainings, to convene international and regional bodies that can coordinate effective responses — and, in the process, to generate and share a next generation of detailed best practices, tools, and mechanisms for acute violence response.

Acute violence against key populations is intensifying and becoming more prevalent around the world. The TAG on Violence, Stigma, and Discrimination hopes that this document will serve as both a call to action and a map that helps us collectively arrive at a place where we consistently and effectively respond to acute violence against members of key populations, and where one day, acute violence, and all the barriers that it presents to an effective HIV response, ceases to occur.

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