

Breaking Bad: Policy Impact on Access to Lubricant among Sex Workers, Men Who Have Sex with Men, and Transgender Persons in Burkina Faso, Togo, and Kenya

HEALTH
POLICY
PROJECT



PRESENTED BY

S. Duvall¹
M. Maiga²
D. Mbote³
C. Compaoré⁴
S. Anato⁵
A. Chen¹
D. Adams¹
R. Olson¹
G. Chaold⁵
K. Beardsley¹

¹Health Policy Project, Futures Group, Washington, DC, USA
²Health Policy Project, Futures Group, Accra, Ghana
³Consultant, Nairobi, Kenya
⁴Consultant, Ouagadougou, Burkina Faso
⁵Consultant, Lomé, Togo

20th International
AIDS Conference

July 20–25, 2014
Melbourne, Australia

CONTACT US

Health Policy Project
One Thomas Circle, NW Suite 200
Washington, DC 20005
www.healthpolicyproject.com
email: policyinfo@futuresgroup.com
Tel: +1.202.775.9680
Fax: +1.202.775.9684

BACKGROUND

Mixed HIV epidemics in Burkina Faso, Togo, and Kenya

- Prevalence is higher among sex workers (SWs) and men who have sex with men (MSM)
- No data for transgender (TG) persons

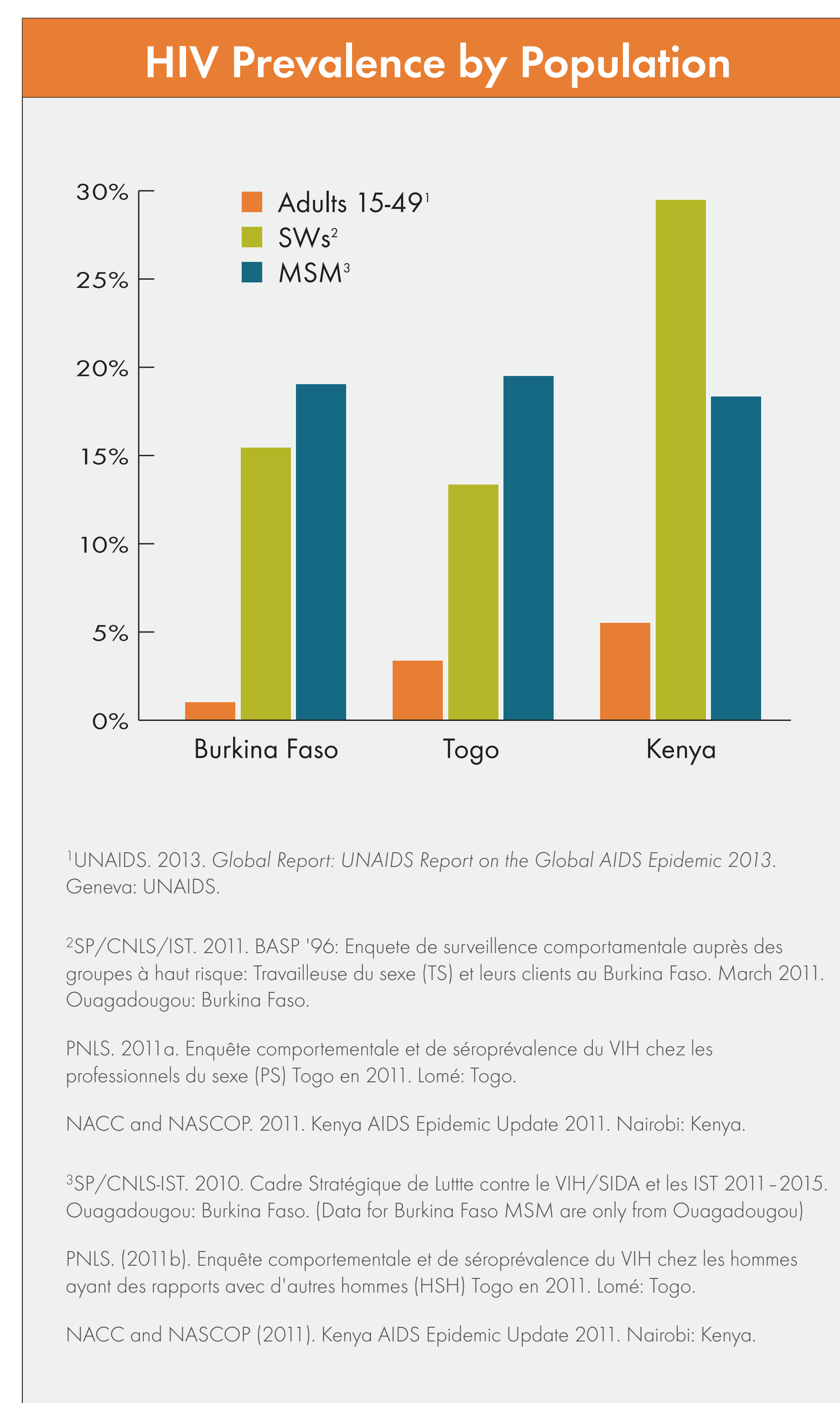
Condoms and lubricant (C/L)

- Consistent use has a direct impact on reducing HIV risk and transmission
- Critical element of evidence-based HIV prevention package for SWs, MSM, and TG persons
- Often unavailable or inadequately distributed to SWs, MSM, and TG persons
- Unavailability or inadequate availability leads to populations opting for unsafe sex

Policy affects lubricant availability and accessibility

- Policies often lack emphasis on procurement and use of lubricants
- Governments need strategies and policies for effective C/L procurement and distribution

Data on C/L policy gaps and practical challenges to C/L policy implementation in Africa are limited



METHODS

Principle investigators from the USAID- and PEPFAR-funded Health Policy Project (HPP) and Action for West Africa Region II (AWARE II) led country teams to complete an in-depth inventory and assessment of policies, laws, and regulations that impact access to HIV prevention, care, and treatment services for MSM, SWs, TG persons, and detainees in each country. The teams also assessed policy implementation. Data collection teams were trained in qualitative data collection methods and assessment procedures.

Countries and Dates

Burkina Faso: February–March 2012

Togo: June–July 2013

Kenya: September–November 2013

Tool

The *Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers*, developed by HPP and African Men for Sexual Health and Rights (AMSHer), is based on international human rights frameworks and best practices and includes specific modules to assess

- Procurement and supply management (PSM) of medicine and commodities
- Policy impact on the availability of condoms and lubricant

Key Informant Interviews

Qualitative interviews were conducted with key stakeholders to assess

- Enabling environment, and policy dissemination, implementation, and barriers

Data Analysis

Country field teams used the Decision Model's assessment and inventory data collection tools and collected over 100 policy documents in each country to

- Compare current country policies with international best practices
- Assess the extent to which current policies enable or restrict implementation of HIV prevention, care, and treatment interventions for key populations

Key informant interviews were coded thematically by two researchers, to ensure reliability, and analyzed with responses compared by country

RESULTS

Key informant interviews corroborated previous findings on the inaccessibility of water- or silicone-based lubricants due to stockouts and high prices in pharmacies.

Key Findings: Policy Impact on Availability of and Access to Lubricant

Type of Policy	Procurement and supply management of medical supplies (PSM): Lubricant availability			HIV Policy: Lubricant availability			PSM and HIV Policy: Product selection		
	Burkina Faso	Togo	Kenya	Burkina Faso	Togo	Kenya	Burkina Faso	Togo	Kenya
Best Practices	✓ General PSM: Followed	✓ General PSM: Followed	✓ General PSM: Followed	✗	✗	✓ Guarantee SWs, MSM, and TG persons access to lubricant, regardless of ability to pay ✓ Pilot rollout of C/L distribution	✗	✗	✗
Policy Gap(s)	<ul style="list-style-type: none"> ✗ Failure to guarantee government funding for lubricant ✗ No policy for procurement, distribution, or reliable commodity forecasting of lubricant ✗ No budget for lubricant PSM ✗ No guarantee of SW/MSM/TG access to lubricant 	<ul style="list-style-type: none"> ✗ Failure to guarantee government funding for lubricant ✗ No policy for procurement, distribution, or reliable commodity forecasting of lubricant ✗ No budget for lubricant PSM ✗ No guarantee of SW/MSM/TG access to lubricant 	<ul style="list-style-type: none"> ✗ Failure to guarantee government funding for lubricant ✗ No policy for procurement, distribution, or reliable commodity forecasting of lubricant ✗ No budget for lubricant PSM ✗ No guarantee of SW/MSM/TG access to lubricant 	✗ Silent regarding free lubricant for SWs, MSM, and TG persons	✗ Silent regarding free lubricant for SWs, MSM, and TG persons		✗ Failure to provide mechanisms for SW, MSM, and TG participation in selection of lubricant: May result in selection of products populations will not use	✗ Failure to provide mechanisms for SW, MSM, and TG participation in selection of lubricant: May result in selection of products populations will not use	✗ Failure to provide mechanisms for SW, MSM, and TG participation in selection of lubricant: May result in selection of products populations will not use
Impact of Policy Gaps	Frequent stockouts of free or affordable single-dose lubricant Lubricant unavailable and/or inaccessible to SWs, MSM, and TG persons								

RECOMMENDATIONS

- Develop procurement and supply management (PSM) policies for lubricant
 - Procurement
 - Distribution
 - Forecasting based on reliable population estimates
 - Budgeting
- Expand national essential drugs lists in Burkina Faso and Togo to include lubricant
- Expand policies to guarantee state funding of lubricant, including a budget line for lubricant
- Develop PSM and HIV policies to engage SW, MSM, and TG populations in product selection
- Develop operational guidelines and monitoring systems to ensure policies are implemented
- Address stigma and discrimination of SWs, MSM, and TG persons

Rollout of this essential element of HIV prevention will remain precarious in all three countries unless these supportive policies are enacted and implemented.

