Sex workers, people who use drugs (PWUD) and lesbian, gay, bisexual and transgender (LGBT) people are significantly more vulnerable to HIV than the general population. In 2019, 62% of new HIV infections occurred among key populations, yet in most countries they have the least access to prevention, treatment, care and support.

Bridging the Gaps, an alliance of nine international organisations and networks and more than 120 partner organisations at the local, national and regional levels, has worked across the globe from 2011 to 2020, contributing to ending the AIDS epidemic among key populations. Together, the Bridging the Gaps alliance increased access to essential HIV and other SRHR services for key populations; built strong movements; strengthened the capacities of community-led organisations to hold governments accountable; and contributed to the greater realisation of human rights for key populations.

**THE RESULTS SO FAR 2011-2020**

- **40,487** health care professionals and social service providers have been trained.
- **3,073,529** key population members have accessed prevention treatment care and other support services.
- **22,134** law enforcement officials have been trained.
- **12,794** human rights violation cases are responded to through legal support and strategic litigation.
- **>120** civil society organisations and key population groups and networks are supported and strengthened.

In all 15 countries key populations engage with the government on national strategies and policies that affect their health and rights.
**KEY FINDINGS DRAWN FROM BRIDGING THE GAPS INDEPENDENT END EVALUATION***:

**COMMUNITY-LED RESPONSES**

Bridging the Gaps has demonstrated how effective community-led responses can address gaps in service provision and enable people from key population communities to access quality, tailored health services. Successful approaches within the Bridging the Gaps programme included:

- **Community-led clinics** and peer to peer approaches in service provision, integrated with government public health services wherever possible.

- **Technical training and capacity support** for community peer leaders and peer educators to monitor public health services and engage with public health service providers to help change attitudes and reduce stigma and discrimination towards people from key populations.

- **Gender-sensitive approaches** to health service provision to reach women, men and trans people within key population communities, such as those piloted in Kenya and now integrated into the national training curriculum for health service providers.

- **Start-up of community self-help groups**, to engage in awareness raising and outreach work among key population communities about their rights to access public health and other services.

*The end evaluation was conducted by INTRAC, www.intrac.org*

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**LINKING LOCAL, REGIONAL AND GLOBAL ADVOCACY**

Bridging the Gaps’ advocacy work has strengthened the voice and influence of people from key populations in decision making spaces. Approaches that worked well at country, regional and global level include:

- Providing opportunities for activists and advocates from different key population communities and from different countries to engage in **joint learning and strategizing**.

- Establishing **key population platforms and consortia** (such as those in Kenya and Ukraine) that have enabled leaders and members of key populations to work collaboratively and engage in joint advocacy for rights and services.

- Advocacy and support for the **inclusion of key population groups in formal processes** such as national and sub-national Country Coordination Mechanisms.

- Work with **feminist and women’s rights organisations** to advocate sex workers’ rights and influence narratives within the global feminist movement, specifically the UN Commission on the Status of Women.

- Promising regional-level work on curriculum development and training for activists from the people who use drugs community to **raise awareness on HCV-HIV co-infection** and build advocacy capacity to address gaps in hepatitis testing and treatment for people who inject drugs in Southern and East Africa.
CONCLUSIONS

The main conclusions from the end evaluation are:

Relevance
Bridging the Gaps responded to the expressed priorities and needs of sex workers, people who use drugs and people from the LGBT community. Its community-led approach was instrumental in achieving successful health and rights outcomes with and for key population communities. It has funded innovation and grassroots work that United Nations and USAID programmes do not fund, and has purposely complemented and informed Global Fund and PEPFAR programmes.

Effectiveness
Effective community-led responses and advocacy work at national, regional and global level have contributed to improved health and rights outcomes for people from key population communities. Creating partnerships with government and allies – other CSOs – has been pivotal to achieving the outcomes as outlined in the programme’s Theory of Change.

Efficiency
The evaluation found that the consortium added value by facilitating sharing of innovation, good practice and learning between partners. Flexible funding allowed partners to respond as needed to challenging country contexts and changing priorities of key population communities, and to take advantage of opportunities for regional and global level advocacy.

Impact and Sustainability
The conclusion of the evaluators is that the programme made a significant contribution towards improved sexual and reproductive health and rights, fulfilment of human rights and strengthened capacity of key populations’ organisations and networks in the countries where it works.

The sustainability of these achievements is highly context-dependent and, in the majority of countries, ongoing advocacy by key population communities and allies will remain essential to tackle continuing stigma, discrimination, and criminalisation of key populations, and to advocate for governments to commit adequate resources to fulfilling the health and other rights of key populations.
WHAT HAVE WE LEARNED?

Based on our experiences of ten years of key population programming, and drawing upon the findings from the programme’s independent end evaluation, the Bridging the Gaps alliance has the following recommendations:

Recommendations for community organisations, networks, CSOs and future key population HIV programmes:

1. Where possible, organisations should encourage and nurture partnerships with relevant government departments from the outset of key population programme design and planning.
2. Similarly, organisations should work with government and other main public service providers to plan for the future sustainability of effective community or CSO-led services for key populations.
3. While establishing key population platforms and networks, organisations should develop ideas for securing their future sustainability, for example by exploring opportunities for resource mobilisation in-country as well as donor funding.
4. Be prepared for a potential unintended negative backlash as a result of activities, and ensure contingency plans are in place for dealing with this.
5. Dedicate time and resources to improving monitoring systems and capacity, particularly the collection and reporting of quantitative data at the output level, and gender-sensitive and gender disaggregated data.
6. Make linkages and synergies between global, regional and national-level advocacy explicit in programme design, monitoring and reporting.
7. Integrate mental health support for participants from key populations, including developing strategies for sustaining and renewing the energy of volunteer community peer leaders, educators and activists. This should be addressed through community interventions as well as integrated with public health services wherever possible. This is particularly pertinent during the ongoing COVID-19 pandemic.
8. Clearly articulate gender-transformative strategies, goals and indicators in future key population programmes.
9. Key population programmes benefit from a clear articulation of specific strategies and pathways of change for young people from key populations.
10. Future programmes should prioritise funding for capacity strengthening of key population leaders, communities and networks that supports them to design, implement, and monitor and evaluate service delivery and advocacy interventions, based on their priorities and needs.

Recommendations for donors and policy makers:

1. Donors and governments should ensure the provision of flexible funding structures that allow organisations to fund research, innovation and piloting of new services or approaches within key population programmes.
2. In particular, the Ministry of Foreign Affairs of the Netherlands can use the results of Bridging the Gaps to actively inspire and advocate other donor governments to increase their support for human-rights based key population programming. This includes funding in middle-income countries, such as Kyrgyzstan, Ukraine and Indonesia where HIV remains concentrated in key populations, and where the legal, political and social environments for key populations remain punitive and discriminatory.
3. Ongoing, long term support for advocacy is essential to create new and sustain positive narratives about key populations in global and regional advocacy spaces. This includes amplifying the voices of key populations, including through supporting community advocates to participate in regional and global HIV policy advocacy, and broader human rights fora such as the United Nations and African Commission.
4. To clearly and explicitly address the issue of how donor-funded services can be sustained, donors should support organisations to lobby national governments to allocate resources to CSOs to enable them to sustain effective, rights-based, community-led health services for key populations.