

Key Populations and Data Gaps

In too many countries and communities around the world key populations, including gay men and other men who have sex with men (MSM), transgender women, sex workers and people who inject drugs are subject to what Johns Hopkins researcher and advocate Stefan Baral terms “the data paradox,” meaning that “there is the least amount of data characterizing the needs of gay men and other MSM in the most stigmatizing settings.” Gathering information on the size, needs, priorities and structure of LGBTQ communities is complex insofar as researchers and governments may not be trusted. But there is a wealth of examples of evidence-generating partnerships that do have buy-in and leadership from the communities in question. This includes innovative work involving KEMRI and local MSM groups in Kilifi, Kenya, research developed by and for MSM in Malawi in partnership with CEDEP, work with LGBTQ

people in Nigeria by The Initiative for Equal Rights (TIER), and many other projects. This research, which generates information on population size, risk and needs can and must be prioritized. National governments and funder/ implementer partners also have to do far better. PEPFAR and GFATM should work to ensure that there are treatment and prevention “cascade” data broken down by key populations in quarterly and annual reports. Where data do not exist, new and innovative approaches to gathering it via partnerships with civil society should be implemented. All of this must happen in the context of a larger fight to remove legal frameworks for discrimination and violence against key populations. But the existence of such laws cannot be used as an excuse for inaction or inadequate data.