Enhancing Partnerships Between Law Enforcement, Criminal Justice and HIV Programmes Working with Key Populations: Opportunities in South Africa

Round table meeting report
Durban, South Africa
20 July 2016
## Table of contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acronyms and abbreviations</td>
<td>i</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>ii</td>
</tr>
<tr>
<td>Executive summary</td>
<td>1</td>
</tr>
<tr>
<td>Key Findings</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Background</td>
<td>5</td>
</tr>
<tr>
<td>Meeting objectives</td>
<td>6</td>
</tr>
<tr>
<td>Discussion</td>
<td>6</td>
</tr>
<tr>
<td>Principles of success when working with police and key populations:</td>
<td>7</td>
</tr>
<tr>
<td>Context, content, process and actors</td>
<td>7</td>
</tr>
<tr>
<td>Capitalising on opportunities and overcoming challenges</td>
<td>14</td>
</tr>
<tr>
<td>Concrete Suggestions from Participant</td>
<td>18</td>
</tr>
<tr>
<td>Supporting Next steps</td>
<td>19</td>
</tr>
<tr>
<td>References</td>
<td>20</td>
</tr>
<tr>
<td>Participants</td>
<td>21</td>
</tr>
</tbody>
</table>
### Acronyms and abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>APCOF</td>
<td>African Policing Civilian Oversight Forum</td>
</tr>
<tr>
<td>COC</td>
<td>COC Netherlands</td>
</tr>
<tr>
<td>IAS</td>
<td>International AIDS Society</td>
</tr>
<tr>
<td>IDLO</td>
<td>International Development Law Organization</td>
</tr>
<tr>
<td>KP</td>
<td>Key Population</td>
</tr>
<tr>
<td>LEAHN</td>
<td>Law Enforcement and HIV Network</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>United States President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>SARPCCO</td>
<td>Southern African Regional Police Chiefs Co-operation Organisation</td>
</tr>
<tr>
<td>THCA</td>
<td>TB/HIV Care Association</td>
</tr>
<tr>
<td>UFC@DUT</td>
<td>Urban Futures Centre at the Durban University of Technology</td>
</tr>
</tbody>
</table>
Acknowledgements

This meeting was organised by a virtual secretariat that included representatives from IDLO, LEAHN, IAS, TB/HIV Care Association, COC Netherlands and UFC@DUT. The organisers wish to acknowledge support from Open Society Foundations and amfAR that allowed the organisers to support and bring together the critical mass and diversity of participants that allowed the meeting to discuss the subject matter in such a balanced way. The organisers would like to specifically thank Natasha Naude for her efforts in documenting the meeting with her skilled note taking which has significantly supported the production of this report. The organisers would also like to thank Ahmed Shehata for his photography skills in capturing several photos during the meeting. Finally the organisers would like to thank all of the participants who shared their experiences and perspectives on the intersection between policing and HIV and who came to the discussion so willingly and provided feedback in production of this document.

Suggested Citation:

For further information in relation to this report and its follow up activities please contact Dr. Andrew Scheibe on email andrew.scheibe@gmail.com

Disclaimer: This meeting report attempts to capture the general sentiments of the roundtable meeting. This report has drawn on the key themes of the discussion and proposed a series of findings and recommendations. The organisers recognise that the views expressed throughout this report, including the findings and recommendations, may not necessarily represent the views of individuals or the institutes or agencies that they represent.
Executive summary

The meeting brought together researchers, police, HIV programme implementers, civil society representatives and donors to explore the latest scientific, policy and partnership approaches towards the promotion of enabling environments for scaled up HIV programmes for key populations including people who use drugs, men who have sex with men and sex workers. The discussion explored opportunities for enhancing partnerships between stakeholders and how these partnerships can support both scaled up programme access and benefit key stakeholders across law enforcement and criminal justice systems. The meeting included a specific focus on opportunities to support partnership efforts in South Africa.

Key Findings

1. There are positive examples of successful engagement between police and HIV programmes in South Africa and the African region, but these examples are undermined by more common reports of more deleterious interactions between key populations and police.

2. There have been several efforts to support the implementation of HIV-related training for police as well as a number of trainings to sensitise police to the perspectives of vulnerable populations. Unfortunately there has been no institutional adoption of HIV-related training by police and data is limited on the effectiveness of sensitisation training in the South African context.

3. Participants noted the environment for the provision of HIV prevention services was heavily influenced by the criminal law enforcement agenda. It was considered imperative to ensure that the role of the police as collaborative stakeholders is formally articulated in national HIV strategic plans.

4. Participants also noted that there are significant legal and policy obstacles that must be addressed to enhance the role of police as partners in the HIV response; these include legal and policy environment pertaining to drug use and sex work.

5. The use of arrest quota systems as measures of policing performance is a significant barrier to service access for key populations and partnerships between police and programme implementers.

6. This all being said, there was also some agreement that there are possible ‘champions’ in the police that could take the lead in programmes that lead to more successful engagement. In addition, there is room for manoeuvring with the new White Paper being implemented and with the broader legislative arrangements in South Africa, in particular the Constitution.
**Key Recommendations**

1. The South African National AIDS Council, along with other key stakeholders, should support national and local level facilitated dialogues between police, key populations and HIV programme implementers. These dialogues should aim to support the design and implementation of individual and multi-sector strategies to foster an enabling environment for HIV prevention and harm reduction.

2. A review and reform of laws and policies that directly detract from the ability of police and HIV service providers to provide such an enabling environment is warranted and will be a critical component of supporting the role of police in the national HIV response.

3. Several capacity development activities should be implemented, specifically:
   a. Interventions to build the capacity of community-based and civil society organisations to engage more effectively with the police;
   b. Legal literacy capacity building is critical to ensure that key population groups understand their legal rights including their right to TB/HIV care while in police custody;
   c. The capacity of stewards and office bearers within National AIDS structures/programmes to engage with police around structural issues which involve/are influenced by the law, policing and law enforcement need to be developed.

4. The immediate implementation of HIV-related training, standard operating protocols and reporting mechanisms to guide, monitor and evaluate the role of police in the national HIV response at a policy and operational level is required. These protocols should specifically outline how police engage with key populations to prioritise the decreased risk of HIV infection and transmission for/between police and/or community members.

5. The role of police should be clearly articulated and included in National HIV Strategies. This will ensure funding for relevant police responsibility (development of operating protocols, police training, police liaison etc.) is built in to the strategy, annual workplan and budget and hence facilitate implementation and evaluation of the strategy.

6. Relevant departments and policing scholars within universities often have more contact points with police than public health schools and therefore expanded partnerships between such university based individuals and public health departments in the context of the police and HIV partnership are warranted. These partnerships should look to co-design action research that can help build evidence of the positive impact of progressing strategies towards an enabling environment.
7. The establishment of police liaison officers for key populations should be considered. This will provide opportunities for liaison officers to interact with HIV programmes as well as being peer educators within their stations. A primary role of the police liaison would be to act as a point person who can receive and respond to reports of abuse/violations against key populations both by the general population and by other police. Such a police person would have to be of a significantly high ranking in the police organisation(s).

8. The development of a police oversight committee or body to ensure complaints against police by key populations are recorded, investigated and actioned should be considered.

Figure 1 Participants involved in the Round Table discussion
Introduction

The International AIDS Society (IAS), in partnership with the International Development Law Organization (IDLO), the Law Enforcement and HIV Network (LEAHN), the Urban Futures Centre at the Durban University of Technology (UFC@DUT), TB/HIV Care Association (THCA), and COC Netherlands (COC) hosted a facilitated round table dialogue titled “Enhancing Partnerships between Law Enforcement, Criminal Justice and HIV programmes working with Key Populations: Opportunities in South Africa” on the 20th of July 2016 at the International Conference Centre in Durban, South Africa. Over 30 participants joined the closed door round table dialogue including researchers, representatives from the South African and Durban Metropolitan Police, the South African National AIDS Council and civil society organisations and HIV programmes representing and working with key populations in South Africa and the African region, as well as international participants from development agencies and donors.

The roundtable was underpinned by an acknowledgement that ending the HIV epidemic among key populations in South Africa require an enhanced partnership between HIV programmes and police, specifically to support an ‘enabling environment’ for service delivery. The round table aimed to give participants opportunities to discuss and consider what an evidence-based framework to create an enabling environment for effective HIV programming might look like. While the meeting was focused on South Africa, the meeting also contextualised the international perspective. The meeting was designed to enable participants to consider international efforts and potential levers and explore opportunities for enhancing partnerships between key stakeholders.

The meeting was held under Chatham House Rules and this report brings together main themes, recommendations and outlines next steps. Meeting participants contributed to the development of the report and recommendations, which, are aimed at providing a platform from which police and HIV programme partnerships can be enhanced and expanded in South Africa, the region and beyond.

This meeting coincided with the launch of the Journal of the IAS supplement on Police, Law Enforcement and HIV and was seen as an important dialogue on the issue considering the police and HIV interface was not a major feature of the formal AIDS2016 conference programme. To access the special issue click the following link http://www.jiasociety.org/index.php/jias/issue/view/1481

It is hoped that the recognition of the need for partnership and support thereof will contribute to enhanced service access for key populations and support the ongoing mission of the police to provide a safe and secure environment for all people.
**Background**

Public safety is one word away from public health. Across the world, governments and civil society strive to create a world where community life is peaceful, access to public health services is uninterrupted and the safety and security of the community is maintained. In the context of HIV prevention, treatment, care and support for key populations, the need for balanced partnerships between police and HIV programmes is critical and police therefore have an important role in the HIV response.¹

United Nations resolutions and guidelines highlight how police, law enforcement and HIV programme implementers can work together and enable macro level partnerships.² At a local level examples of how partnerships between these stakeholders can reduce HIV risk and improve safety outcomes exist.¹,³-⁶

There are increasing examples where the positive shifting of policy and operational practices of police in the context of HIV among key populations is having positive impacts for both policing and public health. These advances have taken place in contexts where leadership – from police and civil society, have prioritised engagement that empowers police to protect themselves against HIV infection and onwards transmission while also enabling them to protect the rights of diverse and vulnerable people within their line of duty.⁷

Police reforms don’t have to be huge to make a difference. The development of standard protocols for HIV programmes, occupational health and safety are important and inexpensive first steps.⁸,⁹ Protocol implementation and change is more likely within environments where police and civil society are supported and communication is effective. Also, traditional training ‘add ons’ as a mechanism for sensitising police should be reconsidered as a mechanism for making the small changes that can catalyse more significant waves of change.

**Figure 3 Excerpt from the presentation by Dr Nicholas Thomson**

<table>
<thead>
<tr>
<th>What do we know?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Police can play an incredibly important role in the HIV response</td>
</tr>
<tr>
<td>• Partnerships between police, criminal justice systems, HIV programs and civil society in the HIV response are supported by multiple UN resolutions</td>
</tr>
<tr>
<td>• Partnerships are happening around the world at the local level more often than the national level</td>
</tr>
<tr>
<td>• We need to design programs that lead to partnership opportunities</td>
</tr>
</tbody>
</table>
Partnerships should result in benefits for police and the community - the “WIN WIN principle”

Efforts to improve training and capacity of police around HIV and effective interventions among key populations have started to take place in South Africa. A once-off training of police in Cape Town around sex work took place in 2012,10 and in 2015/16 several local level workshops between police, law enforcement and HIV service providers have taken place and moved the agenda forward in these areas.3,4 Approval from the South African Police Service national office to implement a key population training programme, that includes information gathering, training material development, piloting and training of trainers was approved after the round table discussion. Now that approval has been obtained, the Hands Off! Project will roll-out law enforcement training around key populations in South Africa and other countries in the region.11

Ultimately the science supporting the effectiveness of enabling environments to reduce risk and increase access to services, and HIV incidence, needs to relate to the politics at play, and the financing required for interventions to be implemented. Enhanced engagement is likely to support the imperatives of community safety and individual and public health. The transition from science to action is a priority. An unpacking of what is meant by ‘engaging’ is a worthwhile task to undertake. Non-traditional forms of engagement need to be considered, particularly in the South African context where police are reform weary.

Meeting objectives
- To increase awareness of the science and strategies to expand “enabling environments” for an effective HIV response;
- To enhance partnership potential between stakeholders from multiple sectors including law enforcement, criminal justice, civil society and HIV programmes in South Africa and;
- To begin to develop an agenda to improve the enabling environment for HIV interventions for key populations.

Discussion
The meeting opened with a brief presentation on the principals of enabling environments followed by a facilitated discussion around overcoming challenges, creating opportunities and emerging strategies and options. This section provides a summary of key themes. Quotes from the discussion are used to highlight main points they are not attributed to the individual that made them.

Figure 4. Prof Chris Beyrer opened the meeting
Principles of success when working with police and key populations:
• Involve police in the programme from day zero. By doing so fear and misconceptions can be addressed, partnerships built and challenges overcome. For example, many people find the concept of harm reduction, needles and sharps as scary things. People who use drugs (PWUD) are often hidden so the community is scared and do not see PWUD like police see them, but police see them every day.
• Establish senior level support for the programme – e.g. a politician or senior police official. Every country has laws and many have laws against carrying needles or drug use. In one country a senior official issued an oral direction telling police not to arrest PWID for carrying needles, despite the laws. This was a very pragmatic approach. He knew legal changes would take too long.

Context, content, process and actors
Context
Policy and legal frameworks
“It is important to address knowledge gaps and see that there are policy aspects to explore.”
Police work within the policy, instructions and legal framework. Participants explained how police in many countries are expected to arrest for small quantities of drugs, which is problematic in general and particularly where needle and syringe programmes exist. Working within the principle of duty of care, which police are required to do in a way that preserves dignity provides an opportunity to open up dialogue around HIV and key populations.

This has to be ‘balanced’ with the police imperative to follow due diligence in regard to existing policy/legal frameworks. Just as we aim to meet key populations groupings where they are at, the same needs to be done when we do work with the police.

In Southern Africa many colonial/Apartheid laws, which do not align with contemporary human rights principles, exist and are used to arrest key populations (KPs) (e.g. laws around loitering). Many of these laws are vague – enabling police discretion and placing KPs at risk. A participant related how their research from Malawi showed how these laws have contributed significantly to prison overpopulation due to vagabond laws, which have been overused by police.

Participants also noted that in South Africa there exist legal frameworks allowing programmes that work on HIV and TB to access people detained within police cells under the auspice of the continuum of care. While this is a legal right, few people are aware of this right.

Participants noted that existing (human rights oriented) legal frameworks need to be leveraged to a greater degree; that more people need to engage these rights more often and the process of doing so would forge further opportunities with the South African government and the South African Police.
Limited policing oversight and accountability
Several participants highlighted the need to work with local or metropolitan police – as they are the police that operate in the space between the community, KPs and the programmes that support HIV and TB services. In South Africa the Metro Police are responsible for policing by-laws and it is these by-laws that most affect key population groupings.

Other participants suggested that wholesale oversight and law reform was critical to addressing police behaviour and that the inherent power dynamic that operated between police and key populations was a significant hurdle to overcome.

“There are already protocols with which we can assert our demands and support each other. We need to use the political clout we have to send the message to the South African government. South African police are not simply going to listen to the public health message but they will do what they are told to do and we need to respect that police can learn, will learn and they will support and implement what they know and learn.”

“It is not a few bad apples and a minority of cases, it is pervasive and endemic. We are ignoring the power differentials – power to arrest, the power to drive you far away and leave you without money or clothes. I don’t like the word sensitisation training – we don’t want police to be sensitive, we want them to do their jobs well. We don’t want to ask them not to do their job and not arrest. No amount of monitoring on civil society’s part and no amount of education on the part of sex workers will work unless we find some way of getting police to take these things seriously. We can form really good personal relationships with police but if the criminal law continues to stigmatise us and the police feel they are supported by law then there is no way for us. We are speaking different languages and we need to call those in power to account.”
Policing performance measures
Several participants highlighted the challenges police face when their performance, and their proxy measure of “policing effectiveness” is measured by arrest quotas and increases thereof. Discussions and relationships between stakeholders, such as police and programme implementers, find it difficult to reach joint solutions where drug quota systems exist, particularly where police are instructed to increase drug-related arrests annually. So while dialogue between groups was agreed to be critical, participants highlighted the need for high-level policy and operational policing practice reform.

“These quotas and similar police responses are very problematic and while we often get sympathetic responses from lower levels and beat police, we don’t get much sympathy at higher levels. In a lot of stations we have advocates and they understand our points of view but at the same time they have to do their jobs and having to apply a quota to drug arrests is ridiculous and flawed. The same police who are sympathetic have to arrest PWUD to meet that quota. Other police constantly harass and threaten to disrupt provision of services of needle exchange. With police we tend to comply first and complain later. How do we get those types of responses (quotas etc.) to come down?”

Harmful practices by police
In the context of sex work, participants also noted the dynamic between national level and local level police engagement strategies. People working with sex workers noted that it is not just one or two examples of poor police behaviour, rather it was endemic which in many ways was attributed to the power dynamic between police and sex workers.

“You can negotiate at national level but at the local level there is discrimination and stigma at individual contact level. Those individuals can be very self important and empowered. I don’t know where to start because sex workers etc. are the low hanging fruit for local police and easy targets. I can’t see how we are going to change what is happening without changing the criminal laws. And we need sex workers who are trained to know their rights. But where do we report police for their behaviours - where is their accountability? In real life it is horrific what happens to individuals whose rights are being violated by police and I don’t know what we can do without decriminalising.”

“Those of us dealing with sex workers all the time have a difficult time engaging with police”
Participants highlighted how in many places there are very orthodox methods of policing in place. Therefore programmes such as needle and syringe programmes often come as a great shock to the community with predictable community reactions such as fear of coming into contact with used needles and a police perception that needle and syringe programmes increase drug use. By way of example, a meeting participant shared how in their HIV programme they began engaging in several meetings with police to discuss what the real issues may actually be. From a safety point of view the initiative was good in stopping the spread of HIV and police want to be safe, but they were worried about disposal of needles as well. Some police took a trip with the community needle and syringe programme for a couple of days to try to ensure public safety as well as the safety of people using needles. It ended up a win/win situation – there were no complaints about needles being disposed of carelessly by either police or from the public. Encounters such as this one could reduce the harmful practices of the police through shifting the deeply embedded assumptions that they hold about key populations and about harm reduction practices.

### Content

**Identifying common issues and highlighting opportunities for the ‘Win-Win’**

“At provincial level the Department of Health has provided a needle exchange harm reduction programme letter for people involved in the needle exchange programme which has given them legitimacy, so if they are stopped by police they can show the letter. Neither community nor police want lots of needles around, so if needles are being taken from them and used as evidence to arrest them it makes them scared to bring the needles back, puts more needles back into the community and everyone is at risk of harm. We do a lot of training with clients so they know to bring their used needles back and if police aren’t breaking or confiscating them they are more likely to do so”.

Participants discussed that the benefits of the specific programme for the HIV/TB response needed to be communicated in a better way to police and the community at large. For example, community based methadone treatment can not only help support HIV prevention efforts but can also result in decreased criminal behaviour. Involving police as project ‘designers’ from the outset is good practice not simply for ‘buy-in’, but in acknowledging the real expertise that police do have in regard to the streets.
Building relationships with police and using informed approaches can strengthen relationships between HIV programmes and police. One successful police relationship building strategy mentioned by participants was to build expertise across a particular area and subject matter so as to be seen as a resource for the police.

Several participants highlighted the importance that when new programmes or new activities are being implemented on the ground that police are fully briefed in terms of the programme objectives and made aware of the policy that supports the intervention.

“Personal relationships with police count a lot and we need to use them as much as we can to access various departments and units within police. What we can learn is that political players are critical – this will differ from country to country.”

Training and capacity building
Participants discussed the value, utility and also the limitations of police training conducted by agencies that are outside the formal police institution.

“We have done human rights training but human rights violations still happen every day. We need to find the police who want to have an easier job and make them realise human rights based approaches make it easier for everyone. We can’t just say here’s the Constitution and our human rights and expect them to change.”

“In the late 90s in Cape Town there were attacks on and murders of sex workers and police wanted to create a register. At that stage their job was to protect sex workers against rapist/killer and then when they finished that task they then went back to their normal fight against vice, arresting sex workers.”

The importance of relationships and meaningful engagement

“I was involved in a very long dialogue with a senior police officer which led to significant shift in his position. In another area where police were threatening to arrest healthcare workers working with drug users we managed to come to a dialogue and we are entering a memorandum of understanding with them.”
Training needs to be understood as something that is ongoing and that does not simply take place within the police colleges and as part of formal training courses. Training can take place as external actors join the police on their ‘missions’, creating an opportunity for questioning old practices and assumptions and for testing out new ones.

**Actors**

*HIV programme implementers*

Participants in the meeting recognised that neither police nor people considered to be from a key population are homogenous and therefore negative stereotyping of either police or key populations does not provides the necessary constructive platform from which to promote engagement. Further, participants working with key populations recognised that by not taking adversarial positions but rather through the use of tailored messaging as well as strategic and deliberate engagement with police, that they were able to shift negative dynamics between police and implementers of HIV programmes.

*Police*

The police participants expressed that their primary functions in society are to ensure public safety and to enforce the law. Police felt that while it was important that people working across HIV programmes recognised that the police have a direct role in law enforcement, they also wanted to be recognised as members of society and people who lived and worked in and around the streets. From this perspective, police also wanted to ensure the streets were safe.

“We have always spoken about a quasi-judicial policy which criminalises users – unfortunately police are just enforcers of law, and have to act on them. But if laws are passed which allow for police to act according to the community issue then you will have more quiet.”

Participants noted that the police are making some efforts to respond more effectively to the issues facing key populations. For example, the Secretariat is drafting and finalising reporting processes for sexual and domestic violence and there has been a dialogue between police and civil society to get broader stakeholder input and engagement.

There is however a perception that there is no consistency across the South African Police in how they engage with key populations and the individual and public health issues at the heart of these discussions.

‘In some areas police may offer interpreters or signers, or have liaison for LBTI, but in others this is not happening so we hope to formalise getting these services offered in all areas.’
**Universities**

There was recognition that universities can play a critical role in developing and cultivating a safe space for dialogue and conversations with police about their role in public health in relation to drug users and other key populations. The extent to which universities were engaged in dialogue with police was not expanded upon significantly in the discussion but it was felt that universities could act as catalytic convening spaces. Participants recognised that reforming police operations and practices requires people with significant experience and understanding of the police culture and its transformation processes. People with these relevant experiences often existed within departments and research units at universities so harnessing this potential was seen as important.

![Figure 6 Meeting participants included representatives from the sex work community, researchers and law enforcement training experts.](image)

**Key Populations**

Participants noted that the vulnerability of key populations is often directly associated with how they are identified or with their actions, which are criminalised and stigmatised. It was strongly expressed that the prosecution of key populations adversely affects their health and that the criminalisation of certain behaviours and practices wholeheartedly impacted the ability of HIV programmes to end the HIV epidemic. Many participants noted that if certain behaviours and practices were decriminalised then the police could prioritise more serious crimes such as assault and corruption.

---

“Arrest and barriers to accessing HIV medication means it goes nowhere in the fight against HIV.”

**Text box 1 Examples of partnerships with police mentioned by participants**

**Viet Nam** experienced a significant drop in crime and drug market due to a scaled up community methadone project. This information was shared by the Chief of Police of a city where police didn’t support harm reduction and wanted to lock all PWUD up. Support from the police changed once they saw the results.

**South African** partners have had some encouraging police engagements. Organisations working with sex workers successes included conducting a 3-hour training for police and the development of standard procedures for searching transgender people. However, another organisation expressed ongoing challenges in getting high-level support and approval from National South African Police approval for a regional sensitisation training programme for police around HIV and key populations, with submission made over 8 months ago – attempts to get Department of Health on board underway.

**In Uganda** a harm reduction network had face-to-face meetings with police that have reduced arrests and prosecution of PWUD. The approach taken is to work more closely with the health and HIV department of the police and better market the assistance that civil society and organisations working with key populations can provide police.
Within the African region, civil society organisations are working on several projects. One project focuses on the decriminalisation of petty offences aimed to decrease arbitrary arrests, which contribute to overcrowding in prisons. Another regional organisation is working with judicial officers regarding violence against KPs. Levels of actual convictions for sodomy laws are very low compared with levels of arrest and detention. These laws are then used for extortion, getting people out of employment and other things. Facilitated round table discussions with Commissioners in the presence of KP members has been a successful strategy for advocacy and dialogue around policy change.

Capitalising on opportunities and overcoming challenges

“In South Africa we are in that space that allows us to explore different ways of going forward. This allows us to look at policing through different lenses – there is a white paper [on policing] currently on the table which encourages and allows us to move away from the traditional way of policing and adopt best practices and will see police open to the idea of partnership and cooperation to take this further.”

“We need to build partnerships with police and build relationships with them. Sometimes we realised police don’t really understand what sex work is and what sex workers need and we want them to understand. But we struggle to get meetings with the police. We try to negotiate with them and say we understand that sex work is criminalised, but ask that sex workers are arrested properly, treated properly and not violated or abused, then we struggle to meet with police.”

Provide opportunities for engagement and dialogue between police, KPs and civil society organisations

Participants suggested that creating ongoing opportunities for dialogue between police, key populations and civil society organisations would be an important step to establish relationships. Once relationships had been established partnerships could be nurtured and police buy-in and support was more likely.

“There is a saying, when two elephants fight it is the grass which gets hurt.”
In bringing police, key populations and HIV and related programmes together there would be opportunities to discuss how each of the relevant stakeholders could best enhance opportunities for partnership. Facilitated dialogue would also allow examination of opportunities to strengthen enforcement of Constitutional rights. Ultimately ‘roadmaps’ towards enhanced partnership will require all sectors to examine how they operate individually, make adjustments where required and then implement strategies to support a shared and collaborative agenda. These efforts would require significant oversight and monitoring so successes could be shared and expanded.

**Build HIV sector actors’ capacity to engage with the police**

One of the entry points for growing partnerships between police and HIV programme implementers and KP-led organisations is building capacity for community engagement with police. This is only productive if at the same time we develop the capacity of National AIDS programmes to engage with Ministers of Interior/Security/Police and ensure that there is a best practice, evidenced based role for these agencies in national AIDS strategy documents. In many cases National AIDS programmes are struggling but it is up to stakeholders working on HIV and related issues to assist in strengthening these programmes by engaging in these issues of police and HIV programmes at the national level.

**Include police and rights-affirming policing in National Strategic Plans for HIV**

‘Police and community legal services need to be included in national AIDS strategies, workplans and budgets as the first step to getting them funded and resourced’

The inclusion of police in national AIDS strategies is the first step towards brokering the resources the police would need to develop and institutionalise training and standard operating protocols that enhance the role of police as partners in the HIV response. These steps are not necessarily resource intensive, but include police as stakeholders with a mandated role that can contribute to fostering enabling environments for increased access to, and retention in HIV services.

**Enable peer-to-peer sharing among police and law enforcement**

Global movements such as LEAHN has issued a statement of support from law enforcement agencies for harm reduction which has been signed by 1000s of police around the world (www.leahn.org). In 2014 they conducted the third global consultation on police and HIV and police partnerships and HIV response in all areas, not just PWUD. This year on 1 October another international consultation is being held with LEAHN to develop guidelines for policing, public health and vulnerable persons. Building on this global movement, it is important to foster a South African network of police who can act as focal points and can be institutional champions for the national HIV response and can act as liaison points for ongoing dialogue and solution generation for policy makers and HIV/TB and related programmes.
Legal and Policy Reform

“Decriminalisation is the only way to go. That will scrap all the laws that apply and will support sex workers who have enough proof of police corruption and their abuse of power. I don’t see why we need to retrain police. They know already what they do is wrong. Sex workers need to be protected and treated fairly just like any other person. Those in uniform need to know already – talking makes me angry. Even if I go to police and report of being beaten by police I will be a joke. How do I get access to the Station Commander to report his staff? He sits on top where there is a beautiful view but the police on the ground are doing the bad things. This affects all community because as well as a sex worker I am a human being and part of community.”

Most participants agreed that legal reform, and that decriminalisation of sex work, drug use and same sex practices were essential. Reference was made to the body of jurisprudence being built up to assist with legal reform. However, participants highlighted that reform takes time and that interventions and actions are needed in the interim. Activities that include engagement with law makers and parliamentary forums need to continue. Meeting members noted concerns around the challenges to sustain momentum.

Enhance policing culture and accountability around human rights

Several participants noted the need to shift policing culture to be more supportive of the rights of all people, and treating them with dignity and respect, even where behaviours that Key Populations engage in are illegal. Participants raised several options to improve police culture of rights, including providing training around rights at police colleges. Measures to improve police accountability included the use of registers to report rights violations. The role and influence of regional policing oversight bodies, like the African Policing Civilian Oversight Forum (APCOF), in enhancing human rights policing were also viewed as important processes to obtain high-level support for interventions to improve policing with a human rights framework.

“We knew we would hear about criminalisation and we wanted an option to move us in a collaborative direction.”
Resourcing
Several participants noted the reality of decreasing global funding for HIV and the need to mobilise local funding mechanisms and use resources more effectively. A participant presented on developments within the United States President’s Emergency Plan for AIDS Relief (PEPFAR) focus on HIV response for key populations and global attention being placed on addressing structural, social and legal barriers affecting KPs to reach 90 90 90. PEPFAR has established a KPs investment fund (http://www.pepfar.gov/press/releases/258269.htm). The use of this fund will be informed by comments received from civilians on the PEPFAR website and other mechanisms. Reference was also made to the renewed focus that Global Fund programmes continue to have around advocacy, policy and rights affirmation and interventions for KPs across the world. Future funding for such programmes should be considered, in some instances, as delinked from HIV, and more broadly focusing on public health, public safety and human rights.
Concrete Suggestions from Participants

This section attempts to summarise many of the concrete suggestions from the participants involved in the discussion. For simplicity it has been broken down into short term and medium to long-term possibilities.

Short Term

- Identify, train and support police liaison officers to be experts for engagement around complaints/issues/cases especially about issues with the police in regard to treatment of key population groups.
- Include police in development, implementation and accountability around National HIV strategies and in broader harm reduction programmes.
- Ongoing advocacy, sensitisation and the building of capacity of law enforcement officials to play an enhanced partnership role in the HIV response is critical. LEAHN has the ability to bring the African commission and other key police bodies together to maximise peer-to-peer training and advocacy efforts. LEAHN has a strategic structure in South and East Africa to do training and together with the Southern African Regional Police Chiefs Co-operation Organisation (SARPCCO) and senior police could enable the implementation of relevant HIV related training and other knowledge advancement programmes for police.
- Capitalise on the role of universities as discussion spaces and to increase dialogue and foster relationships between actors. Use criminologists with strong connections to policing institutions to help foster discussions on opportunities to positively reform policy and operational practices of police in the context of HIV and related individual and public health responses.

Medium to long term

- Develop more enhanced police oversight organisation bodies to track of police violations of human rights and ensure police accountability. The Police Secretariat should not be seen as the sole entity responsible for police oversight and policy design.
- Support a national technical committee for key populations, police and prison stakeholders to advance issues of PWUD, LGBTI, sex workers and make important progress in ceasing the abuse and torture of these groups by police.
- Explore options to implement experimental policing areas for dialogue and action through an action orientated research agenda that will inform evidence-based strategies and normative global and national level guidance.
Supporting Next Steps

Participants agreed to use the meeting and its report to begin to outline the development of an advocacy road map. Organisers of the meeting noted that an upcoming opportunity existed to model possible opportunities in advancing the enabling environment in South Africa for a special issue of the Lancet. The modelling would necessarily include an analysis of potential benefits for all stakeholders through reforms to police, policy and programmes.

In addition, participants were keen to use the meeting report to develop a commentary for publication highlighting the context, themes and recommendations that came out of this roundtable.
References


<table>
<thead>
<tr>
<th>Person</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captain Nalandran Moodley</td>
<td>Durban Metro Police</td>
</tr>
<tr>
<td>Brig. Faizel Ally</td>
<td>South African Police Service</td>
</tr>
<tr>
<td>Lillian Mashele</td>
<td>Civilian Secretariate of Police</td>
</tr>
<tr>
<td>Themba Masuku</td>
<td>CSVR</td>
</tr>
<tr>
<td>Eldred de Klerk</td>
<td>Police training and advocate consultant</td>
</tr>
<tr>
<td>Melody KozahAfrican</td>
<td>Police Civilian Oversight Forum</td>
</tr>
<tr>
<td>Kholi Buthelezi</td>
<td>Sisonke sex workers movement</td>
</tr>
<tr>
<td>Sally Shackleton</td>
<td>Sex worker education and advocacy task force (SWEAT)</td>
</tr>
<tr>
<td>Marlise Richter</td>
<td>Sonke Gender Justice</td>
</tr>
<tr>
<td>Thabang Pooe</td>
<td>Sonke Gender Justice</td>
</tr>
<tr>
<td>Mosima Kekana</td>
<td>Women's Legal Centre</td>
</tr>
<tr>
<td>Nelson Medeiros</td>
<td>PWUD representative</td>
</tr>
<tr>
<td>Walama Twaiibu</td>
<td>Ugandan Harm Reduction Network; Law Enforcement and HIV Network</td>
</tr>
<tr>
<td>Jason Eligh</td>
<td>United Nations Office on Drugs and Crime</td>
</tr>
<tr>
<td>Kene Esom</td>
<td>AMSHeR</td>
</tr>
<tr>
<td>Lynette Mabote</td>
<td>ARASA</td>
</tr>
<tr>
<td>Ahmed Shehata</td>
<td>IDLO</td>
</tr>
<tr>
<td>David Patterson</td>
<td>IDLO</td>
</tr>
<tr>
<td>Nick Thomson</td>
<td>International AIDS Society; Johns Hopkins University; University of Melbourne</td>
</tr>
<tr>
<td>Chris Beyrer</td>
<td>International AIDS Society; Johns Hopkins University</td>
</tr>
<tr>
<td>Monique Marks</td>
<td>Durban University of Technology</td>
</tr>
<tr>
<td>Andrew Schelbe</td>
<td>TB/HIV Care Association; Consultant for COC</td>
</tr>
<tr>
<td>Shaun Shelly</td>
<td>TB/HIV Care Association</td>
</tr>
<tr>
<td>Harry Hausler</td>
<td>TB/HIV Care Association</td>
</tr>
<tr>
<td>Munya Katumba</td>
<td>COC</td>
</tr>
<tr>
<td>Tom Lasalvia</td>
<td>OGAC</td>
</tr>
<tr>
<td>Mariette Slabbert</td>
<td>South African National AIDS Council</td>
</tr>
<tr>
<td>Constance Kganakga</td>
<td>South African National AIDS Council</td>
</tr>
<tr>
<td>Natasha Naude</td>
<td>University of Sydney</td>
</tr>
<tr>
<td>Annick Borquez</td>
<td>University of UCSD</td>
</tr>
<tr>
<td>Lorenzo Wakefield</td>
<td>OSF South Africa</td>
</tr>
</tbody>
</table>