HIV in key populations: the global context and agenda

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Think-tank meeting on "Revisiting strategies for interventions for HIV among key populations in Asia"
12-13 February 2018
New Delhi, India
Outline

**WHY focus on KP**
- Setting the context, making the case for focusing on comprehensive services for key populations

**WHAT - WHO global public goods**
- WHO guidance for key populations recommendations and packages
- Innovation and latest WHO prevention, testing and treatment guidance
  - PrEP + Key Populations (KP) + HIV Self Testing (HIVST) + Partner Notification (PN)

**HOW**
- What we need to differently
1. Why focus on key populations
New HIV infections among adults >15, global, 2000–2015


Source: UNAIDS/WHO 2016 estimates.
At least 44% of new HIV infections globally in KP and their partners

Source: UNAIDS/WHO 2016 estimates.
WHO?
Populations to prioritize in Asia

• **Key populations**
  – Men who have sex with men ✓
  – Transgender populations ✓
  – Sex workers and their male partners ✓
  – People use drugs, including people who inject drugs ✓
  – People in prisons and other closed settings ✓
  – **Young key populations** ✓
  – **Intimate and other partners** ✓

• “**vulnerable populations**”
  – Refugees, migrants, minorities and others?

• “**low risk populations**”
  contribution to infections
New infections in Asia-Pacific in 2017

Source: Dr Tim Brown, Population and Health Studies, East West Centre, Honolulu, USA
KP inequity continues: structural determinants influence HIV risk

- **Criminalisation** of behaviours
  - Punitive, restrictive policies, cultural, social and religious norms, multiple & overlapping vulnerabilities and health needs

- **Stigma**, increased in health services

- **Violence**
  - Human rights abuses

- **Reduced access** to prevention, testing and treatment services
  - Inconsistent condom or needle/syringe use

- **Increased risk of HIV infection**
  - Poor health outcomes

“When you go to visit the hospital, they will not attend to you. In fact I hate going to such hospitals. I do self-treatment from home.

You know I feel ashamed. I will visit the hospital and everybody will despise me.”

(Transgender woman, HIV-positive)

Consider heterogeneity + overlapping vulnerabilities + changing dynamics

- Age
- Geography
- Risk behaviours

Example: within MSM networks
2. WHO global public goods
to support better, effective and comprehensive programmes for KP
### Key populations: WHO comprehensive package of services

<table>
<thead>
<tr>
<th>Health interventions</th>
<th>Structural interventions</th>
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<tbody>
<tr>
<td>HIV prevention (condoms, PrEP, VMMC)</td>
<td>WHO positions structural interventions within a comprehensive public health approach</td>
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<tr>
<td>Harm reduction interventions for people who use drugs (in particular NSP, OST and naloxone)</td>
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<td>HIV testing services</td>
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<td>HIV treatment and care</td>
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<td>Prevention, management of co-infections &amp; comorbidities</td>
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<td>Sexual and reproductive health interventions</td>
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<td>Supportive legislation, policy and funding</td>
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<tr>
<td>Addressing stigma and discrimination</td>
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<td>Health services available, accessible and acceptable</td>
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<td>Community empowerment</td>
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<td>Addressing violence</td>
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Source: WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
WHAT?

1. New approaches to HIV **testing**
2. Multiple effective **prevention** interventions
3. Better and simplified **treatment** with differentiated service delivery options

Counter unhelpful dichotomy ART vs prevention

**KP implementation tools** (the “how to”)

Think TB

Don’t forget hepatitis
# Pre-exposure prophylaxis (PrEP)

**WHO recommends that oral PrEP containing tenofovir is offered to people at substantial risk for HIV** (≈incidence of 3 per 100 person years), Dec 2015

<table>
<thead>
<tr>
<th>✓ PrEP works</th>
<th>✓ Not for EVERYONE</th>
<th>✓ Not for ALWAYS</th>
<th>✓ Adherence is critical for PrEP effectiveness</th>
<th>✓ Other services beneficial, valued and necessary</th>
<th>✓ Many benefits beyond PrEP itself</th>
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<tbody>
<tr>
<td>• Probably “easier” for MSM</td>
<td>• Uptake and continuation is variable</td>
<td>• Seasons of HIV risk</td>
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</table>

### How to implement strategically

- **Start in the highest incidence areas**
- **Start with highest incidence groups**
  - Serodiscordant couples - bridge to viral suppression
  - MSM and transgender women - everywhere
  - Sex workers – where epidemiology or individual risk warrants
  - People who inject (and use) drugs – harm reduction 1st priority, consider overlapping vulnerabilities
  - Others.......
- **Integration and linkages to existing services**
Australia: real-life, public health impact of PrEP offered to MSM

Newly diagnosed HIV cases in New South Wales

- Committed and engaged leadership
- Educated community and built demand for PrEP among MSM
- PrEP demonstration project at scale
- 25% reduction in the average number of new cases compared to the previous five years.

New ways to increase access to testing

- Community based approaches
- Partner /index testing
- HIV self-testing

Better focus – strategic mix to reach people at risk & undiagnosed

- Geography
- Population

Testing narrative needs to change from “everybody has the right to refuse a test”, to “everybody has the right to test”
Partner notification (PN) for social networks
Example of assisted PN of a young woman who engaged in transactional sex

Note: All HIV-positive individuals are enrolled in care.
Source: LVCT Health.
Innovative practice: differentiated ART delivery for KP can address barriers to treatment

- **Treat all**
- **Task sharing**
  - ART distribution by lay providers including peers
  - Adherence and retention support by peers
- **Decentralisation and integration**
  - ART initiation at KP CBOs
  - ART distribution at KP CBOs
  - Clinical management at KP CBOs
3. How
what we need to do differently
| Community empowerment and engagement | Activism → mainstream  
HIV has changed the world   
| Phenomenal scientific successes | Information providers → service management & delivery  
We have (nearly) everything we need   
| We have lots of data, but gaps | Why are some things palatable and others not  
| Many examples of great programmes | ART ✔ Harm reduction ✗  
PrEP – new opportunity with increasing impetus   
| Innovations | What is ‘good enough’  
Using local data, ‘new’ data   
| The legal and social environment | Increase scale coverage & broadening impact  
Glass half empty, half full?   
| New health priorities, architecture & funds | Use internet & social media wisely  
This is the difficult one   
| Opportunities and challenges |
Acknowledgements

**Key populations and innovative prevention team, WHO Geneva**
Michelle Rodolph, Shona Dalal, Ioannis Hodges-Mameletzis, Cheryl Johnson, Carmen Figueroa, Annette Verster, and Virginia MacDonald

**WHO colleagues in Asia**
Dr B B Rewari, Dr Mukta Sharma, Dr Swarup Kumar Sarkar

Dr Tim Brown Population and Health Studies, East West Centre, Honolulu, USA

For more information: [www.who.int/hiv/](http://www.who.int/hiv/)