Engaging Key Populations in HIV Prevention, Care, and Treatment

The Challenge

The HIV epidemic disproportionally affects key populations worldwide. It is estimated that, globally, sex workers, men who have sex with men, and people who inject drugs are 10, 24, and 24 times more likely, respectively, to acquire HIV than the general adult population.[1]

Key populations and their partners account for more than 20 percent of new infections in sub-Saharan Africa and more than 95 percent of new infections in eastern Europe and Central Asia.[1] Despite being at higher risk of HIV infection, key populations access HIV prevention, care, and treatment services at significantly lower rates than the general population. This gap in prevention and treatment coverage represents a critical impediment to epidemic control.

Barriers to access among key populations operate at multiple levels. Stigma and fear of discrimination discourage people in marginalized social groups from seeking HIV testing and other health services. The threat of harassment and violence is compounded by the prospect of arrest in countries that criminalize homosexuality, drug use, and/or sex work. HIV-positive key populations face the dual stigma of living with HIV and belonging to a marginalized group. Even for those who access health services, the quality of services offered is often compromised by judgmental attitudes among health providers. These and other social and legal barriers lead to lower uptake of HIV services, which in turn amplifies vulnerability to HIV and poor outcomes among those living with HIV.

[1] UNAIDS. Prevention Gap Report. Geneva: Joint United Nations Programme on HIV/AIDS; 2016.

Technical Approach

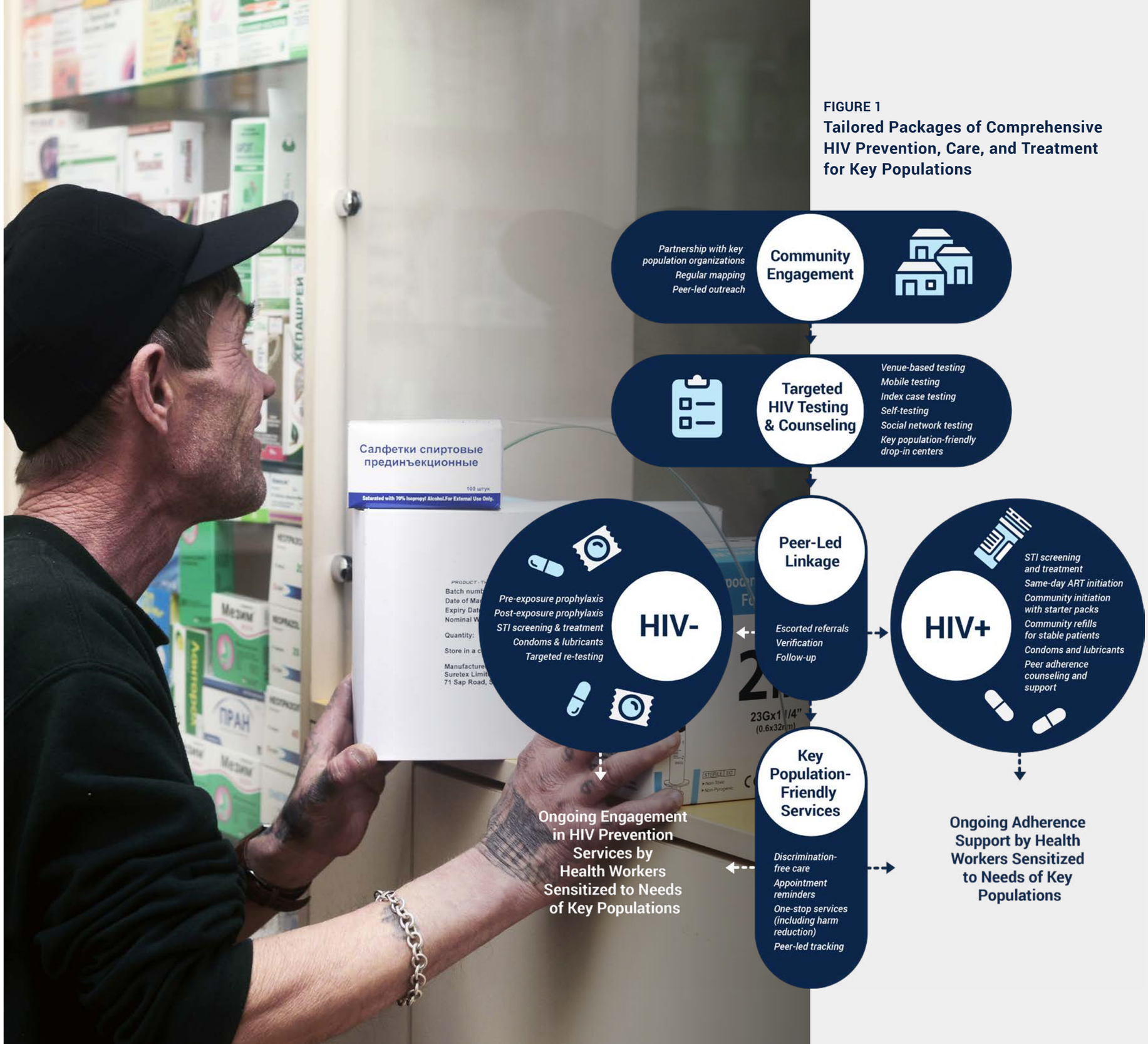
ICAP's technical approach for reaching key populations is grounded in the provision of a full range of evidence-informed HIV prevention, care, and treatment services tailored to the context and population-specific needs of female sex workers, men who have sex with men, and people who inject drugs.

ICAP supports ministries of health and national HIV programs to:

- Conduct **integrated bio-behavioral surveys** that provide a clearer understanding of key population size, location, risk behaviors, HIV prevalence, and service utilization. Survey and program data are examined together and used to map locations of specific populations in need of services and to inform the design and implementation of key population programs.
- Develop and deliver **comprehensive packages of key population-friendly services** that enable high uptake and retention across the HIV prevention and care continua. Service packages incorporate evidence-based strategies that are tailored to the needs and preferences of populations and individuals, including differentiated HIV testing, peer-led linkage to community-based HIV prevention or antiretroviral therapy (ART) initiation, and enhanced retention and adherence support (see Figure 1).
- **Engage civil society organizations** led by or providing services to key populations in the design, delivery, and monitoring of HIV programs. This is especially important in places where populations are wary of official structures and traditional venues due to stigma, discrimination, or hostile laws.
- Incorporate **key population-specific definitions, classifications, and data elements** into data collection tools to facilitate monitoring of uptake and coverage of various testing, prevention, and treatment interventions among each key population group. Standardized, culturally appropriate questions are developed to gather the required information and health workers are trained to ask questions correctly and sensitively during client consultations.
- Introduce and expand the use of **unique identifiers** to enable follow-up of clients over time and across multiple points of service. Secure biometric technology is utilized where feasible and appropriate to facilitate the collection and management of uniquely identified data.

Wherever possible, HIV services are delivered with other health services that are particularly suited to key populations. This **"one-stop" strategy** provides clients with convenient access to critical services consistent with their needs, including partner notification, screening for and management of sexually transmitted infections (STIs), family planning, and harm-reduction services (including medication-assisted therapy).

FIGURE 1
Tailored Packages of Comprehensive HIV Prevention, Care, and Treatment for Key Populations



Case Study

Innovative, Peer-Delivered Community Outreach to Key Populations in Tanzania

"The client chooses when and where to test. If she wants to test right away, the outreach nurse is outside in our vehicle. If not, I make an appointment to meet her the next day and go to a clinic where I know the health workers will be respectful."

-Lilian, Community Outreach Volunteer

Context

The Kagera Region of Tanzania is a vital hub for the fishing sector. It is common for fishermen, who often spend long periods of time away from their families, to engage in transactional sex with female fishmongers. Until a few years ago, HIV testing services were available in Kagera Region almost exclusively at health facilities. Sex workers and other marginalized populations were uncomfortable seeking services in these settings, which hindered their ability to benefit from HIV and related services.

Approach

In 2016, with support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) through the Centers for Disease Control and Prevention (CDC), ICAP partnered with the Ministry of Health and civil society organizations in Tanzania to launch an innovative project to deliver comprehensive HIV services to sex workers, men who have sex with men, people who inject drugs, and other vulnerable populations in Tanzania's Kagera Region. The project mobilizes peers from key population groups to serve as community outreach volunteers who work hand-in-hand with staff from nearby health facilities to deliver tailored services and support to their peers.

Lilian, a female sex worker, is one of over 600 community outreach volunteers trained by ICAP in Kagera Region on HIV and STI prevention, health education, counseling, and life skills. Through a one-week training and ongoing mentorship and supervision from ICAP, Lilian developed the skills and confidence needed to provide other sex workers with a comprehensive prevention package that includes vulnerability screening and referrals for STIs, tuberculosis, gender-based violence, drug and alcohol use, and family planning.

Lillian and other community outreach volunteers conduct screening using a tool that is tailored to key populations.[2] They underscore the importance of HIV testing and suggest a testing location and time they think will be convenient for the client. They then coordinate with an outreach nurse from a local health facility to organize testing services at the agreed-upon venue, which may be a workplace, guesthouse, local transit hub, or vehicle stationed near a popular gathering place.

Community outreach volunteers are encouraged to tailor testing settings to the preferences of the populations they serve. Lilian, for example, organizes regular nighttime ("moonlight") testing at bars frequented by sex workers. Those who test positive are informed about HIV and the importance of ART.

For those ready to start treatment, ART is initiated immediately using two-week starter packs, and outreach volunteers emphasize the importance of adherence and continued follow-up. Those who test HIV-negative are offered pre-exposure prophylaxis (PrEP). All are given referral slips and linked to a nearby health facility staffed by providers who have been sensitized to the needs of key populations for ongoing clinical and adherence support. Community outreach volunteers follow up with health facility staff to ensure that clients keep their appointments. They also organize HIV testing for clients' partners and family members, and provide ongoing health education and psychosocial support to reinforce provider messages about the importance of adherence and consistent condom use.

Outcome

The project's success in the Kagera Region of Tanzania has led regional health management teams to adopt this model across all nine ICAP-supported regions of Tanzania. Across these nine regions, community outreach volunteers and outreach nurses have tested more than half a million people, including 68,675 female sex workers, 6,826 men who have sex with men, and 10,433 people who inject drugs. Of these, 6,338 members of key population groups were newly identified as HIV-positive and 3,229 were provided with PrEP. The approach has since been adopted by PEPFAR-funded partners in other regions of Tanzania and has attracted interest from ministries of health and implementing partners in several other PEPFAR-supported countries.

[2] Screening form for key and vulnerable populations available at: http://icap.columbia.edu/ptb-kp-screening

Considerations for Implementation

Providing HIV services to key populations is an important yet challenging undertaking, especially in settings with harmful laws, policies, and societal norms. Service delivery models must be tailored to the needs and preferences of key populations and health workers must be equipped to provide appropriate, sensitive care. Key considerations include:

Engaging stakeholders from national and sub-national policymakers to civil society organizations, health care providers, police and municipal officials, local opinion leaders, and owners of brothels and bars—is critical to understanding the health needs of specific populations and creating suitable programs to meet those needs. Conducting sensitization trainings with all stakeholders is critical to combating stigma and discrimination.

Integrating peers from key populations as outreach workers, lay counselors, and adherence supporters helps gain client trust and facilitates uptake and retention throughout the HIV prevention and care continua.

Conducting proactive research and offering an array of mobile and community-based HIV testing venues, especially in the evening and near known or emerging venues preferred by key populations, increases service accessibility.

Convenient service delivery options that maintain client confidentiality and privacy, including one-stop services, distribution of HIV self-testing kits, immediate dispensing of ART or PrEP starter packs to individuals tested in the community, and community-based refills for ART and PrEP, make it easier for key populations to initiate and adhere to these interventions. In health facility settings, offering convenient service hours and providing sensitization training for all staff who interact with clients—from reception clerks and pharmacists to care providers—helps create a welcoming environment for key population groups.

Using secure, unique identifiers for program monitoring and evaluation is critical to ensuring that key population clients receive the full continuum of services they require and that patient files are updated with information from community- and facility-based consultations.

ICAP Publications and Resources

Key Populations

Systematic Review on the Evidence-base for Eliminating Stigma and Discrimination in Healthcare Settings. Prepared for ICAP at Columbia University. 2017.

Available at:
http://icap.columbia.edu/ptb-stigma

Lahuerta M, Patnaik P, Ballo T, et al. **HIV prevalence and related risk factors in men who have sex with men in Bamako, Mali: Findings from a bio-behavioral survey using respondent-driven sampling.** *AIDS Behav.* 2018;22(7):2079–2088.

Abstract available at:
http://icap.columbia.edu/ptb-bbs-mali

Deryabina A and El-Sadr W. **Uptake of needle and syringe program services in the Kyrgyz Republic: Key barriers and facilitators.** *Drug Alcohol Depend.* 2017;179:180–186.

Abstract available at:
http://icap.columbia.edu/ptb-needle-program