

UNAIDS 2020

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# **SRA 4: HIV prevention and key populations**

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SRA report 2018-2019



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## SRA 4: HIV PREVENTION AND KEY POPULATIONS

**Fast-Track commitment:** Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners.




**SRA 4:** Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.



### Global overview


The epidemic's burden on key populations continues to increase. Along with their sexual partners, key populations accounted for an estimated 54% of new HIV infections globally in 2018, including 95% or more of new infections in eastern Europe and central Asia and the Middle East and North Africa, 78% in Asia and the Pacific, 65% in Latin America (65%), and 64% in western and central Africa. Notwithstanding the enormous HIV burden experienced by key populations, the world is not on-track to meet its Fast-Track commitments for targeted combination prevention services. There are wide gaps for people who inject drugs and incarcerated people.

### Joint Programme contributions towards Fast-Track and UBRAF targets

Although short of the Fast-Track target, the proportion of countries implementing HIV programmes for sex workers and gay men and other men who have sex with men increased from 66% in 2018 to 73% in 2019. A similar increase was reported for people in prisons and other closed settings (from 50% to 56%). There has been a slight decrease in the number of countries providing prevention services for people who inject drugs in the past four years, and only a few countries report the availability of gender-sensitive assessments for people who inject drugs (30% in 2019). Further validation of these key population indicators is needed, as they currently do not provide information on the extent of implementation, programme geographic reach and key population coverage within each country.

Legend *					
	<b>Meets or exceeds 2019 milestone*</b>		<b>Is equal to or greater than 50% of 2019 milestone</b>		<b>Does not meet the milestone (less than 50% of milestone)</b>

Indicator 4.1: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies		2016 [N=88]	2017 [N=88]	2018 [N=88]	2019 [N=88]
<b>Key population: gay men and other men who have sex with men, sex workers</b>					
<i>2019 milestone—80%</i>	Status 	66%	70%	66%	73%
<b>Key population: prisons and closed settings</b>					
<i>2019 milestone—35%</i>	Status 	50%	50%	51%	56%
<b>Measurements</b>					
The country has size and prevalence estimates for gay men and other men who have sex with men		81%	84%	82%	89%
The country has size and prevalence estimates for sex workers		88%	88%	90%	95%
The country has size and prevalence estimates for prisoners and closed settings		57%	58%	57%	60%
Comprehensive packages of services for gay men and other men who have sex with men in line with international guidance defined and included in national strategies		75%	81%	82%	86%
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies		84%	88%	91%	93%
Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies		56%	57%	60%	67%
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery		89%	89%	89%	86%
Sex workers are engaged in HIV strategy/programming and service delivery		89%	89%	88%	86%

<b>Indicator 4.2: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs</b>		<b>2016</b> [N=33]	<b>2017</b> [N=35]	<b>2018</b> [N=36]	<b>2019</b> [N=41]
Countries with epidemic among people who inject drugs, implementing interventions in combination					
<b>2019 milestone—50%</b>	<b>Status</b> 	64%	60%	61%	56%
<b>Measurements</b>					
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%
		<b>Countries with significant epidemics among people who inject drugs</b>			
		2016	2017	2018	2019
		[N=33/88]	[N=35/88]	[N=36/88]	[N=41/88]
Opioid substitution therapy		64%	63%	61%	56%
Needle and syringe programmes		79%	74%	78%	76%
HIV testing and counselling		85%	86%	92%	98%
Antiretroviral therapy		88%	86%	94%	98%
<b>Gender-sensitive – people who inject drugs</b>		<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
		[N=88]	[N=88]	[N=88]	[N=88]
A gender-sensitive HIV needs assessment is available for people who inject drugs		19%	30%	28%	30%

The Joint Programme undertook extensive advocacy for action to address the needs of key populations, including the introduction by the Global Prevention Coalition of specific coverage targets for key populations, efforts to highlight key populations at the ICPD +25 Nairobi Summit and other high-profile forums. UNDP, UNFPA and WHO made technical inputs to the World Association for Sexual Health’s Declaration on sexual pleasure, including affirming the rights of all key populations to freedom of expression of diverse sexual orientation and gender identity.

A range of activities were undertaken.

- The Joint Programme supported implementation of HIV prevention programmes for key populations through the further rollout and translation of implementation tools for sex workers (>14 countries), people who use drugs (>14 countries), and young key populations (>25 countries).
- Normative guidance was developed to inform national responses for key populations, including technical guidance on services for people who inject drugs, a policy brief on HIV prevention in prisons and other closed settings, and WHO guidance on HIV self-testing, which included a specific focus on key populations.
- UNDP, UNICEF, UNFPA and the UNAIDS Secretariat developed a toolkit for adolescent and young key populations, which facilitates the design and implementation of customized programmes for young people from key populations and provides access to good practices.
- The Joint Programme supported development of a key population strategy by the Southern African Development Community and organized the Asia-Pacific Youth Forum to disseminate new findings and address efforts to achieve the 90–90–90 targets among young key populations.
- UNDP worked in 89 countries to support law and policy reform and partnered in 53 countries on rights and inclusive development for lesbian, gay, bisexual, transgender and intersex people, including in the areas of HIV and health. Support was provided to MPact for the development of a technical brief on working with young men who have sex with men.
- UNDP supported a free legal aid network in 10 countries in eastern Europe and central Asia that served more than 12 000 clients (mainly sex workers and people who use drugs) and launched a similar network covering 8 countries in the Middle East and North Africa. Working with the UNAIDS Secretariat and the Global Fund, UNDP convened a consultation on best practices and lessons learned on programmes for key populations, with participants from 37 countries.
- UNFPA collaborated with the Global Network of Sex Work Projects on advocacy and dissemination of the Sex Work Digest.
- A 13-country meeting in Asia and the Pacific, convened by WHO and the Secretariat, supported PrEP programming for key populations.

The Joint Programme undertook extensive work to support HIV programming, human rights and community empowerment for LGBTI people.

- UNDP, ILO, UNESCO and the World Bank collaborated to develop the LGBTI inclusion index, which comprises a set of 51 proposed indicators in the areas of health, education, civil and political participation, economic empowerment, security and violence.
- UNESCO published a technical brief on monitoring violence based on sexual orientation and gender identity/expression (SOGIE) and a technical brief “Bringing it out in the open”, and produced a synthesis report on SOGIE-based violence in schools in China, the Philippines, Thailand and Viet Nam.
- The ILO produced a paper on protection against SOGIE discrimination in relation to employment and occupation and provided technical and financial assistance to 36 countries in different regions on nondiscrimination legislation, policies, and programmes, including addressing LGBTI-related discrimination. The ILO also completed the first phase of development of a toolbox for addressing LGBTI concerns in the workplace.
- In Malaysia, a World Bank pilot study tested motivational interviewing principles to increase HIV testing among gay men and other men who have sex with men, highlighting challenges regarding stigma and discrimination and access to HIV testing and treatment services.

The Joint Programme also carried out activities to support HIV programmes for sex workers.

- UNHCR rolled out HIV prevention and community outreach activities for female sex workers in 42 communities across 8 states in Venezuela, guided by a population-specific HIV prevalence study.
- Through management of the Global Fund programme in Indonesia, UNFPA reached 289 730 female sex workers, almost 125 000 of whom received HIV testing services.
- The UNDP-Global Fund partnership provided testing and counselling for key populations, including sex workers, in 25 countries.
- In Egypt, UN Women assisted female sex workers and women living with and affected by HIV to access HIV services, including violence prevention and legal advice.



- In Kenya, ILO and partners, including the Highway Community Health Resource Centre, brought HIV services to sex worker hotspots in Mlolongo and Mombasa, where 3063 truckers and 1115 female sex workers took HIV tests.

Other efforts went towards strengthening HIV prevention services for people who use drugs or live in prison settings.

- UNODC led efforts to increase country capacity in 21 countries, reaching over 250 experts to reduce HIV risks related to the use of specific subcategories of stimulant drugs.
- UNODC, with the support of UN Women, WHO and the UNAIDS Secretariat, trained more than 1400 service providers in 13 countries on strategies for effectively serving women who inject drugs.
- UN Women and UNODC adapted UNODC's "Practical guide for service providers on gender-responsive HIV services" and improved the knowledge and advocacy skills of women who use drugs from 5 provinces of Indonesia.
- UNHCR provided harm reduction services to more than 9100 people who inject drugs in Iran.
- WHO organized a peer exchange (from Burundi to Kenya, a pioneer of harm reduction on the African continent) to encourage the rollout of harm reduction services to people who use drugs in Africa.
- UNODC helped to establish referral systems and increase collaboration between prisons and local community health service providers, contributed to ensuring continuity of care of HIV and TB services, and supported adherence to medical ethics in prisons.

## **Key challenges and future actions**

Challenges include the downward trend in overall HIV funding, increasingly conservative policy environments in many settings, deep-rooted gender norms that resist support to people of diverse sexual orientation and gender identity, and legal and policy frameworks that criminalize the behaviours of key populations.

The focusing of finite HIV resources on high-burden settings contributes to a neglect of settings with low overall HIV burdens but substantial burdens among key populations. Effective, tailored and strategically targeted programming for key populations requires careful planning and delivery. However, such efforts are undermined by a shortage or absence of data on population size, service coverage, access barriers and social/structural factors (e.g. violence) experienced by key populations.

Programming bottlenecks can include geographical gaps, incomplete identification and engagement of particular groups and sub-groups (e.g. female and adolescent key populations), limited availability and disaggregation of population estimates (e.g. for sex and for LGBTI), poor quality monitoring or poor service implementation, and barriers to accessing social protection.

To accelerate gains in the HIV response for key populations, the Joint Programme will intensify or embark on several activities.

- The Joint Programme will continue supporting the rollout of implementation tools for key populations, the LGBTI Inclusion Index and the HIV prevention toolkit for adolescents and young people from key populations, and encourage and support countries to include key populations organizations in their Global Fund applications.
- WHO will develop updated consolidated guidelines for key populations in 2020–2021.
- UNHCR and UNFPA will finalize guidance on meeting the health and protection needs of people who sell sex in humanitarian settings. Efforts will focus on monitoring emerging hotspots of HIV transmission, linking key populations to appropriate and cost-efficient services and monitoring implementation.
- To promote law and policy reform, situation assessments of key populations will be conducted, the capacity of the judiciary and parliamentarians will be built, and access to justice services for key populations will be supported.
- UNFPA will disseminate specifications for personal lubricants and procure safe and non-toxic lubricants. UNDP will follow up on the recommendations of legal environment assessments on law and policy reforms, conduct “deep dive” situation assessments of key populations to increase access to services, invest in capacity development of the judiciary, increase investment in capacity development of parliamentarians, and support access to justice services for key populations.
- The ILO, UNDP, UNODC, WHO and the UNAIDS Secretariat will collaborate to scale-up comprehensive intervention packages for the prevention, treatment and care of people who inject drugs, use stimulant drugs or live in prisons.
- UN Women will advocate for responding to gender and power dynamics within key populations, and for engaging women key populations.
- ILO will promote recommendations on violence, harassment and HIV in the world of work. Working with communities will remain a priority, including working indigenous communities.



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