UNAIDS 2021

SRA 4: HIV prevention and key populations

SRA report 2020

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SRA 4: HIV PREVENTION AND KEY POPULATIONS

Fast-Track commitment: Ensure access to combination prevention options, including PrEP, VMMC, 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, gay men and other men who have sex with men, people who inject drugs, transgender people, and prisoners, as well as migrants.

Global overview

Key populations and their sexual partners account for 62% of new adult HIV infections globally, including a high proportion of new HIV infections outside sub-Saharan Africa. They account for 99% of new HIV infections in eastern Europe and central Asia; 98% in Asia and the Pacific; 96% in western and central Europe and North America; and 97% the Middle East and North Africa.

Prevalence of coinfections such as STIs, TB and viral hepatitis is also higher among key populations. Key populations are disproportionally impacted by the COVID-19 pandemic, including disruption of HIV prevention services, harassment and unfair treatment.

Despite some progress, legal and structural barriers, stigma, and discrimination still impede access of key populations to prevention, testing and treatment services. Most countries criminalize or otherwise punish some aspect of sex work and all but a handful of countries criminalize or otherwise punish drug use or possession. In 69 countries criminalize same-sex relations are criminalized, and at least 32 countries either formally criminalize or have prosecuted transgender people because of their gender identity and/or expression.

COVID-19 negatively impacted the access of key populations to HIV and TB services. Community organizations have also noted that key populations have less access to social protection, including COVID-19 programmes. The number of people who received PrEP at least once in the previous year rose from fewer than 2,000 in 2016 to more than 590 000 in 2019. In places where PrEP has been scaled up such as Australia, and some countries in western and central Europe and North America, HIV incidence among gay men and men who have sex with men has declined.

Provision of comprehensive sexuality education and access to SRH services remains challenging for young and adult key populations, including in the COVID-19 context.

Despite some promising developments, access to prevention and especially harm reduction for people who use drugs, including in prisons, continue to be insufficient. Approximately 10% of new adult HIV infections worldwide were among people who inject drugs in 2019. This population accounted for almost half (48%) of new infections in eastern Europe and central Asia, 43% in the Middle East and North Africa, 17% in Asia and the Pacific, and 15% in western and central Europe and North America.

Out of 271 million people who use drugs worldwide, an estimated 11.3 million people inject drugs.[1] Needle-syringe programmes and distribution and opioid agonist therapy coverage remain low in most of the countries that report those data to UNODC and the UNAIDS Secretariat. Thus far, only three high-income countries have reported that they had achieved UN-recommended levels of coverage for these programmes. This affirms a recent systematic review of published harm reduction programme and survey data, which made similar findings.[2]

Since 2000, the global prison population has increased by 24%. The rise in the female prison population (53%) is more than twice higher than that of the male prison population (20%). It is estimated that at any given time more than 11 million people are held in prisons and other closed settings, of whom more than a quarter are pretrial detainees. People in prison are seven times more likely to be living with HIV than adults in the general population. Globally, it is estimated that 4.6%t of people held in prison are living with HIV. Furthermore, it is estimated that 15.1% of the total prison population have hepatitis C, 4.8% have chronic hepatitis B and 2.8% have active TB. Access to HIV prevention, treatment and care programmes, however, is often lacking in prisons and other closed settings. Few countries implement comprehensive HIV programmes in prisons. Among those that do, prison programmes often are not linked to national AIDS, TB, public health or national occupational safety and health programmes, policies, guidelines or strategies.

Addressing HIV in prisons cannot be separated from broader questions of criminal justice laws, policies and practices. Reducing pretrial detention and increasing the use of alternatives to imprisonment and noncustodial measures for children and for minor nonviolent offences are all essential for an effective response to HIV and other health issues in prisons and other closed settings.

[1] World Drug Report 2020, https://wdr.unodc.org/wdr2020/index.html
[2] https://www.unaids.org/en/resources/documents/2019/JC2954_UNAIDS_drugs_report_2019

Joint Programme contribution towards achieving Fast-Track and UBRAF targets

Addressing the impact of COVID-19 on access to prevention for key populations

In 2020, the Joint Programme continued to provide support to countries and communities, as well as led global policy and advocacy efforts to expand prevention among key populations, including innovative approaches for outreach, strategic information and services provision in the evolving COVID-19 context. The Joint Programme focused on supporting more than 130 countries to overcome barriers in access to prevention and treatment services due to COVID-19, including reforms in service delivery, MMD of ART and opioid substitution therapy (OST), eliminating bureaucratic hindrances to service delivery, and greater reliance on and leveraging communities' knowledge and their organizations as effective outreach and service providers. UNDP In Panama, UNDP and the Global Fund worked with government and civil society to minimize the impact of COVID-19 on HIV prevention services for key populations. By using social media platforms and various dating apps, partners delivered preventive health messages and offered follow-up services in the form of local meetings where condom distribution and HIV testing can take place.

UNHCR, UNICEF, WFP, UNODC, UN Women, ILO, UNESCO and the UNAIDS Secretariat issued a global call to action on HIV-sensitive social protection, urging governments to strengthen protection for everyone, including LGBTI+ people.

Addressing legal and structural barriers and access to services

UNODC continued to provide technical support to Member States and civil society in implementing comprehensive human rights based, public-health focused and gender-responsive HIV services for people who use drugs. In Egypt and Pakistan, through sustained UNODC advocacy with government agencies, implementation of OST was approved in 2020, leading to the development of an implementing action plan and the design of OST pilot interventions. In Viet Nam, UNODC, in cooperation with the UNAIDS Secretariat, successfully advocated for the initiation of the take-home OST programme (methadone) after securing the Government's approval 2020.

In 2020, 63% (26 out of 41) of countries with functional Joint Team on AIDS and that reported having significant epidemics among people who inject drugs implemented the most essential interventions to reduce new HIV infections among people who inject drugs. While this indicates progress against the UBRAF target in selected countries where the Joint Programme works, major gaps remain in many other countries.

Indicator: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs Countries with epidemic among people who inject drugs, implementing interventions in combination		**2016** [N=33]	**2017** [N=35]	**2018** [N=36]	**2019** [N=41]	**2020** [N=41]
2021 target—60%	**Status**	64%	60%	61%	56%	63%
Measurements						
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%
		Countries with significant epidemics among people who inject drugs				
		2016 [N=33/87]	2017 [N=35/87]	2018 [N=36/87]	2019 [N=41/87]	2020 [N=41/87]
Opioid substitution therapy		64%	63%	61%	56%	66%
Needle and syringe programmes		79%	74%	78%	76%	83%
HIV testing and counselling		85%	86%	92%	98%	100%
Antiretroviral therapy		88%	86%	94%	98%	100%
Gender-sensitive – people who inject drugs		**2016** [N=87]	**2017** [N=87]	**2018** [N=87]	**2019** [N=87]	**2020** [N=87]
A gender-sensitive HIV needs assessment is available for people who inject drugs		20%	30%	29%	30%	29%

The Joint Programme provided direct support to countries to strengthen key population programming by reducing legal and policy barriers, enhancing access to services, and combating stigma and discrimination. UNDP supported 89 countries (in partnership with the UNAIDS Secretariat, other UN partners and civil society organizations) on law and policy reform for the decriminalization of HIV transmission, exposure and nondisclosure, and for creating enabling legal and policy environments for key populations.

The Economic Community of West African States launched a regional strategy on HIV, TB, SRH and rights for key populations in that region. The strategy was developed with support from UNDP, the UNAIDS Secretariat, WHO and members of the UNDP-supported Africa Key Populations Expert Group. UNDP and UNFPA continued providing support for implementation of the Southern African Development Community's Regional Strategy for Key

Populations. The Joint Programme also provided support for legal recognition and access to social welfare, including in India, Pakistan and Thailand.

Indicator: Percentage of countries with comprehensive packages of services for key populations defined and included in national strategies		**2016** [N=87]	**2017** [N=87]	**2018** [N=87]	**2019** [N=87]	**2020** [N= 87]
Key population: gay men and other men who have sex with men, sex workers						
2021 target—90%	**Status**	66%	71%	67%	74%	74%
Key population: prisons and closed settings						
2021 target—50%	**Status**	49%	49%	51%	55%	57%
Measurements						
The country has size and prevalence estimates for gay men and other men who have sex with men		80%	84%	82%	89%	86%
The country has size and prevalence estimates for sex workers		87%	87%	90%	95%	86%
The country has size and prevalence estimates for prisoners and closed settings		56%	57%	56%	60%	63%
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%	80%	82%	86%	91%
Comprehensive packages of services for sex workers in line with international guidance defined and included in national strategies		84%	87%	91%	93%	90%
Comprehensive packages of services for prisoners and closed settings in line with international guidance defined and included in national strategies		55%	56%	60%	67%	69%
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery		89%	89%	89%	87%	89%
Sex workers are engaged in HIV strategy/programming and service delivery		90%	90%	89%	87%	90%

UNFPA and the UNAIDS Secretariat co-led several sessions within the Global Prevention Coalition's "deep dive" series on key populations, focusing on HIV prevention, delivery of integrated services and strengthening coordination and leadership of key population programmes. UNODC promoted the use of the WHO, UNODC and UNAIDS technical guide for countries to set targets for universal access to HIV prevention, treatment and care for

injecting drug users, as well as the UNODC, ILO, WHO, UNFPA, UNAIDS and UNDP update of a technical brief on HIV prevention, treatment, care and support in prisons and other closed settings.

The Joint Programme supported countries to tackle neglected issues that impact the HIV responses in general and access of key populations to HIV services, specifically. For example, issues related to HIV and migration, women and girls and female key populations, youth and LGBTI+ people. UNHCR, in cooperation with other Cosponsors, supported HIV-related activities for key populations in humanitarian settings in more than 20 countries, including critical support to enable the continuation of HIV services for refugees, asylum seekers and other displaced populations during the COVID-19 pandemic. In Ecuador, UNHCR implemented a HIV programme in border areas in coordination with CARE and the Ministry of Public Health. The programme focused on provision of support to community-based organizations of sex workers, LGBTI+ and youth to strengthen their organizational capacity in HIV prevention and treatment, while promoting the economic inclusion of key populations. In Asia and Latin America, ILO provided economic empowerment support to transgender people. In Indonesia, business coaching packages were organized for 100 female and male transgender people and people living with HIV, helping them operate businesses during COVID-19. In Brazil, 220 trans people were supported to start businesses through the “Kitchen and Voice” project.

UNICEF, UNDP, the UNAIDS Secretariat, WHO and UNFPA supported countries on geolocalized and data-driven prioritization to improve HIV services access for adolescent and young at-risk and key populations in Botswana, Côte d’Ivoire and Zimbabwe.

UN Women supported women who use drugs, prisoners and female sex workers in at least 16 countries to better access HIV information, testing, treatment and care services, legal aid and health and gender-based violence services, including through the UN Trust Fund to End Violence Against Women. In Côte D’Ivoire and Guatemala, UN Women’s partnership with national networks of women living with HIV enabled female sex workers to access SRH and gender-based violence services with links to HIV testing, treatment and care during COVID-19 lockdowns. The grantee of the UN Trust Fund in Egypt successfully negotiated three-month ARV supplies for women who use drugs and female sex workers to minimize COVID-19 risk and strengthen adherence to HIV treatment.

There are more younger people living with HIV than in previous years, especially among key populations. The specific needs of young key populations are often inadequately addressed in services. Consequently, the Joint Programme invested in efforts to support young key populations through: new out-of-school CSE guidance; focus group discussions on the needs of adolescent and young key populations; economic empowerment and peer support through the UNDP-supported Regional Youth Project on Leadership, Innovation and Entrepreneurship

in Asia and the Pacific; UNESCO-led global efforts against cyberbullying; and the Journey4Life peer education programmes for marginalized youth.

The Joint Programme has found that regional programming for key populations can be particularly powerful as a tool for LGBTI+ inclusion, facilitating learning across countries, with an emphasis on supporting and promoting good practice, including on HIV. For example, UNDP supported 72 countries in advancing LGBTI+ inclusion, UNHCR supported assessments of medical and psychosocial needs of LGBTI+ migrants, and ILO promoted LGBTI+ labour statistics.

Service delivery support: Global Fund partnership

The Joint Programme continued to partner with key donors, including the Global Fund. Under this partnership, in 2020, UNDP supported countries in reaching key populations with tailored combination prevention packages, including 162 000 people who use drugs reached in five countries, 352 500 gay men and other men who have sex with men reached in 22 countries; 272 600 sex workers reached in 22 countries and 5,900 transgender people reached in 13 countries.

Capacity development knowledge

The Joint Programme developed a policy brief on COVID-19 and human rights, as well as a call to action on social protection in response to COVID-19 and a report on reaching people at-risk during the pandemic. Working closely with “Youth LEAD”—a regional organization working with adolescent and young key populations—UNICEF collaborated with UNDP, UNFPA, the UNAIDS Secretariat and UN Women to conduct a rapid response survey to assess the impact of the COVID-19 pandemic on young people who are at higher risk or are living with HIV in the Asia-Pacific region.

WHO started to update the consolidated guidance for key populations, which will integrate HIV with hepatitis and STIs, including service delivery options and population-specific packages. WHO supported countries in all regions with their monitoring and elevation of PrEP programmes and has developed core PrEP indicators.

UNODC, in consultation with WHO, the UNAIDS Secretariat and civil society, developed and disseminated technical guidance on HIV service provision for people who use drugs in the context of COVID-19 and developed a virtual capacity building programme for decision-makers and service providers. UNODC also developed guidance on COVID-19 among people working and living in prison and hosted several regional webinars on prevention and control of HIV, TB, viral hepatitis, and COVID-19 in prison settings. UNDP, UNFPA and UNODC, together with WHO, the UNAIDS Secretariat and key population civil society

organizations issued a joint statement on the constraints and the needs of key populations in the context of COVID-19 and access to services.

The Joint Programme continued to provide policy advice and technical assistance by disseminating guidance documents. For example, UNDP and UNFPA, together with WHO, UNODC and the UNAIDS Secretariat, continued efforts to roll out implementation tools for key population services and support community representatives to engage in implementation. This included a toolkit on HIV prevention for and with adolescent and young key populations. The toolkit, developed jointly by Cosponsors and youth civil society under the leadership of UNICEF, is a collection of resources to help plan and scale up HIV prevention programmes for these populations.

Key challenges and future actions

Ending AIDS among key populations will be the key to ending AIDS as a public health threat by 2030. Current epidemiological data demonstrate that the global response is off track vis-a-vis key populations. Stigma and discrimination, punitive legal and policy environments remain barriers for key populations to access services. There is need for stronger political will and targeted investment for scaling HIV prevention, treatment and care, and for addressing social and structural barriers for key populations. Another major challenge is the need for differentiated responses for key populations. Some countries that support and fund programmes for some key populations still promote laws and policies that increase the HIV risk of other key populations.

The COVID-19 pandemic is having a disproportionate impact on key populations and LGBTI+ people. There are a growing number of reports about emergency powers being used to target key populations. This includes the misuse of digital technologies to monitor people's movements during lockdowns or curfews. Key populations are reporting an elevated risk of domestic and family violence, increased social isolation and anxiety, as well as difficulties in accessing critical HIV treatment, harm reduction and gender-affirming health services. There is also a disproportionately negative economic impact on key populations, many of whom work in the informal sector or are unemployed and lack access to social safety nets.

Condom use among young people has decreased. Despite some promising programmes in the Global South, access to PrEP continues to be inadequate and there is no clear plan yet on how injectable PrEP will be made accessible. Age-of-consent laws hinder young people from accessing HIV services. Low investment in, or the ban of, SRHR and CSE programmes exacerbate matters. Prevention programmes are rarely tailored for young key populations and are seldom developed with the participation of young key populations.

Several key actions were taken to mitigate challenges, including:

- increased support to key populations and people living with HIV in the context of COVID-19, through improved access to services but also equitable access to COVID testing, therapeutics and vaccines, social protection measures and protection from violence;

- supporting countries in addressing social and structural barriers for key populations, which requires increased investment, for example, in creating enabling legal and policy environments and addressing gender-based violence;

- support for the meaningful engagement of key populations in decision-making and service delivery and official recognition and valorization of their contribution (e.g. Country Coordinating Mechanism representation and “social contracting”), enhancing the programmatic focus on addressing intersectional factors such as race and ethnicity, sex, gender, age, sexual orientation and gender identity and expression, disability, migratory status, etc.;

- support to governments to mobilize political will, develop and expand evidence-informed and rights-based key populations programming, and adequately resource them;

- harm reduction services are essential public health interventions and pivotal in reaching key populations and must be maintained and scaled up;

- COVID-19 adaptations in the delivery of harm reduction, particularly the expansion of take-home OST and community-based, peer-supported treatment for HIV and hepatitis C, which increase acceptability and uptake of services and should remain in place; and

- greater involvement of people who use drugs in the COVID-19 response planning is crucial to increase acceptability, access and retention in services. Adequate resources must be allocated to support peer-led interventions.

The ILO co-leads a time-bound task team (together with OHCHR, UN Women, Department of Management Strategy, Policy and Compliance, High-Level Committee on Management/ Human Resource Network and UNHCR) to develop the *Secretary General’s strategy and guidance on countering violence and discrimination against LGBTIQ+ people*. The Strategy, which will outline the UN common vision and commitment to strengthen its capacity, will cover key areas such as leadership, capacity, participation, programming, coordination and internal policies on treatment of UN system personnel who are LGBTI+. A draft strategy is expected in June 2021.

UNAIDS
20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org