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# **SRA 4: Prevention among key populations**

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**SRA report 2020-2021**



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## SRA 4: Prevention among key populations



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











In 2020, key populations and their sexual partners accounted for 65% of new HIV infections worldwide and over 93% of new infections outside sub-Saharan Africa. Key populations continue to be marginalized and criminalized for their gender identities and expression, sexual orientation, livelihoods and behaviours. Where same-sex sexual relationships, sex work and drug use are criminalized, levels of HIV status knowledge and viral suppression among people living with HIV are significantly lower than in countries without criminalization. Conversely, laws that advance nondiscrimination, the existence of human rights institutions and responses to gender-based violence are associated with improved HIV outcomes.









HIV prevention services for key populations are unevenly accessible or entirely absent in many regions. Prevention coverage remains low for gay men and other men who have sex with men, including in some high-income countries; for sex workers in eastern and southern Africa and eastern Europe and central Asia; and for transgender people in all but a few countries. Harm reduction services for people who inject drugs are rarely provided on a meaningful scale. People in prisons and other closed settings are often not provided HIV services, despite the relative ease of doing so. COVID-19 further reduced the limited access of key populations to HIV and TB services. Community organizations have also noted that key populations have less access to social protection, including programmes to mitigate the impact of COVID-19.

### Joint Programme contribution towards achieving SRA 4

*UBRAF indicator progress*

Indicator 4.1: 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]	2021 [N=87]	Progress 2016 to 2021
<b>Key population: gay men and other men who have sex with men, sex workers</b>							
<b>2021 UBRAF target—90%</b>	<b>Status</b>	66%	71%	67%	74%	74%	74%

Key population: prisons and closed settings								
<b>2021 UBRAF target—50%</b>	<b>Status</b> 	49%	49%	51%	55%	57%	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%	86%	
The country has size and prevalence estimates for sex workers		87%	87%	90%	95%	86%	92%	
The country has size and prevalence estimates for prisoners and closed settings		56%	57%	56%	60%	63%	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%	91%	
Comprehensive packages of services for sex workers, in line with international guidance defined and included in national strategies		84%	87%	91%	93%	90%	91%	
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%	70%	
Gay men and other men who have sex with men are engaged in HIV strategy/programming and service delivery		89%	89%	89%	87%	89%	90%	
Sex workers are engaged in HIV strategy/programming and service delivery		90%	90%	89%	87%	90%	91%	
<p>There has been a steady increase in the share of countries with size and prevalence estimates for selected key populations and comprehensive packages of services for those populations. Both 2021 UBRAF targets for gay men and other men who have sex with men and for prisoners and people in closed settings were achieved. There is a consistent upward trend in other areas, though coverage is far from sufficient.</p>								

Indicator 4.2: Percentage of countries implementing in combination the most essential interventions to reduce new HIV infections among people who inject drugs		2016 [N=33]	2017 [N=35]	2018 [N=36]	2019 [N=41]	2020 [N=41]	2021 [N=41]	Progress 2016 to 2021
Countries with epidemics among people who inject drugs, implementing interventions in combination								
<b>2021 UBRAF target—60%</b>	Status 	64%	60%	61%	56%	63%	66%	
<b>Measurements</b>								
The country has a significant epidemic among people who inject drugs		38%	40%	41%	47%	47%	47%	
<b>Countries with significant epidemics among people who inject drugs</b>								
		<b>2016</b> [N= 33/87]	<b>2017</b> [N= 35/87]	<b>2018</b> [N= 36/87]	<b>2019</b> [N= 41/87]	<b>2020</b> [N= 41/87]	<b>2021</b> [N=4 1/87]	<b>Progress 2016 to 2021</b>
Opioid substitution therapy		64%	63%	61%	56%	66%	68%	
Needle and syringe programmes		79%	74%	78%	76%	83%	85%	
HIV testing and counselling		85%	86%	92%	98%	100%	100%	
Antiretroviral therapy		88%	86%	94%	98%	100%	100%	
Gender-sensitive – people who inject drugs		<b>2016</b> [N=87]	<b>2017</b> [N=87]	<b>2018</b> [N=87]	<b>2019</b> [N=87]	<b>2020</b> [N=87]	<b>2021</b> [N=87]	<b>Progress 2016 to 2021</b>
A gender-sensitive HIV needs assessment is available for people who inject drugs		20%	30%	29%	30%	29%	31%	
<p>The UBRAF target for this indicator has been exceeded, with 66% of countries implementing a combination of the most essential interventions to reduce new HIV infections among people who inject drugs. Worryingly however, the number of countries with significant epidemics among people who inject drugs increased significantly between 2016 and 2021. Nevertheless, all reporting countries now state that they are providing HIV testing and counselling services, as well as ART. Coverage and quality are not measured here.</p>								

## Top achievements in 2020–2021

*The Joint Programme supported more than 130 countries to overcome barriers in access to prevention and treatment services due to COVID-19—including reforms in service delivery, multimonth dispensing of ART and opioid agonist therapy—and leveraged communities' knowledge and their organizations as effective outreach and service providers.*

UNDP supported 78 countries on advancing access to HIV services and rights for key populations and 67 countries on LGBTI inclusion. The UNDP-Global Fund partnership supported countries in reaching key populations with tailored combination prevention, including 335 800 people who use drugs who received services in 5 countries; 585 500 gay men and other men who have sex with men who received services in 12 countries; 519 250 sex workers who received services in 12 countries; and 10 000 transgender people who received services in Cuba, Panama and the Oceania subregion.

The World Bank continued to integrate HIV in nonhealth-sector Bank projects that affect key populations. Examples include the multiyear US\$ 18.3 million [Lesotho Infrastructure and Connectivity Project](#) (which includes awareness-raising campaigns on HIV and gender-based violence) and the [Southern Africa Trade and Transport Facilitation Project](#) (which includes a component to strengthen HIV services). In India, the World Bank supported community-based prevention interventions in targeted areas, which reached 662 000 female sex workers, 238 000 gay men and other men who have sex with men, 40 550 transgender persons and 140 000 people who inject drugs.

The Fast-Track Cities Initiative provided important examples of key population engagement in the HIV response. Through the joint UNAIDS-IAPAC Fast-Track Cities project, supported by the United States Agency for International Development, civil society organizations and networks of people living with HIV and key populations have been actively engaged in the HIV response in 15 high-burden cities. They have been consulted in the development and implementation of programmes and in finding ways to overcome barriers in the HIV response. As a result, uptake of HIV prevention and treatment services has improved substantially since the start of the project. In Nairobi, Kenya, the number of health facilities offering integrated and friendly services to young people and key populations increased from zero in 2018 to 30 in 2021, and the number of members of key populations newly tested for HIV increased from 417 in 2018 to 12 264 by the end of 2021.

The UNAIDS Secretariat and UNFPA, with the participation of all other Cosponsors, spearheaded the launch of the "key populations community of practice" among the 28 focus countries of the Global HIV Prevention Coalition. They also collaborated with the South-South Learning Network to build capacity for condom programmes and programmes for key populations, reaching more than 1,200 country-level stakeholders.

In Mozambique, WFP partnered with the North Star Alliance and the UNAIDS Secretariat to support HIV and TB services to mobile populations via: [roadside wellness clinics](#); health services designed for their specific needs (including check-ups and treatment for STIs, malaria, HIV and TB); PMTCT services; free condoms; counselling; messaging on HIV transmission and risk reduction strategies; positive gender relationships; and screening for COVID-19. In 2021, 19 UNHCR country operations reported that specific health and

protection services were available to refugees who engage in the sale of sex, while drop-in centres providing a range of services for key populations in refugee and other humanitarian settings were available in 11 UNHCR country operations, including Chile, Colombia and Kenya.

*The Joint Programme developed and disseminated tools and guidance to facilitate access to services for key populations and to improve countries' capacities to improve strategic information on key populations.*

In 2020, the Economic Community of West African States—with support from UNDP, WHO, the UNAIDS Secretariat and members of the UNDP-supported Africa Key Populations Expert Group—launched a regional strategy on HIV, TB, SRH and rights for key populations. In 2021, WHO initiated a technical needs assessment related to key populations and worked with UNDP and the UNAIDS regional office to support the West Africa Health Organisation to collect baseline data, while supporting the implementation of the strategy. UNDP and UNFPA continued providing support for implementation of the Southern African Development Community's regional strategy for key populations.

UNHCR and UNFPA developed new operational guidance on responding to the health and protection needs of people who sell or exchange sex in humanitarian settings. UNFPA, UNESCO, UNICEF, WHO and the UNAIDS Secretariat launched international technical guidance on out-of-school CSE, specifically focused on young key populations. UNDP, UNFPA, WHO, UNODC and the UNAIDS Secretariat promoted implementation tools for key population services and supported community representatives to engage in implementation. This included updating the toolkit on HIV prevention for and with adolescent and young key populations led by UNICEF. The UNAIDS Secretariat and WHO, together with other partners including the Global Fund, developed a planning and budget guidance for key population-trusted access platforms that deliver quality HIV prevention and treatment services, and for addressing critical enablers.

UN Women and the UN Trust Fund to End Violence Against Women enhanced access to HIV information, testing, treatment and care services and gender-based violence services to women living with and affected by HIV and who are using drugs, live in prison or engage in sex work in 16 countries. In Côte d'Ivoire and Guatemala, UN Women partnered during the COVID-19 pandemic with national networks of women living with HIV, improving the access of female sex workers to SRH services, including HIV testing, treatment and care, as well as and gender-based violence services. In Uruguay, women in prisons accessed HIV and SRH information and menstrual hygiene kits through UN Women's support.

UNDP and the University of Massachusetts, Amherst (USA), developed a training package for piloting the LGBTI Inclusion Index, which is accompanied by a code of ethics on responsible data collection, storage and use. The World Bank published the "[Equality of opportunity for sexual and gender minorities \(EQOSOGI\)](#)" report, a study assessing laws and regulations that affect the lives of sexual and gender minorities in an initial set of 16 countries.

UNODC developed [guidance documents](#) for people who use drugs and people in prison and other closed settings during the COVID-19 pandemic. These were accompanied by a series of webinars organized by UNODC, WHO and the UNAIDS Secretariat in five regions. UNODC, WHO and the UNAIDS Secretariat published a technical guide on implementing



HIV, hepatitis B and C programmes for people who use stimulant drugs. UNODC developed online access to HIV and other health and social services to better reach people who use stimulant drugs during the COVID-19 pandemic. It also adapted training packages in response to the pandemic and provided workshops in nine countries. UN Women contributed to a global advocacy brief on women who use drugs and various intersecting injustices. In Uganda, UN Women partnered to launch a sex worker feminist advocacy agenda in collaboration with the UNAIDS Secretariat and PEPFAR.

*The Joint Programme supported countries to reduce legal and policy barriers, enhance key populations' access to services and combat stigma and discrimination.*

UNDP worked with governments, civil society organizations, other Cosponsors, the UNAIDS Secretariat and other partners to support 90 countries in advancing the decriminalization of HIV transmission, exposure and nondisclosure, and the creation of enabling legal and policy environments for key populations. For example, UNDP, UNFPA, UNODC, UN Women, WHO and UNAIDS Secretariat partnered with the government of Nigeria on multiple initiatives to increase access to prevention services for key populations.

ILO provided targeted key population support in 15 countries to deliver entrepreneurship trainings for transgender people, including equipping 220 transgender people in Brazil and Indonesia with skills and business coaching to start and scale up their own business, thus increasing their self-reliance and strengthening their livelihoods.

UNODC and the Secretariat supported 10 countries to address legal and structural barriers, and supported the trial implementation of multidose dispensing of methadone in Viet Nam and the implementation of medication-assisted therapy programmes in Egypt and Pakistan.

## **Key challenges and lessons learned**

Punitive legal and policy environments and stigma and discrimination continue to be barriers for key populations. Countries will only reach the targets in the 2021–2026 Global AIDS Strategy and the 2021 Political Declaration with stronger political will and targeted investments for scaling up HIV prevention, treatment and care. To address discrimination and other rights violations faced by key populations, it is also vital to address social and structural barriers and increase their meaningful access to justice.

More than 15 million people who would benefit from HIV prevention, care and treatment services are estimated to be unaccounted for in key population size estimates of reporting countries. Closing data gaps for key populations is essential for reaching them with the services they need.

Another major challenge is the need for differentiated responses for key populations. In 2021, the UNAIDS Secretariat commissioned an external evaluation of the work of the Joint Programme with and for key populations, which will be used to strengthen programming. The Joint Programme will continue to support countries and communities in scaling up programming for key populations, including through:

- developing and implementing innovative solutions (including new technologies and service delivery methods, such as safe use of digital technologies) and addressing new forms of violence against key populations, including in virtual spaces;
- redoubling efforts to address legal and structural barriers, in particular criminalization;
- supporting meaningful engagement of community organizations in decision-making and programme implementation and monitoring, including through community-led responses such as (but not limited to) social contracting;
- supporting efforts to develop and scale up HIV- and key populations-sensitive and inclusive social protection schemes, and linking the efforts to Universal Health Coverage (UHC);
- ensuring that COVID-19 adaptations in the delivery of harm reduction, particularly the expansion of take-home opioid agonist therapy and community-based, peer-supported treatment for HIV and hepatitis C, remain in place;
- strengthening the system for joint responses to human rights-related HIV crises; and
- further refining strategic information on, with and for key populations to better address gaps and implemented evidence-informed, targeted programmes that are adapted to their needs.

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