



# Differentiated Service Delivery for Key Populations

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Enabling Environments for Engaging Key Populations in the  
HIV Response in Sub-Saharan Africa

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# Disclosures

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- Merck Pharmaceuticals, consultancy on HIV prevention trial designs



Lindokuhle Cele  
LGBTQI activist  
and musician.  
Killed in a hate  
crime in Durban  
Feb. 10<sup>th</sup>, 2020,  
aged 23

Key populations in SS Africa  
Why enabling environments matter



# Who are we talking about?

- Key populations are those individuals and communities who have disproportionate burdens of HIV risk and disease **and lack of access to essential HIV services**
- Gay, Bisexual, and other men who have sex with men (MSM)
- Transgender Women who have sex with men
- People who inject drugs (PWID) of all genders
- Sex Workers of all genders
- Prisoners and detainees
  
- Women and Girls in Southern African hyper-epidemics
  
- **Adolescents from all of these communities**

# Key populations and their sex partners account for 65% of all new HIV infections globally in 2020

> 95% of new HIV infections in Eastern Europe and Central Asia

88% of new HIV infections in Western and central Europe and North America

78% of new HIV infections in Asia and the Pacific

65% of new HIV infections in Latin America

47% of new HIV infections in the Caribbean

**95% of new HIV infections in Middle East and North Africa**

**64% of new HIV infections in Western and Central Africa**

**25% of new HIV infections in Eastern and Southern Africa**

# What are enabling environments?



- An enabling environment is a rich and varied space where risks are minimized and well managed, and those at risk are protected from harm and abuse
- Key principle is *harm reduction*
- Dignity is afforded all
- Safety
- Culturally competent care
- Fit to the social and structural realities in which people live, work, and love
- Includes legal, policy, clinical and social (stigma) contexts

ARTICLE

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OPEN

## The role of sex work laws and stigmas in increasing HIV risks among sex workers

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The goal of this study was to assess the relationship between legal barriers to sex work laws and HIV across sub-Saharan Africa

→ Structural stigmas

→ Legal barriers and HIV status

→ Social, healthcare, and community stigmas

→ Does the relationship between stigmas and HIV vary by presence of sex work law

# Sex Work Laws in Sub-Saharan Africa

## PARTIAL LEGALIZATION

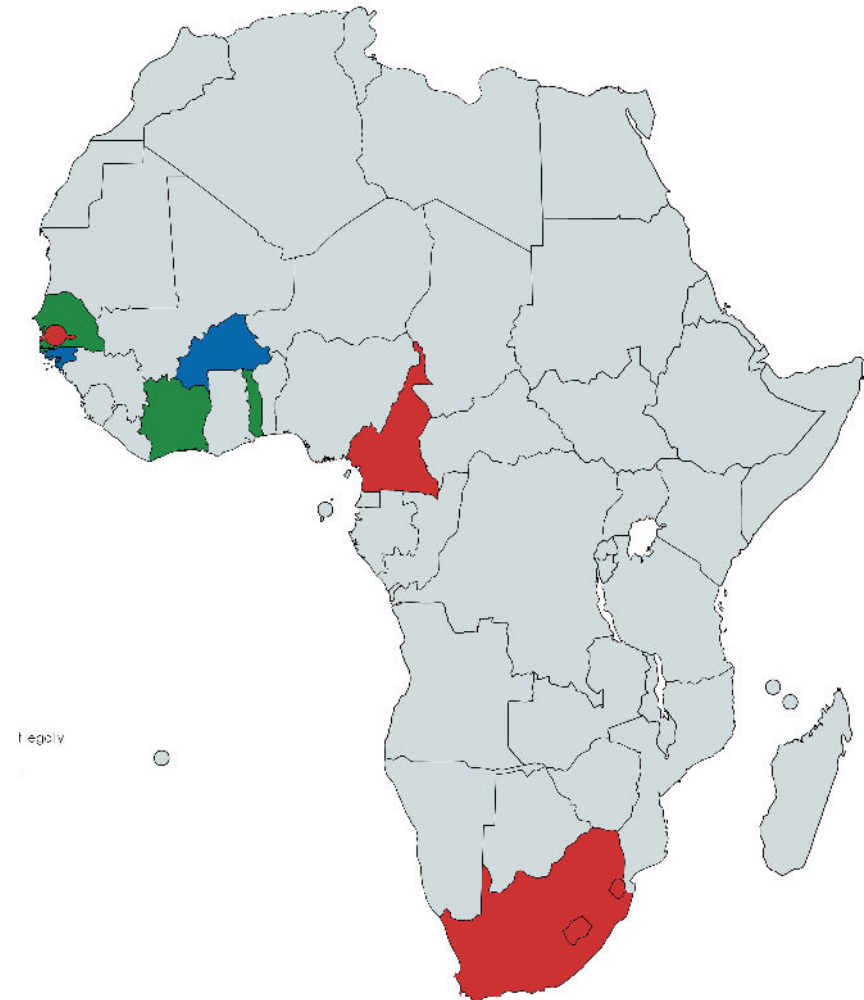
- Legalized
- Legalized sex work under specific circumstances

## NOT SPECIFIED

- Selling of sex was not specified as legal or illegal

## CRIMINALIZED

- Illegal to sell sex, solicit sex, and organize





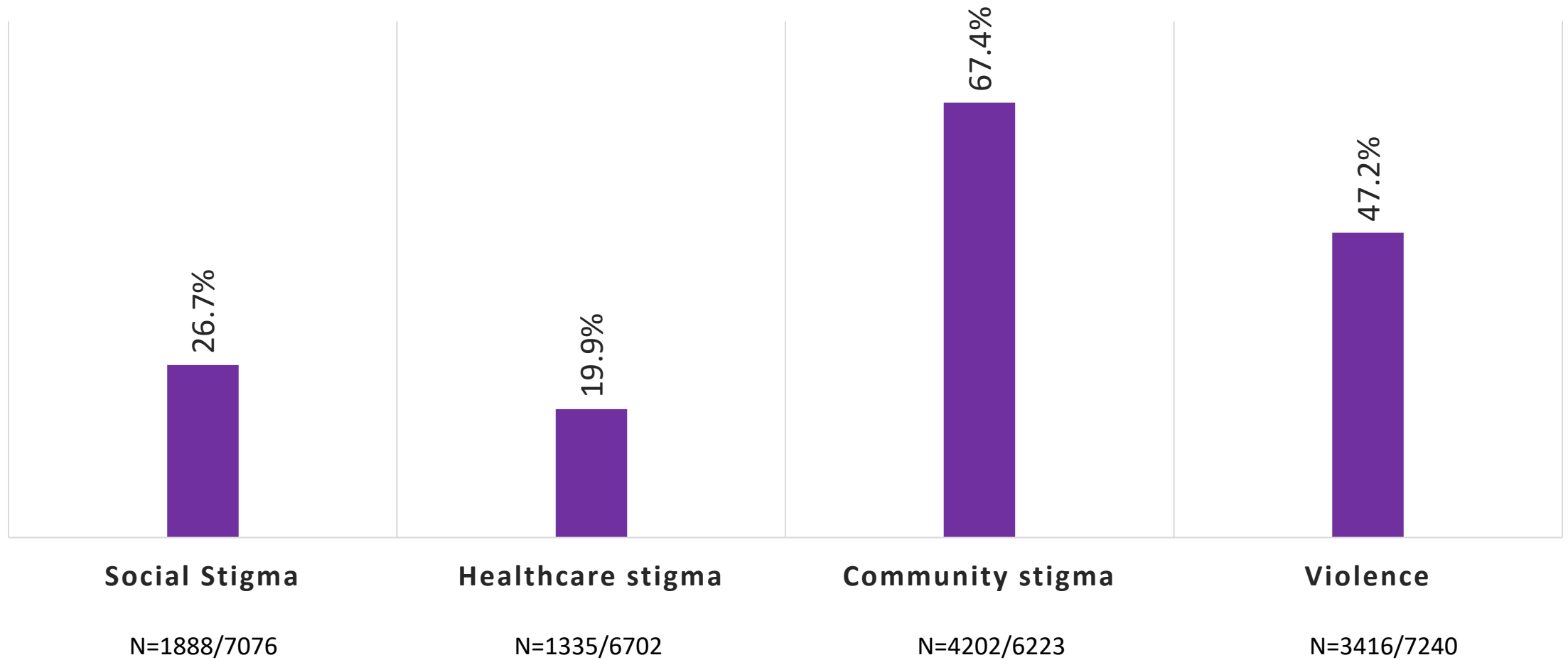
# Relationship between legal status of sex work and HIV

## Sex workers from 10 countries in sub-Saharan Africa: Using individual level data

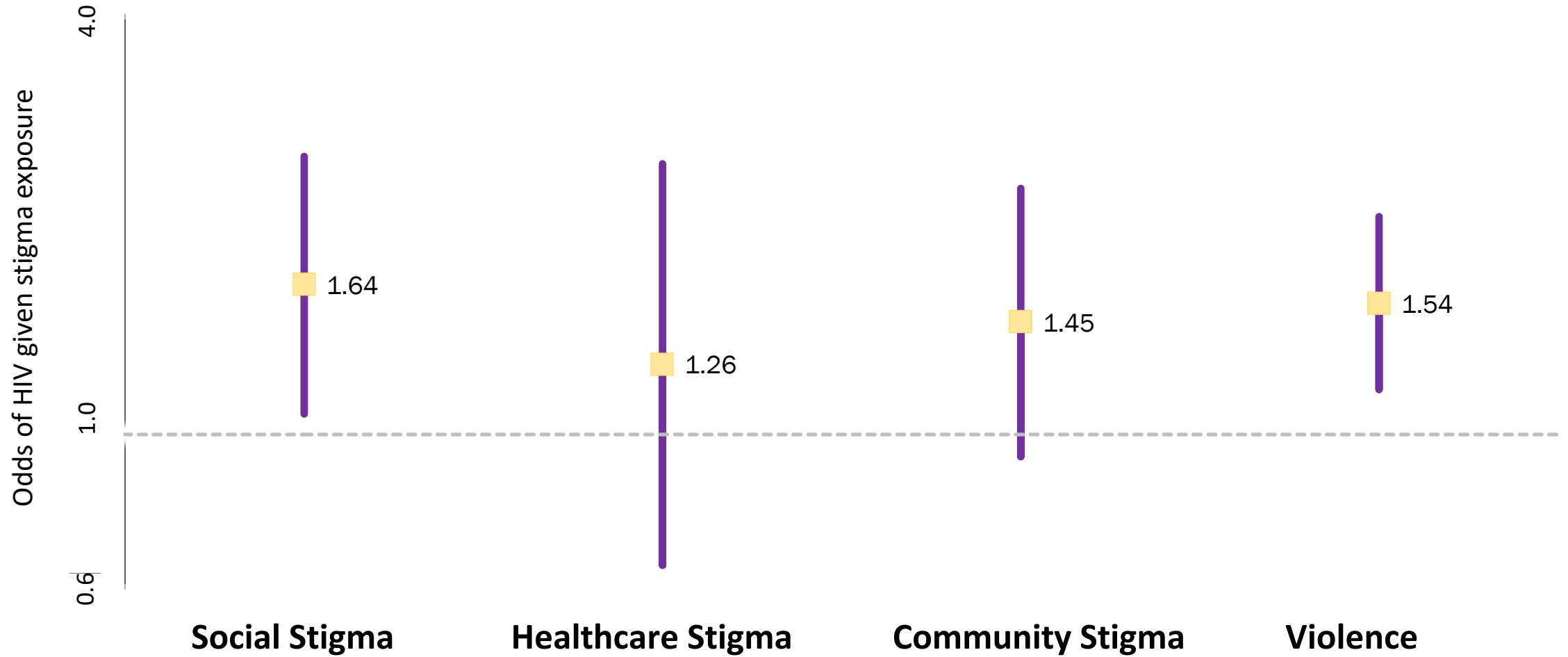
	Living with HIV								
	n/N	%		OR	P value	95% CI	aOR*	P value	95% CI
<i>Legal status of sex work</i>									
<b>Legal mechanism for sex work in place</b>	219/1908	11.56		Ref	Ref	Ref	Ref	Ref	Ref
<b>Selling sex not legally specified</b>	248/1266	<b>19.59</b>		<b>1.86</b>	0.103	0.88,3.94	2.35	0.022	<b>2.35,5.21</b>
<b>Criminalized</b>	1605/3985	<b>40.44</b>		<b>4.97</b>	0.009	1.52,17.76	7.17	0.001	<b>2.71, 19.00</b>

- ▶ Legal status of sex work was associated with HIV infection
- ▶ Criminalized status of sex work was associated with increased odds of HIV when compared to when a legal mechanism for sex work was in place.
- ▶ There is an increased odd of HIV when selling sex was not legally specified compared to when a legal mechanism of sex work was in place.
- ▶ \*Adjusted for age, educational level, clustered by country

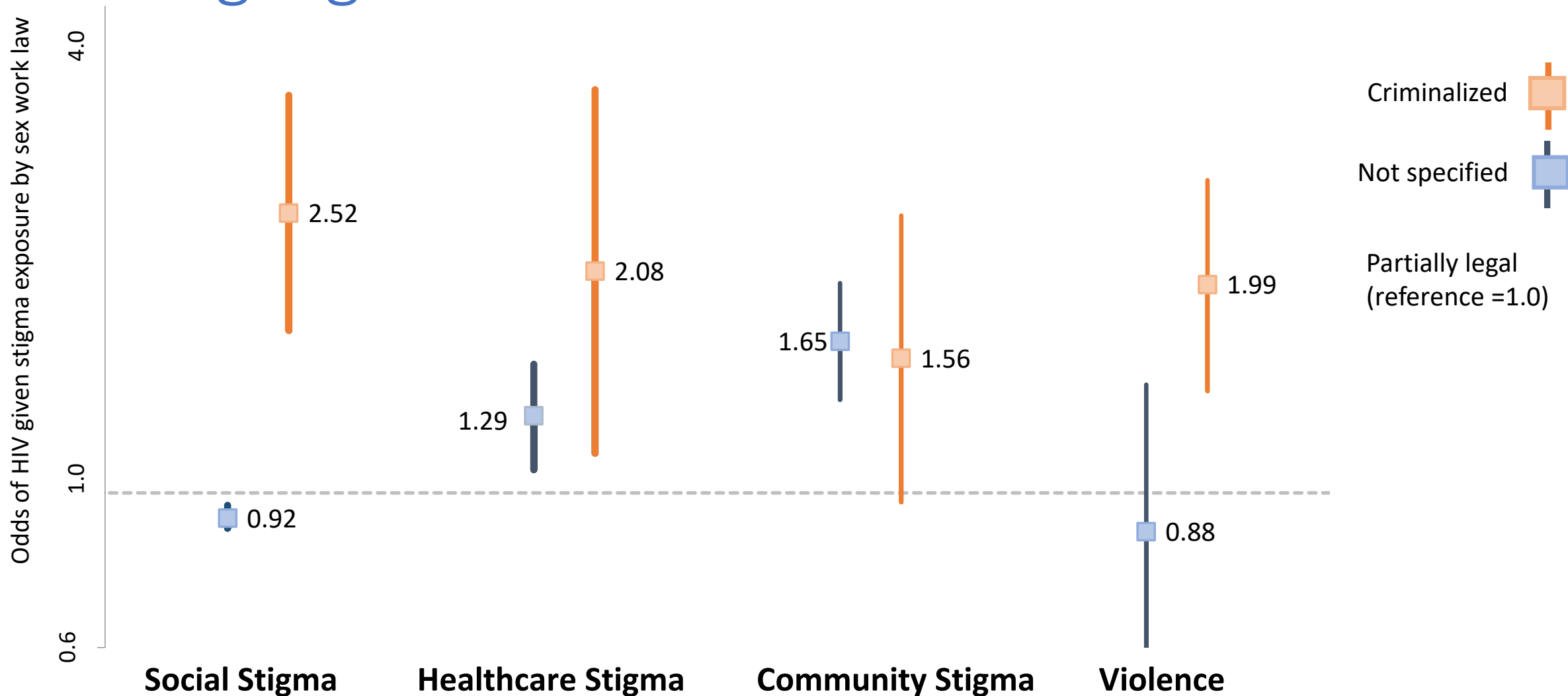
# Stigma among female sex workers



# Stigma and HIV among female sex workers



# Stigma and HIV among female sex workers across differing legal contexts



# Results summary and conclusions – Sex work and legal environment

- ▶ Punitive and non-protective laws were associated with HIV infection.
- ▶ Sex work laws and stigma appear to act jointly in increasing HIV risk.
- ▶ Evidence-based and human-rights affirming policies as part of an effective HIV response.
- ▶ Eliminating new infections will only be achieved through addressing both sex work policies and stigma.

# Gay, Bisexual and other MSM in Africa

## HIV Prevalence Estimates

- 2020 UNAIDS Global AIDS Update: Only 15 of the 54 African countries have HIV data on MSM, only 5 countries on men who sell/trade sex
- Ranges from 0% in Comoros to 22% in Togo
- Meta-analysis of 17 studies estimates the HIV prevalence among MSM to be 17.81% (range: 3.7% - 33.4%)

## Continuum of Care

- HIV testing among MSM in Africa remains low, suggesting that many studies/surveys underestimate the true HIV prevalence, and limiting access to services
- Proportion of HIV-positive MSM in Africa who use ART and who are virally suppressed is estimated to be 24% and 25%, respectively, much **too low to achieve epidemic control**

# HPTN 075 HIV incidence by study site

Study site	Incidence per 100-PY	95% CI
Blantyre (Malawi)	1.3	0.03, 7.5
Kisumu (Kenya)	3.8	0.77, 10.9
Soweto (South Africa)	8.9	3.6, 18.5
Cape Town (South Africa)	14.4	6.9, 26.6

Stannah J, Dale E, Elmes J, Staunton R, Beyrer C, Mitchell KM, Boily MC. HIV testing and engagement with the HIV treatment cascade among men who have sex with men in Africa: a systematic review and meta-analysis. *Lancet HIV*. 2019.

Levels of ever testing, testing in the past 12 months, and HIV status awareness were statistically significantly **lower in countries with the most severe anti-LGBT legislation** compared with countries with the least severe legislation: 57.4% vs 71.6%,  $p=0.0056$ ; 35.5% vs 49.3%,  $p=0.010$ ; 6.7% vs 22.0%,  $p=0.0050$ .

Pooled proportion of MSM HIV-positive aware has remained low (18.5%, 12.5-25.3), proportions of current antiretroviral therapy (ART) use were 23.7% (15.5-33.0;) among all MSM living with HIV and **60.1% (48.6-71.1) among MSM HIV-positive aware of their status.**

Pooled levels of viral suppression among MSM currently on ART were 75.6% (64.4-85.5;), but **only 24.7% (18.8-31.2) among all MSM living with HIV.**



# Best Practices for Enabling Environments

- Community driven, community led, partnerships
- Safety first
- Implementation science-based approaches
- Peer led/provided services provision
  - Now being embraced by PEPFAR but newer in many contexts

# Legal Barriers to HIV among gay men and other men who have sex with men in sub-Saharan Africa

The goal of this study was to assess the relationship between legal barriers to same sex practices and HIV outcomes across sub-Saharan Africa

## → Structural stigmas

→ Legal barriers and HIV status

→ Legal barriers and HIV testing history

→ Legal barriers and awareness of HIV status among people living with HIV

## → Social, healthcare, and community stigmas

→ Does the relationship between stigmas and HIV vary by presence of legal barriers?

# Methods – Data Collection

## 10 countries

- West Africa
  - Burkina Faso
  - Senegal
  - Côte d'Ivoire
  - Guinea-Bissau
  - Nigeria
  - The Gambia
  - Togo
- Central Africa
  - Cameroon
  - Rwanda
- Southern Africa
  - Kingdom of eSwatini

## 23 study sites



- 8,049 participants
- Recruitment:
  - Respondent driven sampling
- Biological testing for HIV
- Socio-behavioral questionnaires
- Cross-sectional data collection
- 2011 – 2018

# Same Sex Policies

## NOT CRIMINALIZED

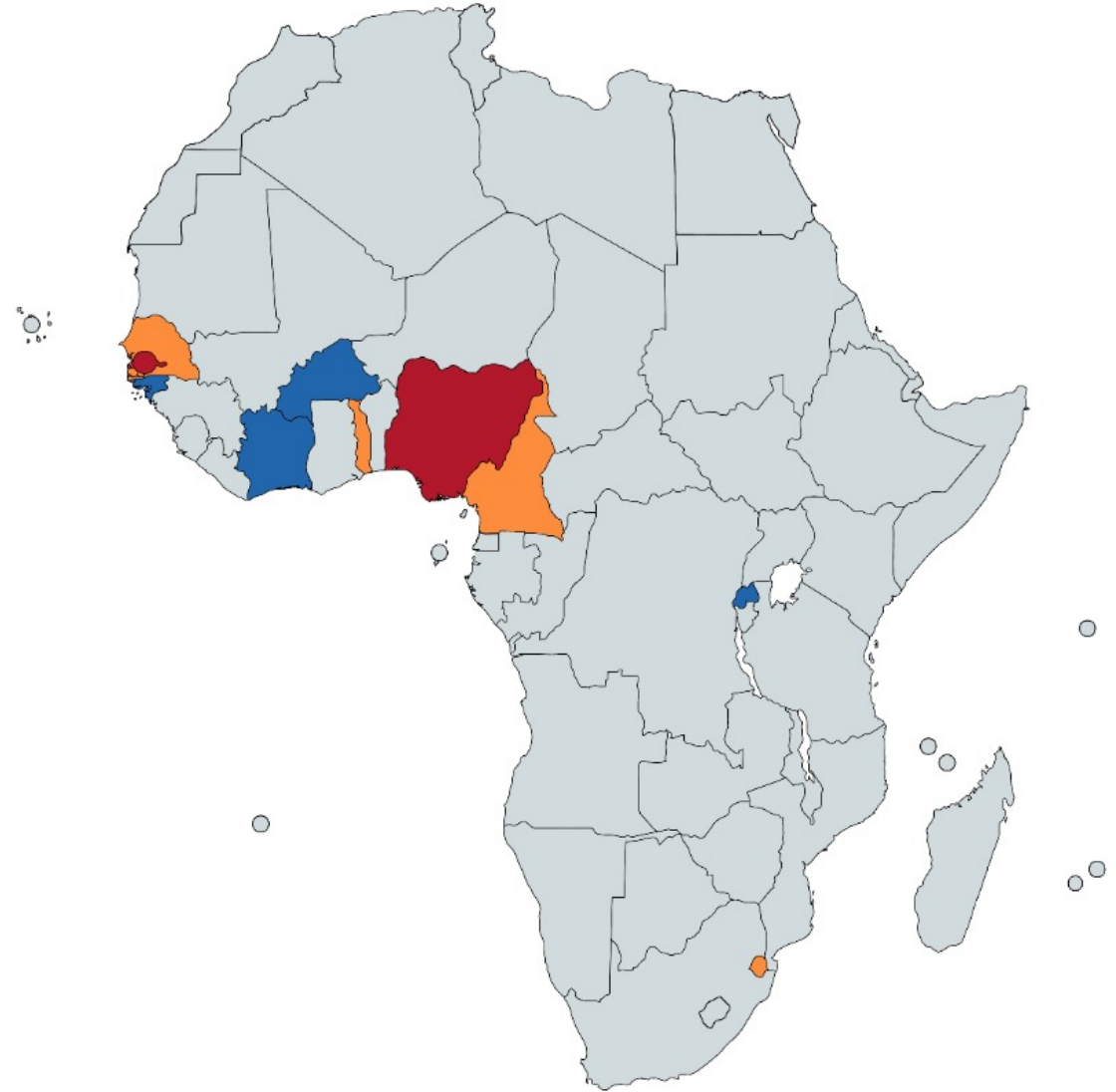
No legal protection  
No criminalization

## CRIMINALIZED




Up to 8 Years Imprisonment

## SEVERELY CRIMINALIZED

10 Years to Life in Prison



# Legal Barriers and HIV in MSM: Results

Polices and Legal Barriers	Living with HIV								
	%	n/N	PR	P value	95% CI	aPR*	P value	95% CI	
<b>Same sex policy</b>									
<b>Not criminalized and no protective laws</b>	8.4	263/3117	Ref	Ref	Ref	Ref	Ref	Ref	
<b>Criminalized</b>	20.2	613/3042	2.39	<0.001	2.09-2.74	<b>2.63</b>	<b>&lt;0.001</b>	<b>1.70-4.08</b>	
<b>Criminalized Severe</b>	26.9	244/834	3.18	<0.001	2.71-3.73	<b>5.26</b>	<b>&lt;0.001</b>	<b>3.24-8.52</b>	
<b>Legal barriers to CSO operation and registration</b>									
<b>No</b>	12.5	604/4846	Ref	Ref	Ref	Ref	Ref	Ref	
<b>Yes</b>	23.1	496/2147	1.85	<0.001	1.66-2.06	<b>2.84</b>	<b>0.002</b>	<b>1.48-5.45</b>	
<b>Legal barriers to freedom of expression on SOGIESC issues</b>									
<b>No</b>	15.1	545/3611	Ref	Ref	Ref	Ref	Ref	Ref	
<b>Yes</b>	16.4	555/3382	1.09	0.131	0.96-1.21	0.94	0.875	0.46-1.92	

# Social, Healthcare, and Community Stigmas among GMSM

## Living with HIV

Stigma	n/N	%	PR	P value	95% CI	aPR*	P value	95% CI
Stigma from family or friends	308/2107	37.0	1.22	<0.001	1.09-1.37	1.15	0.209	0.92-1.44
Anticipated healthcare stigma	323/1629	19.8	1.36	<0.001	1.22-1.54	<b>1.40</b>	<b>0.001</b>	<b>1.04-1.73</b>
Enacted health care stigma	123/565	21.8	1.43	<0.001	1.21-1.69	<b>1.40</b>	<b>0.002</b>	<b>1.13-1.72</b>
Community stigma and violence	747/3483	21.5	2.13	<0.001	1.89-2.40	<b>1.86</b>	<b>&lt;0.001</b>	<b>1.54-2.23</b>

# Stigma and HIV status by legal barriers for sexual minorities

Stigma	Living with HIV										
	Same-sex laws					Legal barriers to CSO			Legal barriers freedom of expression		
	M-H p value	Criminalized		Severely criminalized		M-H value	Barriers		M-H value	Barriers	
P value	aOR*	95% CI	aOR*	95% CI	P value	aOR*	95% CI	P value	aOR*	95% CI	
<b>Stigma from family or friends</b>	0.3365	-	-	-	-	0.0012	<b>2.36</b>	<b>1.56-3.54</b>	0.9066	-	-
<b>Anticipated healthcare stigma</b>	0.2239	-	-	-	-	<0.001	<b>2.60</b>	<b>1.55-4.37</b>	0.0111	-	-
<b>Enacted health care stigma</b>	0.3860	-	-	-	-	0.030	-	-	0.0392	-	-
<b>Community stigma and violence</b>	<b>&lt;0.001</b>	<b>2.54</b>	<b>2.09-3.08</b>	1.30	0.48-3.50	0.3771	-	-	0.0106	-	-

\*adjusted for age, education, marital status, disclosure of sexual behavior to relevant group, epidemic setting and clustered by country, site, and recruitment seed

\*\*The Mantel-Haenszel test of homogeneity [MH] was used to assess differences between stigma and HIV across different legal barriers, using a significance level of p<0.01

# Legal Barriers to HIV among gay men and other MSM in sub-Saharan Africa

- Criminalization of same-sex sexual practices is consistently associated with increased risk for HIV among individual GMSM.
  - The magnitude of this relationship was strongest in the most punitive settings.
- Legal barriers to civil society registration and operation is associated with increased HIV among GMSM
  - suggesting these legal barriers to advocacy efforts and supportive services impede HIV prevention
- The relationship between social, healthcare, and community stigmas vary by legal status and barriers – but not consistently.
- These results provide empiric evidence that laws and legal barriers increase suboptimal HIV outcomes among individual GMSM across Sub-Saharan Africa.
- Decriminalization and removal of legal barriers of consensual same sex sexual practices is necessary to optimize HIV prevention



# Key Messages

- Both legal and social-structural environments are significantly associated with HIV outcomes for sex workers and MSM in SS Africa
- More punitive and stigmatizing environments are consistently associated with lower rates of HIV testing, lower status awareness, lower rates of viral suppression, and higher rates of HIV infection
- Even where sexual and gender minority status and sex work remain illegal, outcomes can be significantly improved by more protective and less punitive environments
- Legal reform is good HIV policy

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