

# Linking Key and Priority Populations to Post-Test Services

Session 12a Framing Remarks

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Friday July 12<sup>th</sup>, 2024



# Outline

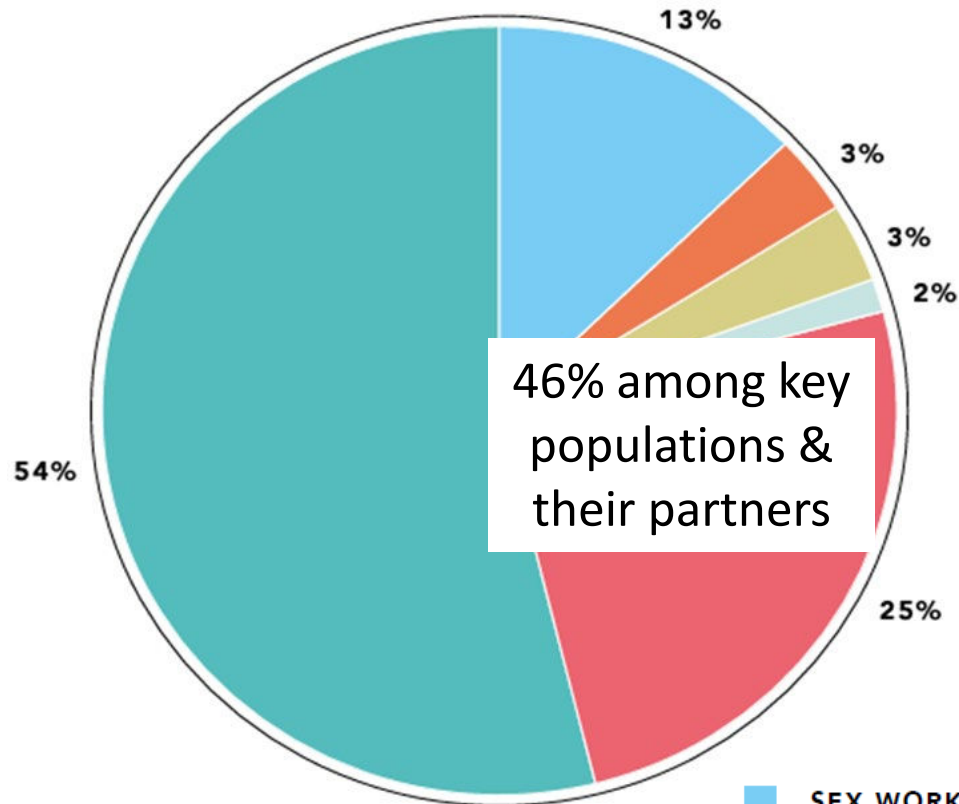
- Importance of key and priority populations in the HIV response
- CQUIN dHTS CMM linkage results and remaining gaps
- Global priorities and approach to person-centered services
- Considerations for differentiated linkage and key issues

# Key and Priority Populations in the HIV Response

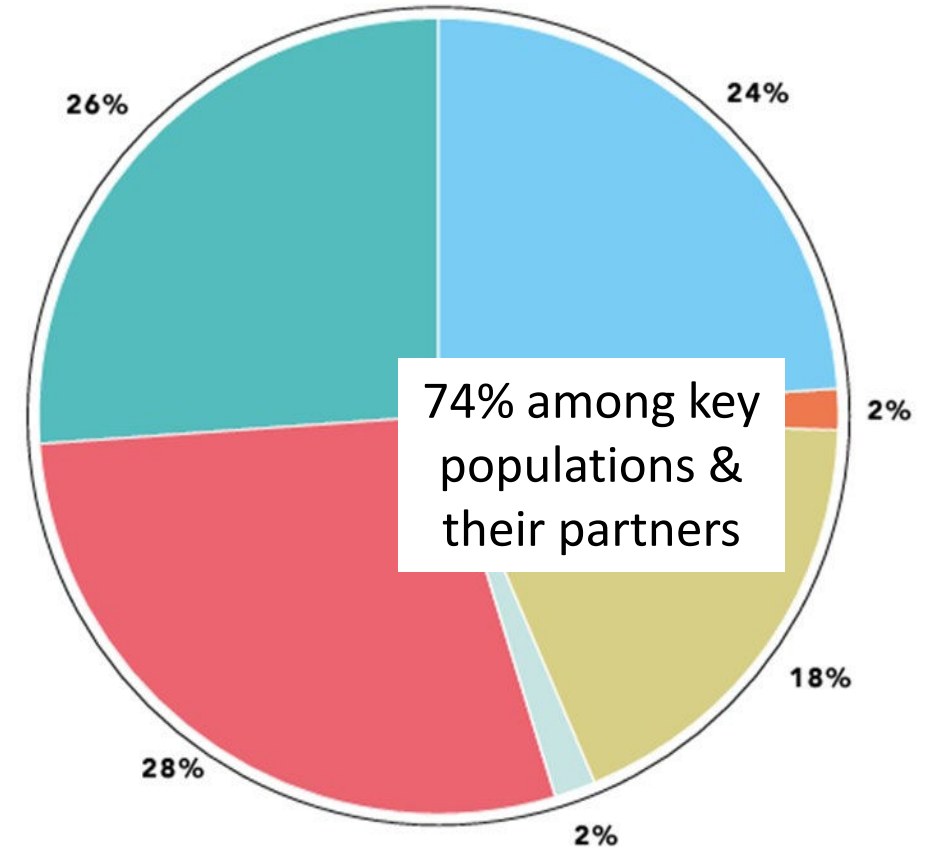
- Globally and in Sub-Saharan Africa, providing person-centered HIV services for key and priority populations is essential for epidemic control.
  - Key populations are defined as groups who, due to specific higher-risk behaviors and other structural factors, are at an **increased risk for HIV acquisition in all contexts**.
  - Priority or vulnerable populations are groups who are particularly vulnerable to HIV infection in **certain situations or contexts** e.g., adolescent girls and young women (AGYW), fisher folk, miners etc.

# New HIV Infections by Population – Key Population Status

## Eastern & Southern Africa



## Western & Central Africa

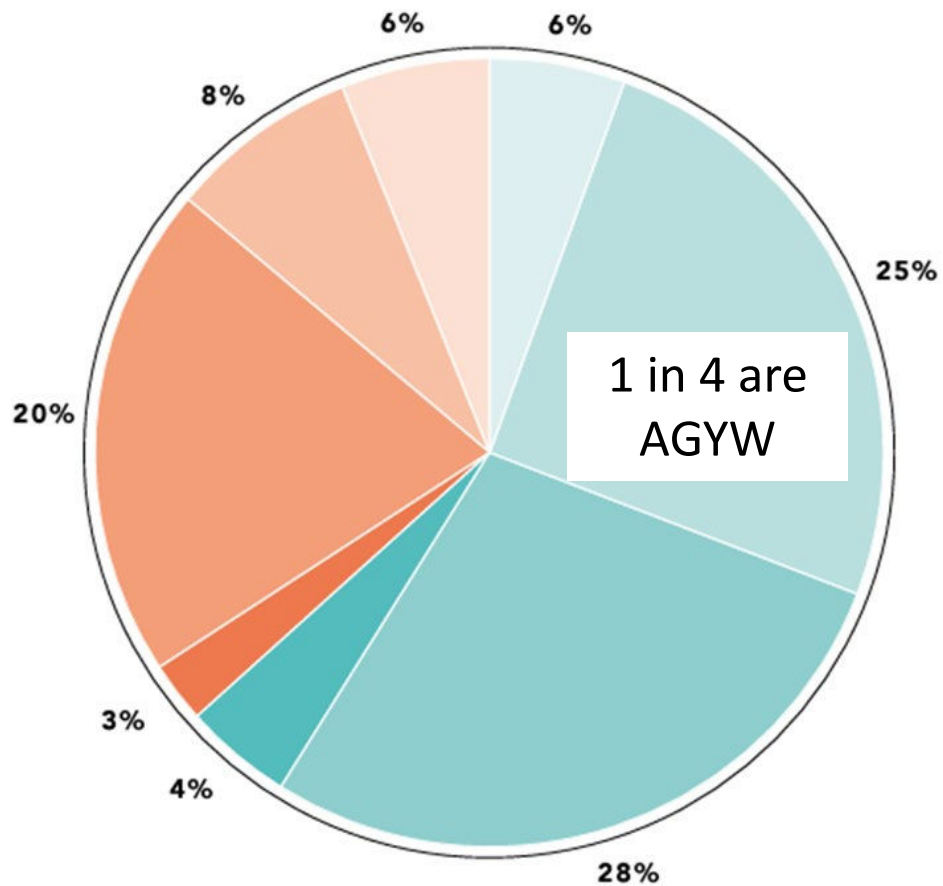


- SEX WORKERS
- PEOPLE WHO INJECT DRUGS
- GAY MEN AND OTHER MEN WHO HAVE SEX WITH MEN
- TRANSGENDER WOMEN
- CLIENTS OF SEX WORKERS AND SEX PARTNERS OF KEY POPULATIONS
- REMAINING POPULATION

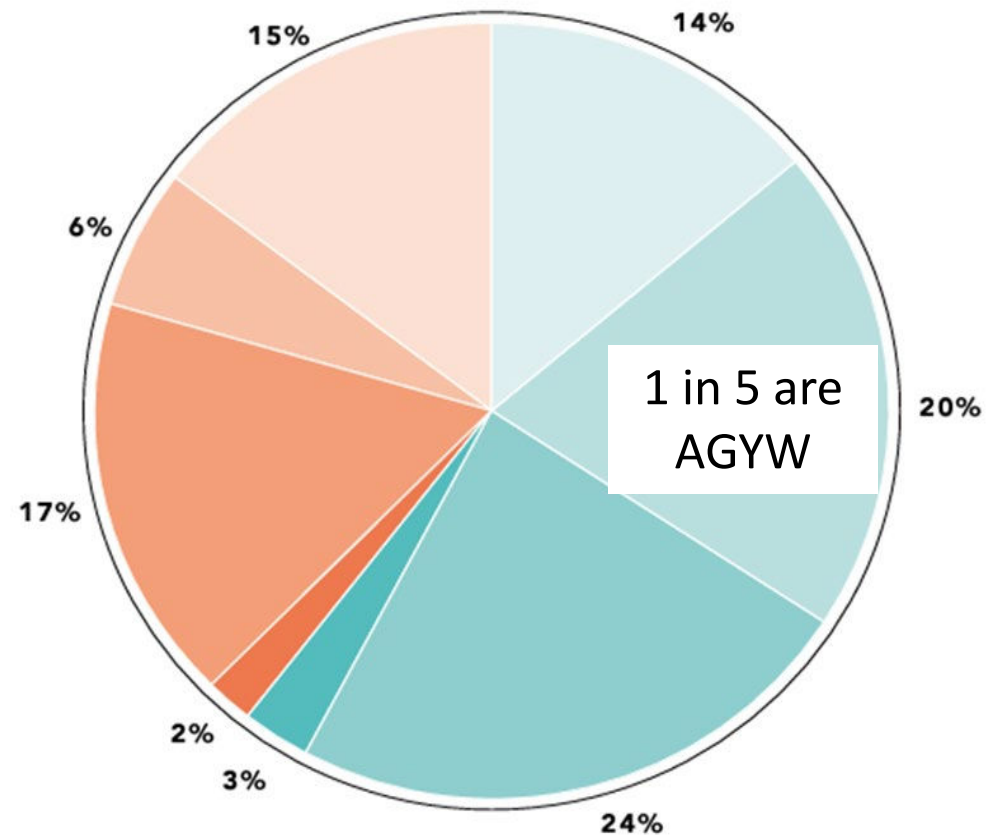
Source: UNAIDS, 2022

# New HIV Infections by Population – Age/Sex

## Eastern & Southern Africa



## Western & Central Africa

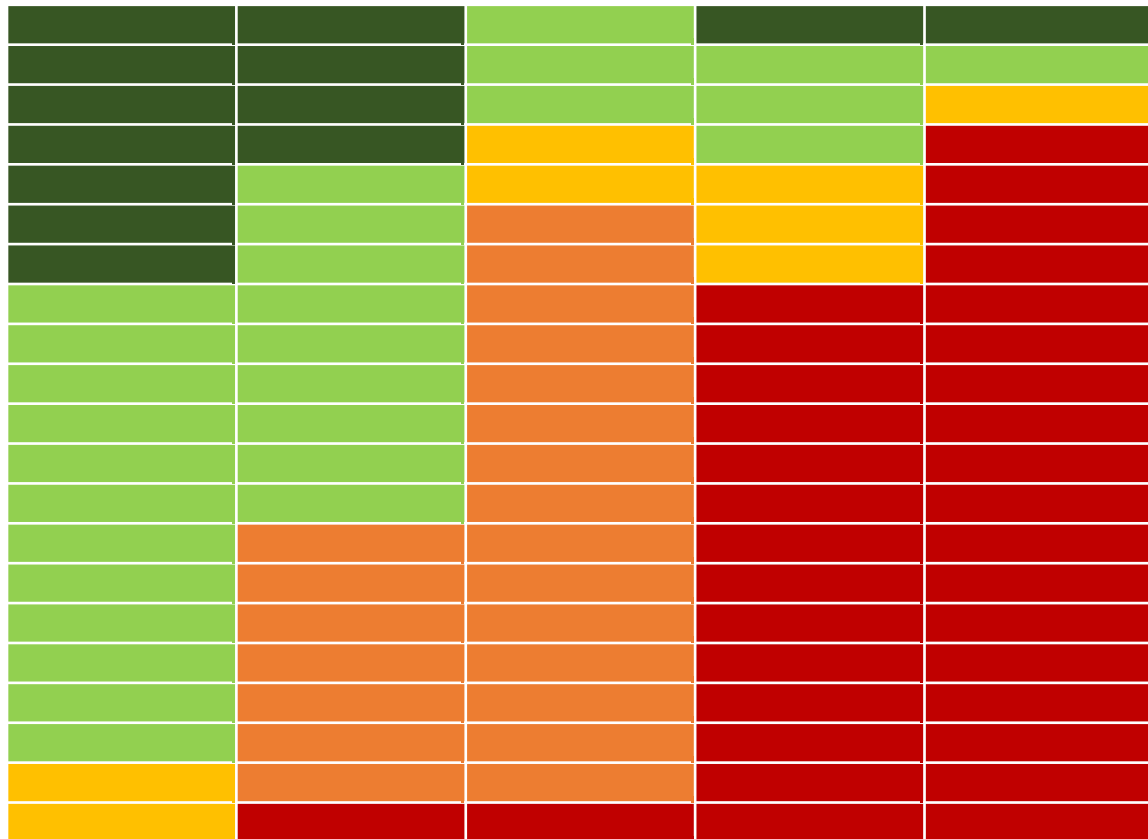


- FEMALE 50+
- FEMALE 25-49
- FEMALE 15-24
- FEMALE 0-14
- MALE 50+
- MALE 25-49
- MALE 15-24
- MALE 0-14

# CQUIN 2024 dHTS CMM Results for Linkage

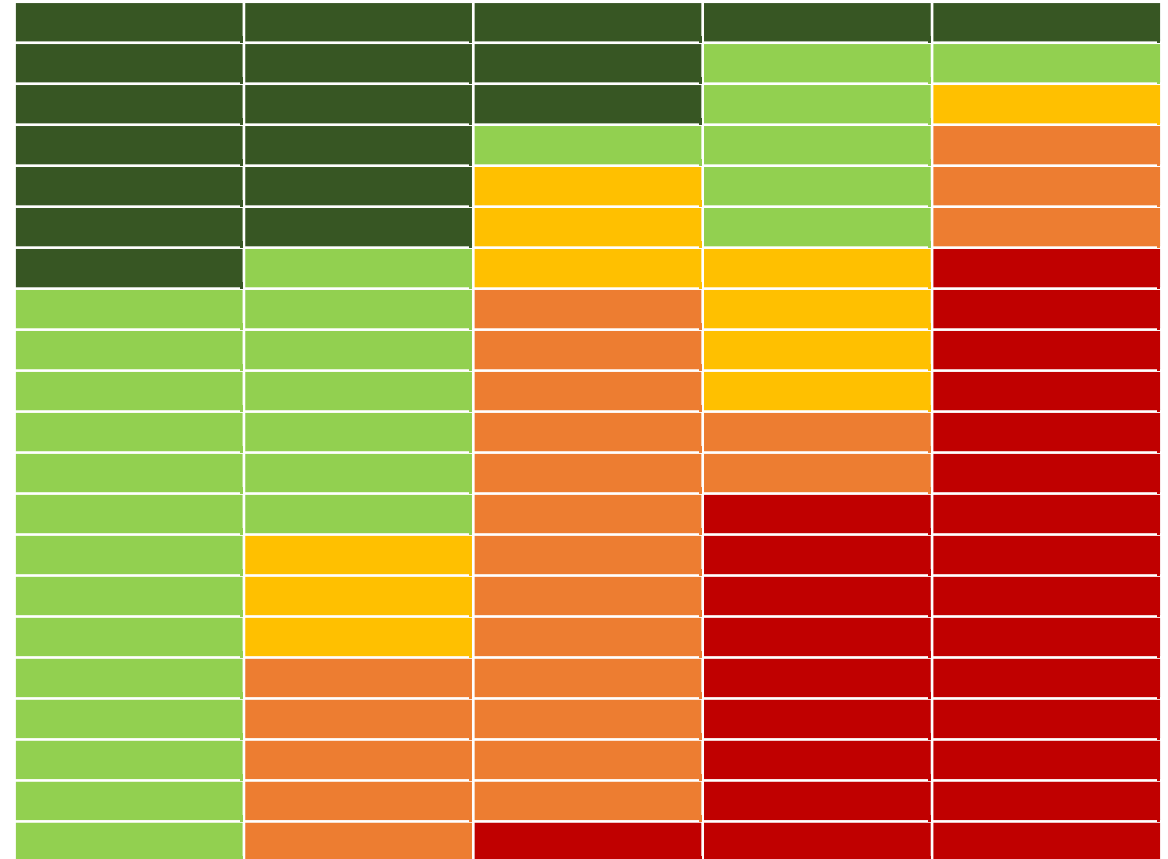
**2023**

Policy: Linkage      Linkage to Tx: Timely Linkage      Linkage to Prevention      Impact: Linkage to Tx      Impact: Linkage to Prevention



**2024**

Policy: Linkage      Linkage to Tx: Timely Linkage      Linkage to Prevention      Impact: Linkage to Tx      Impact: Linkage to Prevention

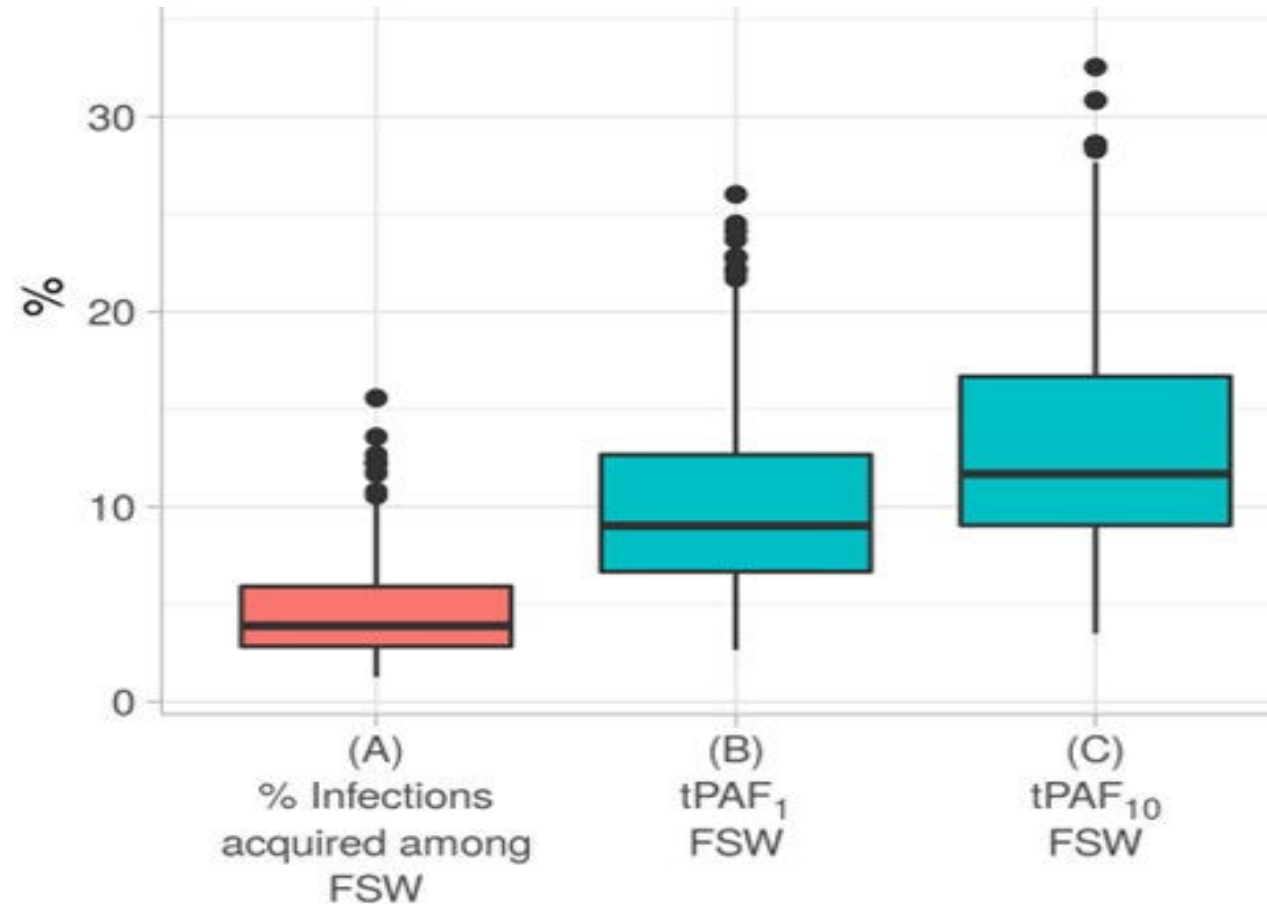


# CQUIN 2024 dHTS CMM Key Points

- All countries were **green** for **linkage policy**:
  - Standards for time to linkage to ART + risk assessment for those testing negative + clear definitions of who is considered at high risk for HIV [includes key and priority populations] and in need of prevention services
  - Dark green: standards for time to linkage to prevention services
- Most countries are **orange** for **linkage to prevention**:
  - National plans do include standards for linkage to prevention services BUT linkage rates are not routinely monitored
- Majority of countries are **red** for **impact measures**:
  - Not identified priority groups for HIV testing OR <50% of those testing positive/negative in at least one priority group are linked to treatment/prevention AND/OR no data to determine what proportion of each priority group are linked to treatment/prevention

# Time to Linkage Impacts Epidemic Control

Modeling example from Yaounde, Cameroon



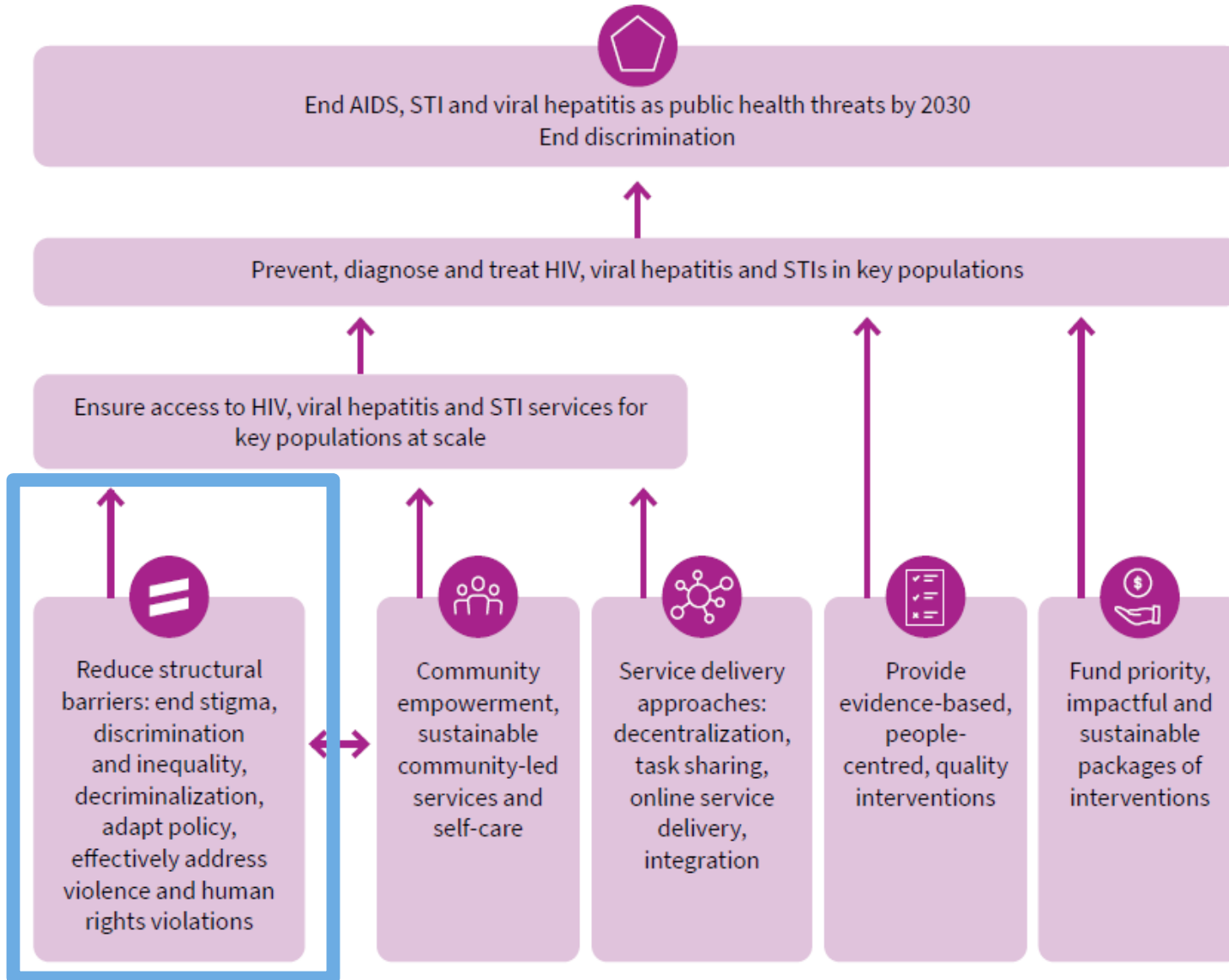
Modeling of onward transmission risks quantifies the epidemic consequences of prevention gaps among subgroups.

Measure of transmission population attributable fraction over time ( $tPAF_t$ ).

Although FSW acquired 4% of infections in 2019, an estimated 12% ( $tPAF_1$ ) and 16% ( $tPAF_{10}$ ) of transmissions in the total population over the next 1 and 10 years, respectively, predicted to stem from the prevention gaps among FSW.



# Multi-Level Approach Needed for Key Population Services



Homosexuality is illegal in 15 of 21 CQUIN countries<sup>1</sup>

Selling sex is illegal in 18 of 21 CQUIN countries<sup>2</sup>

Elicit injection drug use is illegal in all CQUIN countries<sup>3</sup>

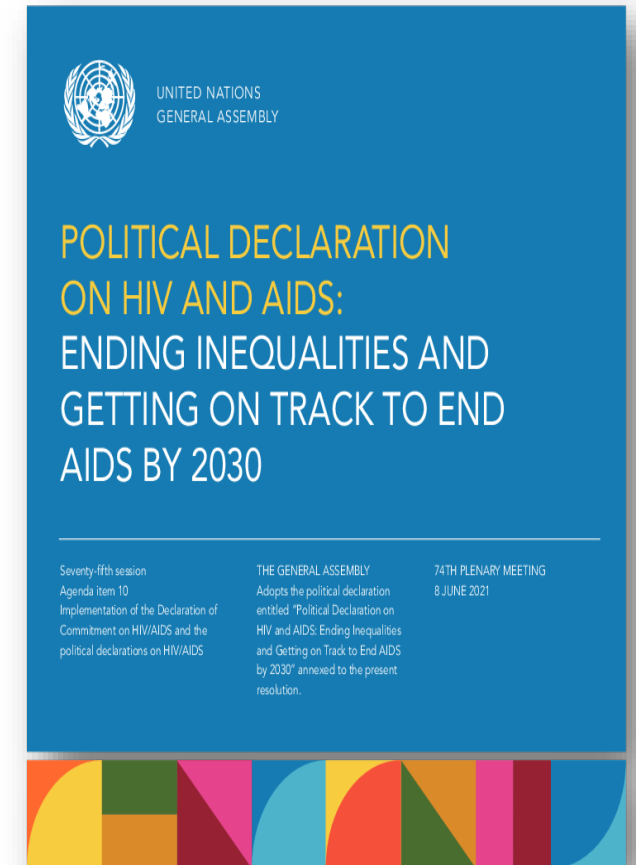
<sup>1</sup>ILGA World Database, via Institute for Security Studies

<sup>2</sup>The Global Network of Sex Work Projects (NSWP)

<sup>3</sup>[talkingdrugs.org/drug-decriminalisation](http://talkingdrugs.org/drug-decriminalisation)

# Global Priorities with Key Population Services

- **Equity and human-rights based approach** to closing the prevention, care and treatment gap
- **Addressing structural barriers** with supportive legislation, policy and funding
  - Removing punitive laws, policies and practices
  - Decriminalization of behaviors
  - Addressing violence, stigma and discrimination
- **Centering and empowering communities:**
  - 2025 goal for community-led organizations



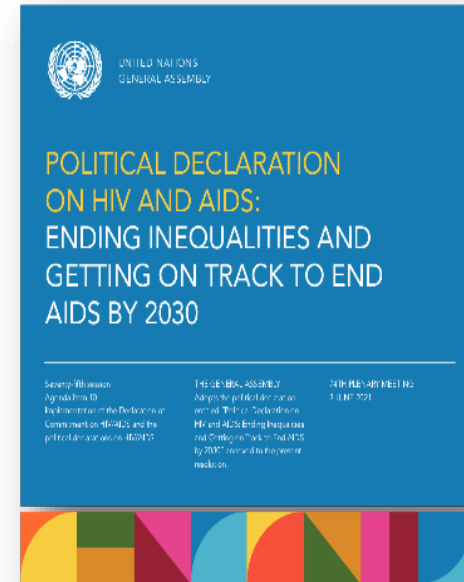
# Community-Led Targets for 2025

Commit to providing community-led responses with the resources and support they need to fulfil their role and potential as key partners in the HIV response

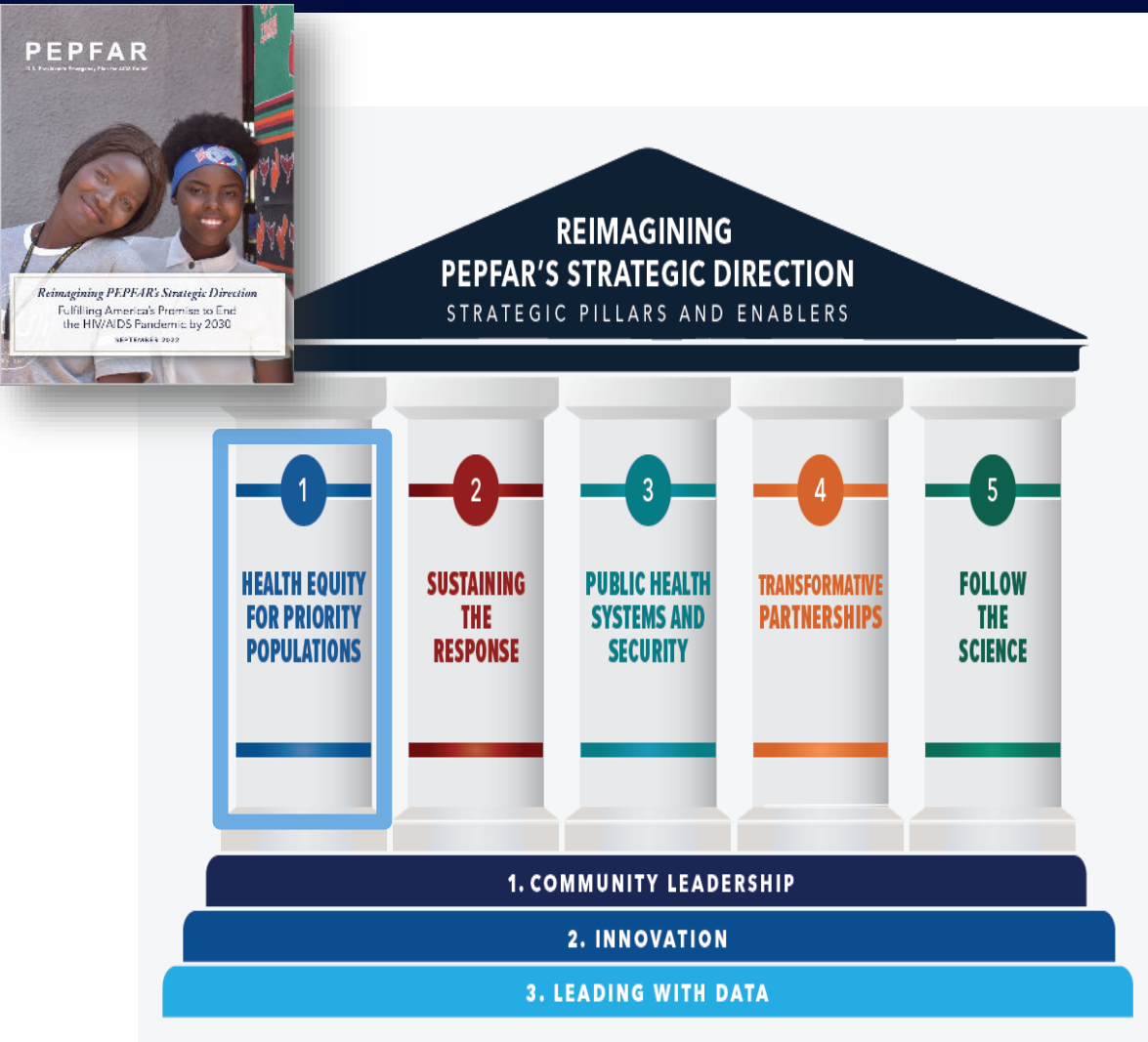
30% of testing and treatment services to be delivered by community-led organizations, with focus on: enhanced access to testing, linkage to treatment, adherence and retention support, treatment literacy, and components of differentiated service delivery, e.g. distribution of ARV (antiretroviral treatments) <sup>34</sup>

80% of service delivery for HIV prevention programmes for key populations to be delivered by community-led organizations<sup>35</sup>

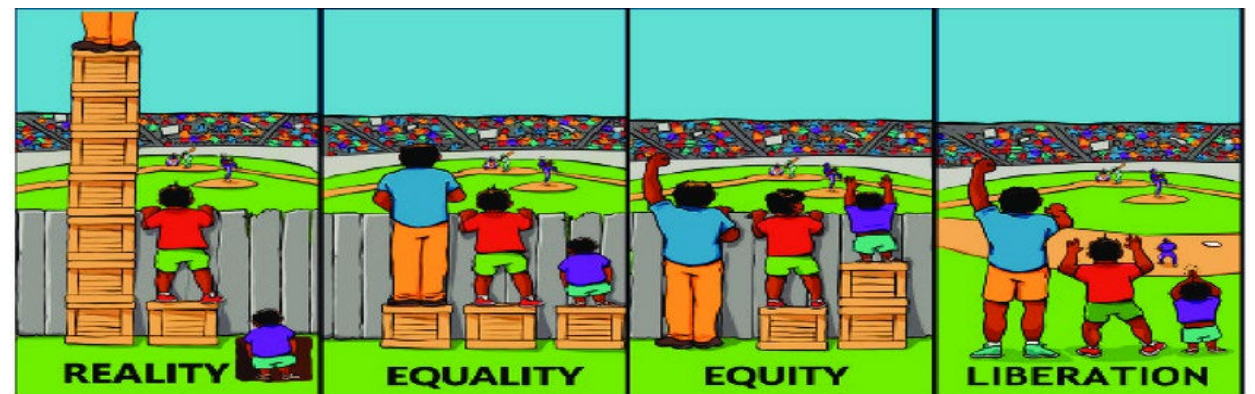
*For an organization to be considered community-led, the majority (at least 50% plus 1) of governance, leadership, and staff comes from the community being served.*



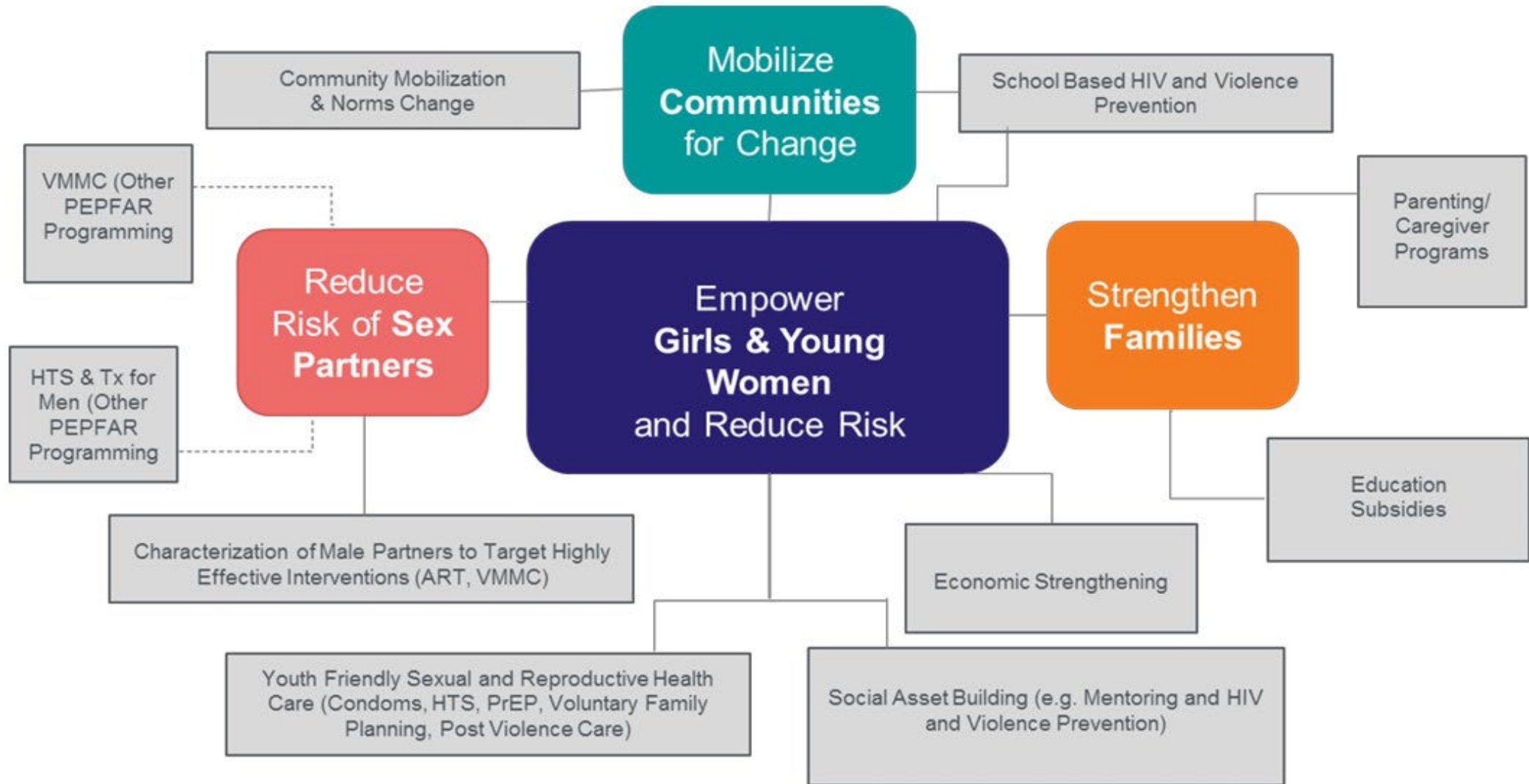
# Equity-Based Approach to Services



Commitment to ensure all population groups, including key populations, receive data and evidence-based, **equitable, people-centered,** and gender-affirming HIV services.



# Multi-Level Approaches Also Needed for AGYW



Example: PEPFAR DREAMS Initiative for AGYW – DREAMS Core Package

# Some Considerations for Differentiated Linkage

## WHO

- Peers
- Sensitive & friendly providers
- Community-led services

## WHAT

- Integration with services of value & structural interventions
- Tailored & appropriate

## WHERE

- Friendly & safe locations
- Easy to access
- Protection of privacy

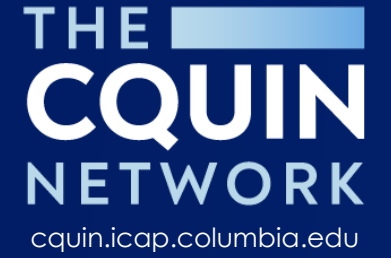
## WHEN

- Convenient times
- Protection of privacy



# Summary of Key Issues

- Differentiated and person-centered strategies to link key and priority populations to treatment and prevention services in a timely manner are essential for broader epidemic control.
- CMM staging suggests that while policy is in place, linkage documentation is often lacking, especially to prevention services.
- Improved documentation, disaggregated by subpopulations, is essential to monitoring and improving services.
- Strategies must acknowledge sociocultural and structural barriers to accessing services for key populations and many priority populations, taking an equity-based approach.
- Country programs need innovative approaches to bridge gaps in HIV services for key populations in the context of punitive politico-legal environments.



Thank You!

