REPORT

# FOCUS ON KEY POPULATIONS IN NATIONAL HIV STRATEGIC PLANS IN THE AFRICAN REGION

SEPTEMBER 2018

World Health Organization
REGIONAL OFFICE FOR Africa

Focus on key populations in national HIV strategic plans in the WHO African Region, September 2018

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# ABBREVIATIONS AND ACRONYMS

| | |
|---|---|
| **ART** | antiretroviral therapy |
| **BCC** | behaviour change communication |
| **CBO** | community-based organization |
| **CSO** | civil society organization |
| **CSW** | commercial sex workers |
| **DIC** | drop-in centre |
| **FSW** | female sex worker |
| **HTS** | HIV testing services |
| **IDU** | injection drug user |
| **KAP** | key affected population |
| **KP** | key population |
| **MARP** | most-at-risk population |
| **MSM** | men who have sex with men |
| **NSP** | national strategic plan (to avoid confusion with "national strategic plan", "needle and syringe programme" is always written in full) |
| **OST** | opioid substitution therapy |
| **OVC** | orphans and vulnerable children |
| **PEP** | post-exposure prophylaxis |
| **PEPFAR** | President's Emergency Plan for AIDS Relief |
| **PLHIV** | people living with HIV |
| **PMTCT** | prevention of mother-to-child transmission |
| **PrEP** | pre-exposure prophylaxis |
| **PWID** | people who inject drugs |
| **PWUD** | people who use drugs |
| **SDC** | serodiscordant couple |
| **STI** | sexually transmitted infections |
| **SW** | sex workers |
| **TB** | tuberculosis |
| **TG** | transgender |
| **WHO** | World Health Organization |

# EXECUTIVE SUMMARY

## BACKGROUND

The World Health Organization (WHO) defines key populations as populations who are at higher risk for HIV irrespective of the epidemic type or local context and who face social and legal challenges that increase their vulnerability. They include sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings. In addition to experiencing elevated HIV risk and burden and facing legal and social issues, these populations historically have not received adequate priority in the response to the HIV epidemic, especially in countries with generalized HIV epidemics.

The five key populations:
- men who have sex with men
- people in prisons and other closed settings
- people who inject drugs
- sex workers
- transgender people.

National strategic plans (NSPs) play a vital role in fostering the understanding of and guiding the collective response to HIV epidemics. WHO commissioned a review of the most recent national strategic plans of 47 countries in the WHO African Region for their coverage of key populations. This review sought to identify strengths, gaps and weaknesses in the way that that these plans consider key populations. In particular, we assessed:

- how key populations and their HIV risk are represented in NSPs;
- whether the plans include epidemiologic information on the HIV epidemic among key populations;
- whether these plans include the WHO-recommended package of interventions for key populations; and
- the extent of involvement envisioned for key population communities in HIV interventions addressing these populations.

Based on the findings, we recommend improvements regarding the inclusion of key populations in the NSPs.

## FINDINGS

### 1. How are key populations and their related HIV risk presented?

National strategic plans could be located for 45 of the 47 countries. All of these plans mention key populations, albeit with some differences as to who is considered a key population. All 45 national strategic plans include sex workers (who are mostly understood to be female), 42 include prisoners, 41 include men who have sex with men, and 38 include people who inject drugs, while only 10 mention transgender persons. Overlap among key populations is rarely acknowledged, and there is little specific attention to young and adolescent members of key populations.

Elements of WHO's definition of key populations are usually integrated into national strategic plans, although terms other than "key populations" are often used. Most national strategic plans define key populations as marginalized populations, most-at-risk populations, priority populations and/or vulnerable groups. Other populations disproportionately affected by the HIV epidemic are often included under the rubric of key populations, such as migrants, truck drivers and fishermen. Including these additional groups obscures the special social and legal circumstances of the key populations defined by WHO. The fact that societal pressures or legal circumstances make key populations especially vulnerable to HIV exposure is not always acknowledged.

### 2. Do the plans include epidemiological information on key populations?

Mention of data on key populations, including prevalence, attributable risk, population size estimates and structural risk factors, is inconsistent in NSPs. Epidemiological information about key populations tends to focus on HIV prevalence: About two thirds of the plans report HIV prevalence among sex workers, and half report prevalence among men who have sex with men. Prevalence among the other key populations is less often mentioned; two fifths of national strategic plans report prevalence among people in prison, and one third report prevalence among people who inject drugs. Only one plan reports prevalence among transgender persons.

Information on HIV incidence among key populations is missing from most national strategic plans, with the exception of some estimates for sex workers and men who have sex with men. Individual risk factors for HIV infection are reported less frequently than prevalence, but more frequently than incidence.

### 3. Do national strategic plans include the WHO-recommended package of interventions?

The comprehensive package of interventions recommended in the WHO *Consolidated guidelines for HIV prevention, diagnosis, treatment and care for key populations* (2016) includes both health and structural interventions. Compared with the WHO comprehensive package and recommendations, there are significant gaps in intended or planned HIV services described in many national strategic plans.

Compared with the WHO comprehensive package, the NSPs have significant gaps.

Mentions of the WHO recommendations in national strategic plans refer mainly to health-related interventions. The structural interventions, or critical enablers – activities to overcome major barriers to service uptake, including social exclusion, marginalization, criminalization, and stigma – are only sporadically addressed. For instance, the adverse impact of the criminalization of sex work or homosexuality on HIV transmission risk is sometimes acknowledged, but few national strategic plans recommend review of laws and/or practices that criminalize these behaviours. Some, but not all, national strategic plans mention the need for (sensitization) training of health-care workers to address stigma and discrimination in the health sector.

HIV prevention and HIV testing are the health interventions most often cited for key populations. Innovative HIV testing modalities, such as lay-provider testing, assisted partner notification and self-testing are rarely mentioned, however, perhaps because many national strategic plans were developed before WHO issued recommendations endorsing these interventions. Few national strategic plans included pre-exposure prophylaxis (PrEP), likely for the same reason.

Some 17 national strategic plans mention harm reduction strategies for people who inject drugs. All but one of these 17 plan needle and syringe programmes. Just eight plan opioid substitution therapy programmes.

### 4. Do plans address the extent of community involvement?

Over half of plans acknowledge the importance of involving communities of key populations, especially communities of sex workers and men who have sex with men. Rarely mentioned in this respect are transgender people, people in prisons and other closed settings or people who inject drugs. When acknowledged, national strategic plans attribute various roles to communities of key populations, including facilitating access to and improving health services, involvement in framing the national response to HIV, monitoring policies, and advocacy and accountability. A few national strategic plans mention the importance of the empowerment of key populations in addressing the HIV epidemic.

## DISCUSSION

All national strategic plans mention at least one key population, and the great majority include some interventions for key populations. Strategies to address HIV in sex workers are included in all but two plans. The majority also include interventions for men who have sex with men, people who inject drugs and prisoners. Some plans show interest in innovative strategies such as PrEP, self-testing and assisted partner notification for key populations. There is opportunity for these relatively new WHO recommendations to be included as planned interventions in future strategic plans.

All but two NSPs include interventions for sex workers. Most include interventions for men who have sex with men, people who inject drugs and prisoners.

There are gaps in programming of HIV services as measured against WHO recommendations. The gaps are particularly evident for transgender people, people who inject drugs and prisoners. Overall, plans pay little specific attention to young members of key populations.

Included interventions for key populations tend to focus on HIV prevention and HIV testing services. Descriptions of prevention services lack detail or specificity regarding how to tailor combinations of interventions to address the particular needs of individuals.

Gaps in the description of services are particularly evident for transgender people, people who inject drugs, prisoners and young members of all key populations.

Seventeen countries refer to harm reduction, 16 of them planning harm reduction through needle and syringe programmes and eight planning opioid substitution therapy. In some countries where there is no evidence of injecting drug use, lack of mention may be appropriate. However, while harm reduction is highly effective in preventing HIV transmission in people who inject drugs, these interventions are not consistently included in the strategic plans of countries in the African Region that have evidence of injecting drug use.

Aside from prevention and testing, plans pay limited attention to providing treatment services friendly to key populations or to linking people who test negative to further prevention services (condom programming, PrEP, harm reduction) and linking people who test positive to treatment.

Few national strategic plans provide comprehensive data on HIV prevalence, incidence or population size for all key population groups. In some cases lack of data is identified as a problem. In other cases available data are overlooked or omitted.

Some 42 national strategic plans mention people in prisons and other closed settings, and 27 present specific plans to extend services to this population to prevent sexual transmission of HIV. Overall, few countries pay attention to continuity of care for prisoners on treatment – an important omission because interruption of treatment when people move between the community and prisons as well as within prisons is a major concern.

## LIMITATIONS OF THIS REVIEW

Some limitations are important to consider when interpreting the findings presented in this review.

The planning periods of the reviewed NSPs vary. Thus, some were no longer current at the time of writing (Algeria, Angola, Cape Verde, Comoros and Mauritania), and others were coming to an end.

Assessing whether recommendations from the WHO consolidated guidelines for key populations are included in national strategic plans is not always straightforward. Sometimes the information is not explicitly presented, and in other cases lack of detail prevents clear judgments. Also, it is not always clear which intervention is proposed for which population.

National strategic plans do not necessarily reflect the HIV programming being implemented in the country. There might be more programming conducted than is mentioned. At the same time, some programming articulated in the national strategic plan may not be implemented in the period of the plan.

Also, WHO recommended some interventions, such as PrEP and HIV self-testing, after some of the national strategic plans were developed. This makes this analysis of included interventions problematic. Further, the WHO comprehensive package may not be relevant in all settings; often a standard package of services based on evidence, utilizing WHO guidance and developed in consultation with all partners in country, will be more appropriate and feasible.

## RECOMMENDATIONS