SERVING THE NEEDS OF KEY POPULATIONS:

# CASE EXAMPLES OF INNOVATION AND GOOD PRACTICE IN HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE

JUNE 2017

KEY POPULATIONS

World Health Organization

Serving the needs of key populations: Case examples of innovation and good practice on HIV prevention, diagnosis, treatment and care

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# ACRONYMS

| | |
|---|---|
| ART | antiretroviral therapy |
| CBO | community-based organisation |
| HIV | human immunodeficiency virus |
| HTS | HIV testing services |
| KP | key population |
| MMT | methadone maintenance treatment |
| MSM | men who have sex with men |
| NSP | needle and syringe programme |
| OST | opioid substitution therapy |
| PEP | post-exposure prophylaxis |
| PrEP | pre-exposure prophylaxis |
| PWID | people who inject drugs |
| SRHR | sexual and reproductive health and rights |
| STI | sexually transmitted infection |
| SW | sex worker |

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# 1. INTRODUCTION

Ambitious new global health targets and commitments aim to reduce health inequities, increase resilience in health systems and accelerate responses to HIV (1–4). Addressing the needs of key populations is essential to the success of those targets and commitments, yet their particular needs and preferences are often not well understood, and they face significant barriers to accessing services.

Key populations[1] are disproportionately affected by HIV: People who inject drugs are 24 times more likely to acquire HIV than adults in the general population, sex workers are 10 times more likely, and men who have sex with men are 24 times more likely. Transgender women are 49 times more likely to be living with HIV than other adult females and prisoners are five times more likely to be living with HIV than adults in the general population (5). Despite this high HIV burden and the increasing global coverage of HIV testing and treatment services, key populations are underserved (6, 7). This is often due to widespread stigma, discrimination and criminalisation of key populations and their behaviours (8). Furthermore, programmes serving key populations are often small-scale, and coverage of interventions and services for these communities remains low.

New guidance that recommends antiretroviral therapy (ART) for all people living with HIV emphasizes that failure to engage and be retained in care can be associated with negative outcomes for both the individual and the community (9, 10). A wide variety of programmes are demonstrating a commitment to confronting this challenge, addressing the specific requirements of communities that share behavioural characteristics, that are marginalized by stigma, laws or societal norms, and whose members often have similar needs. They are implementing evidence-based approaches and exploring new ways to provide services, and they are offering different service delivery approaches that reflect the particular needs of individuals as well as the constraints and opportunities of the social and legal contexts in which they live. In many settings, successful programming is resulting in increased access to and uptake of services, improved adherence to treatment and retention in care, more effective linkage to other critical services, and better health outcomes for the most vulnerable and hard-to-reach communities.

WHO guidelines issued on HIV prevention, diagnosis, treatment and care for key populations (8), and on HIV testing services (11) included annexes that presented examples of innovative programmes around the world that seek to increase access to vital health and supportive services for communities with the greatest vulnerabilities to HIV, and to protect the rights of those key populations. This compilation joins those two annexes, providing updated information and additional details on programmes when available, and considering the aspects of differentiated service delivery that are key to the success of these programmes.

The case examples included in this document have been submitted and described by the programmes themselves. WHO has not conducted evaluations of these programmes and their results. They have been included on the basis of a set of selection criteria for good practice examples of overcoming challenges and structural barriers to service provision for key populations.

1 'Key populations' refers to men who have sex with men, sex workers, people who inject drugs, transgender people and people in prisons or closed settings.

# 2. METHODOLOGY

The 87 case examples included in this publication were selected through a process of inviting submissions, screening for required elements and assessment for 1) focus on and relevance to the needs of key populations, 2) implementation of innovative or evidence-based programming for HIV prevention, diagnosis, treatment and care for these communities, and 3) implementation of strategies for addressing critical enablers that address the barriers to services that most members of key populations face.

All programmes included in this compilation were previously selected for inclusion in annexes to WHO guidance: Consolidated guidelines on HIV diagnosis, prevention, treatment and care for key populations (http://www.who.int/hiv/pub/guidelines/keypopulations-2016/en/), and Consolidated guidelines on HIV testing services (http://www.who.int/hiv/pub/guidelines/hiv-testing-services/en/). Selection methodologies and programme profiles are described in detail in those documents. Programmes that submitted summaries prior to 2015 were invited to provide updated programme details. Programmes that do not address the needs of key populations have not been included in this compilation.

These case examples were collected in 2015. Since this time, some services have ceased operation, others operate under different names or through different programmes. Some have expanded to new sites and/or provide additional services.