

WHAT DO THE KEY POPULATION GUIDELINES SAY?
WHAT DOES THIS MEAN FOR MY COUNTRY?

HIV and key populations

Throughout the world, including sub-Saharan Africa, HIV prevalence is substantially higher among key populations. As many as half of all new HIV infections occur in people from key populations, yet they often have the least access to prevention, treatment and care. Discriminatory laws and policies, such as the criminalisation of sex work, drug use, sexual orientation or gender identity, contribute to and reinforce low levels of access to health services.

People from key populations who are also living with HIV face stigma, exclusion, harassment and violence because of both their HIV status and because they are from a key population. There is growing recognition that key populations must be central to the global response to HIV. Yet many national plans do not address their specific needs and some even deny their existence.

In 2014, WHO produced the first ever *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. The Guidelines focus on five key populations: men who have sex with men; people who inject drugs; people in prisons and other closed settings; sex workers; and transgender people. They present an opportunity for civil society, including networks of key populations and people living with HIV, to work with their governments to meaningfully involve key populations in national policymaking and begin investing in their specific needs. The Guidelines also offer an opening for dialogue and action on harmful laws, policies and societal norms that result in the denial and violation of human rights for key populations.

What do the Key Population Guidelines say?

The Guidelines are based on the following principles:

- ▶ The human rights of members of key populations must be protected.
- ▶ Everyone has the right to access quality healthcare, free from discrimination.
- ▶ Access to justice is particularly important for people from key populations.
- ▶ Interventions to reduce the burden of HIV among key populations must be respectful and acceptable to recipients as well as appropriate and affordable for them.
- ▶ People from key populations require accurate health and treatment information to enable their decision-making.
- ▶ Integrated service provision is needed to meet the multiple co-morbidities and poor social situations experienced by many people from key populations.



In 2012, 60% of national governments reported the existence of laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support services for key populations and vulnerable groups.

Forward



Link


This module links to the 2014 WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*. Available at: www.who.int/hiv/pub/guidelines/keypopulations/en/

WHO defines key populations in the Guidelines as “groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context. Also, they often have legal and social issues related to their behaviours that increase their vulnerability to HIV ... The key populations are important to the dynamics of HIV transmission. They also are essential partners in an effective response to the epidemic.”


In the Guidelines, WHO brings together all existing guidance relevant to the five key populations and includes two new clinical recommendations (see table below). Key service delivery strategies are discussed (see Module F: Developing programmes and delivering services), and how to develop an effective response (see Module G: Making decisions and designing policies). The Guidelines also include recommendations for adolescents from key populations that are covered in detail in Module H: ART for adolescents.

Health sector interventions

HIV prevention

- 1 The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).
-  2 *Among men who have sex with men, pre-exposure prophylaxis (PrEP) is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package.*
- 3 Where serodiscordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral PrEP (specifically tenofovir or the combination of tenofovir and emtricitabine) may be considered as a possible additional intervention for the uninfected partner.
- 4 Post-exposure prophylaxis (PEP) should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.
- 5 Voluntary medical male circumcision is recommended as an additional, important strategy for the prevention of heterosexually acquired HIV infection in men, particularly in settings with hyperendemic and generalised HIV epidemics and low prevalence of male circumcision.

Harm reduction for people who use drugs

- 6 All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes.
- 7 All people from key populations who are dependent on opioids should be offered and have access to opioid substitution therapy.
- 8 All people from key populations with harmful alcohol or other substance use should have access to evidence-based interventions, including brief psychosocial interventions involving assessment, specific feedback and advice.
-  9 *People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose.*

HIV testing and counselling (HTC)

- 10 Voluntary HTC should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing and counselling for key populations, linked to prevention, care and treatment services, is recommended in addition to provider-initiated testing and counselling.

Health sector interventions

HIV treatment and care

- 11 Key populations living with HIV should have the same access to antiretroviral therapy (ART) and to ART management as other populations.
- 12 All pregnant women from key populations should have the same access to services for prevention of mother-to-child transmission (PMTCT) and follow the same recommendations as women in other populations.

Prevention and management of coinfections and co-morbidities

- 13 Key populations should have the same access to tuberculosis prevention, screening and treatment services as other populations at risk of or living with HIV.
- 14 Key populations should have the same access to hepatitis B and C prevention, screening and treatment services as other populations at risk of or living with HIV.
- 15 Routine screening and management of mental health disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimise health outcomes and improve their adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.

Sexual and reproductive health

- 16 Screening, diagnosis and treatment of STIs should be offered routinely as part of comprehensive HIV prevention and care for key populations.
- 17 People from key populations, including those living with HIV, should be able to experience full, pleasurable sex lives and have access to a range of reproductive options.
- 18 Abortion laws and services should protect the health and human rights of all women, including those from key populations.
- 19 It is important to offer cervical cancer screening to all women from key populations.
- 20 It is important that all women from key populations have the same support and access to services related to conception and pregnancy care as women from other groups.

Critical enablers

- 1 Laws, policies and practices should be reviewed and where necessary revised by policymakers and government leaders, with meaningful engagement of stakeholders from key population groups to allow and support the implementation and scaleup of healthcare services for key populations.
- 2 Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.
- 3 Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.
- 4 Programmes should work toward implementing a package of interventions to enhance community empowerment among key populations.
- 5 Violence against people from key populations should be prevented and addressed in partnership with key population-led organisations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice.

What does this mean for my country?

When you consider how the Guidelines apply to your country, it is important to:

- ▶ understand the diversity of key population communities in your country (age, gender, lifestyle, community norms, identity, etc.)
- ▶ focus on those least likely to access and receive services, including adolescent key populations, transgender people, women who use drugs, children from key populations, people in prisons and other closed settings, and migrants
- ▶ include those who face multiple risks and are therefore more vulnerable to HIV, such as people who use drugs and are in prison
- ▶ identify research and share best practice on how community models can best reach and support key populations, including their dependants, partners and caregivers, and the costs of these models
- ▶ discuss and advocate for ways to accelerate access to treatment for key populations
- ▶ prioritise the safety and security of key population organisations and communities by ensuring access to legal services and when gathering, using and communicating information.

Research!

Learn from other countries and contexts how to advocate and provide services to key populations, even in hostile environments.



Engage with key populations

It is now acknowledged that countries must address the current gap in reaching key populations and meeting their needs in order to improve the effectiveness and sustainability of the HIV response. While some countries engage with networks of key populations in national policymaking processes, others continue to exclude them.

While these Guidelines focus on five key populations, many of the recommendations are relevant to other key affected and vulnerable populations. As a first step, communities must help define the specific populations that are key to their country's epidemic. For example, in many countries, women and girls should also be considered a key population as they are disproportionately affected by HIV due to, among other things, gender norms and patriarchal power imbalances. In other contexts, groups who are considered vulnerable to HIV could include, for example, migrant workers, refugees or miners.

The Guidelines offer an opportunity for key population communities and their networks to push for their own meaningful engagement – in other words, the principle of “nothing about us without us”. They also provide an opportunity to build stronger coalitions between networks of key populations and those of people living with HIV to demand progress in implementing the existing recommendations and to engage in discussions on the WHO's forthcoming guidelines (see box ‘Update’).

Equally important is the role that community-led organisations and key population networks play in monitoring programmes and mobilising and empowering their communities to advocate for their rights. Without this, many countries may fail to implement the recommendations on critical enablers, such as legal and policy reform to end discrimination. There is an urgent need for sustained and adequate funding for key population networks so they can continue to contribute to and strengthen the national HIV response alongside governments and donors. There is also a need to invest in and support the development of new community structures where they do not exist, such as for transgender people.



Update

WHO is planning to release updated recommendations on the use of antiretroviral drugs to treat and prevent HIV, following the first ever *Consolidated Guidelines*, published in 2013. The new guidelines are expected to be released in December 2015.

Promote, protect and fulfil rights

Even in countries where key populations are not criminalised, many civil society and key population organisations face legal and political barriers to delivering services and accessing funding. In some cases, key population organisations cannot register or are threatened with de-registration if they are considered to be promoting issues contrary to national law.

Few countries have functioning systems to document, monitor and respond to human rights violations and violence against people from key populations. This is particularly true of gender-based violence, which certain key populations are at heightened risk of due to prejudice arising from homophobia, transphobia or narrow norms on sexual practices and gender identity. An effective HIV response needs to specifically address violence against key populations. There is also a need to ensure that “access-to-justice” programmes reach key populations, including programmes on stigma and discrimination reduction, HIV-related legal services, human rights training for healthcare providers, law reform and legal literacy.

Even in repressive political or legal environments, services for key populations can be achieved through, for example, a gradual engagement with governments on key populations’ right to health. However, “do no harm” must be the core principle when working in these environments. Safety and security need to be ensured through all possible means, including regular risk assessments, training and early warning systems.

Improve accessibility, acceptability and quality of services

Current prevention and treatment programmes in many countries are failing to reach key populations. For example, problems with adherence and access to treatment for people in prisons and other closed settings are commonplace. An integrated approach is needed to create comprehensive programmes, including those with linkages between HIV prevention, sexual health and harm reduction strategies. It is important to ensure that all the Guidelines are reflected in national programmes and service packages for key populations (for example, is cervical cancer screening offered to women from key populations at health facilities?).

To help ensure a strong rights framework, programmes for key populations should be designed using principles of Positive Health, Dignity and Prevention (PHDP). PHDP involves putting in place a comprehensive package of programmes that places people living with HIV at the centre of the response, taking into consideration the services and programmes that are available to them, as well as the political, legal, socio-economic and cultural environment in which they live. The PHDP Operational Guidelines include specific guidance for integrating the concerns and priorities of key populations.

Key population networks and other community-based and community-led organisations are critical to ensuring that national HIV programmes meet the complex needs of key populations. They are best placed to reach out to those in greatest need, to help create demand for services, link communities to healthcare facilities, and provide services that are currently unavailable for key populations. In order to build up an evidence base highlighting the services required by key populations, communities will need to encourage far greater funding for research. In many cases, communities themselves are also best placed to conduct the research. There is growing evidence that through engagement, sensitisation, education and capacity-building, healthcare authorities and health service providers can improve service quality and delivery for key populations, even in a relatively short period of time.

Communities must monitor and advocate for appropriate levels of domestic and donor investment in programmes for key populations, including community-based services. United Nations agencies and others can help to build political and financial support.

Respect!

Build broad and strategic coalitions, including with lawyers and human rights organisations, to tackle violence and uphold the rights of key populations.



Review!

Adapt and develop community-based services to address gaps and complement public and private health services for key populations.



Engage!

As PrEP feasibility studies and demonstration projects are carried out, ensure that you engage in research and dialogue on equity and ethical issues arising from them.



Implement new clinical recommendations

The first new recommendation is to offer PrEP to men who have sex with men as an additional HIV prevention option within a whole package of HIV prevention services. Currently, PrEP recommendations do not extend to other populations at higher risk of HIV, such as sex workers and people who inject drugs. Interest in PrEP as a preventive measure may differ greatly among these populations in different epidemic settings. For example, in a global consultation, sex workers expressed many concerns about strategies such as PrEP, including how it affects their personal health and human rights, the impact on existing prevention programmes, the accessibility and sustainability of these strategies, and the effect on stigma and discrimination against them.

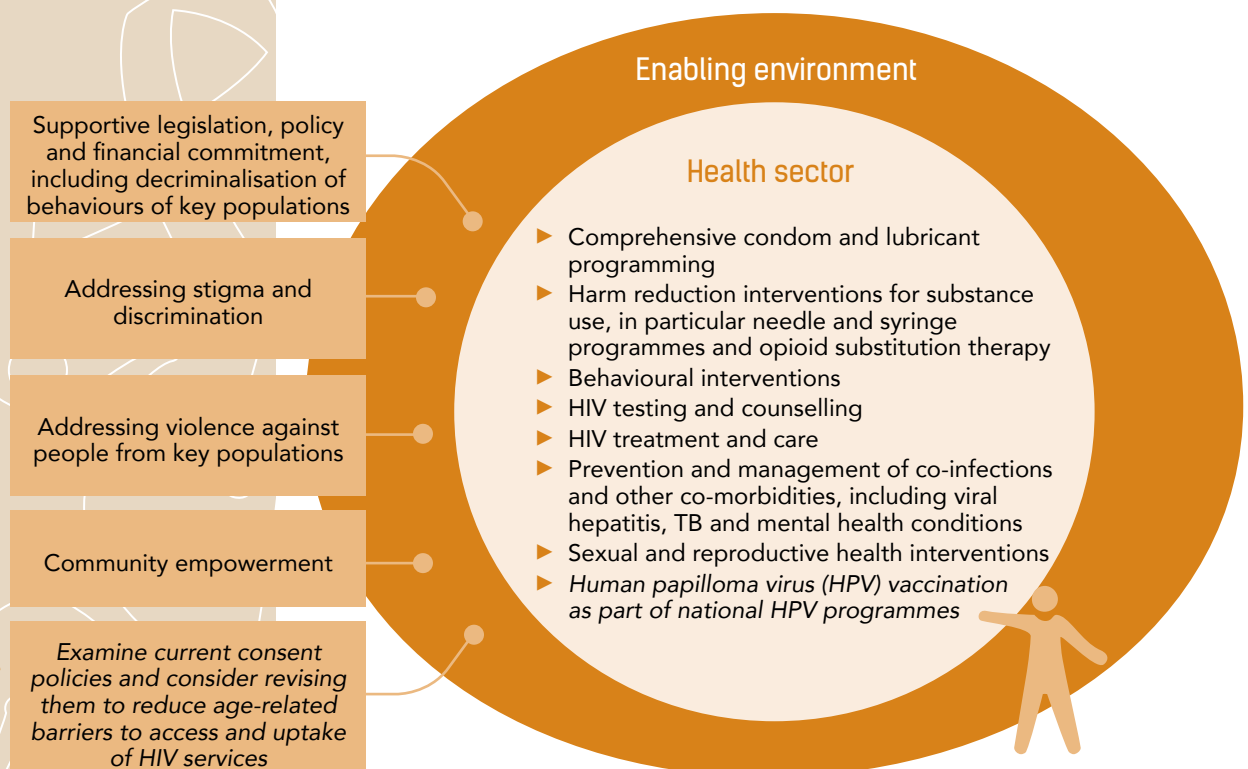
The other new recommendation is to improve access to naloxone for people likely to witness an opioid overdose. This includes raising awareness among friends and family members of people who use opiates, as well as fellow drug users and drug suppliers. Countries may consider including naloxone in their list of essential medicines and ensure it is procured according to need, or increase distribution to people who use drugs through harm reduction organisations and needle and syringe programmes.

Include adolescents from key populations

Adolescents are even more vulnerable than adult members of key populations. Services need to be designed and delivered in ways that take into account the overlapping risks and vulnerabilities that confront adolescents. Services also need to reflect the diversity of their needs, based on their age, gender, specific practices and the social and legal environment in which they live.

As confidentiality is so important to adolescents, it is essential that interventions are voluntary, respectful, non-judgemental and protect them from possible legal penalties. A lack of adolescent-friendly services and the negative attitudes of some health workers can prevent adolescents from accessing the care they require. Community-based services are particularly well positioned to break down some of these barriers.

WHO recommends a comprehensive package of essential interventions for key populations. The graphic below shows this package, and includes the two additional recommended interventions for adolescent key populations in italics.



Take stock! Take action!

Evidence-based planning

- What data are available in your country on key populations? Is information available on all key populations, including adolescents from key populations, and the different settings in which they live, work and interact? Are the available data being used in programming, policymaking and reporting? If data are unavailable, who could research and produce this?
- Are key populations and their needs adequately reflected in your national HIV strategic plan? Are these plans based on principles on human rights and gender equality? Are there any specific guidelines for key populations?

Community engagement

- Are representatives of key population networks meaningfully involved in national planning, policymaking and reporting of the HIV response, including Global Fund processes such as country dialogues?
- Do civil society coalitions include key population networks? Are key populations adequately informed, consulted and engaged by those that represent them?
- Are key population networks in your country sustainable, with adequate support to fulfil their role in the HIV response, including providing treatment and rights education and advocating for change? Who can provide core funding, and develop or strengthen structures where necessary?
- Have key population groups been consulted on their views on the new WHO recommendations regarding PrEP and naloxone? Have acceptability and feasibility studies been conducted?

Laws and policies

- Are there laws or policies that hamper access to and uptake of HIV and other health services by key populations, including adolescents from key populations? What actions are being taken to change the situation and who could be your allies? Are laws that protect the rights of key populations being enforced?
- Do national laws and policies need to be updated to allow key population networks to register in your country?

Programmes and resources

- What interventions for key populations are in place in your country? Who is implementing them? Which services and models of service delivery are working, and which need to be adapted or stopped?
- What is the level of influence of civil society and key population networks on the quality of services being delivered (accessibility, acceptability, affordability, equity, professional competence)? Are there actions you could take to better align community-based services with public health services for key populations?
- What financial, human and other resources and infrastructure are required to implement the response to HIV for key populations in your country? What resources are currently available and how can additional support be secured? How can task shifting and sharing optimise the use of available human resources and expand service delivery?

Safety and rights

- What are the potential risks and vulnerabilities of the planned HIV response for key populations, and what strategies would better ensure their safety and security? In particular, is there a clear understanding of the specific vulnerabilities of key populations in your country to violence, including gender-based violence?
- Are civil society and key populations network adequately equipped to respond to, monitor and report human rights violations and punitive laws, policies and practices?

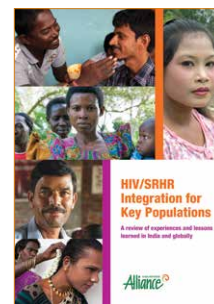
Resources

In addition to the references listed in the *WHO Key Population Guidelines*, you may find the following links and resources useful:

1. One of the first steps for key population resources are the global key population networks:
Global Forum on MSM & HIV (MSMGF): www.msmgf.org
Global Network of Sex Work Projects (NSWP): www.nswp.org
International Network of People who Use Drugs (INPUD): www.inpud.net
Global Action for Trans* Equality (GATE): <http://transactivists.org>
2. GNP+ has a range of key population resources, including the PHDP operational guidance: www.gnpplus.net/resources/positive-health-dignity-and-prevention-operational-guidelines/; a series on the sexual and reproductive health and rights of key populations living with HIV: www.gnpplus.net/policy-briefs-key-populations-living-hiv-sexual-reproductive-health-rights/; and a key population engagement tool for networks of people living with HIV: www.gnpplus.net/resources/key-populations-engagement-tool/
3. APCOM has developed a brief for Asia Pacific MSM and transgender communities to better understand the key population guidelines: www.apcom.org/sites/default/files/headlight-who-v8.pdf
4. WHO has produced a tool for implementing HIV/STI programmes with sex workers: www.who.int/hiv/pub/sti/sex_worker_implementation/en/ Tools on MSM, transgender people and people who use drugs are in production.
5. For guidance and resources on adolescents including from key populations, see WHO's interactive online resource: <http://apps.who.int/adolescent/hiv-testing-treatment/>
6. For issues and concerns about PrEP and early treatment, see NSWP's report of their global consultation: www.nswp.org/resource/global-consultation-prep-and-early-treatment-hiv-prevention-strategies
7. Community organisations may find the "Know It, Prove It, Change It" rights curriculum helpful, with training manuals and a wealth of tips: <http://asiacatalyst.org/rightstraining/>
8. The International HIV/AIDS Alliance's EMPAD tool provides a policy framework for advocacy with and by key populations: www.aidsalliance.org/includes/Publication/EMPAD.pdf



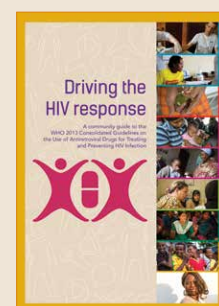
9. India HIV/AIDS Alliance has a range of resources, such as a global review of experiences and lessons learnt regarding HIV/SRHR integration for key populations: www.allianceindia.org/ourwork/hivsrhr-integration-key-populations-review-experiences-lessons-learned-india-globally/



10. For guidance on HIV communication for key populations, see the 'Bridging the Gaps' handbook: <http://catalogue.safaids.net/publications/bridging-gap-iec-4-lgbti>
11. Useful resources on gender-based violence against key populations include a technical paper: www.aidstar-two.org/upload/AIDSTAR-Two_Tech-Paper-Rev-Resources-GBV-Against-Key-Populations-FINAL-09-30-13.pdf; a multi-country study on violence against sex workers in Asia Pacific: www.asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/the-right-s--evidence--sex-work--violence-and-hiv-in-asia--a-mul.html; and a report on gender-based violence against women living with HIV in England: http://sophiaforum.net/resources/Finalweb_SophiaForum_HIV_GBVreport2013.pdf
12. If you are concerned about the safety and security of key populations, see FrontLine's workbook on security, including practical steps for human rights defenders at risk: www.frontlinedefenders.org/files/workbook_eng.pdf
13. The Coalition of Children Affected by AIDS have produced a tool for managing ethical dilemmas when caring for children and families of key populations: <http://careworkerethics.org>
14. To help improve programmes at a local level, see the UNAIDS guidelines for monitoring and evaluation of HIV programmes for sex workers, MSM and transgender people: <http://unaids.org.cn/pics/201210121119.pdf>

The full set of modules that make up *Driving the HIV response: a community guide to the WHO 2013 Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection* is available at:

www.gnpplus.net/community-guide
www.aidsalliance.org/communityguide
www.stopaidsnow.org/community-guide



Researched and written by Aditi Sharma, Anja Teltschik and Laura Davies. For further information contact Aditi Sharma at aditi.campaigns@gmail.com

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