

Scaling Up Antiretroviral Therapy for Key Populations to Achieve the 90-90-90 Goals in sub-Saharan Africa

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10:45 AM-12:45 PM



Differentiated service delivery for key populations

Dr Rachel Baggaley
HIV Department
World Health Organization, Geneva

KEY POPULATIONS ARE IMPORTANT IN ALL EPIDEMIC SETTINGS

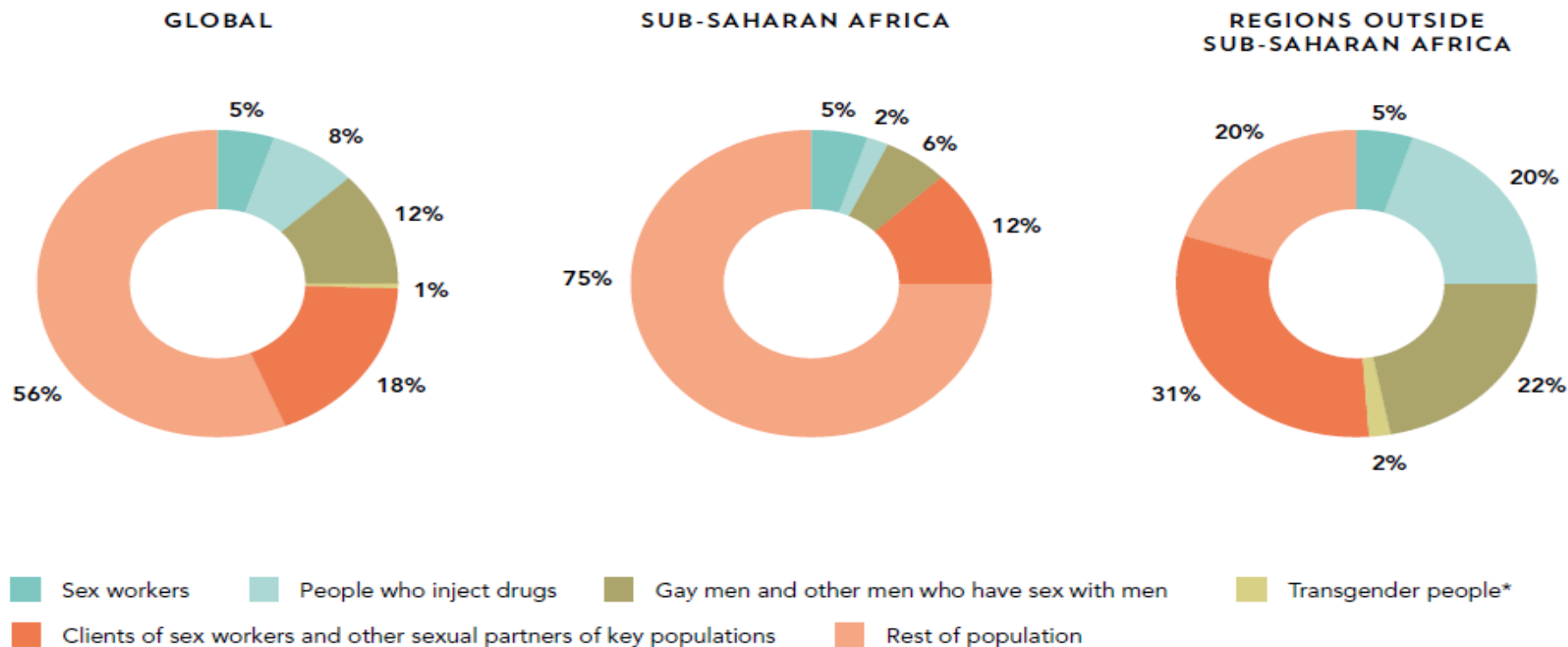
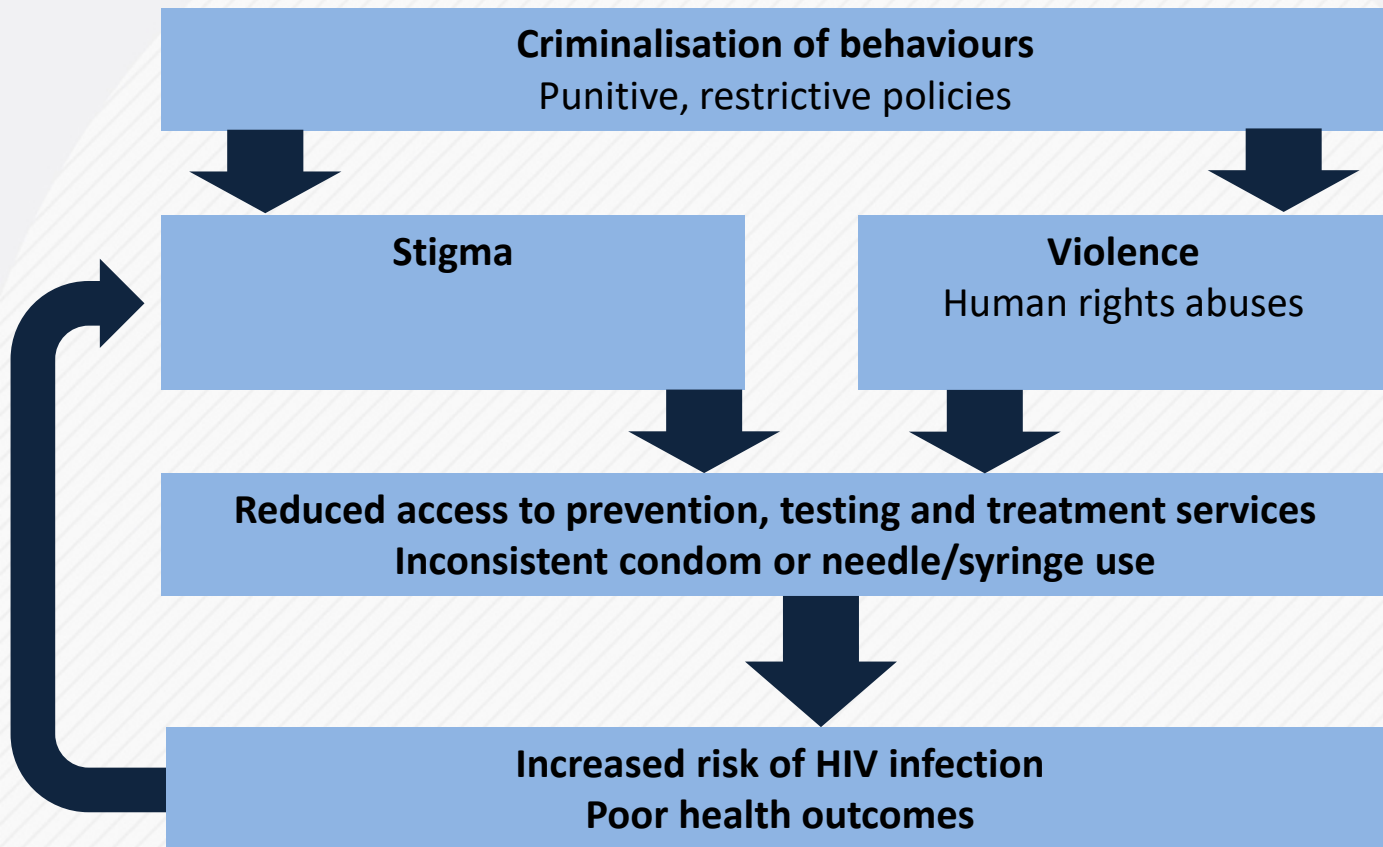


FIGURE 2.8. DISTRIBUTION OF NEW HIV INFECTIONS, BY POPULATION, GLOBAL, SUB-SAHARAN AFRICA AND COUNTRIES OUTSIDE OF SUB-SAHARAN AFRICA, 2015

Source: UNAIDS special analysis, 2017.

*Only reflects Asia and the Pacific, Latin America and Caribbean regions.

Structural determinants influence HIV risk



“When you go to visit the hospital, they will not attend to you. In fact I hate going to such hospitals.

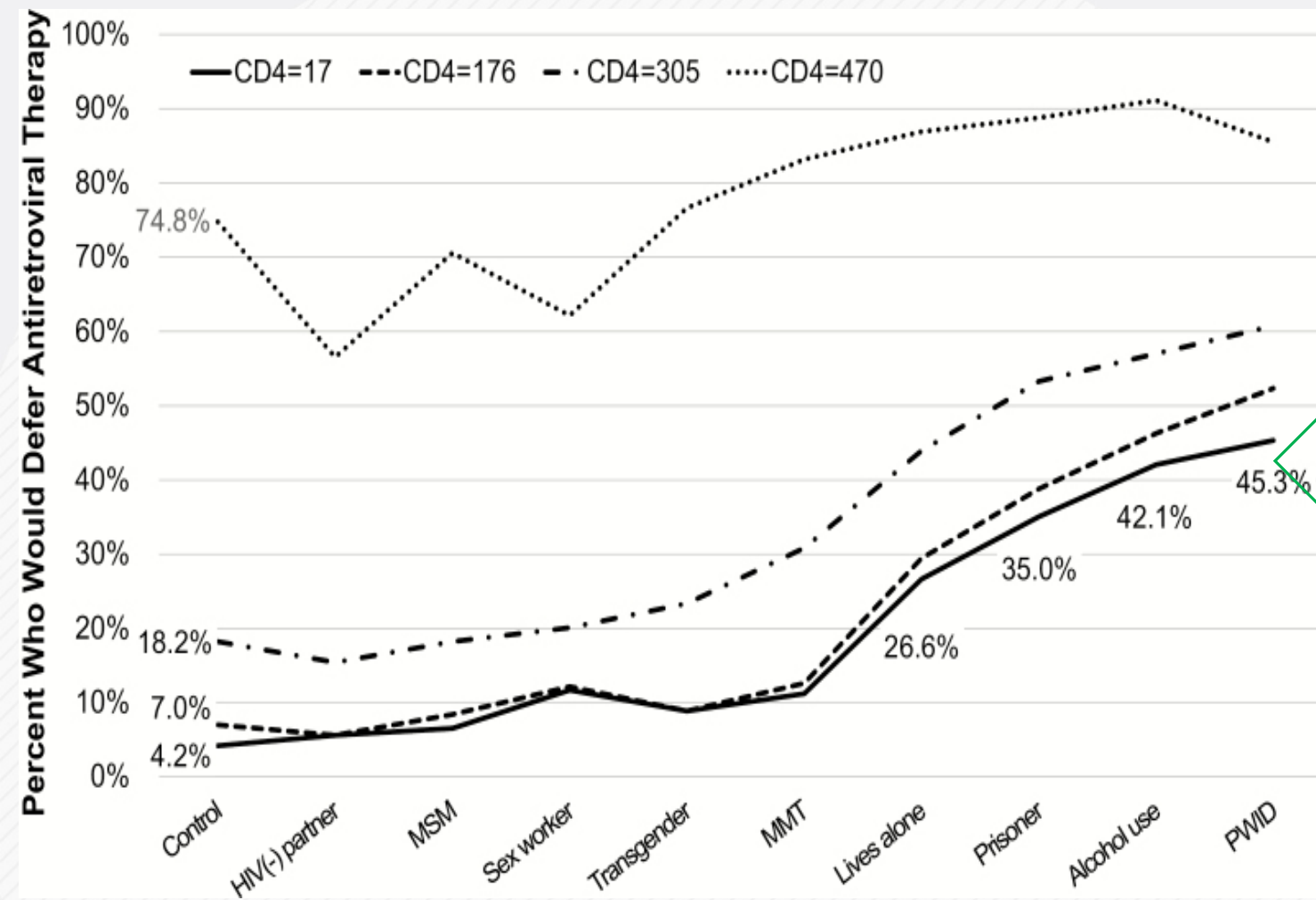
I do self-treatment from home and I usually use tablets. You know I feel ashamed.

I will visit the hospital and everybody will despise me. It is the way female health workers treat me, they make me feel angry and resentful to seek treatment.

*Everybody looks at you. You feel you are not part of the society”
(Transgender woman, HIV-positive)*.*

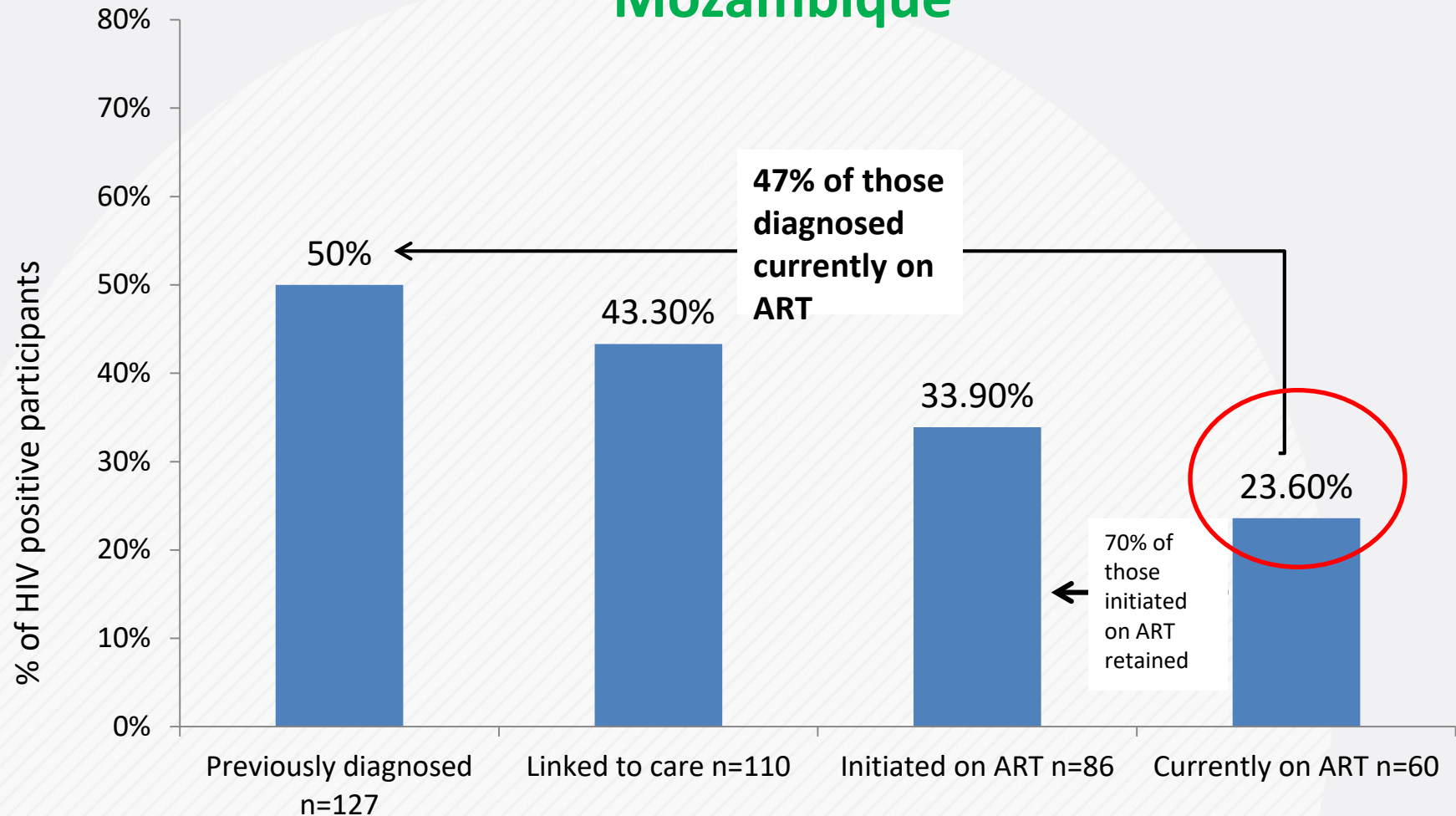
Adapted from Shannon K, Strathdee SA, Goldenberg SM, et al. **Global epidemiology of HIV among female sex workers: influence of structural determinants.** *Lancet* 2014; 385: 55-71

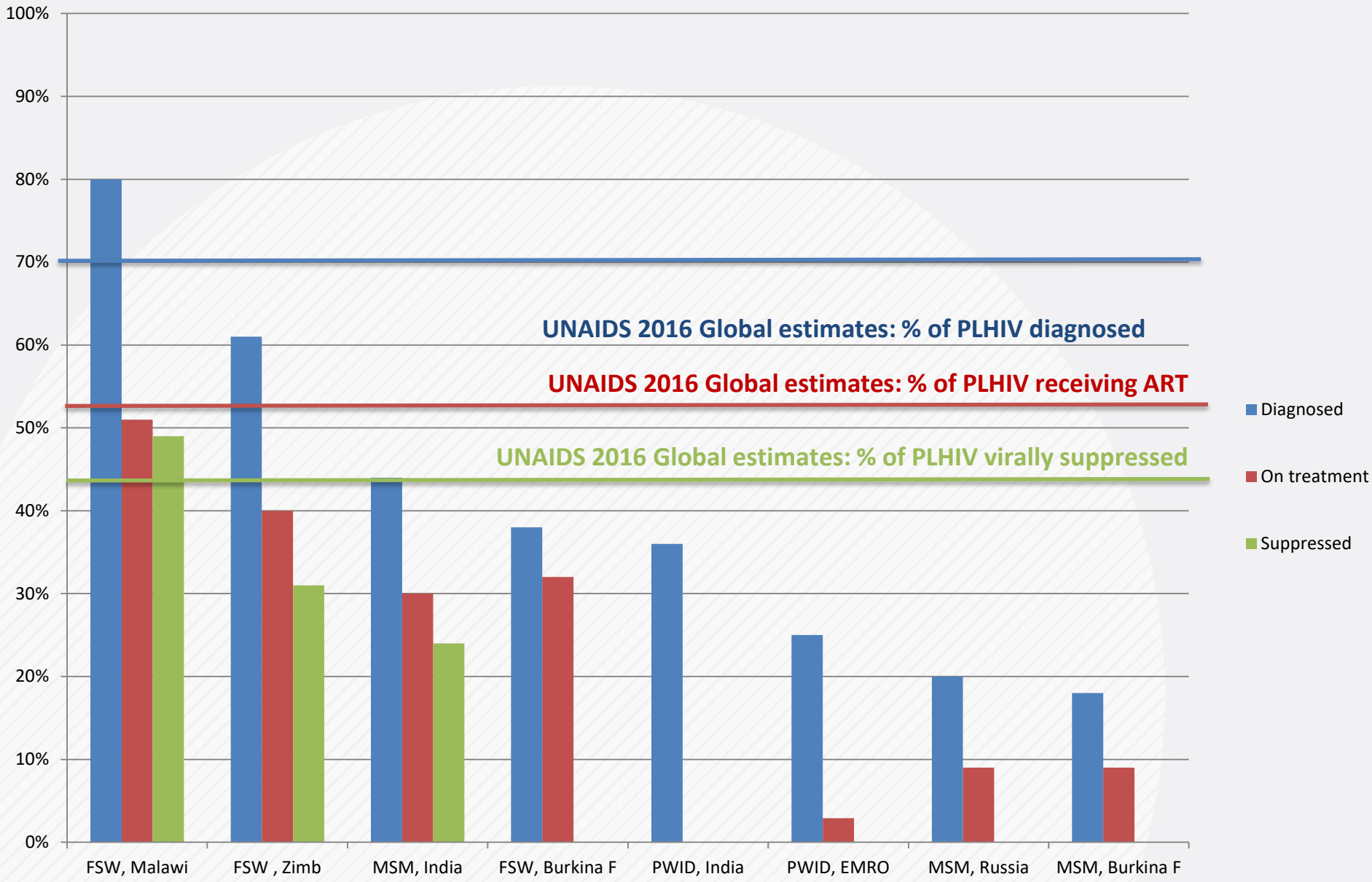
Despite supportive policy, key populations excluded from treatment



45.3% of doctors reported that they would defer ART for people who inject drugs presenting with a CD4 count of 17

HIV continuum cascade in people who inject drugs: Mozambique





Adapted from: [Risher K et al HIV treatment cascade in MSM, people who inject drugs, and sex workers. Curr Opin HIV AIDS. 2015 Nov;10\(6\):420-9; Shaw et al Achieving 90-90-90 in the WHO Eastern Mediterranean region: key issues for people who inject drugs \(2017\) Presented at IAS Conference, Paris; UNAIDS, Global AIDS update 2017](#)



Strategies to increase number of key population members with HIV receiving ART



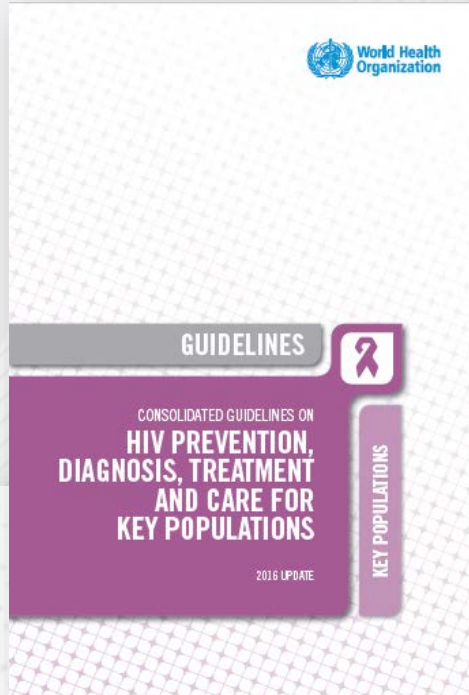
- **Better linkage** between community based testing sites and ART facilities
- **Change restrictive policies**
- **Reducing stigma** and discriminatory practices at health facilities

DIFFERENTIATED ART DELIVERY

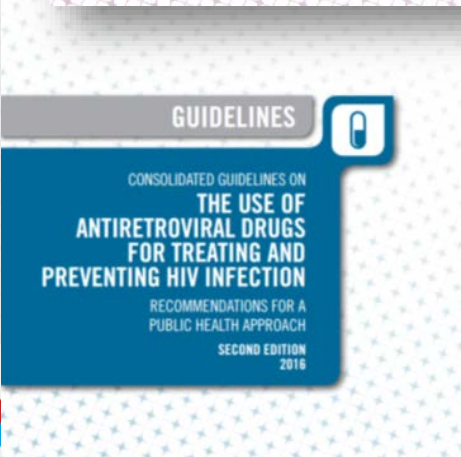
**JOINT UNITED
NATIONS STATEMENT
ON ENDING DISCRIMINATION
IN HEALTH CARE SETTINGS**

Differentiated ART delivery for key populations

Included in both the WHO Consolidated KP and ART guidelines

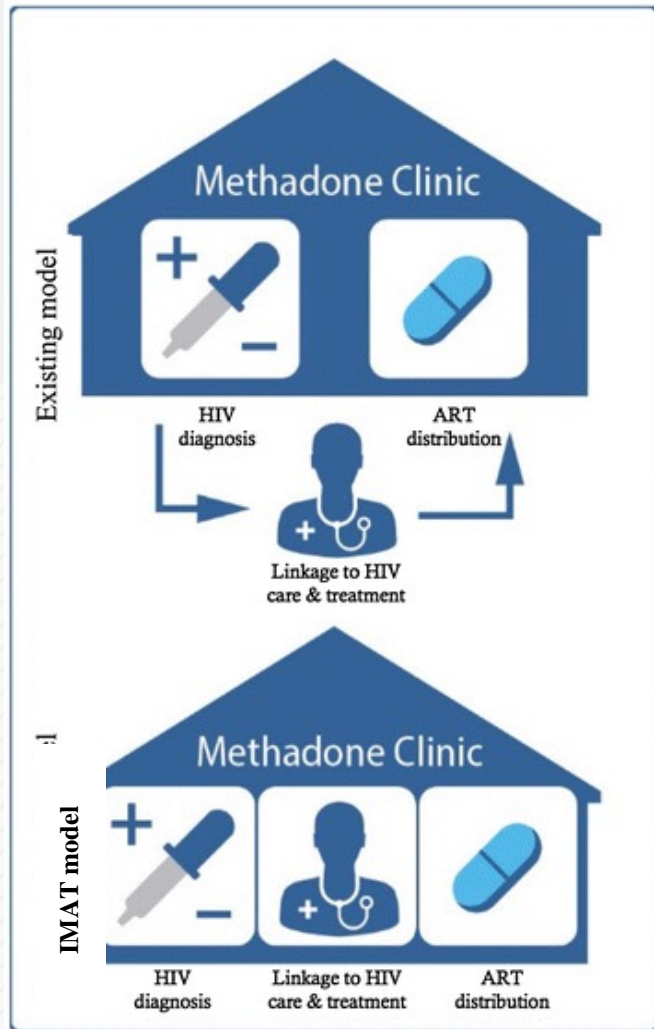


- **Task shifting for ART delivery**
 - Trained and supervised lay providers can distribute ART to adults
 - KP peers can distribute ART
- **Decentralising ART delivery**
 - Initiating ART in hospitals or peripheral health facilities and maintaining in peripheral health facilities
 - Initiating ART at peripheral with maintenance at the community level
 - ART initiated at KP specific clinics
 - ART maintenance at KP community based organisations



	ART REFILLS	CLINICAL CONSULTATIONS	PSYCHOSOCIAL SUPPORT
WHEN	3-6 monthly	3-6 monthly	Every 1-6 months
WHERE	Primary health care Community-based organizations OST clinics Prison or other closed setting		
WHO	Lay providers Peers Peer navigators Outreach workers	Nurses Doctor (can be seconded to CBOs or through scheduled visits)	Social workers Lay providers Peers Peer navigators Outreach workers
WHAT	ART refill Referral check Adherence check Comprehensive services Prevention, including harm reduction	Clinical consultation Lab tests, rescript Comprehensive services Prevention, including harm reduction Support after release from prison	Peer support Legal support Responding to violence Support after release from prisons Social interventions Psychological interventions

Integrated Methadone and Antiretroviral Therapy programme for people who inject drugs in Dar Es Salaam



- HIV prevalence in PWID in Dar Es Salaam 42%
- Opioid substitution treatment programme started in 2011
- Surge in enrolments in OST, but issues linking to ART
- Integrated model implemented:
 1. ART initiation, maintenance, dispensing and distribution occur within OST clinic
 2. Opt-out HIV screening by nurses
 3. OST providers trained in HIV clinical management and monitoring
 4. Multiple dispensing options for clients

Overall 97% of HIV positive OST clients initiated on ART with 81% viral suppression after 1 year

Nigeria: Different approaches to deliver ART to key populations (Centre for Integrated Health Programmes)

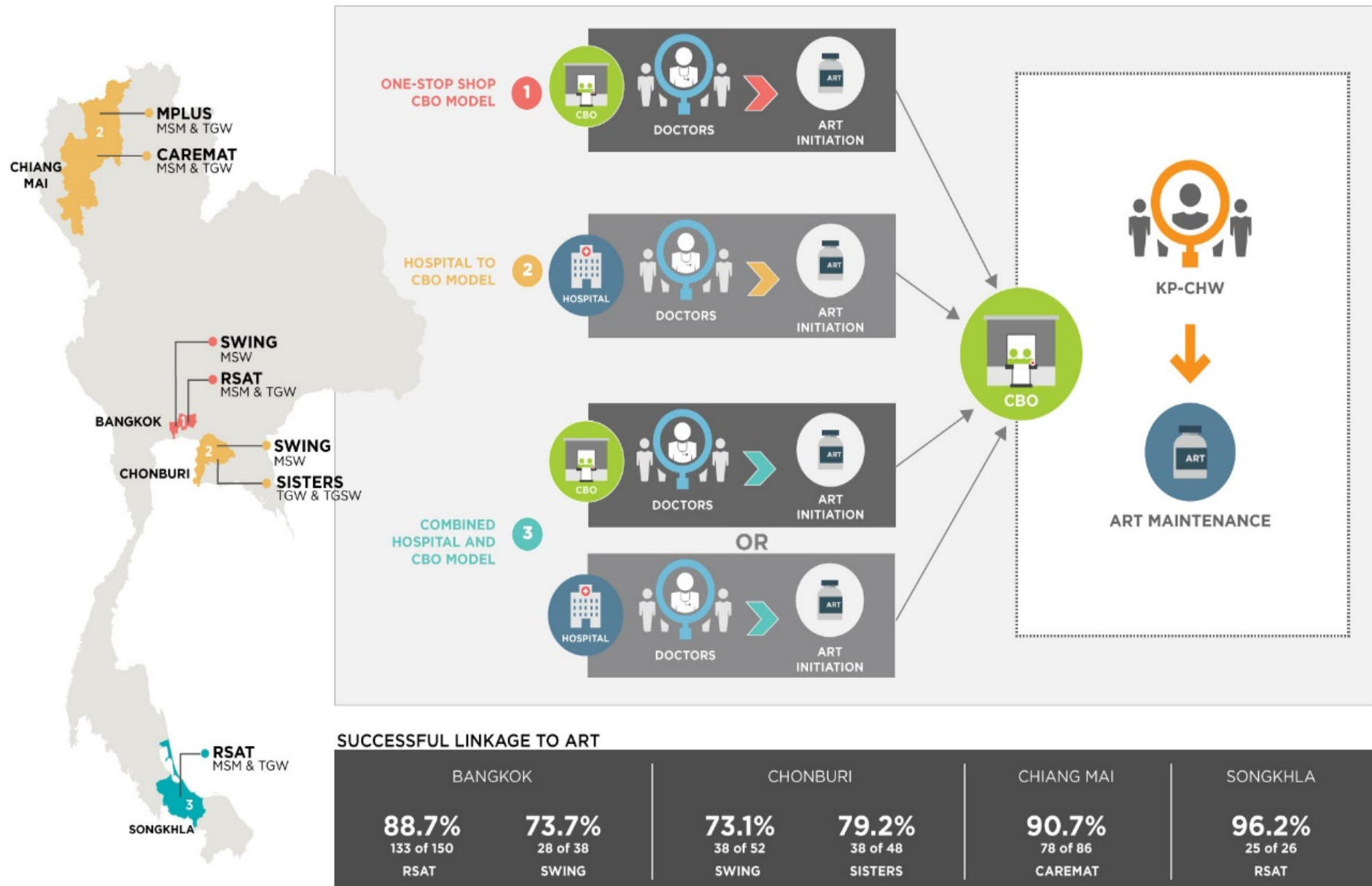


Model 1: Outreach to key population hot spots for HIV testing and same day initiation

Model 2: Drop-in centre for HIV testing and same day initiation

Services provided by both trained and lay health providers

Differentiated service delivery for key populations: Thailand



What about prevention



- Easy and regular HIV testing should be available to support prevention choice. Consider:
 - HIV self-testing
 - Voluntary partner notification services

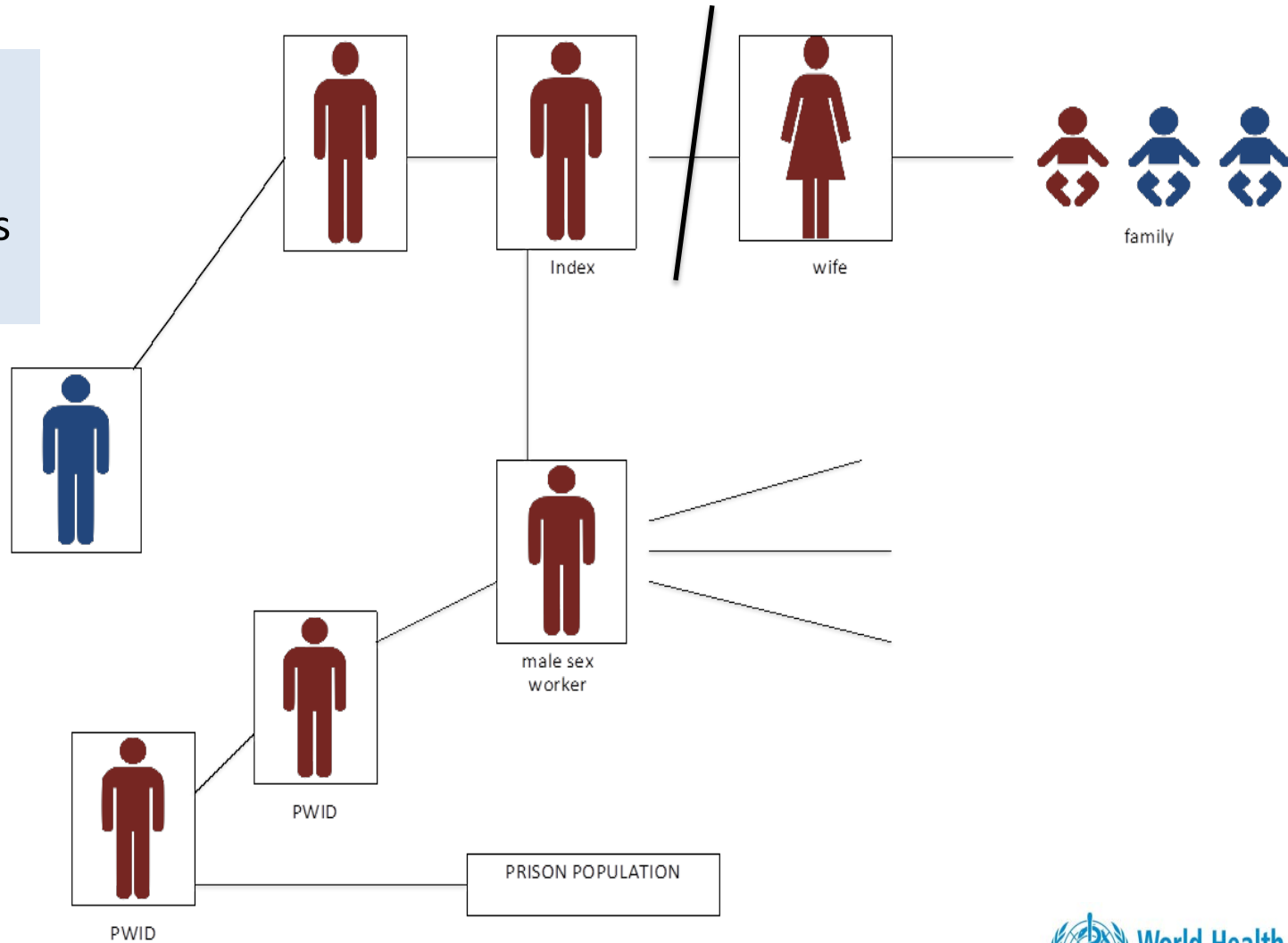
A people-centered approach that recognizes that different prevention options exist - **individuals may choose various options at different stages of their lives**

- Overlapping needs and vulnerabilities
- Choices and options
- Sometimes different prevention with different partners

Recognizing heterogeneity + overlapping vulnerabilities + changing dynamics



- Age
- Geography
- Risk behaviours



Example: within MSM networks

PrEP services

Re-engage positives

Who dropped out of care

A catalyst for much broader benefits beyond PrEP

New ART initiation

New positives

HIV testing

Negative

Negatives 'high risk' interested in PrEP

Negatives 'high risk' 'Not interested'

Negatives 'low risk'

PrEP

Engagement with services

Condoms and lube, STI, HBV, HCV screening, re-testing, partner testing, vaccination, family planning, GBV issues tackle HIV stigma, educate about TasP



Zimbabwe: Sex worker led programmes

Court order protecting sex workers

Criminalisation of sex work - direct association with increased HIV risk

A recent court order in Zimbabwe protects sex workers

- Fewer arrests
- No new reports to human rights lawyers

“We used to be rounded up in the streets even if we were just standing there, but now they can’t do that ..So cops are finding it hard to arrest us. I’m sure it will also make them think and realize that we are also human beings.”



- **Comprehensive package**
- HIV testing
- STI
- FP
- Condoms
- ART
- PrEP
- GBV
- Social support



Differentiated service delivery: for inclusion not exclusion

**We need to provide person centred care to all
We need to also address the needs of those who are not “stable”**



Looking ahead

- Implementation **with evaluation**
- More consideration of “**non-stable**” clients
- **Develop of frameworks for:**
 - Differentiated service delivery for key populations
 - Differentiated HIV testing services
 - Differentiated prevention options



Acknowledgments

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