



THE LINK

News About HIV Prevention, Care,
and Treatment for Key Populations

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WELCOME! YOU ARE READING THE FIRST EDITION OF THE LINK

This quarterly newsletter will highlight LINKAGES' work and new evidence, publications, and tools related to HIV prevention, care, and treatment among key populations (men who have sex with men, transgender people, sex workers, and people who inject drugs) and their partners. Please forward The LINK to your colleagues and others who might be interested in learning more about LINKAGES and its progress in helping ensure that key populations receive the high-quality services they need and deserve. We encourage you to send us your feedback.

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 LINKAGES@fhi360.org

 www.facebook.com/linkagesproject

 [@LINKAGESproject](https://twitter.com/LINKAGESproject)

RIGHTS IN ACTION

Since its debut in the early eighties, HIV has disproportionately affected sex workers, people who inject drugs, transgender people, and men who have sex with men. UNAIDS estimates that between 40 and 50 percent of all new HIV infections among adults worldwide occur among these key populations and their sex partners. Despite some policy gains and increased global attention, key populations still experience serious challenges when trying to access HIV prevention, treatment, care, and support services. And much of this has to do with the prevailing culture of overt stigma and blatant discrimination. Of denial.

Globally and in regions of the world particularly hard hit by HIV a picture emerges of punitive laws that have a negative impact on the HIV response. For example, more than 70 countries have criminal penalties for same-sex acts between consenting adults, including imprisonment and death. In more than half of all African countries, same-sex sexual acts are illegal. Drug laws vary considerably, but the predominant response worldwide has been to treat injecting drug use as a crime, which is a disincentive for people to actively engage with health services. More than 100 countries criminalize some aspect of sex work. And until recently, trans-

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gender people literally did not count: they were all but invisible in surveillance studies and research related to HIV. Transmen and transwomen continue to confront rigid gender norms that both increase their risk — including through violence from their families and society — and limit the availability of services that meet their needs. In sub-Saharan Africa, the region most affected by HIV, every country has laws that criminalize at least one key population.

HIV is concentrated among the most marginalized, and this is particularly true for communities who, because of stigma (real and perceived) and discrimination are among the least likely to access HIV-related services. Even in the absence of criminalization, stigma and poor treatment from health care providers discourage members of key populations from disclosing their behaviors or cause them to receive inferior services that violate their right to quality health care. This combination of increased vulnerability and lack of rights-based services has taken a large toll on key population communities. Female sex workers are 14 times more likely to have HIV than other women, transgender women are almost 50 times more likely to have HIV than other adults, and men who have sex with men are 19 times more likely to have HIV than the general population. For people who inject drugs, the risk of HIV infection can be 50 times higher than that of the general population.

The creation of LINKAGES, PEPFAR and USAID's first global project dedicated to key populations, could not be more opportune or needed. The project hosted an event attended by more than 100



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- Dr. Rajiv Shah

people on December 4, 2014 in recognition of World AIDS Day. Dr. Rajiv Shah, administrator of USAID, spoke at the event and said that “the only way to achieve an AIDS-free generation is to more systematically embrace and empower the broader range of partners in this fight.” A webcast of the event is available at summitwebcasting.com/webcast/12-04-14.

HIV and human rights are inextricably linked. The health and human rights of

key populations are so intertwined that failure to comprehensively and courageously address both undermines our efforts to achieve an AIDS-free generation. And over the next five years, LINKAGES will play its part in shaping the agenda to ensure that key populations receive the services they need and deserve. A LINKAGES legacy in the making.



Photo Credit: Global Forum on MSM

AT A GLANCE

- MSM are disproportionately affected by HIV compared to the general population in nearly all countries reliably collecting surveillance data. MSM have 19.3-fold greater odds of being infected with HIV compared with the general population in low- and middle-income country settings.
- In many high-income countries, the incidence of HIV among MSM remains unchanged over recent years, and in some cases, it is increasing even when HIV incidence in the general population is in decline.
- Comprehensive HIV prevention approaches for MSM include increasing voluntary HIV testing, STI screening, and treatment; risk reduction counseling; targeted internet-based information; and pre-exposure prophylaxis and antiretroviral therapy.

MEN WHO HAVE SEX WITH MEN

In many parts of the world, men who have sex with men (MSM) face tremendous stigma, discrimination, and human rights abuses and confront challenges to accessing HIV prevention, testing, care, and treatment.

One of the main barriers MSM face in accessing HIV services is the criminalization of male-to-male sex in many countries. For example, nearly 80 countries have criminal penalties, including imprisonment and death, for same-sex acts between consenting adults. In more than half of all African countries, same-sex sexual acts are illegal. In these settings, governments are not likely to support interventions for MSM, and groups who try to conduct such interventions face risks of violence or arrest. MSM may even have trouble accessing simple prevention services and commodities such as condoms and lubricants.

Discrimination from police, doctors, and other authorities is common, even where male-to-male sex is legal. This

leads many MSM to hide their sexual preferences, or to meet their sexual partners in locations that are rarely targeted by HIV interventions that do exist. The resulting isolation and lack of HIV information and services only increase the risk that MSM will acquire HIV or transmit the virus to their partners.

Given this context, it is not surprising that MSM are disproportionately affected by HIV; they are 19 times more likely to acquire HIV than the general population. HIV prevalence among MSM around the world ranges from about 14 to 18 percent.

LINKAGES works at the country level in Southern Africa and Southeast Asia — two regions of the world where HIV epidemics among MSM are growing. For example, in Laos, LINKAGES is creating demand for services among MSM and their partners by holding education events at sports venues and movie nights and by engaging “peer mobilizers” to motivate their friends to seek

prevention, care, and treatment.

“The significance of LINKAGES for the field of HIV prevention and treatment lies in the fact that, more than 30 years into the international response to HIV, LINKAGES represents the very first global initiative supported by the United States focused exclusively on improving the response to HIV among the most affected population groups,” says Clifton Cortez of the United Nations Development Programme. “Success among MSM and other marginalized people is the only chance we have to defeat this virus and prevent more of the social and economic destruction it causes.”



Photo Credit: Pact

AT A GLANCE

- For people who inject drugs, the risk of HIV infection can be 50 times higher than that of the general population.
- Drug laws vary considerably, but the predominant response worldwide has been to treat injecting drug use as a crime.
- Effective interventions for substance use include harm reduction services such as needle and syringe programs and opioid substitution therapy.

PEOPLE WHO INJECT DRUGS

Worldwide, HIV rates remain high among people who inject drugs because only a small fraction of them are reached with proven interventions. Globally, one out of 10 new HIV infections is among people who inject drugs, a fact that is directly attributable to a lack of access to sterile injecting equipment. In parts of Eastern Europe and Asia, four out of five HIV infections are among this community.

Distributing free or low-cost sterile injection equipment has been shown to reduce HIV transmission among people who inject drugs without increasing drug use. This intervention is most effective when it is combined with access to HIV testing and counseling and opioid substitution therapy (OST) for opiate dependence.

OST is highly effective in reducing the behaviors that put those who are dependent on opioids at risk of HIV. It also reduces drug-related deaths and increases access and adherence to antiretroviral treatment among people who inject drugs and are living with HIV.

Sixteen of the 20 countries that reported estimates of OST coverage were reaching less than 10 percent of people who inject drugs in 2011 and 2012. Only two of 35 countries reported distributing the recommended minimum of at least 200 sterile needles and syringes per person who injects drugs per year. This target is unambitious and is far from the amount of sterile injecting equipment needed to accommodate each injection over a year.

Coverage is poor because many government officials and health care providers are reluctant to provide health services for people they consider criminals, and severe stigma, discrimination, and punitive laws make many people who inject drugs reluctant to access services. Furthermore, most services are particularly inaccessible to women who inject drugs; they face greater degrees of discrimination from providers and the wider society than their male counterparts do, including, in some countries, criminal charges for harming an unborn child if they seek care while pregnant. In addition, most harm reduction programs do not provide gender-specific services.

LINKAGES is drawing on its partners' experience in countries where rates of injecting drug use are high and helping governments expand access to comprehensive HIV prevention, care, and treatment services — including OST and needle and syringe programs — for people who inject drugs.

“Increasingly, in many parts of the world, people who inject drugs are at heightened risk of HIV infection,” says Eliot Ross Albers, Executive Director of the International Network of People who Use Drugs. “The key to managing this epidemic in this community does not lie in judgement or prejudice — but rests on both strengthening community empowerment and providing access to comprehensive harm reduction services including needle and syringe exchange programs within an enabling legal environment.”



Photo Credit: FHI 360

AT A GLANCE

- *Transgender women are almost 50 times more likely to have HIV than other adults.*
- *Laws regarding the transgender community vary widely around the world, but transgender people are legally unrecognized in most countries and they face restrictive policies about gender expression.*
- *Empowerment is important for all key populations, but may be most critical for the transgender community, which has only recently been recognized as a key population. Organizations of informed transgender people are essential partners in delivering training on gender identity and expression, and they can also help counter transphobia.*

TRANSGENDER PEOPLE

Long overlooked in HIV research and programs, transgender people are increasingly being recognized as a key population for HIV prevention, care, and treatment services. The data that are available show that people whose gender identity or expression differs from their sex assigned at birth are disproportionately affected by HIV.

The most comprehensive analysis, which pooled data on 11,066 transgender women (defined as assigned male at birth but identifying as women) from 15 countries, found an HIV prevalence of 19 percent. The transgender women in those countries were almost 50 times more likely to become infected with HIV compared to other adults. This increased risk of HIV was consistent across high-, middle-, and low-income countries; however, no studies were available from Africa or the Pacific islands.

Transgender people face discrimination, isolation, and abuse from police, society at large, and even family members.

Laws that criminalize transgender people create sanctioned discrimination. For example, few governments issue identification documents in which a person's self-identified gender differs from his or her assigned sex. Many countries also legislate against people's basic expression of self; transmen and women can face prison time or fines for "impersonating the opposite sex."

Because of this widespread intolerance and other structural and social barriers, a large number of transgender people have difficulty accessing health services, including sexual health care, that take into account the diversity of gender identity, gender expression, anatomy, sexuality, and sexual practices found within this population.

"The scarcity of services for transgender people at risk for or living with HIV is profound," says JoAnne Keatley, Director of the Center of Excellence for Transgender Health at the University of California, San Francisco. "The international community must take concrete steps to halt the

needless pain and suffering among transwomen who, deprived of basic human rights to health, work, and function in society, are then further marginalized by their own governments. The time to act is now!"

Given the lack of information about — and services for — transgender people, LINKAGES is initially focusing on identifying their social networks and partnering with transgender groups to better understand their needs. LINKAGES also works with local organizations to train lawyers, police, and health care providers to respond rapidly to rights violations and build the capacity of providers to deliver "trans-friendly services." As well, the project is working with several partners to support the creation and dissemination of the Transgender Implementation Tool and an Asia Pacific Trans Health Blueprint. These documents will be foundational guides to improving health services for transgender people.



Photo Credit: Ian Taylor

AT A GLANCE

- HIV prevalence is 13.5 times higher among female sex workers than among other women in the general population.
- Interventions deemed effective include sustained engagement among sex workers to raise awareness about their rights and provision of community-based, decentralized services, through mobile outreach and at sex work venues.
- More than 100 countries criminalize some aspect of sex work.

SEX WORKERS

Sex workers are one of the key populations who carry a disproportionate burden of HIV. Globally, HIV prevalence is 13.5 times higher among female sex workers than among other women ages 15 to 49 in the general population.

Many factors put sex workers at increased risk of HIV infection, including multiple sexual partners, poor working conditions, criminalization of sex work in many countries, and a lack of labor rights that have an impact on sex workers' ability to protect their health and the health of their clients. Sex workers also face poor access to condoms in some settings, the risk of confiscation of condoms as evidence of illegal activities, and unwillingness of some clients to use condoms, as well as high rates of sexually transmitted infections. In addition, gender-based violence (including rape) perpetrated by clients, but also by police and other state actors, increases sex workers' vulnerability to HIV, as does stigma and discrimination and blame for their perceived role in HIV epidemics.

As a result of these factors, sex workers have poor access to HIV prevention, care, and treatment services in many parts of the world. Male and transgender sex workers, in particular, are often missed entirely by such interventions. However, all sex workers have a fundamental right to quality health care services, and health care workers have an obligation to provide services for sex workers, regardless of the legal status of sex work.

"Community empowerment and enabling sex workers to organize and work together for their own benefit is a fundamental component of reducing their vulnerability to HIV," says Ruth Morgan Thomas, Global Coordinator of the Global Network of Sex Work Projects.

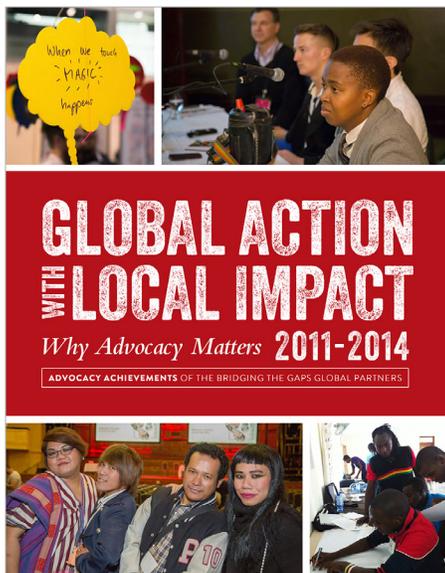
LINKAGES is working to improve the delivery and reach of services for sex workers. In South Sudan, for example, LINKAGES is collaborating with female sex workers and providers in identified hotspots with the aim of creating stigma-free zones that are characterized

by high-quality services, trained and sensitive staff, and savvy clients. The project will use peer education and outreach to enable sex workers to confidently seek HIV services, and it will train and enlighten service providers about stigma and discrimination and the specific needs of sex workers.

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- Ruth Morgan Thomas

NEW RESOURCES



GLOBAL ACTION WITH LOCAL IMPACT: WHY ADVOCACY MATTERS

A new report examines the role of global-level advocacy in addressing HIV among key populations, including people living with HIV; people who inject drugs; sex workers; and lesbian, gay, bisexual, and transgender (LGBT) people. “Global Action with Local Impact: Why Advocacy Matters,” details strategies used and outcomes achieved by five constituency-led global network organizations focused on key populations, providing numerous case studies that illustrate the impact of advocacy at the global level.

The report was produced by the Bridging the Gaps program, an international multi-agency effort devoted to achieving universal access to HIV services and ensuring full human rights for key populations. The report (15 pages, 1.5 MB) can be found online here: <http://bit.ly/1GqshF9>.

CONSOLIDATED GUIDELINES ON HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR KEY POPULATIONS

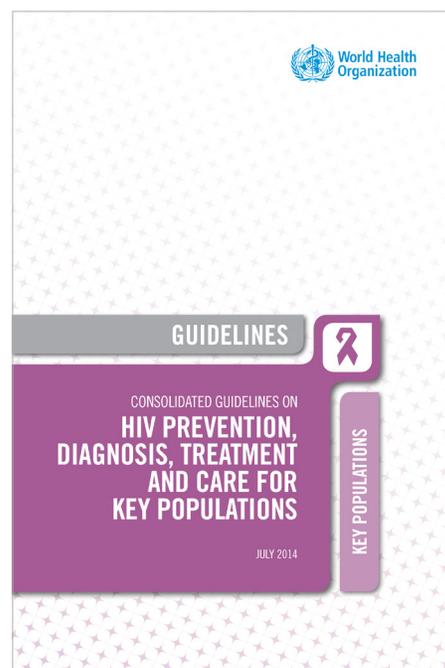
In July 2014, the World Health Organization (WHO) released “Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations.” According to WHO, these guidelines aim to:

- Provide a comprehensive package of evidence-based HIV-related recommendations for all key populations
- Increase awareness of the needs of and issues important to key populations
- Improve access, coverage, and uptake of effective and acceptable services
- Catalyze greater national and global commitment to adequate funding and services

Annexes available on the web include literature reviews, case studies, and related technical briefs.

The full guidance document (184 pages, 6.3 MB) and the annexes are available here: <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

An 8-page policy brief with an overview of key findings and a table summarizing WHO recommendations concerning key populations is available here: <http://www.who.int/hiv/pub/toolkits/keypopulations/en/>



NEW JOURNAL SUPPLEMENTS ON ISSUES PERTAINING TO KEY POPULATIONS

A new PLOS Collection, *Focus on Deliver and Scale: Achieving HIV Impact with Sex Workers*, extends our understanding of the dynamics of sex work, the potential impact of interventions, and the implementation science behind successful programs. Learn more online: www.ploscollections.org/achievingHIVimpact

A new special issue of *Digital Culture & Education* describes innovative programmatic approaches using information and communication technology (ICT) for HIV prevention and care services for gay men, other men who have sex with men (MSM), and transgender people. The issue is available online: www.digitalcultureandeducation.com/volume-6/special-themed-issue_v6_i3/. In the *Journal of the International AIDS Society*, this article by Susannah M. Allison and her co-authors summarizes the technical consultation on the topic that led to the supplement www.jiasociety.org/index.php/jias/article/view/a9041/4040/.

The Journal of Acquired Immune Deficiency Syndromes (JAIDS), supported by the U.S. Agency for International Development (USAID) and co-supported by the U.S. President's Emergency Plan for AIDS Relief, is presenting a special supplement: *HIV among Key Populations in West and Central Africa (WCA): Evidence to Inform HIV Prevention, Treatment, and Care*. The forthcoming special issue will provide a forum for the discussion of the history, present state, and trajectory of the HIV epidemic in WCA; the public policy contexts; and best practices and newly collected data.

LINKAGES ADVISORY BOARD

To support our commitment to active engagement with stakeholders, the project has convened the LINKAGES Advisory Board (LAB). The LAB — which includes a balance of representatives from both key population community groups and technical bodies — provides strategic guidance to the LINKAGES team. The LAB members are listed below.

Eliot Albers, International Network of People Who use Drugs

George Ayala, MSM Global Forum

Rachel Baggaley, World Health Organization

Chris Collins, UNAIDS

Clifton Cortez, United Nations Development Programme

Gina Dallabetta, The Bill and Melinda Gates Foundation

JoAnne Keatley, International Reference Group/Center for Excellence for Transgender Health

Ron MacInnis, Futures Group

Eni Martin, U.S. Agency for International Development (USAID)

Shawn Mellors, International AIDS Alliance

Suzette Moses-Burton, Global Network of People Living with HIV (GNP+)

Kevin Osborne, FHI 360

Billy Pick, Office of the U.S. Global AIDS Coordinator

Christine Stegling, International Treatment Preparedness Coalition

Ruth Morgan Thomas, Global Network of Sex Work Projects

Kate Thompson, The Global Fund to Fight AIDS, Tuberculosis and Malaria

Tisha Wheeler, USAID

David Wilson, World Bank

Cameron Wolf, USAID