

MODULE 3

Appropriate services for key populations

Name of presenter

Date

Country



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LINKAGES
Across the Continuum of HIV
Services for Key Populations

Module 3: Learning objectives


After completing this module, participants will be able to:

- Describe and apply the top 10 clinical standards of care for sex workers, men who have sex with men, transgender people, and people who inject drugs
- Articulate how young members of key populations differ from adults and learn how to provide youth-friendly services

Module 3: Learning objectives (cont.)

After completing this module, participants will be able to:

- Conduct an effective, respectful, and appropriate risk assessment with key populations
- List the relevant community services to which they may refer key populations



“My humanity is bound up in yours, for we can only be human together.”

—Desmond Tutu



Session 3.1

Top 10 clinical standards of care for key populations



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Session 3.1: Learning objective

After completing this module, participants will be able to:

- List and describe the clinical standards of care for one or more of the following key populations: sex workers, men who have sex with men, transgender people, and people who inject drugs

Session 3.1: Introduction

- Provision of health services for key populations requires a tailored approach to meet individual needs and follow international human rights principles and health sector quality standards.

This includes:

- the process of providing services
- the content of services offered
- the tailoring of services to meet different needs

Top 10 clinical standards of care for key populations

1. Provide HIV testing and comprehensive prevention services (including condoms and lubricants, HIV risk counseling and minimization, behavioral interventions, and small group support).
2. Provide HIV care and treatment services.
3. Offer or refer for pre- or post-exposure prophylaxis (PrEP or PEP).

Top 10 clinical standards of care for key populations (cont.)

4. Screen, test for, and treat vaginal and/or anal sexually transmitted infections.
5. Provide or refer female clients for family planning/contraceptive services.
6. Screen for tuberculosis.
7. Screen for viral hepatitis and provide prevention information.

Top 10 clinical standards of care for key populations (cont.)

8. Screen for substance abuse and provide or refer for harm reduction services.
9. Screen for and respond to gender-based violence.
10. Promote mental health.

Session 3.1: Small group work

Each group should answer the following questions for each of the 10 services in the context of the key population they were assigned:

1. Why is this service so important for this key population?
2. What other services does each key population need?
3. Do you have the knowledge and resources to provide or refer for these services? If not, what are the barriers to providing these services to key populations?

Female sex workers (FSWs)

Additional services:

- Family planning
- Pregnancy testing
- Offer or refer for abortion care
- Cervical/anal cancer screening
- Services to prevent vertical transmission of HIV (prevention of mother-to-child transmission [PMTCT])
- Youth-friendly services for young FSWs

Men who have sex with men (MSM)

Additional services:

- PrEP (if/when available)
- Condom use
- Hepatitis B and C screening
- Anal cancer screening

Men who have sex with men (MSM)

Additional services (cont.)

- Support groups and services for “coming out,” relationship counseling, and other sexual and reproductive health services
- Youth-friendly services for young MSM
 - includes counseling that recognizes they may be exploring their sexual orientation, and responding to behaviors rather than labels

Transgender people

Additional services:

- Assess clinical needs (may be postsurgery and already on hormone therapy)
- Offer or refer for hormone therapy
- Offer or refer for surgical options
- Youth-friendly services for transgender people:
 - includes counseling that recognizes young people are exploring their gender identity, and considers implications associated with puberty

People who inject drugs

Additional services:

- Needle and syringe programs (NSPs)
- Opioid substitution therapy (OST) and other drug dependency treatments
- Awareness of potential drug-to-drug interactions with OST and antiretroviral agents
- Wound care management

People who inject drugs

Additional services (cont.)

- Family planning, pregnancy testing, abortion referrals, and postabortion care for women who inject drugs
- Youth-friendly services for young people who inject drugs:
 - Link to primary health services, including services for survivors of physical, emotional, and sexual violence
 - Be mindful that harm reduction interventions are usually not designed with young people in mind

Session 3.1: Key messages

- People from key populations are diverse and have a variety of health needs.
- Laws, policies, social discrimination, and self-stigma can create barriers for key populations in accessing health care and while receiving health care.
- Access to the highest attainable standard of health is a universal human right, and quality and comprehensive services should be available and accessible to everyone, including key populations.

Session 3.1: Key messages about youth

- Actively involve young people in program design and delivery to support youth-friendly services.
- Offer programming that does not require young people to stop selling sex or using drugs to access services.
- Develop guidelines to provide differentiated, age-appropriate services for young people. For example:
 - Age-appropriate information, education, and communication materials
 - Age-appropriate counseling

Session 3.1: Key messages about youth (cont.)

- Be mindful of safeguarding children and adolescents.
- Consider working with new technologies to engage young people with age-appropriate messaging.

Session 3.2

Providing services to young members of key populations



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Session 3.2: Learning objectives

After completing this module, participants will be able to:

- Explain concerns, perspectives, and specific considerations related to providing HIV services for young people
- Differentiate the nuances for providing services to young people associated with different key populations
- Identify considerations for age-appropriate service provision for ages 10–15, 16–19, and 20–24

Session 3.2: Introduction

- Young people or “youth” are defined as those aged 10–24, including children 10–17 and adults 18–24 (World Health Organization).
 - Most people become sexually active during this time
 - Important to recognize the diversity of ages and experiences as this is not a homogenous group
- HIV is the second largest contributor to adolescent mortality globally.
 - In Africa, HIV is the leading cause of mortality in young people with 40% of new HIV infections among those aged 14–24
- Young people have limited access to high-quality, stigma-free sexual and reproductive health services.

Session 3.2: Introduction (cont.)

- The term *young key population* may not resonate with many young people as they may still be understanding their sexuality, gender identity, and exploring transactions of sex and experimentation with drug use.
- Young people who engage in activities associated with key populations are vulnerable to HIV by criminalization, discrimination, stigma and violence, power imbalances in relationships, and alienation from family and friends.

Activity 1: Brainstorm in small groups

Think about current practice in your clinics when you have a young person:

- What is your current practice for providing services to young people, under 25 years and under 18 years?
- Do you adapt your services to different age groups (for example, ages 10–14, 15–18, and 18–24)?
- Within your current practice what do you do well for young people, and where is there room for improvement?
- What kinds of factors do you need to consider in providing sexual health services for young people?

Session 3.2: Key messages

Young people will experience their association with key populations differently from adults, for example:

- A young man who has sex with men may not identify as a MSM or as a gay man, but rather as someone who is exploring his sexuality and sexual orientation
- Young sex workers may not think of themselves that way and, in fact, may be exchanging sex for school fees or materials other than money
- A young transgender person may be unsure of his/her gender identity and facing questions about starting hormone therapy or adopting treatment specific to preventing or intervening in the changes in the body associated with puberty
- A young person using drugs may be experimenting with different drugs and at risk of progression

Session 3.2: Key messages (cont.)

- There is not much evidence about young members of key populations since they are often excluded from research.
- Services and programs for young people must be age appropriate and youth friendly.
- Young people face challenges in accessing youth-friendly services and may face judgment or refusal of services if they are sexually active and/or outside of marriage and/or under the legal age of consent.
 - This may be especially true for young people associated with key populations given additional barriers to accessing services

Session 3.2: Key messages (cont.)

- Young people should be understood within their social and economic contexts.
 - Young people are frequently denied services because of their involvement with selling sex and/or drug use, their sexual orientation or identity, gender expression, or HIV status.
 - Asking and listening to the voices, experiences, and priorities of young people in an open-minded and practical way is critically important.
- Most clinics have their own guidelines/protocols for operating within whatever the national legal context is that also include providing/referring for services.
- Action: Make a commitment to find out what your clinic policy/ approach is to providing services (including HIV and SGBV) for young people who are members of key populations under the age of 18. Find out if young people are being denied assistance.

Session 3.3

Risk assessment



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Session 3.3: Learning objectives

After completing this module, participants will be able to:

- List the benefits of conducting a risk assessment with a client
- Identify barriers to conducting a risk assessment and list ways to overcome them
- Describe when to conduct a risk assessment
- Provide clients with appropriate messages, services, and referrals

Session 3.3: Introduction

Risk assessments—a routine, critical component of HIV services—are an assessment of sexual behaviors, drug use, medical history, and other contextual issues in order to...

- Help identify individuals at risk
- Better understand their health care needs
- Support recommendations for HIV, STI, and hepatitis screening, including helping those already infected to access treatment and services
- Educate individuals and help them learn how to avoid transmission to others

Session 3.3: Small group work

- What is a risk assessment?
- What is being assessed?
- When should you conduct a risk assessment?

Session 3.3 Benefits of a risk assessment

For the client

Client can think about behaviors that influence risk

- May motivate behavior change
- Opportunity to ask questions
- Normalizes the process – all clients know to expect questions and no one feels singled out

For the provider

Supports better care

- Assists in clinical exam and intervention
- Provides direction for giving messages and referrals
- Increases skill in talking about sensitive issues

For the community

May help support uptake of services

- Those at highest risk of infection are identified and served
- Services get better reputation for being accessible and acceptable

MODULE 3

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Concluding remarks



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Take home messages

- People (clients) are human beings first, then members of key populations.
- Health care providers have a duty of care—regardless of their personal moral code or opinions—to provide comprehensive, quality services to all.
 - It is so important for clients to work with health care providers who have earned the trust of different key populations and communities over time.
- Providers may also face stigma and/or discrimination in the workplace for providing services to key populations.
 - Connect providers with professional key population networks, communities, and peer educators for support.

Take home messages (cont.)

- Individuals in key populations need to know the full range of services to which they are entitled, so that they can hold their health care workers and facilities accountable for providing them.
 - Promoting access and identifying demand for quality service is just as important as the supply and provision of those services.
- Health care workers must orient services to the unique health needs of young key populations and the added barriers young people experience in accessing services.
 - The term *young people* covers a wide age range of people with varying levels of knowledge and experience.

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