

THE LINK

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

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PrEPARING FOR PREVENTION: KEY POPULATIONS CAN LEAD THE WAY

In November 2015, the World Health Organization (WHO) recommended that all people at substantial risk of acquiring HIV infection be given the opportunity to take a daily antiretroviral pill for pre-exposure prophylaxis (PrEP) against HIV.

Citing strong evidence from 12 clinical trials that PrEP works if taken as directed, the WHO endorsed access to PrEP for all populations with an HIV incidence rate of 3 percent or higher. Since then, a handful of countries have launched PrEP programs, and demonstration projects are under way or planned in about 20 countries. Nevertheless, the majority of eligible people in the countries most affected by the epidemic still have little or no access to PrEP.

WHO's definition of those at "substantial risk" clearly includes the key populations (KPs) disproportionately affected by HIV. And many PrEP demonstration projects serve specific KPs, such as female sex workers in South Africa or men who have sex with men and transgender women in Thailand.

This focus on KPs does not mean,

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Photo Credit: © Alexia Webster, The Global Fund

Outreach workers for a peer-lead HIV prevention, care, and treatment program pick up condoms and other supplies for distribution to sex workers.

however, that it will be easy for members of those populations to obtain PrEP and adhere to the daily regimen. Many of the same factors that impede KPs' access to and sustained use of HIV treatment will also pose barriers to PrEP. And offering PrEP only to members of often-stigmatized populations — as some countries are — could compound that stigma without concerted efforts to design positive, rights-based approaches to PrEP implementation.

That's why it is so important that members of KPs be engaged in every

step of PrEP introduction. This issue of *The LINK* describes some of the ways LINKAGES and its partners are working with KPs to ensure their meaningful involvement in education, advocacy, strategy development, planning, and implementation to help accelerate access to PrEP among those who need and want it most.

In an article on page 6, Trisa Taro of the International Treatment Preparedness Coalition (ITPC) emphasizes that we should not assume that members of all KPs have similar attitudes toward PrEP.

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Even demand for PrEP is not a given. Sex workers, for example, fear that access to PrEP could subject them to greater pressure from clients to agree to condomless sex.

The perspectives of each KP were discussed at a global think tank meeting on PrEP organized by the ITPC, with funding from LINKAGES, in May 2017. Insights from the meeting, which involved 45 people from 20 countries, will inform the development of a policy brief and a toolkit that the ITPC will use to train KP-led organizations to

fears about PrEP and make the case for investment to expand access. With AVAC's support, advocates in some countries have organized HIV prevention coalitions and advocated successfully for the inclusion of key populations in national policies and guidelines on PrEP.

The adoption of national guidelines on PrEP can serve as a catalyst for regulatory approvals, inclusion in health insurance schemes, and funding for PrEP programs. But, as APCOM Executive Director Midnight

In an article on page 11, Michele Lanham describes how the FHI 360-led OPTIONS Consortium is working to mitigate gender norms and inequalities that affect people's ability to protect themselves from HIV. OPTIONS's recommendations for PrEP rollout draw on the results of its own analyses of the gender norms and inequalities that may affect young women's ability to access and use PrEP consistently, as well as those of gender analyses conducted by LINKAGES among sex workers; transgender people; and gay, bisexual, and other men who have sex with men.

This focus on KPs does not mean, however, that it will be easy for members of those populations to obtain PrEP and adhere to the daily regimen. Many of the same factors that impede KPs' access to and sustained use of HIV treatment will also pose barriers to PrEP. And offering PrEP only to members of often-stigmatized populations—as some countries are—could compound that stigma without concerted efforts to design positive, rights-based approaches to PrEP implementation.

support community-led efforts to create demand for PrEP.

The need to enhance KP communities' understanding of PrEP was also one of the findings of a regional summit on PrEP in Asia, followed by a series of country consultations facilitated by the advocacy group APCOM. An article by Michael Badorrek on page 4, reports on grassroots education efforts and other results of those meetings, as well as APCOM's advocacy for speedier access to PrEP.

An article on page 8 by Cindra Feuer of AVAC describes how her organization works with civil society advocates in many countries to allay unfounded

Poonkasetwattana is quoted as saying on page 5, in most countries progress on these fronts will depend on the results of local demonstration projects.

An article on page 3 describes how a demonstration project that LINKAGES will lead in Swaziland is designed to provide evidence on the feasibility and acceptability of PrEP to help guide decisions about scale-up. The project is one of three PrEP pilots poised to begin in government health clinics in Swaziland, each tailored to meet the needs of a different KP.

Engaging KP communities in project design is essential to ensuring that PrEP services are acceptable and effective.

Engaging KP communities in the design and implementation of HIV services also promotes the kind of ownership critical for maintaining adherence, notes Andrew Lambert, LINKAGES senior technical advisor for KPs, in a staff profile on page 13. Lambert points to the pivotal role KP communities have played in successful efforts to expand access to HIV treatment — experience that LINKAGES and its partners can build on to strengthen HIV prevention services through community engagement in PrEP introduction and scale-up.

BREAKING NEW GROUND ON PrEP IN SWAZILAND

LINKAGES, Médecins Sans Frontières, and the Clinton Health Access Initiative (CHAI) are working to expand the evidence base related to the feasibility, acceptability, and tolerability of daily oral pre-exposure prophylaxis (PrEP) among key populations (KPs). Each organization will lead 18-month demonstration projects in different regions of Swaziland among different populations including KP groups.

Despite significant strides in the national HIV response, new HIV infections continue to occur in Swaziland, especially among KPs—defined by the Government of the Kingdom of Swaziland as men who have sex with men (MSM), female sex workers (FSWs), people who inject drugs, mobile populations, young women and girls (15–24 years), and people living with disabilities. As a result, the Swaziland Ministry of Health (MOH) has looked toward adopting the World Health Organization-recommended use of oral PrEP containing Tenofovir to be offered as an

additional prevention choice for people at substantial risk of HIV infection as part of a combination HIV prevention method.

To support the MOH in adopting PrEP as a standard of care in Swaziland, LINKAGES will work with the Family Life Association of Swaziland (FLAS)—which provides all current clinical services under LINKAGES Swaziland—to begin offering PrEP to HIV-negative FSWs and other vulnerable women (VW) ages 18 years and older in FLAS clinics. The goal is to assess the feasibility of delivering PrEP by government-managed health care clinics. Specifically, the project will review data on the uptake and characteristics of those accepting PrEP, the acceptability of daily oral PrEP, and retention among PrEP users. Each of the three organizations' demonstration projects will follow the guidance provided but cater to its own target populations, region, and clinics. This allows for not only cross-project learning on basic indicators but also insight into how these study-specific

traits affect the uptake and rollout of PrEP in the health care facilities.

The MOH, through the Swaziland National AIDS Program (SNAP), has been spearheading preparations for these PrEP demonstration projects. Under the leadership of SNAP, in August 2016, a task team conducted a situational analysis and drafted a framework to guide the design and rollout of the projects. The draft framework was presented to the directorate for its approval and to various technical working groups in the country. In April 2017, the MOH through SNAP held a meeting with all stakeholders to design the tools needed to support the rollout of PrEP in the health care facilities, including clinical standard operating procedures, monitoring and evaluation tools, and Swaziland-specific information, education, and communication materials. Each demonstration project has been tasked to test the tools at their program facilities and then finalize the tools before conducting trainings.

The data gathered from these demonstration projects will eventually lay the groundwork for the rollout of this exciting prevention measure among KPs in Swaziland, inform the national HIV prevention strategy's inclusion of PrEP and, possibly, help to support the design of other PrEP services to vulnerable populations.

*By: Laura Muzart
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Photo Credit: © John Rae, The Global Fund

A mother living with HIV in Swaziland contends with challenges of trying to stay healthy. LINKAGES is conducting a demonstration project in the country to assess the feasibility of delivering PrEP by government-managed health care clinics.

REGION-WIDE EFFORTS TO ADVANCE PrEP UNDERWAY IN ASIA

As evidence that pre-exposure prophylaxis (PrEP) is an HIV game changer continues to grow, advocates throughout Asia are working together to fast-track the drug's availability in a region where HIV is a serious and growing issue, especially for gay men and other men who have sex with men (MSM) and other key populations (KPs).

The HIV infection rate among MSM is above 6 percent in Myanmar, Vietnam, China, Indonesia, Malaysia, and Thailand, and nearly 14 percent in Mongolia. Several cities in the region, including Ho Chi Minh, Jakarta, and Kuala Lumpur, top 15 percent. In Bangkok, almost one in four MSM is HIV-positive. On top of this, less than half of MSM in most major Asian cities use condoms consistently, a rate that is far too low to have an impact on reducing HIV transmission among MSM.

In this context, PrEP offers a much-needed means of breaking the cycle, especially if Asia is to meet the

UNAIDS fast-track targets. So, in late 2015, a special regional consultation brought together those who work in HIV prevention, care, and treatment; national HIV and AIDS program managers; development partners; and donors across the region to discuss how to increase the pace of PrEP's rollout in Asia. Organized by regional HIV advocacy organization Asia Pacific Coalition on Male Sexual Health (APCOM), the *PrEParing Asia* summit produced a road map to help partner organizations in Asia navigate the issues and challenges for increasing access to PrEP for MSM and transgender people across the region.

Since then, efforts to scale up the use of PrEP in Asia have steadily advanced, with some countries moving more rapidly than others. Last October, APCOM produced a report about the progress being made in 12 countries—Malaysia, China, Hong Kong SAR, India, Indonesia, Cambodia, Myanmar, Lao PDR, The Philippines, Vietnam,

Mongolia, and Australia—and other efforts in relation to PrEP across the region.

“Using our *PrEParing Asia* summit as a model for their own national dialogues, most countries have sought to inform their local community, governments, and other relevant stakeholders about PrEP and its potential impact and have started developing local plans for scaling up PrEP delivery and services,” says APCOM Executive Director Midnight Poonkasetwattana. “Also, some of these country consultations have had more of a community focus, which has been an opportunity to gauge the level of understanding and readiness that local MSM and transgender communities have in relation to PrEP. Most countries within the region report that community knowledge about PrEP needs to be enhanced so that accurate information is available and demand for PrEP can be generated.”

In response to these findings, several countries have initiated grassroots education efforts through advertising, social media, and community engagement events. These education efforts share up-to-date research, provide information about the availability of PrEP, and in some cases, offer peer support and assistance to community members to help them overcome barriers to access and find ways to obtain PrEP when it is not available or affordable locally.

A number of research projects are underway to broaden the evidence base on PrEP rollout in Asia. These projects involve PrEP being supplied for a set period to a monitored group of participants at high risk of HIV transmission. Australia has already begun trials in several states with a total enrollment of more than 8,300 participants; Vietnam is proposing a pilot with 200 people; The Philippines



Photo Credit: © Courtesy of APCOM

Midnight Poonkasetwattana, executive director of Asia Pacific Coalition on Male Sexual Health (APCOM), addresses the PrEParing Asia summit held in Bangkok in late 2015.

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will soon launch a trial with 100 community members; and several other countries have reported significant progress toward establishing pilot programs.

However, raising awareness about PrEP and making an evidence-based case for rolling it out are only two parts of the puzzle for HIV advocates in Asia. Getting

“Despite all the challenges around awareness raising, evidence building, policy development, and delivery costs, we need to keep focused on achieving the scale-up of PrEP in Asia as soon as possible because the need in our communities is urgent.”

PrEP included as an HIV prevention tool in the national HIV strategies of individual countries needs to become a key part of Asia’s prep for PrEP. Without relevant policy frameworks in place, national insurance agencies and pharmaceutical regulatory bodies will not approve PrEP as prevention, severely limiting its availability and potential impact. Action to address these kinds of policy and regulatory issues has already begun in several countries, although most cite the outcomes of local pilot projects as a precursor to any significant progress in this area.

Vital to this approach is identifying and working with government and health officials who will champion the cause, because misconceptions about and ideological concerns against PrEP among policymakers in the region are a big hurdle. Advocates from across Asia have highlighted the importance of continuing to provide up-to-date information about the efficacy, safety, and cost-effectiveness of PrEP to

educate those who inform policy and make decisions about health spending. The cost of scaling up access to PrEP is one of the biggest barriers for all countries in the region.

“Given the pressure on national health budgets across Asia, innovative and multifaceted funding models will need to be developed with the community as part of the health system. However, there are some countries with Global Fund and PEPFAR funding where the inclusion of PrEP can already happen. This will provide the necessary data for the effectiveness of PrEP in other local contexts and, hopefully, once the long-term cost benefits become evident, investment in PrEP will flow across the region,” says Midnight.

In the meantime, efforts are being made to make PrEP as accessible as possible to MSM throughout Asia. Some organizations are facilitating online ordering for clients who wish to purchase the drug from jurisdictions where it can be legally sold. Partnerships with local HIV doctors who can supply prescriptions and provide the necessary medical support, such as kidney monitoring and HIV/sexually transmitted infection tests, are important to the success of these initiatives. Also, for those who can afford it, traveling to Bangkok provides the opportunity to get PrEP through the Thai Red Cross Clinic, Silom Clinic, or private clinics.

Since the *PrEParing Asia* event, APCOM has also provided regional support and advocacy through a range of initiatives, such as helping facilitate country consultations in eight countries and developing a range of PrEP-related resources that are available for use by other community-based organizations in the region. Over the past 18 months, APCOM representatives have also advocated for Asia’s PrEP agenda at several international HIV-related forums.

“Despite all the challenges around awareness raising, evidence building, policy development, and delivery costs, we need to keep focused on achieving the scale-up of PrEP in Asia as soon as possible because the need in our communities is urgent,” Midnight says. “What the past 18 months has demonstrated is that valuable progress is being made due to the efforts of hardworking and dedicated people throughout the region. APCOM is looking forward to continuing this work with our partners so that affected communities of people can be well-informed and well-equipped to lead the activities that ultimately will result in widespread availability of PrEP.”

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COMMUNITIES DRIVE DEMAND FOR PrEP

Even though pre-exposure prophylaxis (PrEP) has been approved by the World Health Organization (WHO) and recommended for a wide variety of communities, key population (KP) organizations and networks consistently find themselves left out of decisions and processes that are critical to the success of PrEP use within their communities.

Discussions conducted among KPs by their networks and supporters point to complex issues related to KPs' acceptance of and demand for PrEP. These issues are multifaceted, and they are often wrongfully generalized. For example, WHO asserts that there is significant acceptance of PrEP among KPs and that there is substantial interest in adding PrEP to the list of tools for HIV prevention.¹ A statement like that, however, fails to acknowledge that while different KP groups do share some concerns about PrEP—such as stigma, discrimination, and the criminalization of their communities that prevent enabling environments for PrEP use—within these broad concerns are issues that are unique and must be understood within vastly different contexts.

For instance, after consultations with their membership in 2016, the Global Network of Sex Work Projects (NSWP) published a briefing paper, emphasizing that before PrEP can be considered a viable prevention option for sex workers, legal barriers need to be resolved, local sex-worker-led organizations must be provided with the tools to educate their community about PrEP, and more community-led participatory research is needed to understand the structural barriers faced by sex workers in accessing health services.² In contrast, the Global Forum on MSM & HIV (MSMGF), a network of gay and men who have sex with men (MSM) sexual health and rights advocates, has been quite vocal about the need to implement PrEP for MSM immediately. Similar differences in stances exist among transgender organizations and with organizations representing people who use drugs.



Photo Credit: © Trisa Taro, ITPC

Florence Anam, International Community of Women Living with HIV, and Jodian Pinkney, University of West Indies-Jamaica, discuss barriers to PrEP uptake during breakout session at ITPC's PrEP think tank meeting in May in Port of Spain, Trinidad & Tobago.

Issues related to acceptability of PrEP among different KP groups become further compounded when we begin to look at demand creation for PrEP. Different stakeholders have contrasting views on the best way to market and raise awareness about PrEP. On one hand, targeted messaging may be more effective in reaching those who would benefit most from PrEP use. On the other, such targeting could inadvertently stigmatize potential users and undermine the distribution of responsibility for HIV prevention. Even among individual KP groups, attitudes about PrEP and the strategies used to engage people in conversations about it can vary substantially across different regions.

In response, the International Treatment Preparedness Coalition (ITPC) has initiated a community-led

project on PrEP that aims to develop and implement innovative community-led demand-creation solutions for access to and use of oral PrEP. This project includes an in-depth literature review, a global think tank meeting, the development of a community toolkit and policy brief, and the rollout of treatment education trainings in four countries to build the capacity of KP organizations to support community-led demand creation for PrEP.

Founded in 2003, ITPC is a global network of community activists unified by our mission to enable people to access optimal HIV treatment. The organization has been leading the charge on issues related to HIV treatment access through treatment education initiatives, community-led monitoring projects, and an evidence-

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based campaign on intellectual property and access to medicines.

Over the past nearly 15 years, ITPC's work has uncovered glaring gaps along the HIV treatment cascade—pointing to ongoing needs of people living with HIV in Africa, Asia, the Middle East, Eastern Europe, and Latin America and the Caribbean. In the context of our overall work on treatment access, it has become clear that discussions

This work centers around the education and mobilization of recipients of care. It is only when affected communities are knowledgeable about their options and empowered to advocate for them that they can confidently engage in policymaking and program implementation at national, regional, and global levels.

about PrEP must be better integrated into broader treatment access issues. “Treatment as prevention” and similar frameworks reinforce that all steps of the cascade are linked and should be treated as such. As an extension of our existing work in community-led advocacy for HIV treatment, ITPC facilitates the engagement, mobilization, and empowerment of KPs and people living with HIV in discussions on PrEP and its rollout and implementation.

ITPC's in-depth literature review is already under way, providing a preliminary overview of global perspectives on PrEP for KPs by both bilateral organizations and by KPs and their support networks. The review will encourage ongoing discussions among ITPC members and partners about how best to build capacity of KP networks to strengthen community-led demand for PrEP.

With the support of LINKAGES and M•A•C AIDS Fund, ITPC hosted the global think tank meeting in May 2017 in Port of Spain, Trinidad and Tobago. The two-day event included more than 45 participants from 20 countries representing civil society, KPs, government, and technical expert groups. Unlike other PrEP meetings held previously in Asia and Africa, this meeting did not focus solely on the issues for and perspectives of MSM; it represented a critical step in engaging all stakeholders in the process and ensuring that the context of each KP group is holistically understood and reflected.

The outcomes of this meeting will shape subsequent pieces of the project and serve to document considerations about use and delivery of PrEP and hopefully further validate the need for community consultative practices in such processes. As attention is still well focused on KPs, we must act now to engage vigorously and claim KP space in emerging PrEP policy and programming dialogues. Where needed, civil society and KP communities must create demand for PrEP as an available option and hold governments and donors accountable for providing these services at scale. This work centers around the education

and mobilization of recipients of care. It is only when affected communities are knowledgeable about their options and empowered to advocate for them that they can confidently engage in policymaking and program implementation at national, regional, and global levels.

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DELIVERING ON PrEP'S PROMISE

On a street corner in Brooklyn last summer, I met a stranger for a drug handoff. It was a three-month supply of Truvada that I would mule for a young gay musician living in Berlin. A few weeks ago, a Nigerian sex worker friend and AVAC colleague asked me to send her Truvada via the post.

More than six years have passed since Truvada as a pre-exposure prophylactic (PrEP) was proven to dramatically reduce the risk of HIV. However, many eligible users have never heard of the daily oral pill that delivers a high level of protection from HIV and the peace of mind that goes with it. And even if they have heard of PrEP, most cannot access this revolutionary HIV deterrent.

PrEP is a central component in combination HIV prevention—without which the world will not reach the goal of ending the AIDS epidemic by 2030. UNAIDS calls for at least 3 million people across the globe to access PrEP by 2020. Most of these individuals fall under the category of key populations (KPs), those considered at greatest risk for HIV.

PrEP's success in the halls of science dovetailed perfectly with the UNAIDS 2011 Investment Framework. This new approach embraced human rights and prioritized KPs, calling for equity, protections, and improvement of their social status. Funding for PrEP to KPs has started to flow from the Global

Fund to Fight AIDS, Tuberculosis, and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), but it will take concerted effort on global, national, and local levels to reach all who need and want PrEP.

Country-Level Advocacy for PrEP Delivery

For the last decade, AVAC has partnered with civil society advocates to ready countries for the introduction of PrEP into their national HIV policies. Focus has been placed on several high HIV-burdened countries in southern and eastern Africa. Efforts include reaching national AIDS councils, policymakers, health providers and program implementers, funders, media, and communities with the message that PrEP, when targeted to those in highest need, could avert HIV infections and save money that would otherwise be required for lifetime HIV treatment.

The idea of PrEP is straightforward, yet concerns include PrEP use leading to an increase in risky behavior, reduced funding for treatment, HIV resistance, side effects, and increased sexually transmitted infections (STIs). These are all possible issues that need to be addressed and monitored in program design and implementation, but none are reasons not to implement PrEP. Nonetheless, advocates constantly battle these misgivings. AVAC has supported cadres of civil society advocates in many countries to carry accurate messages about the benefits of PrEP and to allay unfounded fears. Many have formed prevention coalitions that have gone on to inform funding and policy on PrEP at the national level.

For example, in Kenya, Malawi, Nigeria, South Africa, Uganda, Zambia, and Zimbabwe, AVAC partners, armed with WHO's PrEP recommendations (see sidebar next page), campaigned for and

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Photo Credit: © Deirdre Grant, AVAC

Henry Sakala, Friends of Rainika executive director and AVAC PxROAR Africa member, talks through plans for PrEP advocacy in Zambia with Midnight Poonkasetwattana, APCOM executive director.

influenced the drafting of national PrEP guidelines, ensuring that KPs would be included among those designated as PrEP recipients. Uganda—where homosexuality is infamously illegal—went so far as listing in its guidelines “individuals who engage in anal sex” as candidates for PrEP.

PrEP policy guidelines can trigger other developments, such as regulatory

approval for antiretrovirals as prevention, funding proposals for PrEP, and pilot PrEP programs to inform its scale-up. PEPFAR is one such funder, of both treatment and prevention across the globe. AVAC has helped country advocates demystify PEPFAR data and steer financial allocations to PrEP programs (and other HIV prevention options that include voluntary medical male circumcision). AVAC and partners

press PEPFAR to ensure that KPs have a seat at the table, their numbers are represented accurately in national plans for PrEP, and they receive additional funding for activism. The latter is necessary to address the myriad challenges inherent to KPs that can pose barriers to health access.

AVAC supports advocates for PrEP to contribute opinion pieces, articles, and broadcast content for major media outlets. AVAC also organizes journalist trainings for leading health reporters to consistently and correctly report on PrEP and KPs. Sympathetic coverage can help move the needle toward greater acceptance of these groups.

Merging KP and PrEP Movements

Last year, AVAC, in collaboration with LINKAGES and other partners, organized [the first summit on PrEP for men who have sex with men in Africa](#) with gay men and allies from across the continent. The [three-day meeting](#) culminated in advocacy plans for PrEP mobilization in 12 countries. AVAC invited several of the participants to join its nascent Africa PxROAR (prevention, research, outreach, advocacy, and representation) program.

Africa PxROAR is modeled on AVAC's U.S. and European PxROAR programs but is wholly dedicated to KPs. Members were selected based on their histories as human rights activists; many of them are veterans of decriminalization movements. Some members do not have a strong background in HIV activism, while others have HIV experience—as the struggles faced by lesbian, gay, bisexual, transgender, and queer people on the continent have often been nested within the AIDS movement. AVAC is working to bridge the knowledge gap and collapse movement silos. Several ROARers have gone on to lead PrEP advocacy in their countries.

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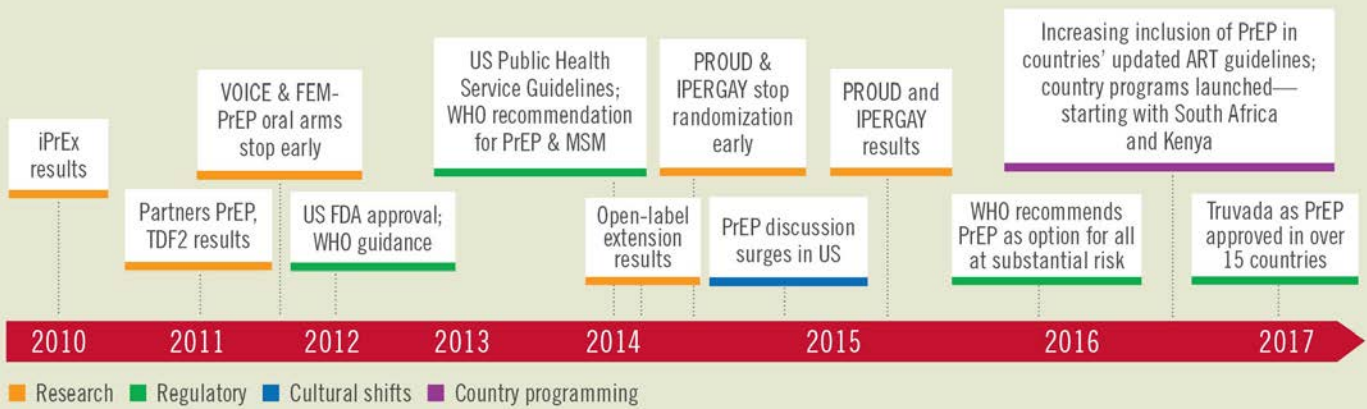
ROCKY ROAD: FROM RESEARCH TO WORLD HEALTH ORGANIZATION RECOMMENDATIONS

In the early 2000s, the promise of PrEP faltered when some of the early clinical trials in multiple countries were shut down because of mistrust between vulnerable communities and research entities, among other reasons. AVAC is an organization dedicated to accelerating ethical research in pursuit of new HIV prevention methods and to the global delivery of these new options. Accordingly, AVAC did not want to see PrEP fall by the wayside due to political and social discord before it could even be established as safe and effective.

In 2007, in collaboration with UNAIDS, AVAC penned the *Good Participatory Practice Guidelines* (www.avac.org/gpp) and published a second edition in 2011. These have become a standard in HIV prevention research providing trial funders and researchers with guidance on how to engage with all stakeholders, including KPs, in the design and conduct of HIV prevention clinical trials. This stakeholder engagement helped bring the PrEP trial trajectory back on track, with input and buy-in from sex workers, gay men, and other potential trial participants and their communities.

In 2010, the first evidence that PrEP prevented HIV came from a trial in gay men, which showed that Truvada as PrEP reduced risk of infection. Later, it was shown to work in heterosexual men and women and people who inject drugs. Initially, the World Health Organization (WHO) recommended PrEP demonstration projects for gay men, transgender women, and serodiscordant couples to inform how best to deliver PrEP to these often marginalized populations. By 2015, WHO updated its PrEP recommendations, based on further evidence, to include all those at substantial risk of HIV. By all counts, KPs qualify because their HIV risk is between 10 and 50 times greater compared to other adults. In southern Africa, adolescent girls and young women also meet the requirement for PrEP given their high rates of HIV incidence.

From Proof-of-Concept to Prevention Phenomenon



Has the global action on daily oral PrEP been as fast as possible? No. But there has been tremendous activity over the past five years. This timeline can be used to anticipate and speed action on the next generation of ARV-based prevention options. For the latest, visit www.avac.org/infographics.

As PrEP evolves from abstract idea to fully funded implementation, charting its community impact is easy: HIV rates are falling in programs where people at high risk are self-selecting and seeking out PrEP. This is only the beginning. With dedicated, sustained advocacy,

PrEP will help bend the curve and eventually break the back of the HIV epidemic. Our communities will not only be protected, but emboldened.

*By: Cindra Feuer
Senior Program Manager, AVAC*

ADDRESSING THE CRITICAL INTERSECTION OF GENDER AND PrEP

Background

Pre-exposure prophylaxis (PrEP)¹ was conceived to fill the urgent need to expand the HIV prevention options for people most at risk. However, as new HIV prevention methods like PrEP are rolled out, women, girls, men who have sex with men (MSM), and transgender people will face barriers to product access and use that stem from cultural norms, lack of power in relationships and society, limited access to resources, and other gender-based inequalities.

To have a meaningful impact on the HIV epidemic, PrEP must be rolled out in a way that not only makes good business sense but also promotes individual agency and mitigates gender norms and inequalities that affect people's ability to protect themselves from HIV. Most critically, plans to introduce PrEP must prioritize a rights-based, positive approach that normalizes use of the new products and makes them available to those who need them most.

The OPTIONS Consortium is a five-year cooperative agreement funded by the U.S. Agency for International Development (USAID), in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The goal of the consortium is to provide targeted support to expedite and sustain access to antiretroviral-based HIV prevention products in countries and among populations where most needed, with a focus on sub-Saharan Africa and women. OPTIONS conducted a gender analysis to identify how gender norms and inequalities may affect girls' and women's ability to access and use PrEP and made recommendations for gender-integrated PrEP rollout. OPTIONS also incorporated findings from gender analyses conducted by the LINKAGES project regarding how to deliver HIV services for KPs: sex workers, MSM, and transgender people.²⁻³

Recommendations

1. Meaningful participation

Ensure that target populations and communities are meaningfully involved in developing PrEP policies, guidelines, implementation plans, and evaluation. Involving women's advocates, women leaders, youth, adolescents, sex workers, MSM, transgender people, and the broader communities where PrEP is rolled out empowers these groups and increases the likelihood that PrEP programs will be effective.

2. Target populations

Make PrEP available to all women, not just to people most at risk, and take care to reduce potential stigma against the products and the people who use them. Oral PrEP will likely be promoted primarily to most-at-risk populations, making it even more crucial to offer vaginal microbicides to a wider audience of women in areas with high HIV prevalence. Decision makers should consider including young women and adolescent girls as target populations, given their high rates of HIV infection and lack of power to negotiate condom use in sexual relationships.

3. Policy

Create a supportive policy environment and clear guidelines for PrEP delivery that respect, protect, and fulfill the human rights of all people to HIV prevention services regardless of age, sex, gender identity, gender expression, sexual practices, or marital status.

4. Service delivery outlets

Offer PrEP for free or at low cost and integrate it into services that target populations currently use, which will help reduce obstacles to uptake and sustained use. PrEP should be offered at clinics and drop-in centers providing services for key populations, including adolescents, sex workers, MSM, and transgender individuals, because these facilities are often viewed as safe spaces that provide high-quality, nonstigmatizing care.

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Photo Credit: © Bruno Abarca, The Global Fund

As PrEP is rolled out, women, girls, MSM, and transgender people will face barriers to product access and use that stem from cultural norms, lack of power in relationships and society, limited access to resources, and other gender-based inequalities.

5. Provider training

Train health care providers and staff to deliver nonjudgmental, gender-sensitive PrEP services and provide them with ongoing support and accountability. Institute systems for reporting discrimination in health care settings, including breaches in confidentiality, and ensure that providers know they will be held accountable.

6. Marketing

Tailor PrEP marketing for specific contexts and groups. Minimize stigma associated with the products and the people using them. Involve members of target audiences in developing messages and identifying communication channels.

“Gender norms and inequalities increase women’s and girls’ vulnerability to HIV due to multiple factors, including limited ability to negotiate safer sex, engaging in transactional sex, and curtailed ability to test, disclose, and access HIV treatment because of fear of violence and abandonment. Norms around gender and sexual identity [also] put transgender populations and others who are perceived to have transgressed those norms at greater risk for both gender-based violence and HIV.”

—PEPFAR Gender Strategy

7. HIV testing and counseling

Strengthen HIV testing and counseling (HTC), including couples’ counseling, and evaluate different testing models to increase uptake, both for first-time testers and for people doing repeat testing while using PrEP. Countries need to determine what frequency of HIV testing is feasible for users and evaluate different models of HTC (such as self-, home-based, and mobile) and scale up those that encourage uptake.

8. Violence response services

Integrate violence response services within PrEP delivery. Where violence response services are available, PrEP providers should be trained to screen for violence and provide first-line response. Referral networks should be developed to meet the holistic needs of clients who have experienced violence.

9. Counseling

Support PrEP users in their decisions about whether and how to discuss PrEP use with their partners. All clients have the right to decide when or whether to discuss product use with their partners; counseling should always reflect and emphasize this point.

10. Engaging men to support women’s product use

Engage male partners to promote couples’ communication and support PrEP use. Educating men about PrEP can alleviate their concerns and help normalize product use.

11. Safe spaces

Create safe spaces in which target populations can discuss sex and sexual health. In these spaces, members of target populations can learn from each other about PrEP and strategies for effective use.

12. Transforming gender norms

PrEP can contribute to, but not replace, efforts to transform gender norms. If product rollout includes strategies to address gender barriers, it has the potential to increase couples’ communication, improve relationships, increase knowledge about sexuality, and enhance power to prevent HIV. However, to truly transform gender norms that drive many KPs’ vulnerability to HIV, a more comprehensive approach is required.

These recommendations are informing the implementation of OPTIONS activities and are also being disseminated via prepwatch.org, the Wits Reproductive Health Institute AVIWE knowledge hub, and PrEP technical working groups and ministries of health in Kenya, South Africa, and Zimbabwe.

Implementation

OPTIONS partners are, themselves, implementing these recommendations in Kenya, South Africa, and Zimbabwe. Just a few examples include:

- Promoting the meaningful involvement of target populations in Zimbabwe by inviting GALZ (Gays and Lesbians of Zimbabwe), AFRICAID, and Katswe sisterhood—organizations that represent gender and sexual minorities and young women—to participate in a technical working group that is leading development of oral PrEP guidelines and implementation.
- Assessing health care providers’ gender-related perspectives on delivering oral PrEP to adolescent girls and young women, MSM, female sex workers, people who inject drugs, and transgender women. The results will inform training of oral PrEP providers.
- Promoting gender-sensitive counseling of oral PrEP users by developing job aids for HIV testing and oral PrEP introduction, initiation, and adherence that have a supportive and empowering focus. The aids cover adherence, intimate partner violence, combination prevention, condom negotiation, and partner/family communication.

By: Michele Lanham
Senior Technical Officer, FHI 360

1. The development of ARV-based HIV prevention options includes a broad range of products including vaginal and rectal microbicide gels, vaginal rings, oral tablets, injectables, inserts, films and implants. While there is currently no global consensus on the best terminology for the product category, we refer heretofore to PrEP as the product category (inclusive of all formulations of ARV-based HIV prevention), and will refer to specific products by formulation designation and/or name (e.g. oral PrEP/TDF-FTC, topical PrEP/dapivirine ring, injectable PrEP/cabotegravir, etc).
2. PEPFAR gender analysis in Cameroon: summary of findings and recommendations for key populations. Washington (DC): FHI 360/LINKAGES; 2016.
3. The nexus of gender and HIV for sex workers, men who have sex with men, people who inject drugs, and transgender people in Kenya. Washington (DC): FHI 360/LINKAGES. Forthcoming 2017.

THE PEOPLE @ LINKAGES: ANDREW LAMBERT

A community engagement expert in public health and HIV prevention, Andy Lambert joined FHI 360 in September 2017 as senior technical advisor for key populations (KPs). He is based in Cape Town, South Africa, where he has lived for the past 10 years. Before joining FHI 360, he spent a year on the Ivory Coast with the Fulbright program conducting research on the integration of community-based planning into local, national, and international development programs. For seven years, he worked for the HIV Vaccine Trials Network (HVTN), an organization dedicated to integrating end users in the design, development, and implementation of clinical research. He set up community engagement programs across 15 trial countries from Asia to Latin America to Africa. His experience leading the rollout of one of South Africa's first pre-exposure prophylaxis (PrEP) sites for female sex workers in Durban prepared him to support further roll-out in other countries. A dual American and French citizen, he is also a professional photographer.



What are your duties as senior technical advisor for key populations?

I help support in-country projects on all the technical aspects of KP programming. Working with country teams, I look at the entire HIV prevention, treatment, care, and support cascade to help identify gaps and work with in-country teams to develop activities to improve the uptake of and downstream linkage to HIV and other health services.

In what countries is your work concentrated?

I provide technical support to Swaziland, Mozambique, Angola, Mali, and Djibouti. I also work closely with a larger team of global technical advisors and program and SI officers to help shape and guide innovative strategies that further enhance our ability to reach and link more KPs into health, wellness, and human rights programs that are open and free from stigma, discrimination, and abuse. One of my core activities is to further expand PrEP to KPs globally.

What has held your interest in HIV prevention and community engagement, ultimately leading you to LINKAGES?

My passion has always been in engaging and empowering communities to be a part of their own solutions. Working in the Peace Corps in Guinea early in my career, I observed what happens to projects dropped on a population without engaging them about what they need or want, and I also saw how local projects developed with the community had much better chances for success and sustainability. Through the context of HIV prevention research, I entered the world of KPs and moved to Cape Town in 2007 to join the International Partnership for Microbicides (IPM) as community engagement manager. Later, working with TB/HIV Care Association, I started a local South African nongovernmental organization—a key population peer-linked health and human rights program for sex workers (SWs) and people who inject drugs (PWID) and became their KP program manager. The SW program became one of the leading models of service delivery in the region; the PWID program was the first of its kind in South Africa. Both projects continue to grow and expand today.

What is an example of success in your work and its significance to the overall achievement of LINKAGES goals?

I brought to LINKAGES the ability to quickly understand gaps and bottlenecks in HIV programming for KPs, which has helped countries identify immediate solutions and longer-term development goals leading to improved reach and support to users. One area that stands out as a success is having helped shape in-country programs to engage, involve, and integrate key

LIFE FACTS

Degrees: Bachelor of Arts in Latin American studies and a Master in Urban Planning in community and environmental planning, University of Washington

Expertise: Program development, HIV prevention, community engagement

Global experience: Africa, Asia, Latin America

Languages: French, Spanish, Portuguese, and basic Pulaar and Sousou (Republic of Guinea)

Family: includes life partner Abraham and the wonderful “chosen family” of amazingly eclectic locals and expatriates from around the world who live in Cape Town

Leisure Activities: Art shows, hiking/camping, good food prepared and enjoyed with friends and family

Philosophy: When you change the way you look at things; things begin to change.

population voices into service delivery as a way of not only improving target reach but allowing them to take ownership of these programs.

What excites you most about your work at LINKAGES?

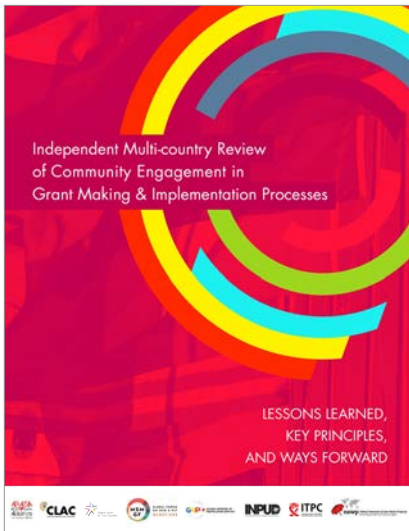
The tremendously passionate and experienced team and in-country program staff who are extremely committed to improving the lives of key population members and helping build larger community, national, and international support to shift societal beliefs. These belief systems are the root of why these populations find themselves now at the heart of the HIV epidemic. Their engaged participation made for better country plans, and they have an increased sense of ownership. Being part of and learning from community-led work is humbling and energizing.

What do you wish for key populations?

I wish for KPs, identified in public health circles as key to ending the HIV epidemic, to not be “key populations” anymore. That is, that we are able to help change negative belief systems in the countries where we work and shift societal norms so as to reduce and, ultimately, eliminate the vulnerabilities that put them at heightened risk of HIV, discrimination, and abuse.

By: Stevie O. Daniels, FHI 360

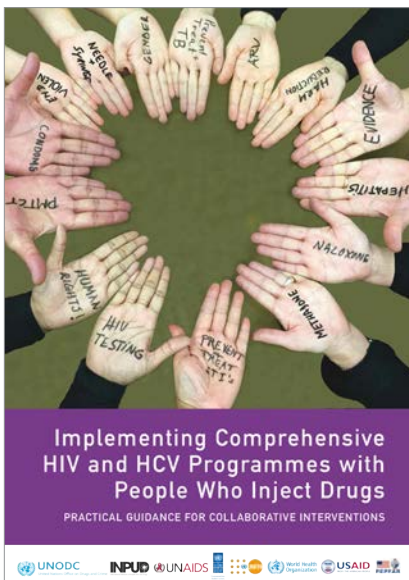
NEW RESOURCES: RESEARCH AND REPORTS



INDEPENDENT MULTI-COUNTRY REVIEW OF COMMUNITY ENGAGEMENT IN GRANT MAKING & IMPLEMENTATION PROCESSES: LESSONS LEARNED, KEY PRINCIPLES, AND WAYS FORWARD

<http://msmgf.org/wp-content/uploads/2017/03/MSMGF-CLAC-Study-Full7.pdf>

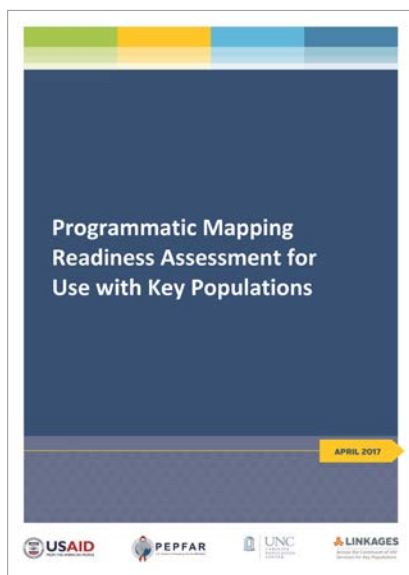
This study features findings, conclusions, and recommendations for enhancing the meaningful engagement of communities in all phases of Global Fund grants. With an emphasis on grant making and implementation, the review synthesizes lessons learned and good practices, and identifies key principles and strategic actions to ensure greater accountability among communities, country coordinating mechanisms, other stakeholders, and the Global Fund. Preliminary findings were validated through consultations in Cameroon, Dominican Republic, Kenya, Moldova, Philippines, Suriname, and Tunisia. Released by Community Leadership & Action Collaborative (CLAC), this independent review was commissioned by the Community, Rights and Gender (CRG) Department of the Global Fund Secretariat. Four thematic case studies are available: <http://msmgf.org/advocacy/policy/global-fund/>.



IMPLEMENTING COMPREHENSIVE HIV AND HCV PROGRAMMES WITH PEOPLE WHO INJECT DRUGS: PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS

<https://www.inpud.net/sites/default/files/IDUIT%205Apr2017%20for%20web.pdf>

This guide offers advice for implementing programs across the full continuum of HIV and hepatitis C virus (HCV) prevention, diagnosis, treatment, and care, aligned with United Nations guidance. It contains examples of good practice from around the world, describes issues to be considered, and steps to overcome challenges. Strategies, activities, and approaches are outlined for increasing accessibility, acceptability, coverage, quality, and uptake of interventions and services. Programs run in close partnership with, or by, organizations of people who use drugs are given particular attention.



PROGRAMMATIC MAPPING READINESS ASSESSMENT FOR USE WITH KEY POPULATIONS

<https://www.fhi360.org/resource/programmatic-mapping-readiness-assessment-use-key-populations>

This resource, developed by LINKAGES partner University of North Carolina at Chapel Hill, provides an adaptable step-by-step guide for stakeholders conducting a mapping readiness assessment. The guide focuses on the safety and well-being of key populations, potential risks and benefits of conducting programmatic mapping before starting the mapping process, and discussions needed among program staff and community leaders to create an action plan that addresses risk. Each community using the guide can adjust it to meet specific needs and contexts.

CONTINUED ON PAGE 15



SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (SRHR) & HIV LINKAGES TOOLKIT

<http://toolkit.srhhivlinkages.org>

At this website, users will find links to the most current and relevant information and resources for understanding the thematic connections between sexual and reproductive health and HIV, advocating for links between services, methods for integrating services, monitoring and evaluation tools, research techniques, steps for protecting human rights, and strategies for mobilizing resources and working in partnerships. The site's navigation design makes it easy and direct to find a specific resource, document, or procedure. It is a product of the Interagency Working Group on SRH and HIV Linkages.

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