

Health4All

Health Workers' Training Guide for the Provision of Quality, Stigma-Free HIV Services for Key Populations

Name of presenter

Date

Country



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LINKAGES
Across the Continuum of HIV
Services for Key Populations

Introduction to LINKAGES

- Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (**LINKAGES**) is a five-year cooperative agreement funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID).
- Goal: To accelerate the ability of governments, key population (KP) organizations, and private sector providers to plan, deliver, and optimize services that reduce HIV transmission among key populations:
 - Men who have sex with men (MSM)
 - Female sex workers (FSWs)
 - People who inject drugs
 - Transgender peopleAnd extend life for those who are HIV positive.

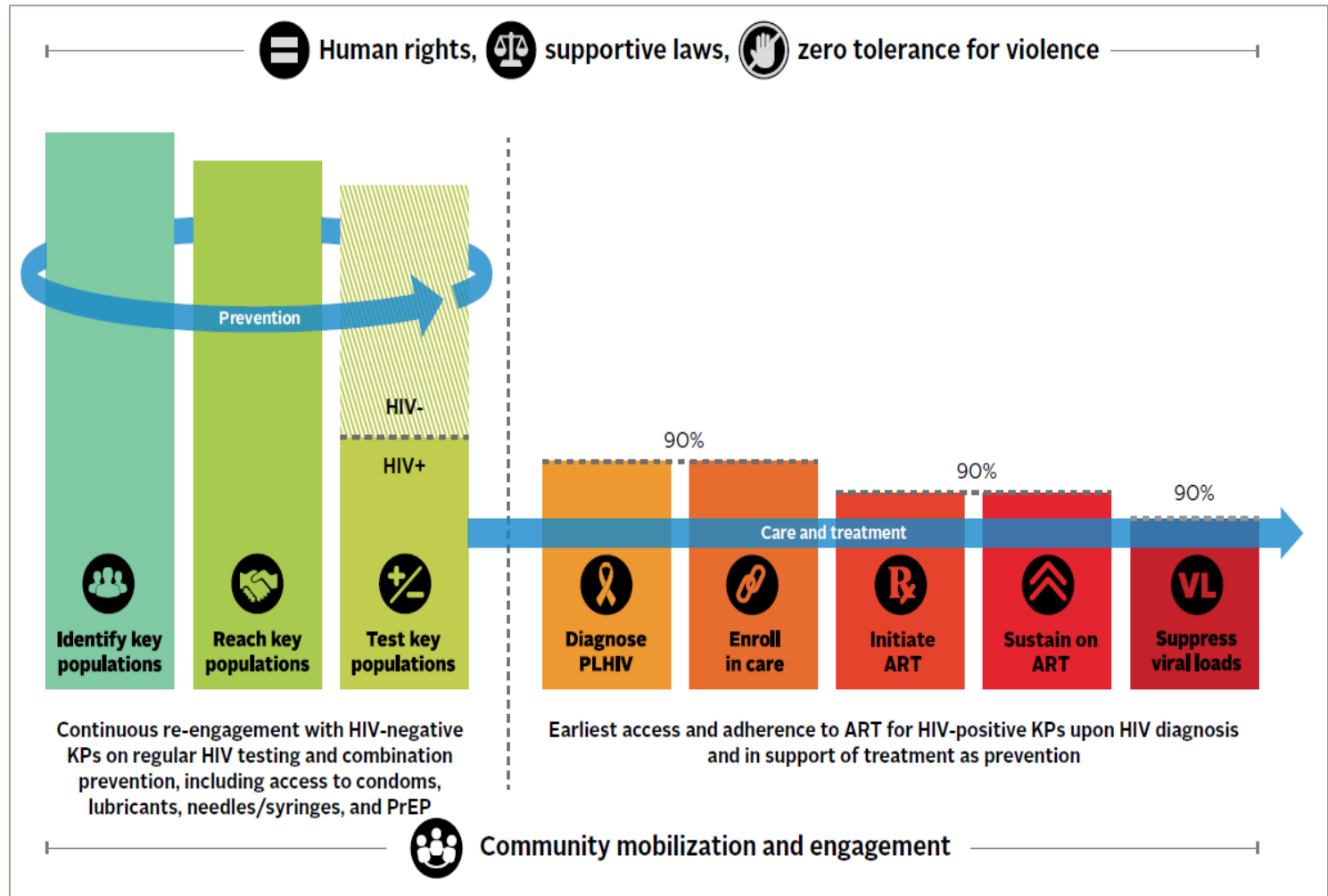
LINKAGES partner roles

- **FHI 360**
Leads and provides oversight and technical expertise in all aspects of key population programming
- **IntraHealth**
Conducts capacity building of health care workers to provide quality, key-population-friendly services
- **Pact**
Provides organizational development for key population civil service organizations and networks
- **UNC**
Assists mapping/size estimation, and monitoring and evaluation (M&E)

Local LINKAGES implementing partners

[List the local nongovernmental organizations (NGOs) and community-based organizations (CBOs) that LINKAGES is working with in your country, where they're located, and their role in the project]

LINKAGES: HIV Cascade Framework



MODULE 1

The rationale for services for key populations



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“Being seen does have value. A voice does have value. I have the support of my boyfriend, my great friends, and my loving parents. Many do not, and this is, in part, for them.”

— Ji Wallace (*HIV-positive Olympian accepting the silver metal*)

Module 1: Learning objectives

After completing this module, participants will be able to:

- Define the term *key populations* and articulate why providing health services for them is critical to an effective HIV response
- Explain the differences within and between and how to tailor services appropriately to respond to the needs of sex workers, men who have sex with men, transgender people, and people who inject drugs

Module 1: Learning objectives (cont.)

After completing this module, participants will be able to:

- Use correct and appropriate terminology regarding key populations
- Describe the difference between gender, sex, and sexual orientation
- Explain how key populations may experience violence and abuse and how this affects their health

Session 1.1

Know your epidemic



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Session 1.1: Learning objective

After completing this session, participants will be able to:

- Explain the dynamics of the HIV epidemic within their country and community context

Session 1.1: Know your epidemic

[Research the latest global HIV/AIDS statistics and your country's HIV/AIDS statistics and develop slides to present them. Provide facts such as HIV prevalence by age and gender. Remember to site your sources of information.]

Session 1.2

Why focus on key populations?



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Session 1.2: Learning objective

After completing this session, participants will be able to:

- Articulate how addressing the health needs of key populations with high-quality care and support is critical to HIV prevention

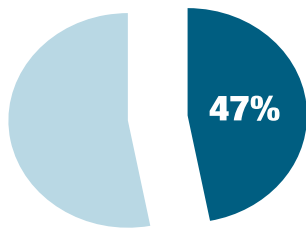
Session 1.2: Why focus on key populations?

[Provide global statistics (and local ones if you have them) that show HIV prevalence among key populations compared to the general population.]

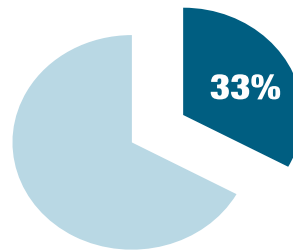
Country examples of HIV contribution by KP

Key Populations and Their Sex Partners Account for a High Proportion of New HIV Infections

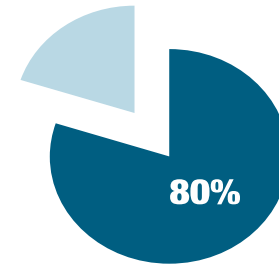
Dominican Republic



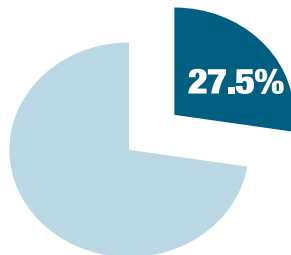
Kenya



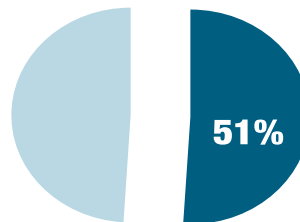
Morocco



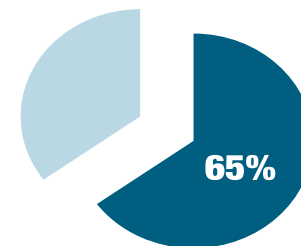
Mozambique



Nigeria



Peru



■ Key Populations

■ General Population

Session 1.2: Introduction

- Key populations face high risk of acquisition and transmission of HIV
- Multiple barriers to services:
 - Stigma and discrimination
 - Cultural and religious
 - Potential legal and political

Less than 40% of key populations in Sub-Saharan Africa access HIV testing

Session 1.2: Introduction (cont.)

HIV transmission dynamics- key populations interact with the “general public” a lot:

- FSWs interact with men in stable relationships or marriages
- Many MSM (up to 60%) are in stable heterosexual relationships or are married
- Clients of key populations are a bridge for the transmission of HIV

Session 1.2: Introduction (cont.)

- UNAIDS considers gay men and other men who have sex with men, sex workers, transgender people, and people who inject drugs as the four main key populations.
- However, it acknowledges that prisoners and other incarcerated people also are particularly vulnerable to HIV and frequently lack adequate access to services.

Session 1.2: Introduction (cont.)

- Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.
- Key populations are distinct from vulnerable populations, which are subject to societal pressures or social circumstances that may make them more vulnerable to exposure to infections, including HIV.

Other associated risk factors for HIV transmission among key populations

- Multiple partners and inconsistent or no condom use
- Social and economic factors
- Migration and mobility
- Substance use
- Violence

Session 1.2: Key messages

- Human rights apply to everyone, equally, regardless of gender, age, sexual orientation, means of earning a living, sexual practices, drug use, and any other behaviors. Human rights are universal.
- Key populations have the same human rights as everyone else, health care providers have the duty to provide quality and appropriate services to key populations, as they do for all their clients.

Session 1.2: Key messages (cont.)

- It is impossible to fully address HIV in any community without also taking into consideration the needs of key populations.
- Sex workers, men who have sex with men, transgender people, and people who inject drugs are not segregated from the rest of our communities. They are active members of society.

Session 1.2: Key messages (cont.)

- Key populations is a public health term. Among non-public-health specialists, it is better to clarify which specific groups are being referred to.
- However, not all members of key populations identify with labels such as “sex workers” — especially those who are young—and we should be led by the language that individuals use to describe themselves.

Session 1.2: Key messages (cont.)

- We should be mindful of language and emphasize behaviors and associated risks of key population members, rather than labeling key population members in ways that suggest they are “risky,” “bad,” or “deviant.”

Session 1.3

Gender and social norms



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Session 1.3: Learning objectives

After completing this session, participants will be able to:

- Explain that gender is a concept constructed by society, and how notions of gender interact with other social norms relating to sexual orientation
- Define the terms *homosexual*, *sexual orientation*, *sexual identity*, *gender identity*, and *transgender* and explain why it is important to understand these terms when serving members of key populations

Session 1.3: Introduction

- This session explores what we mean by gender and sex, how these terms interact with other social norms, and how social norms affect the way men and women are expected to behave and how they are perceived and valued in our society.
- Sexual orientation and gender identity shape every aspect of our lives. We know and understand our bodies, minds, and selves through our gender and sex.

Session 1.3: Introduction (cont.)

Social expectations about men, women, and reproduction influence how we organize our medical, legal, educational, and political systems.

Gender is socially constructed. **What is...**

- Gender-blind?
- Gender-neutral?
- Gender-sensitive?
- Gender-transformative programming

Session 1.3: Other key terms

- Homosexual or same-sex sexual behavior
- Sexual orientation
- Sexual identity
- Transgender

Session 1.3: Wrap-up

- Gender is a continuum. There are different degrees to which someone can “transgress,” or break the social norms related to the “ideal” woman and man.
- Gender can also be expressed as nonbinary – neither male nor female. Gender nonbinary individuals reject social expectations based on the gender assigned to them at birth.
- Social expectations linked to gender influence how women and men behave, including their sexual behaviors, attitudes, and feelings.

Session 1.3: Wrap-up (cont.)

- There is a basic assumption within health policies and services that gender is linked to biological sex and that the recipients of development interventions and services are heterosexual.
 - It is commonly assumed that your gender is determined by your biological sex—for example, that you are masculine because you are male.
- The separation of gender and sex is most apparent in the experience of people who feel that their gender identity is not aligned with their biological sex. Among those people, who may identify as transgender, some will opt to change their biological sex, while others may change their gender identity but not their sex.

Session 1.3: Wrap-up (cont.)

- We cannot make assumptions about the sexual orientation of those whose gender identity does not match their biological sex.
 - In many instances, people who do not conform to society's gender norms are discriminated against and experience violence and abuse.
 - Not all biological males feel that they have a masculine identity, and not all biological females feel that they have a feminine identity.

Session 1.3: Key messages

- Gender is socially constructed, which means that it is determined by our social, cultural, and psychological surroundings and environment. It is not innate in the same way that our biology (sex) is believed to be.
- Gender refers to how societies view women and men, how they are distinguished, and the roles assigned to them. People are generally expected to identify with the gender that has been assigned to them at birth based on their sex (gender assignment) and then to act in ways deemed appropriate to this gender.

Session 1.3: Key messages (cont.)

- Gender is variable and can change from time to time, culture to culture, and subculture to subculture.
- Gender norms among young people have an enormous effect on how they see the world, evolve, and perceive themselves and others.
- Stigma and discrimination against those who do not conform to society's gender norms are often compounded by factors (such as their legal status) that affect people's ability to access health information and services and to practice safer sex or safer injecting.

Session 1.3: Key messages (cont.)

- Special efforts need to be made to address the realities of those who fall outside of sociocultural gender norms to ensure that they can access life-saving information and services.
- We can achieve this by first becoming aware of the many ways in which gender norms affect people's identity, sexual behavior, health-seeking behavior, and access to services.

Session 1.3: Key messages (cont.)

- Adolescence is often when gender norms become more important and are often when young people develop their sexual identity.
- This is also a period when people are more open to different gender norms and can be a good opportunity to combat and/or prevent stigma and discrimination.

Session 1.4

Substance use



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Session 1.4: Learning objectives

After completing this session, participants will be able to:

- Explain the connections between substance use, key populations, and risk factors associated with HIV acquisition and treatment adherence
- Define key terms relating to harmful and hazardous use of substances, as well as attitudes, behaviors, and structures that may impede access to high-quality health services

Module 3.1 will cover more detail on people who inject drugs.

Session 1.4: Introduction

- Research suggests that members of key populations are more likely to use drugs and alcohol than others.
- Drug use and possession may be highly stigmatized and/or criminalized, with harsh punishments.
- Substance use may be linked to HIV risk, including sexual behaviors, number of partners, and/or sharing of injection equipment.

Session 1.4: Introduction (cont.)

- It is important to understand the personal and social context in which substance use occurs, and to tailor harm reduction and HIV prevention initiatives accordingly.
- Structural factors, which relate to the physical, social, and legal environment, can shape HIV risk. For example, substance use may be linked to HIV risk, including sexual behaviors, number of partners, and/or the sharing of injection equipment.

Session 1.4: Introduction (cont.)

- Antiretroviral therapy is effective for people living with HIV who also use substances, but they often need adherence support. Adherence challenges for people living with HIV who also use drugs generally correlate with the degree that drug use disrupts daily activities rather than with drug use, per se.
- Providers need to remain attentive to the possible impact of disruptions caused by drug use for their clients, in addition to any interactions between antiretroviral treatment and other drugs.

Section 1.4: Key terms

- Addiction
- Drug dependence
- Abuse
- Harmful use
- Hazardous dose

Section 1.4: Key messages

- The use of alcohol and drugs by key populations is often a reaction to homophobia, discrimination, isolation, or violence that people may experience because of their sexual orientation.
- Some drugs lead to increased desire for sex, multiple partners, and less frequent use of condoms.

Section 1.4: Key messages (cont.)

- There is also a risk that drug and alcohol use can lead to interruptions in antiretroviral therapy, which can increase chances of HIV transmission and reduce treatment efficacy.
- Health care workers should adhere to good practices of taking a risk assessment (covered in Session 3.3), respecting confidentiality, and using nonjudgmental approaches when discussing drugs and alcohol with all clients, including those from key populations.

Session 1.5

Violence, key populations, and human rights



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Session 1.5: Learning objective

After completing this session, participants will be able to:

- Explain the types of violence and abuse that key populations experience

Session 1.5: Introduction

- Gender-based violence (GBV) is experienced by individuals regardless of ethnicity, race, religion, class, or education.
- Key populations may be disproportionately affected by GBV due to a range of causal factors such as social stigma, isolation, and not conforming to mainstream gender expectations.
- Stigma and discrimination of key populations may create barriers to GBV services and support, even when available.

Session 1.5: Introduction (cont.)

- In many countries, key populations' social vulnerability to gender-based violence and other forms of violence is fueled by oppressive legal and policy frameworks that criminalize their wider status and/or behavior.

Session 1.5: Introduction (cont.)

- Violence fosters the spread of HIV by limiting one's ability to negotiate safe sexual practices, disclose HIV status, seek HIV treatment, adhere to HIV treatment, and access health care and other critical services due to fear of reprisal, discrimination, and denial of services.

Session 1.5: Key messages

- We know that male, female, and transgender sex workers; men who have sex with men; and transgender people may face violence because of the stigma associated with sex work, which in most settings is criminalized, or due to discrimination based on sexual orientation, gender identity, race, HIV status, drug use, or other factors.

Session 1.5: Key messages (cont.)

- Much of the violence against sex workers, men who have sex with men, and transgender people stems from or is exacerbated by the perception that these groups do not conform to gender norms.

MODULE 1

The rationale for services for key populations

Concluding remarks



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Take home messages

- All people are entitled to receive quality, comprehensive sexual and reproductive health (including HIV) services.
- Tailoring outreach and service provision to meet the diverse needs of sex workers, men who have sex with men, transgender people, and people who use drugs is essential in the response to HIV in every context around the world.

Take home messages (cont.)

- There is an increased risk that young people within different key population groups are not receiving the services they need.
- This is because health/HIV programs aimed at key populations often fail to address the needs of young people/adolescents, and generic youth HIV services may not address the specific needs of young people exploring their sexual orientation or gender identity.

Take home messages (cont.)

- Stigma, discrimination, and punitive legal environments continue to create barriers to service access for key populations.
- Health care providers can be champions in supporting access for key populations to stigma-free, quality health services.

Take home messages (cont.)

- Many key population individuals engage in more than one high-risk behavior.
- Even if a health care provider does not agree with certain behaviors, they are still responsible for delivering quality and stigma-free care.
- Gender norms, inequalities, violence, and abuse affect health outcomes for all people.

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