

# HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR KEY POPULATIONS

CONSOLIDATED GUIDELINES

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Policy brief: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2014

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# Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations

The new consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations bring together all existing World Health Organization (WHO) guidance relevant to five key populations: **men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people**. It includes a number of new recommendations and updates existing guidance and recommendations.

These guidelines aim to:

- 1 provide a comprehensive package of evidence-based HIV-related recommendations for key populations
- 2 increase awareness of the needs of and issues important to key populations
- 3 improve access to, uptake and coverage of effective and acceptable services and
- 4 catalyze greater national and global commitment to adequate funding and services.





**Between 40% and 50% of all new HIV infections** among adults worldwide occur among people from **key populations** and their immediate partners.<sup>1</sup>



Between 40% and 50% of all new HIV infections among adults worldwide may occur among people from key populations and their immediate partners.<sup>1</sup> In countries in Asia, Central Asia and Eastern Europe, people from key populations account for more than half of new infections – from 53% to 62%. Even in the sub-Saharan African countries with generalized epidemics that have carried out modes of transmission (MOT) analyses, the proportion of new infections in key populations is substantial, although it varies greatly – for example, an estimated 10% in Uganda, 30% in Burkina Faso, 34% in Kenya, 37% in Nigeria, 43% in Ghana and 45% in Benin.

In all countries and settings key populations are disproportionately affected by HIV. This disproportionate burden reflects both behaviour common among members of these populations and specific legal and social issues that increase their vulnerability. Yet HIV services for key populations remain largely inadequate. In many settings HIV incidence in key populations continues to increase, even as incidence stabilizes or declines in the general population.

Country programmes and other end-users have indicated the importance of consolidating WHO's key population guidance to aid national programme managers and service providers, including those from community-based and community-led programmes, in planning and implementing services. To date, WHO has developed normative guidance separately for each of the five key populations, but in general that guidance has not fully addressed overarching issues common to all key populations. At the same time, other WHO global HIV guidance, including the 2013 *Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection*, which focuses on people living with HIV, has not specifically considered issues relating to key populations. The consolidated key populations guidelines aim to address these gaps and limitations.

The guidelines include a **comprehensive package** of interventions comprising the **clinical interventions** and **critical enablers** required for successful implementation of programmes for the five key populations.

These guidelines also consider **service delivery** issues and provide guidance on **decision-making, planning, and monitoring and evaluation**.

<sup>1</sup> Preliminary estimates based on selected countries using either published analyses of modes of transmission, estimates of new infections modelled from estimates of HIV prevalence and of the size of the key population, or reported modes of transmission from reported HIV diagnoses (UNAIDS, 2014).

## THE COMPREHENSIVE PACKAGE

### a) Essential health sector interventions

1. **comprehensive condom and lubricant programming**
2. **harm reduction interventions<sup>1</sup> for substance use** (in particular needle and syringe programmes<sup>2</sup> and opioid substitution therapy)
3. **behavioural interventions**
4. **HIV testing and counselling**
5. **HIV treatment and care**
6. **prevention and management of co-infections and other co-morbidities**, including viral hepatitis, tuberculosis and mental health conditions.
7. **sexual and reproductive health interventions**

### b) Essential strategies for an enabling environment

1. **supportive legislation, policy and financial commitment**, including decriminalization of certain behaviours of key populations
2. **addressing stigma and discrimination**, including by making health services available, accessible and acceptable
3. **community empowerment**
4. **addressing violence against people from key populations.**

## Recommendations

The comprehensive package is based on the overarching recommendations described in detail in the document. These recommendations, which apply to both adults and adolescents, cover HIV prevention, diagnosis, treatment and comprehensive care across the continuum of care and provision of ART to prevent HIV transmission for people from key populations in serodiscordant relationships. Table 1 summarizes the recommendations. All recommendations and guidance in the document derive from existing WHO guidance with the exception of new recommendations on pre-exposure prophylaxis of HIV infection (PrEP) and opioid overdose management.

## Implications for programming

Both public health and equity considerations underlie the need to prioritize and improve HIV services for key populations. These guidelines aim to support countries to provide more effective and acceptable comprehensive HIV services for key populations, to increase coverage and to address current inequities in access. Countries will need to assess their specific situations, taking into account current population sizes and reviewing current coverage levels and the quality of programmes. It will be important also to assess and, as country-specific circumstances make possible, to address social and legal barriers that may be impeding progress.

## Further research

With partner organizations WHO is developing a comprehensive implementation science framework for HIV interventions and services, highlighting key research priorities, including those for key populations.

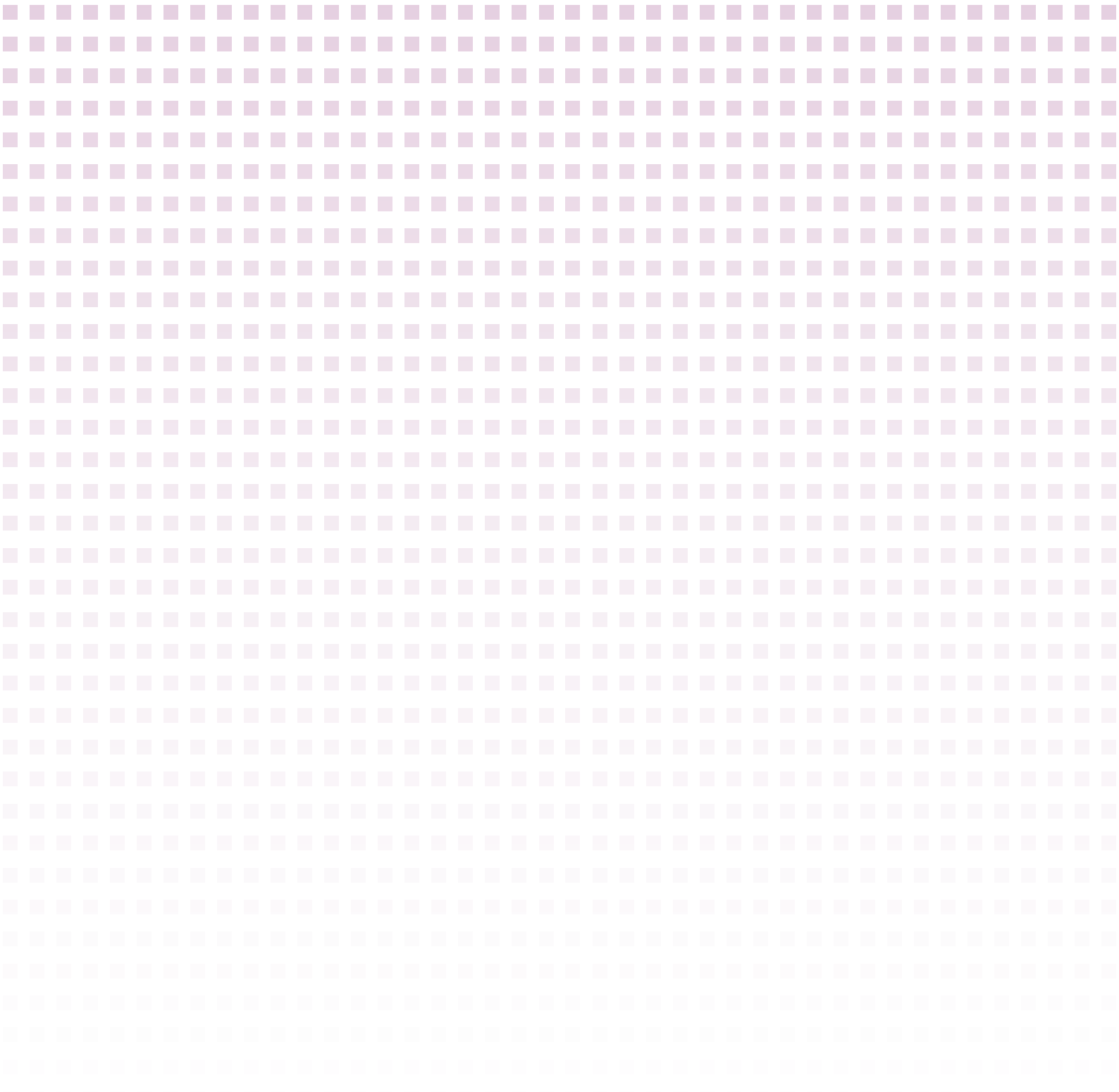
<sup>1</sup> This package is essentially the same as the comprehensive package for HIV prevention, treatment and care for people who inject drugs (PWID) that has been widely endorsed at the highest political level. For PWID the harm reduction component of the package and in particular the implementation of needle and syringe programmes and opioid substitution therapy remains the first priority.

<sup>2</sup> Needle and syringe programmes are important for people who inject drugs and also for transgender people who require sterile injecting equipment to safely inject hormones for gender affirmation. Also important to HIV prevention are tattooing, piercing and other forms of skin penetration, which are particularly relevant for people in prisons and other closed settings.

**TABLE 1. SUMMARY OF WHO RECOMMENDATIONS CONCERNING KEY POPULATIONS**

<b>HEALTH SECTOR INTERVENTIONS</b>	
<b>HIV prevention</b>	
1	The correct and consistent use of <b>condoms with condom-compatible lubricants</b> is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).
2	Among men who have sex with men, <b>pre-exposure prophylaxis (PrEP)</b> is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package. <b>NEW RECOMMENDATION</b>
3	Where serodiscordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral <b>PrEP</b> (specifically tenofovir or the combination of tenofovir and emtricitabine) may be considered as a possible additional intervention for the uninfected partner.
4	<b>Post-exposure prophylaxis (PEP)</b> should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.
5	<b>Voluntary medical male circumcision (VMMC)</b> is recommended as an additional important strategy for the prevention of heterosexually acquired HIV infection in men, particularly in settings with hyperendemic and generalized HIV epidemics and low prevalence of male circumcision.
<b>Harm reduction</b>	
6	All people from key populations who inject drugs should have access to sterile injecting equipment through <b>needle and syringe programmes</b> .
7	All people from key populations who are dependent on opioids should be offered and have access to <b>opioid substitution therapy</b> in keeping with WHO guidance.
8	All people from key populations with harmful alcohol or other substance use should have access to <b>evidence-based interventions</b> , including brief psychosocial interventions involving assessment, specific feedback and advice.
9	People likely to witness an <b>opioid overdose</b> should have access to <b>naloxone</b> and be instructed in its use for emergency management of suspected opioid overdose. <b>NEW RECOMMENDATION</b>
<b>HIV testing and counselling (HTC)</b>	
10	<b>Voluntary HTC</b> should be routinely offered to all key populations both in the community and in clinical settings. <b>Community-based HIV testing and counselling</b> for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider-initiated testing and counselling.
<b>HIV treatment and care</b>	
11	Key populations living with HIV should have the same access to <b>antiretroviral therapy (ART)</b> and to ART management as other populations.
12	All pregnant women from key populations should have the same access to services for <b>prevention of mother-to-child transmission of HIV (PMTCT)</b> and follow the same recommendations as women in other populations.

Prevention and management of coinfections and co-morbidities	
13	Key populations should have the same access to <b>tuberculosis prevention, screening and treatment</b> services as other populations at risk of or living with HIV.
14	Key populations should have the same access to <b>hepatitis B and C prevention, screening and treatment</b> services as other populations at risk of or living with HIV.
15	Routine screening and management of <b>mental health</b> disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimize health outcomes and improve their adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.
Sexual and reproductive health	
16	<b>Screening, diagnosis and treatment of sexually transmitted infections</b> should be offered routinely as part of comprehensive HIV prevention and care for key populations.
17	People from key populations, including those living with HIV, should be able to <b>experience full, pleasurable sex lives</b> and have access to a range of <b>reproductive options</b> .
18	<b>Abortion laws and services</b> should protect the health and human rights of all women, including those from key populations.
19	It is important to offer <b>cervical cancer screening</b> to all women from key populations, as indicated in the WHO 2013 cervical cancer screening guidelines.
20	It is important that all women from key populations have the same support and access to services related to <b>conception and pregnancy care</b> , as indicated by WHO guidelines, as women from other populations.
CRITICAL ENABLERS	
1	<b>Laws, policies and practices</b> should be <b>reviewed and revised</b> where necessary, and countries should work towards decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and non-conforming gender identity and toward elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people.
2	Countries should work towards implementing and enforcing <b>antidiscrimination and protective laws</b> , derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.
3	<b>Health services</b> should be made <b>available, accessible and acceptable</b> to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.
4	Programmes should work toward implementing a package of interventions to <b>enhance community empowerment</b> among key populations.
5	<b>Violence</b> against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice.



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