Guidelines on Key Populations

Technical Forum: HIV Prevention in Prisons
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Dr. Lastone Chitembo
WHO
Prevalence of HIV, STIs, hepatitis B & C and TB in prison populations is estimated to be twice to ten times higher than in the general populations.

Without addressing their needs, a sustainable response to HIV will not be achieved.
Essential Health Sector Interventions

HIV prevention

Harm reduction for people who use drugs

HIV testing & Counselling (HTC)

HIV treatment and care

Prevention and management of coinfections and co-morbidities

Sexual and reproductive health
• Correct and consistent use of condoms with condom-compatible lubricants to prevent sexual transmission of HIV and STIs

Consistent and correct use of male condoms reduces sexual transmission of HIV and other STIs by up to 94%

• Among men who have sex with men, pre-exposure prophylaxis (PrEP)

• Where serodiscordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral PrEP

Essential Health Sector Interventions
HIV PREVENTION
• Post-exposure prophylaxis (PEP) should be available on a voluntary basis after possible exposure to HIV

PEP is the only way to reduce risk of infection after exposure to HIV

• Voluntary medical male circumcision (VMMC)

Medical male circumcision reduces the risk of female-to-male sexual transmission of HIV by about 60%
All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes (NSP).

NSPs substantially and cost effectively reduce HIV transmission among people who inject drugs.

Have easy, confidential access to NSP, and not just information about avoiding risks.
• All people from key populations who are dependent on opioids should be offered and have access to opioid substitution therapy

**OST is highly effective in reducing injecting behaviours that put opioid-dependent people at risk for HIV**

• All people from key populations with harmful alcohol or other substance use should have access to evidence-based interventions, including brief psychosocial interventions involving assessment, specific feedback and advice

• People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose
• Voluntary HTC should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing and counselling for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider initiated testing and counselling.

HTC is the essential first step, but about half of people living with HIV do not know their HIV status.
• Same access to antiretroviral therapy (ART) and to ART management as other populations

• All pregnant women should have same access to services for prevention of mother-to-child transmission (PMTCT) and follow the same recommendations as women in other populations
• Same access to tuberculosis prevention, screening and treatment services as other populations at risk of or living with HIV

Tuberculosis is preventable and treatable, but it accounts for one in every five HIV-related deaths

• Routine screening and management of mental health disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV
A comprehensive approach to addressing viral hepatitis among key populations includes prevention, screening, HBV vaccination, and treatment and care.

- Same access to hepatitis B and C prevention, screening and treatment services as other populations at risk of or living with HIV.
• Screening, diagnosis and treatment of sexually transmitted infections should be offered routinely as part of comprehensive HIV prevention and care for key populations.

• Able to experience full, pleasurable sex lives and have access to a range of reproductive options.
• Offer cervical cancer screening to all women from key populations

• Same support and access to services related to conception and pregnancy care, as women from other groups

• Abortion laws and services should protect the health and human rights of all women, including those from key populations
“HIV epidemics continue to be fuelled by stigma and discrimination, gender inequality, violence, lack of community empowerment, violations of human rights, and laws and policies criminalizing drug use and diverse forms of gender identity and sexuality”
Essential Strategies for an Enabling Environment

- Community empowerment
- Supportive legislation, policy and financial commitment
- Addressing stigma & discrimination
- Addressing violence
• Laws, policies and practices should be reviewed and, where necessary, revised by policymakers and government leaders, with meaningful engagement of stakeholders from key population groups, to allow and support the implementation and scale-up of health-care services for key populations.
• Countries should work towards implementing and enforcing antidiscrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.

• Health services should be made available, accessible and acceptable to key populations based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.
Essential Strategies for an Enabling Environment

COMMUNITY EMPOWERMENT

• Programmes should work toward implementing a package of interventions to enhance community empowerment among key populations.

ADDRESSING VIOLENCE

• Violence 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.
Thank You