

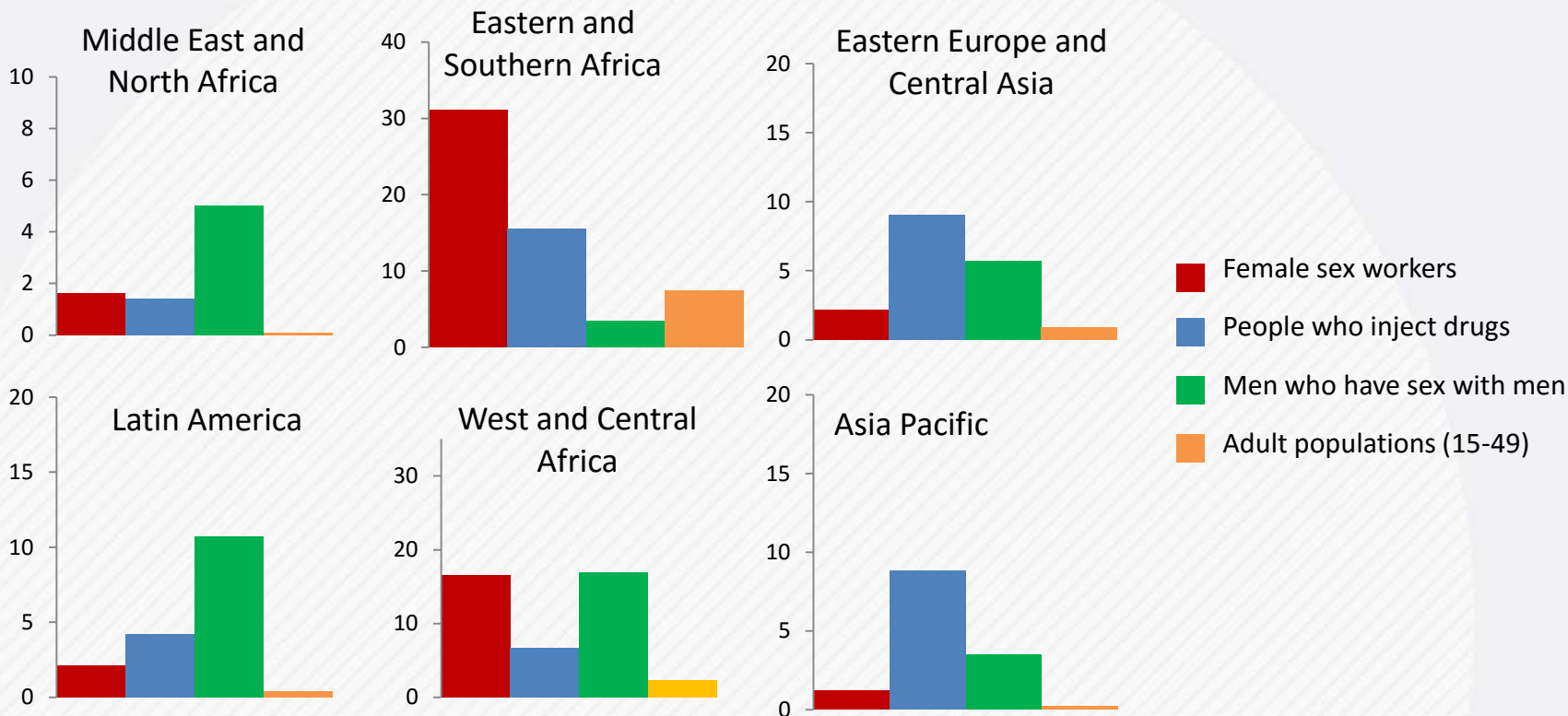
Key populations and HIV

Annette Verster & Virginia Macdonald

Training Course in Sexual and Reproductive Health Research
Geneva 2016

Median HIV prevalence (%) in key populations vs general population by region*

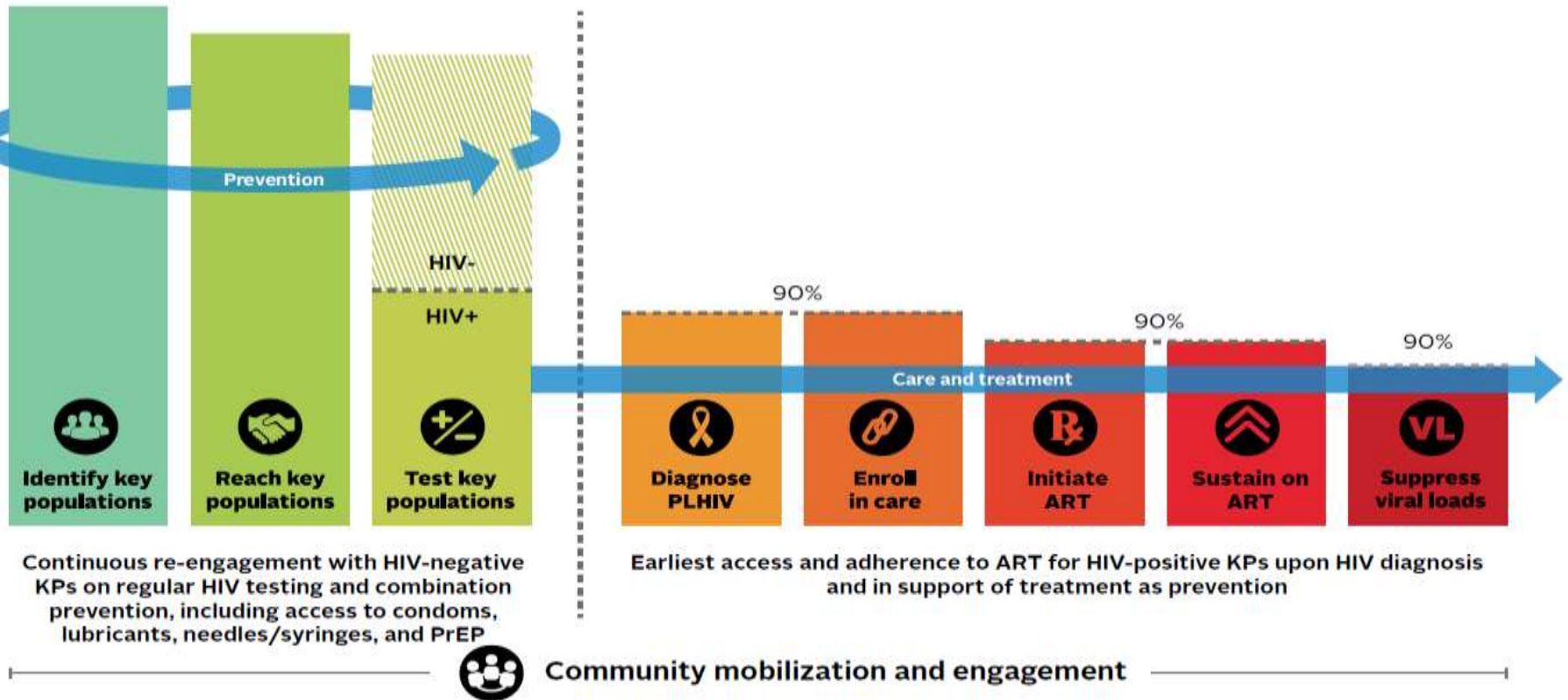
Data from UNAIDS, 2014 estimates; www.aidsinfo.unaids.org

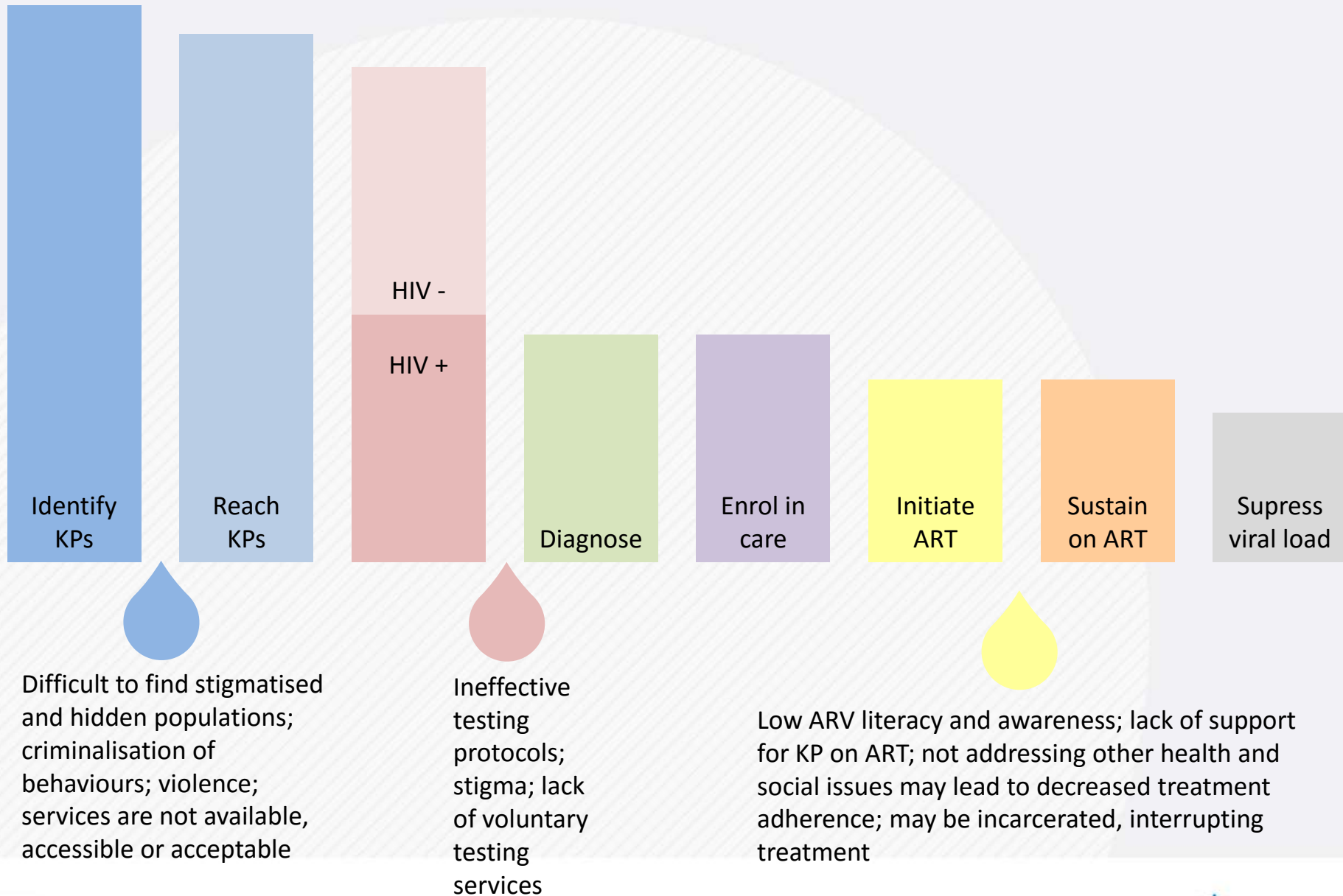


In every region, key populations are disproportionately affected by HIV

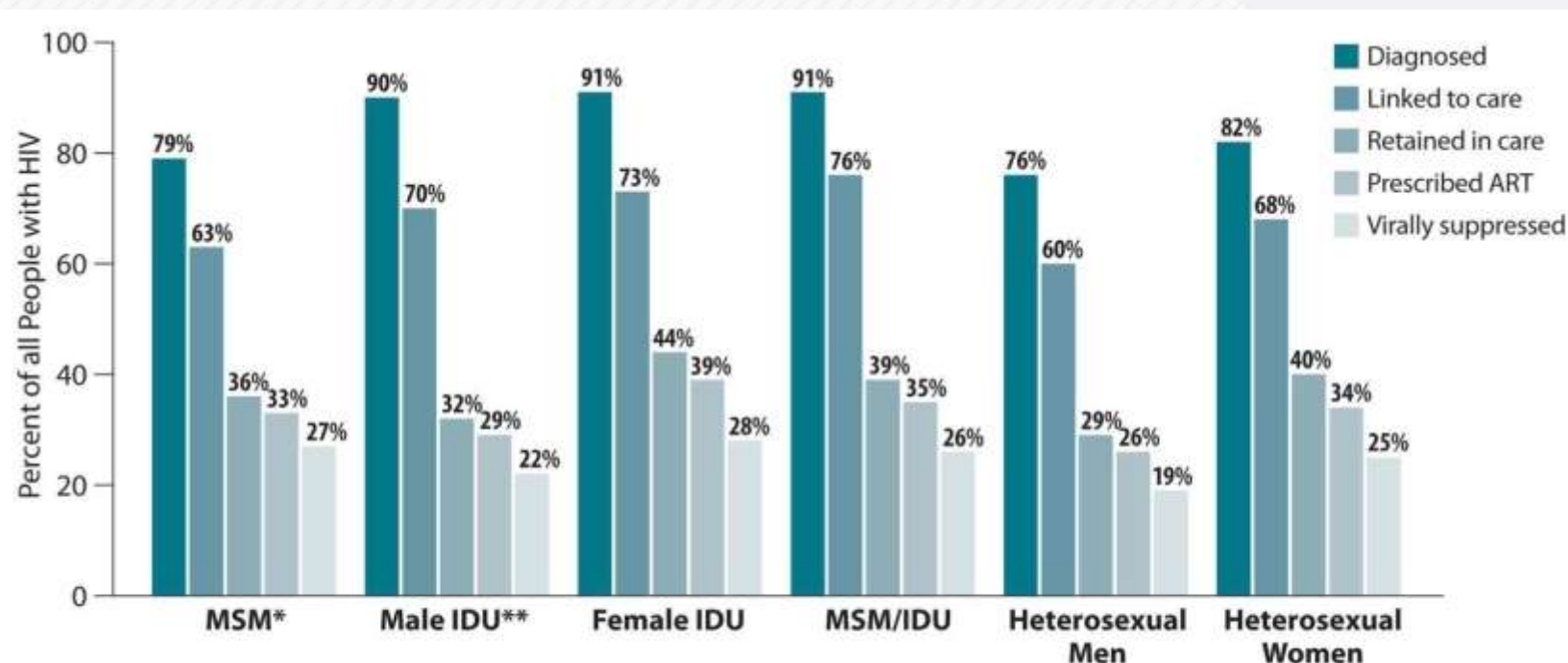
The HIV cascade for key populations

Human rights, supportive laws, zero tolerance for violence



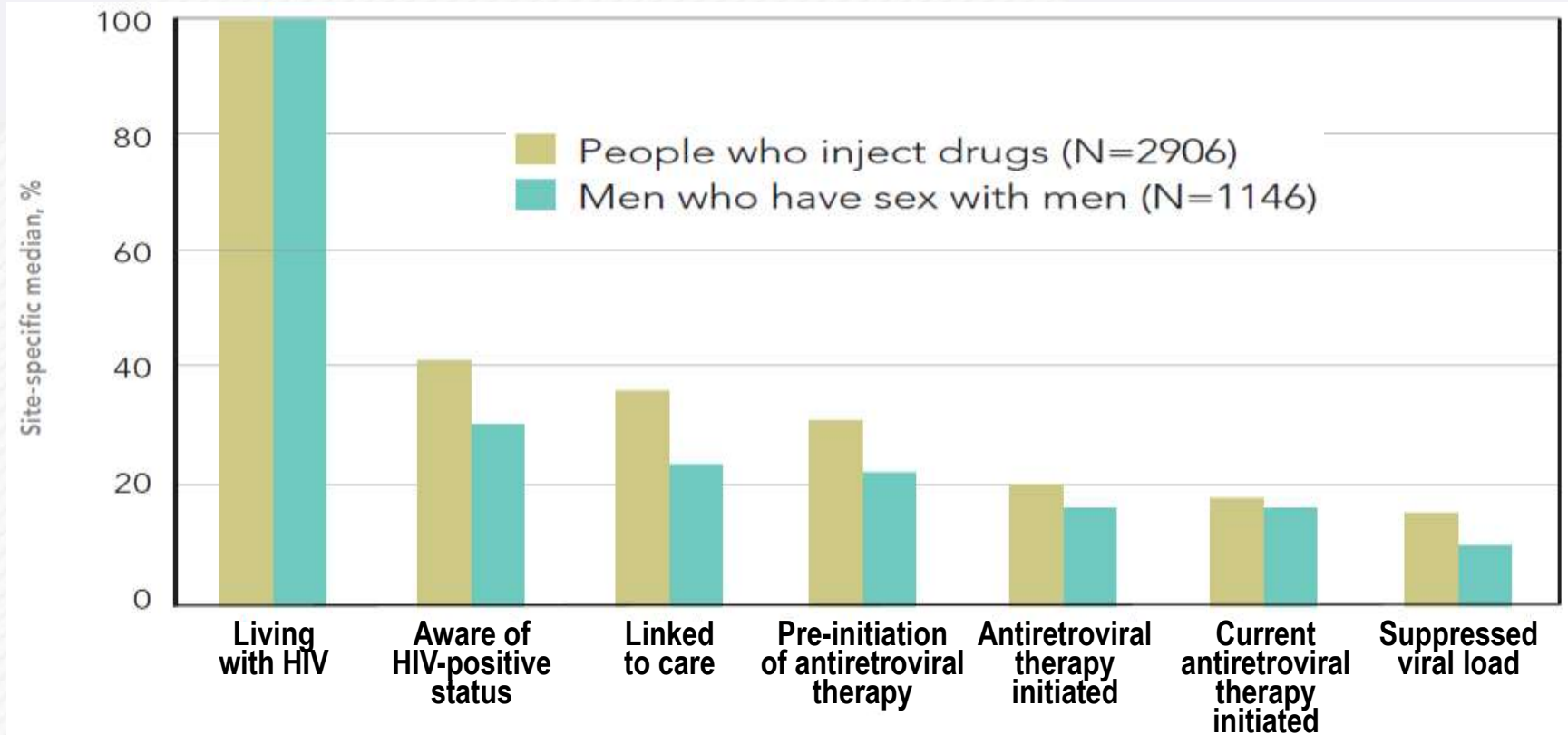


The HIV cascade for key populations: USA example



Source: CDC. July 2012 (2009 data). http://www.cdc.gov/hiv/pdf/research_mmp_stagesofcare.pdf

A different story from India*

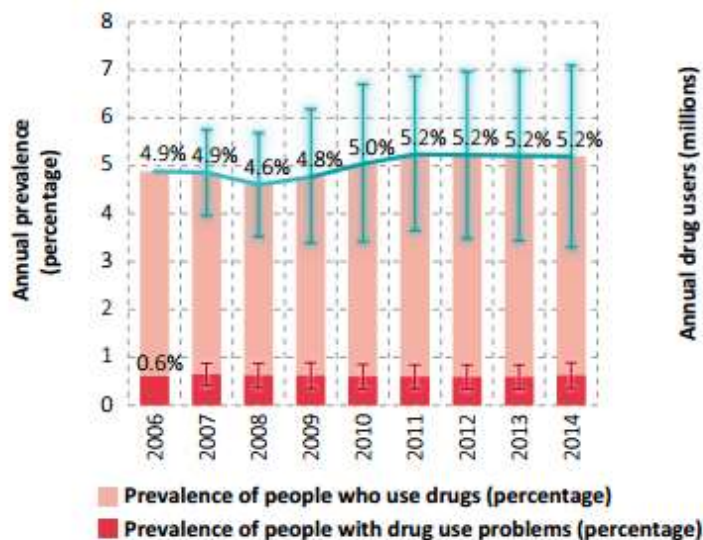


*Data from 27 sites (26 cities) in India, 2012–2013

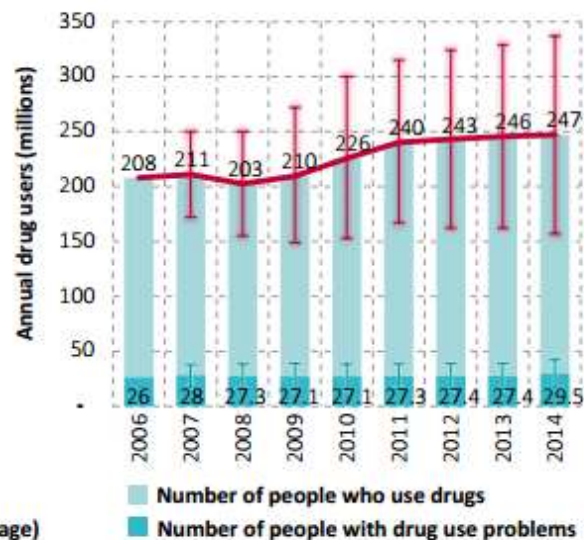
Source: Mehta SH et al. HIV care continuum among men who have sex with men and persons who inject drugs in India: barriers to successful engagement. Clin Infect Dis. 2015.

PEOPLE WHO INJECT DRUGS

Global trends in the estimated prevalence of drug use, 2006-2014



Global trends in the estimated number of people who use drugs, 2006-2014

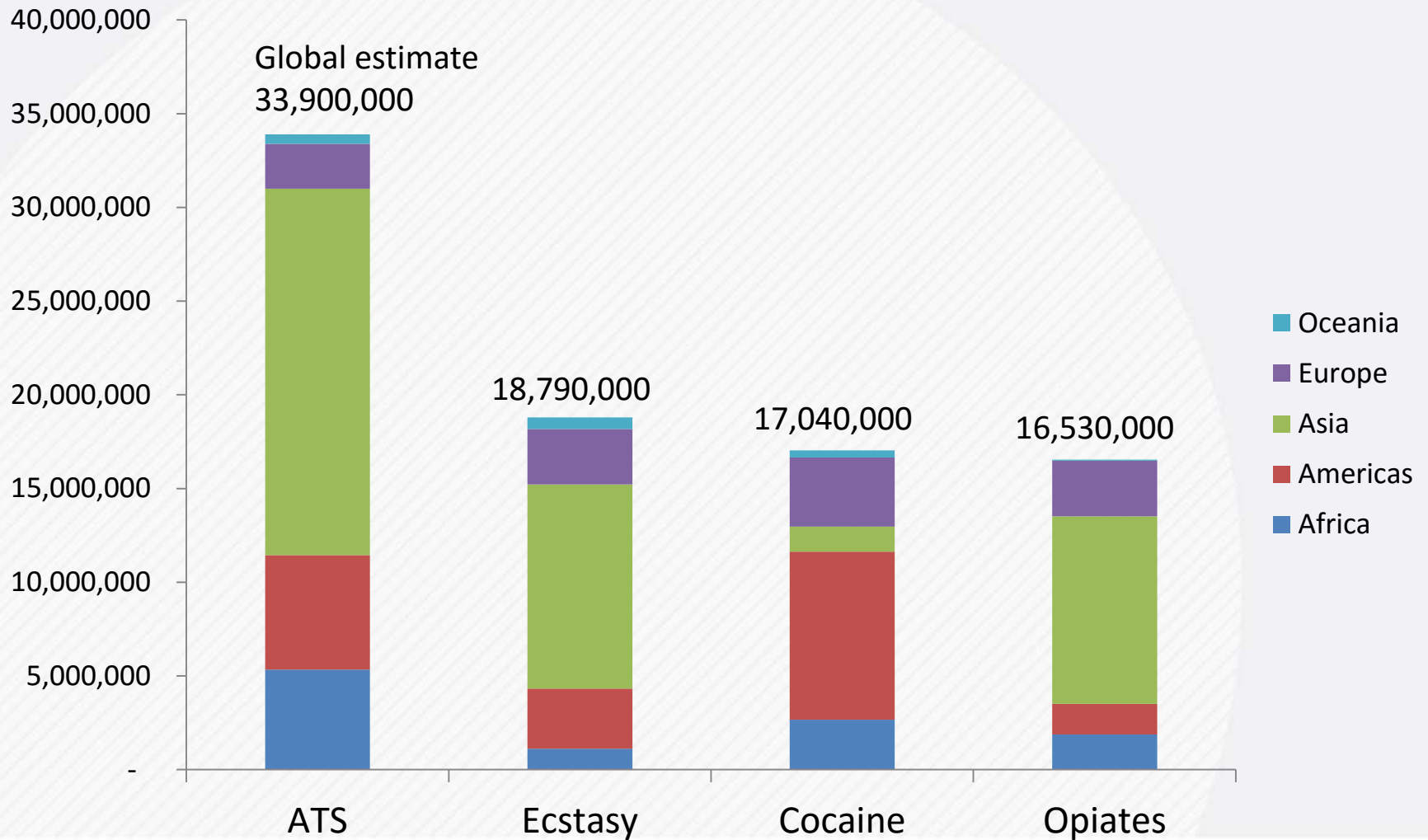


In 2014:

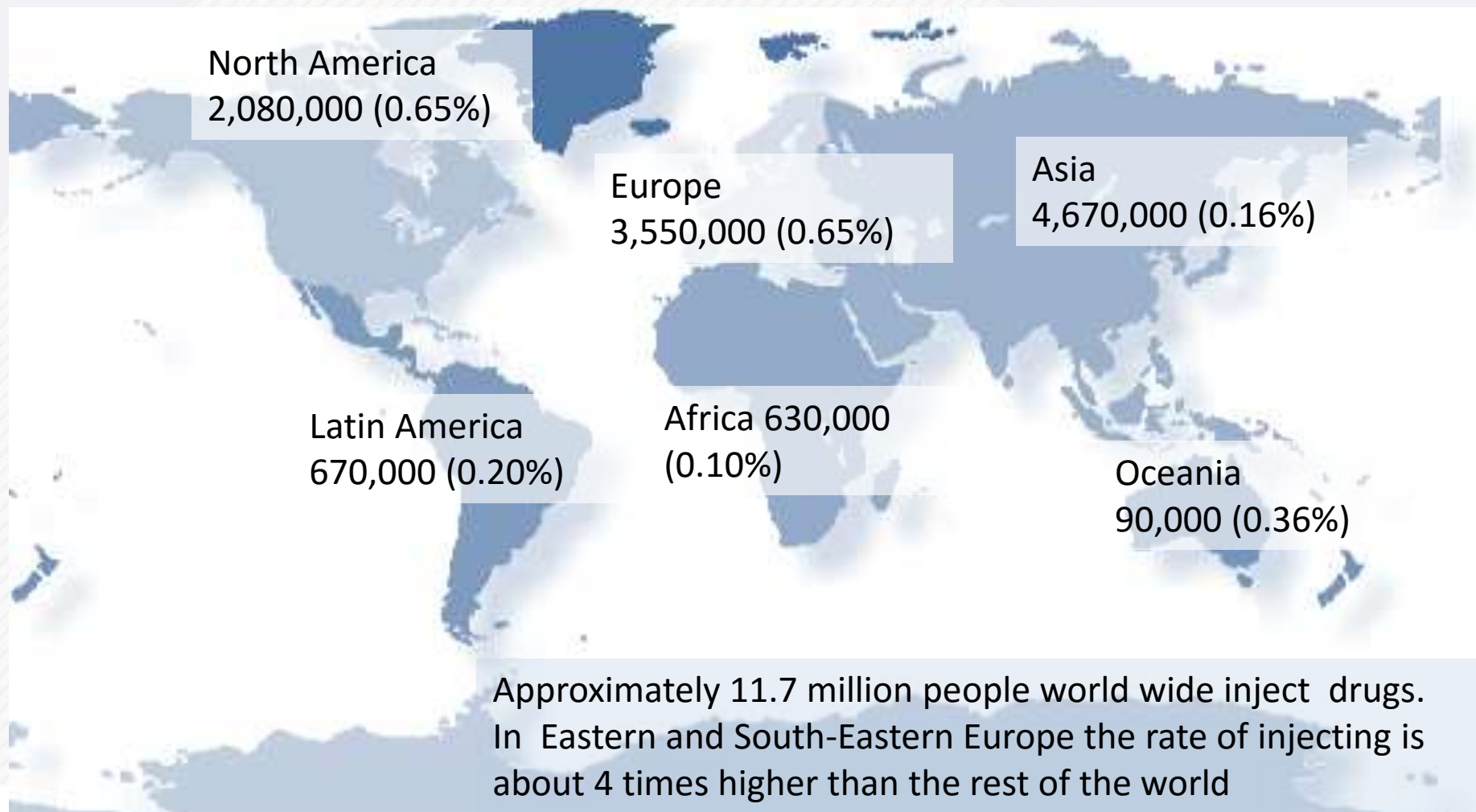
- About 250 million people used illicit drugs
- About 12% were “problem” drug users (i.e. inject drugs, use drugs daily or diagnosed dependent on drugs)
- 11.7 million people inject drugs
- Almost ½ the people who inject drugs in the world live in either China, USA or Russia
- Cannabis is most commonly used illicit drug (183 million people used in the last year)

Number of people who used drugs in the last year by drug type

*2015 World Drug Report, UNODC; excluding cannabis and prescription opioids

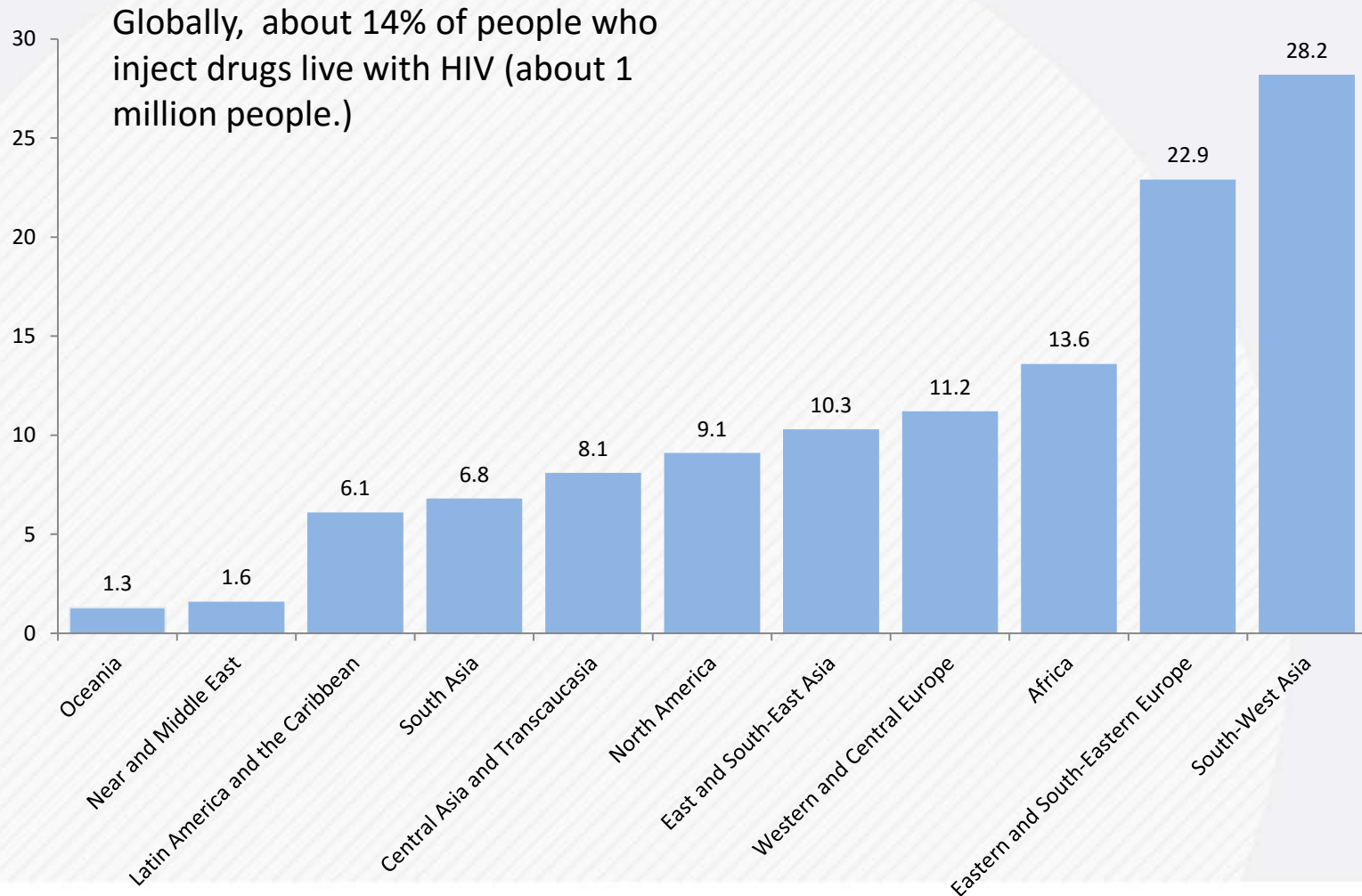


Number (and prevalence in adult population 15-64 years) of people who inject drugs by region*



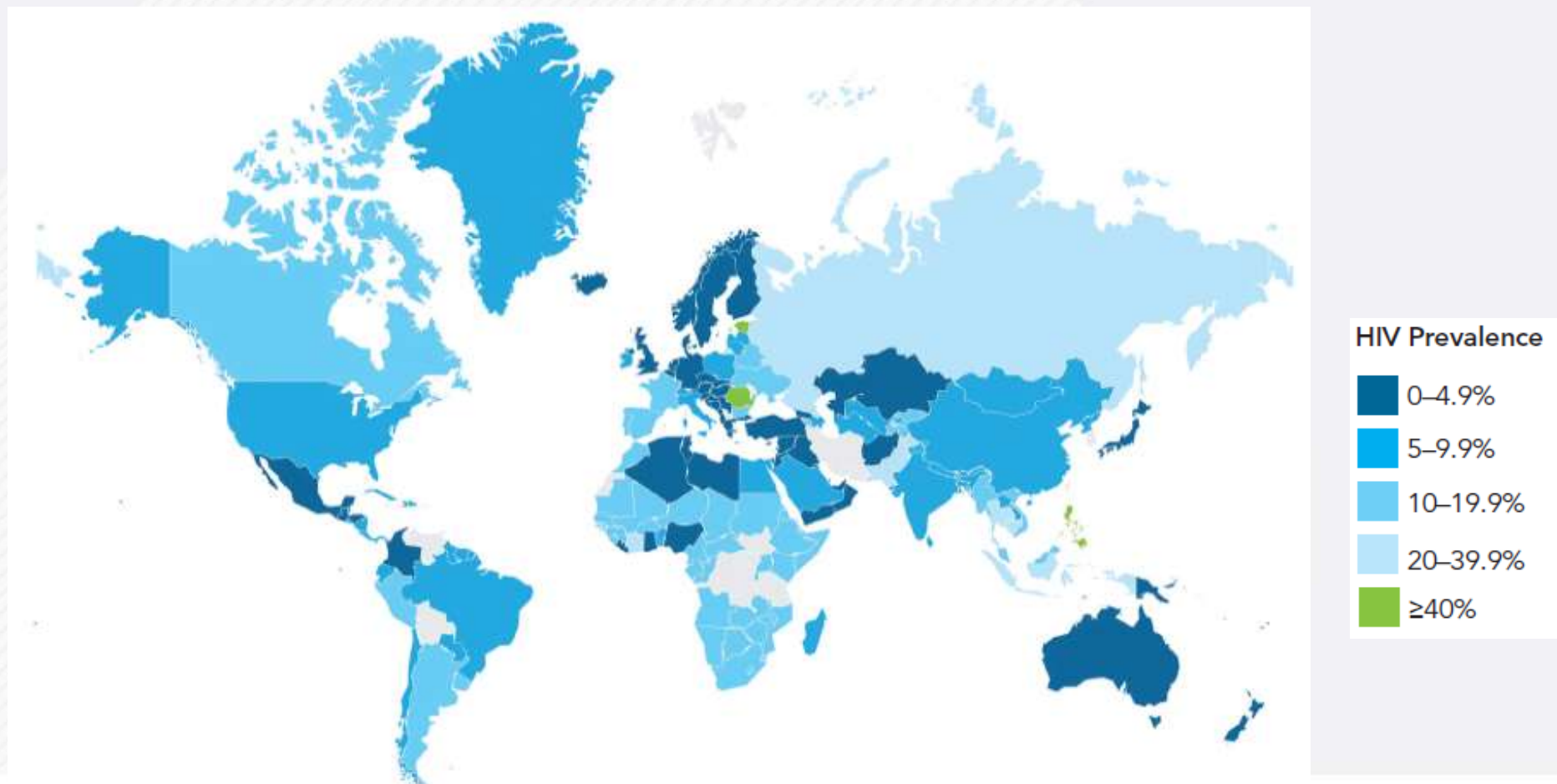
Estimated HIV prevalence in people who inject drugs by region

World Drug Report 2016

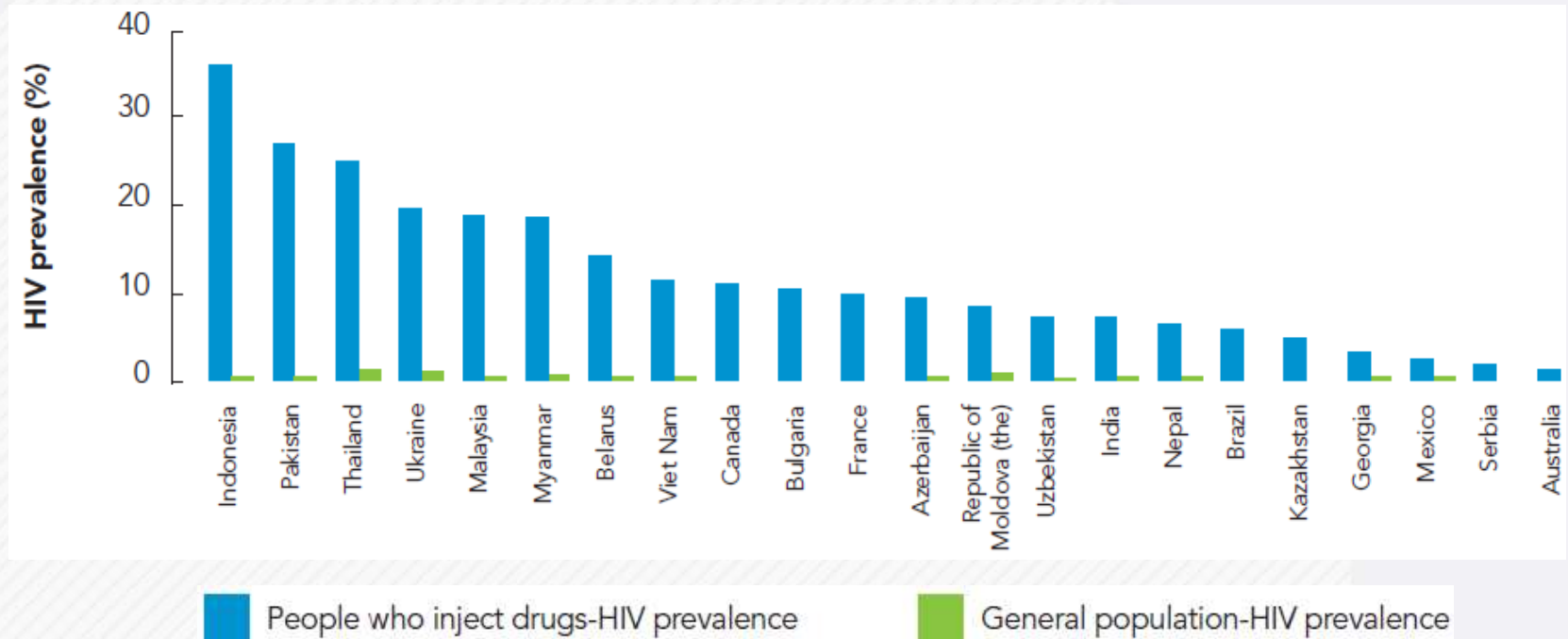


HIV prevalence among people who inject drugs by country

Based on GARPR reporting from 79 countries since 2009, plus the UNODC World Drug Report 2014.



HIV prevalence among people who inject drugs vs general population in countries reporting >30 000 people who inject drugs, 2009–2013



HIV associated with non-injecting drug use

- Rates of non-injecting drug use are high in key populations
- Many drug users, particularly in Asia, use amphetamine type stimulants through non-injecting routes
- ATS use (even casual use) is associated with increased HIV risk behaviours including unprotected sex, sex with multiple partners*
- There are fewer evidence based options available for addressing HIV in non-injecting drug users: particularly, there is no effective substitution therapy for amphetamine type stimulant users
- HIV and STI diagnosis, testing and treatment should be widely available to non-injecting drug users

* Colfax et al Amphetamine –group substances and HIV **Lancet** 2010; 376: 458-74

Comprehensive package of interventions for PWID¹

Health sector interventions

1. Needle/syringe programmes
 2. Opioid substitution therapy
 3. Anti-retroviral therapy
- } Provided in combination, at high coverage levels, these 3 interventions can reduce up to 50% of new infections in PWID²

4. HIV testing and counselling (community based testing is recommended by WHO)
5. Prevention and treatment of STIs
6. Condom provision
7. Targeted information, education and communication
8. Prevention, diagnosis treatment and vaccination against viral hepatitis
9. Prevention, diagnosis and treatment of tuberculosis
10. Provision of naloxone and training on overdose prevention for PWID community **NEW**

RECOMMENDATION

Critical enablers

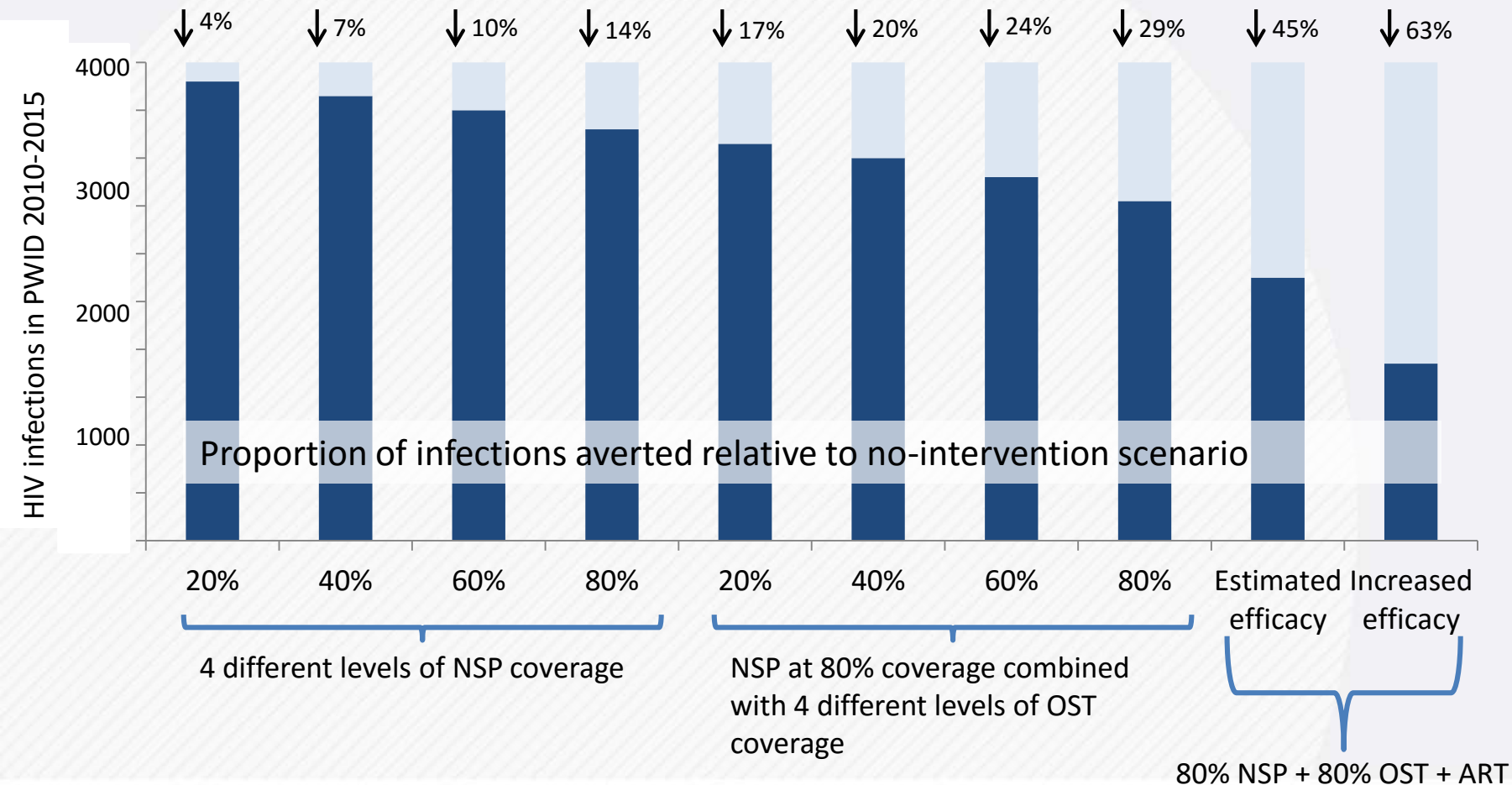
1. Supportive legislation and policy
2. Addressing stigma and discrimination
3. Community empowerment
4. Addressing violence against PWID
5. Accessible, available and acceptable services for PWID

1. WHO 2014 Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations
2. Louisa Degenhardt et al Prevention of HIV infection for people who inject drugs: why individual, structural, and combination approaches are needed Lancet 2010; 376: 285–301

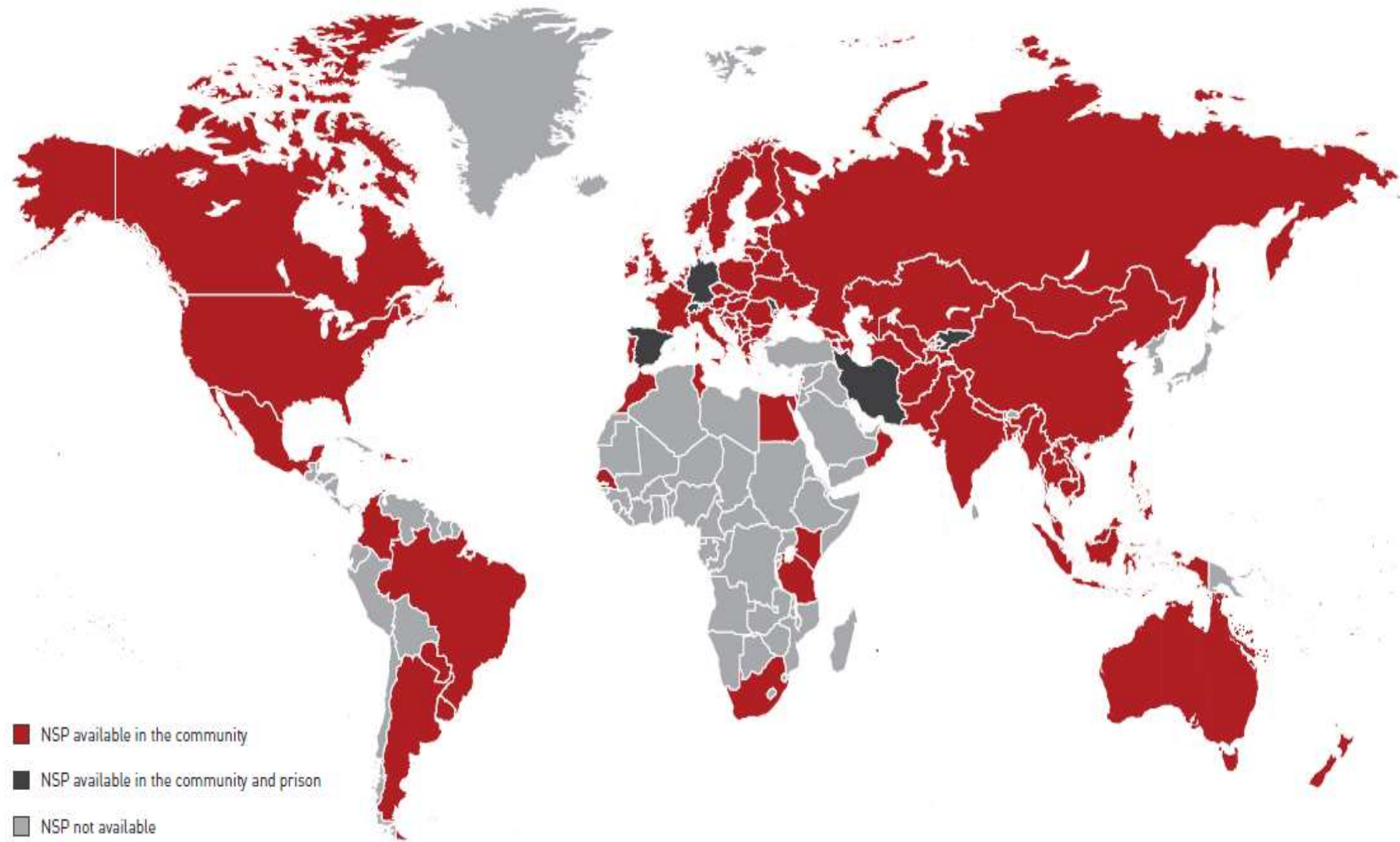
Effects of interventions on HIV and HIV risk behaviours in PWID*

	Number of injecting episodes	Injecting risk behaviour	Sexual risk behaviour	HIV incidence	Cost effective
HIV testing		↓	↓		
Behavioural interventions	↓	↓	↓		
Provision of sterile injecting equipment	X	↓		↓	Y
Condom provision			↓		
Opioid substitution	↓	↓	X	↓	Y
ART				↓	
Pharmacological treatment for psychostimulant use	X	X	X		
Cognitive behavioural therapy for psychostimulant use	↓				
Compulsory detention of drug users	↑	↑			N

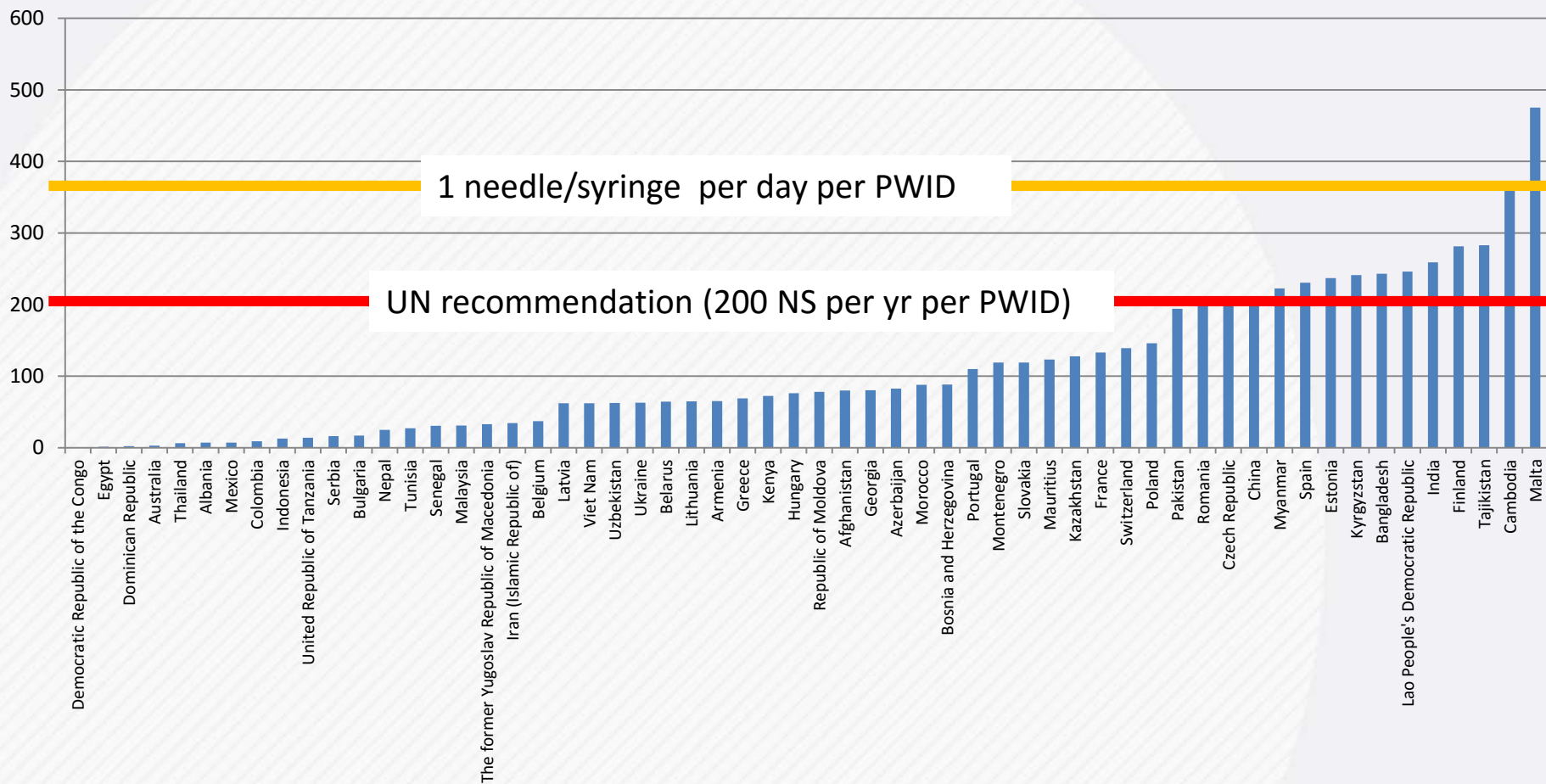
Impact of combination interventions on HIV infection in PWID: modelling example from Nairobi*



Countries where needle/syringe programmes are operational (2015)¹

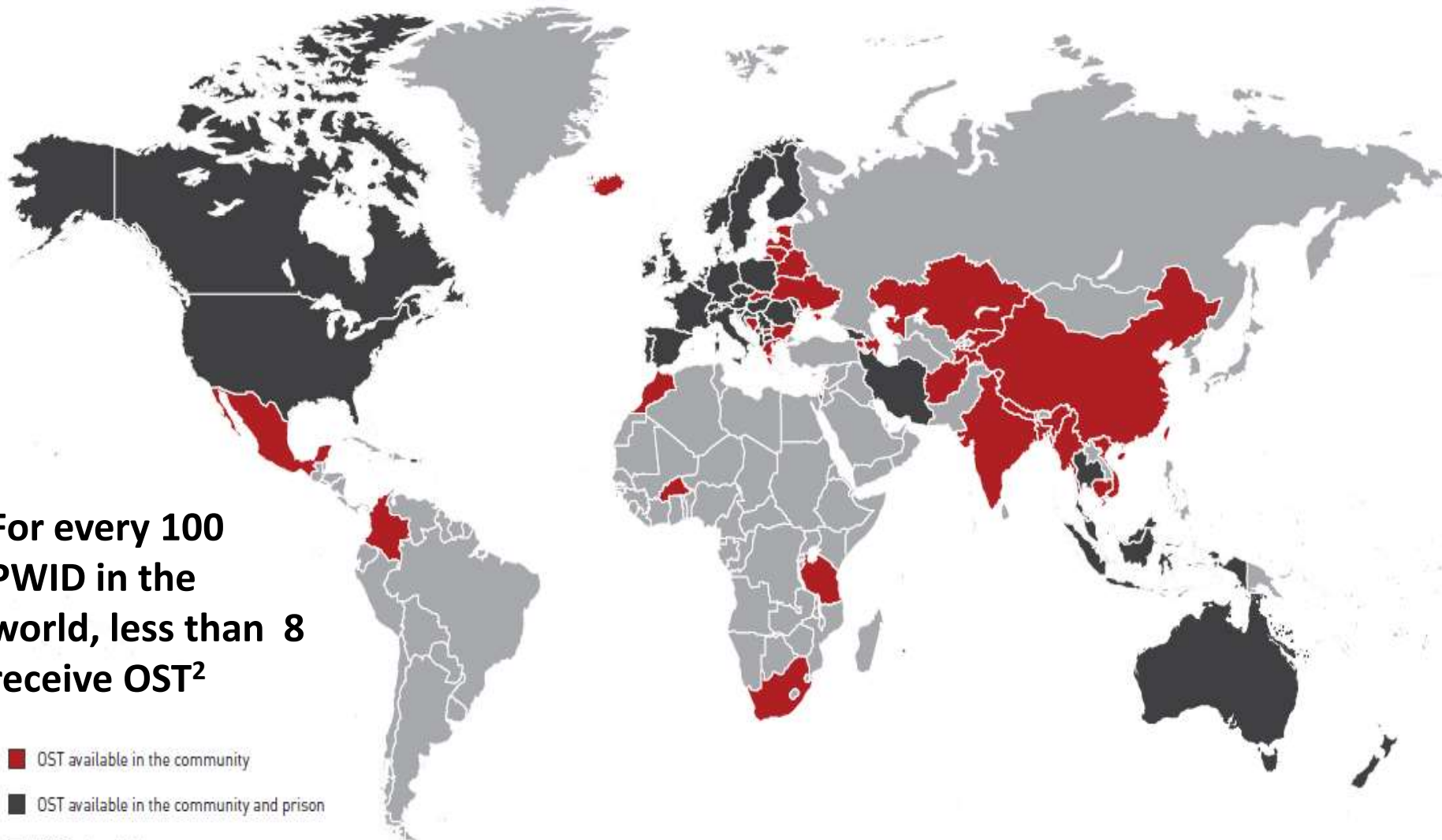


Number of needle syringes dispensed per PWID per year by country*



Countries where opioid substitution treatment programmes are operational (2015)¹

For every 100 PWID in the world, less than 8 receive OST²



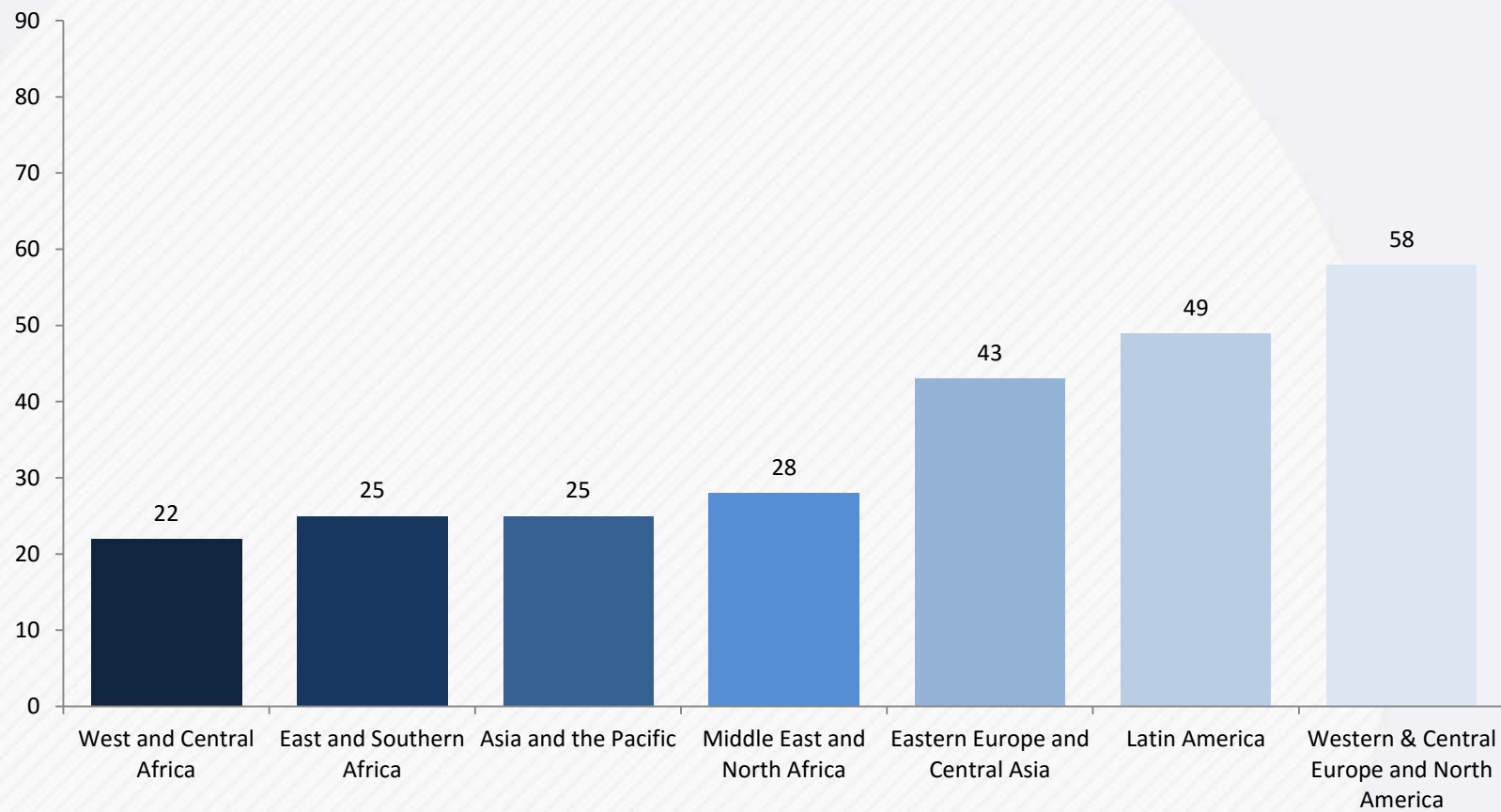
- OST available in the community
- OST available in the community and prison
- OST not available

1. 2014 Global State of Harm Reduction report, Harm Reduction International
2. Mathers et al HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage Lancet 2010; 375: 1014=28

Countries where harm reduction programmes are available: by region*

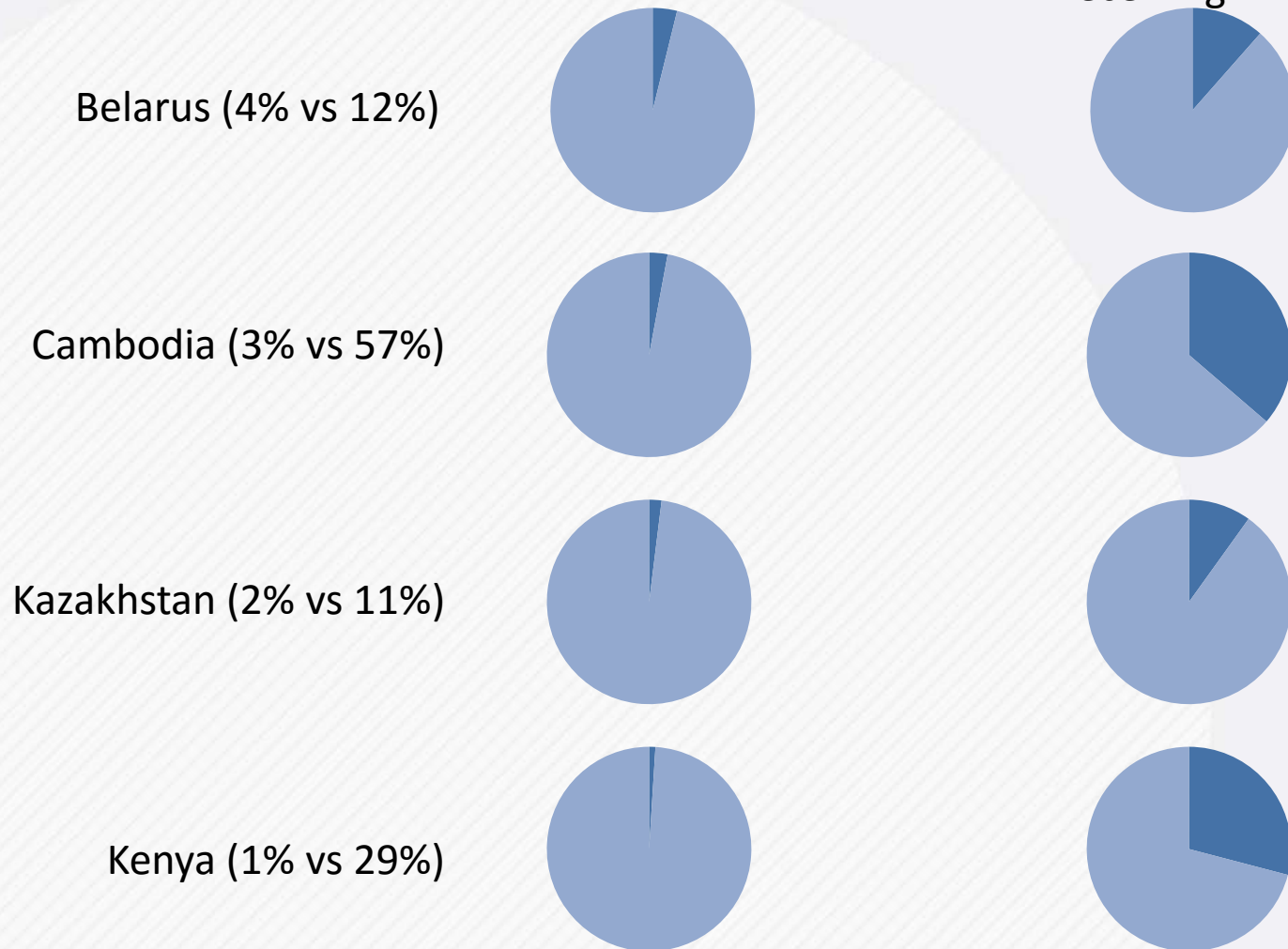
	NSP in community %(N)	NSP in prison	OST in community	OST in prison	Drug consumption rooms
Global (n=144)	62.5% (90)	5.6% (8)	54.9% (79)	29.2% (42)	6.3% (9)
Europe (n=51)	92.2% (47)	13.7% (7)	90.2% (46)	64.7% (33)	13.7% (7)
Eastern Mediterranean (n=18)	44.5% (8)	5.6% (1)	38.9% (7)	5.6% (1)	0
Africa (n=19)	36.8% (7)	0	21.1% (4)	5.3% (1)	0
South East Asia (n=10)	60% (6)	0	70% (7)	1% (1)	0
Western Pacific (n=19)	63.2% (12)	0	52.6% (10)	15.8% (3)	5.3% (1)
America (n=27)	37.0% (10)	0	18.5% (5)	11.1% (3)	3.7% (1)

Percentage of people who inject drugs that have received an HIV test in the past 12 months and know their results (2014 data from 36 countries)



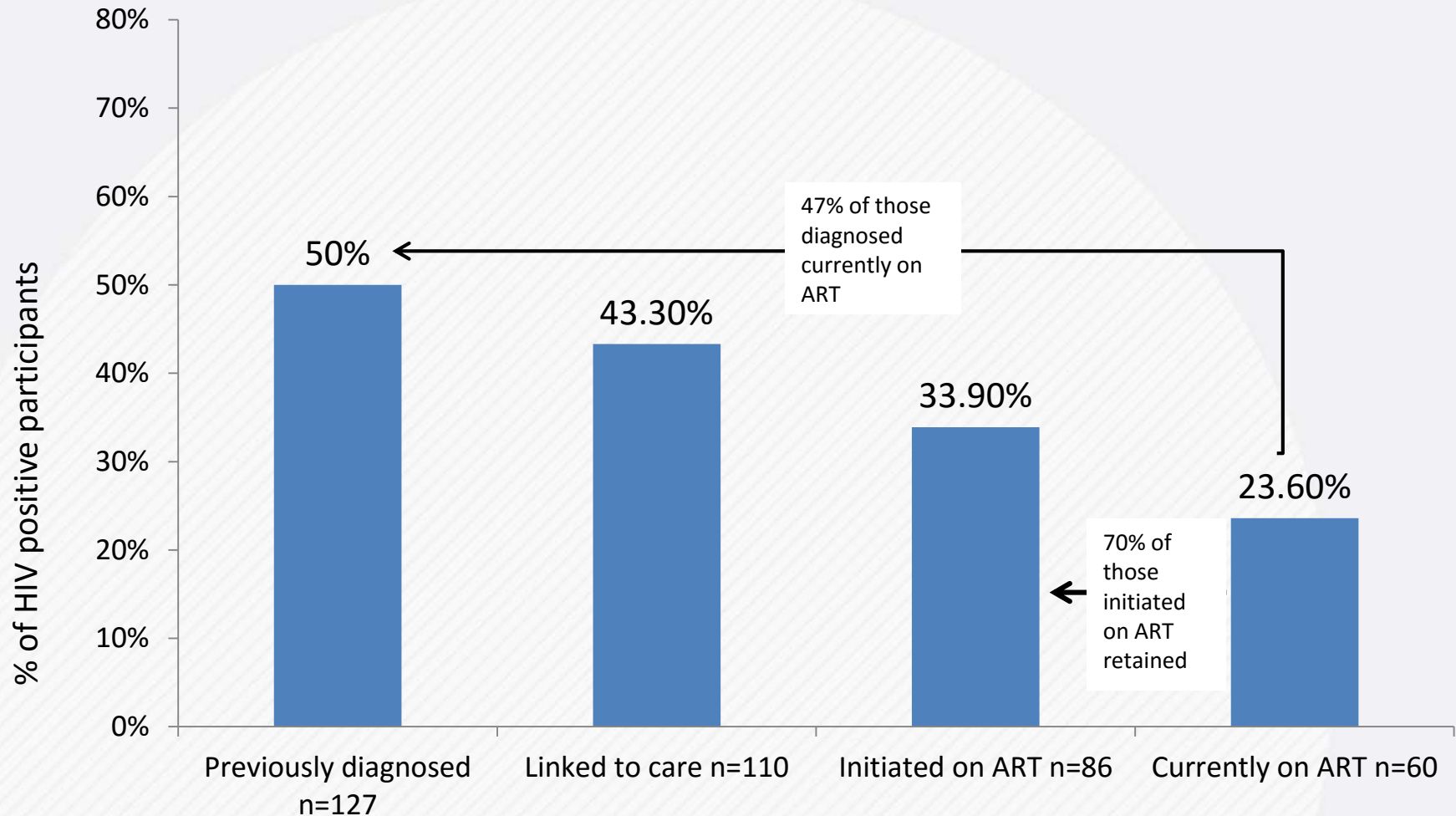
Percentage of PWID living with HIV receiving ART¹

Percentage of general population living with HIV receiving ART²

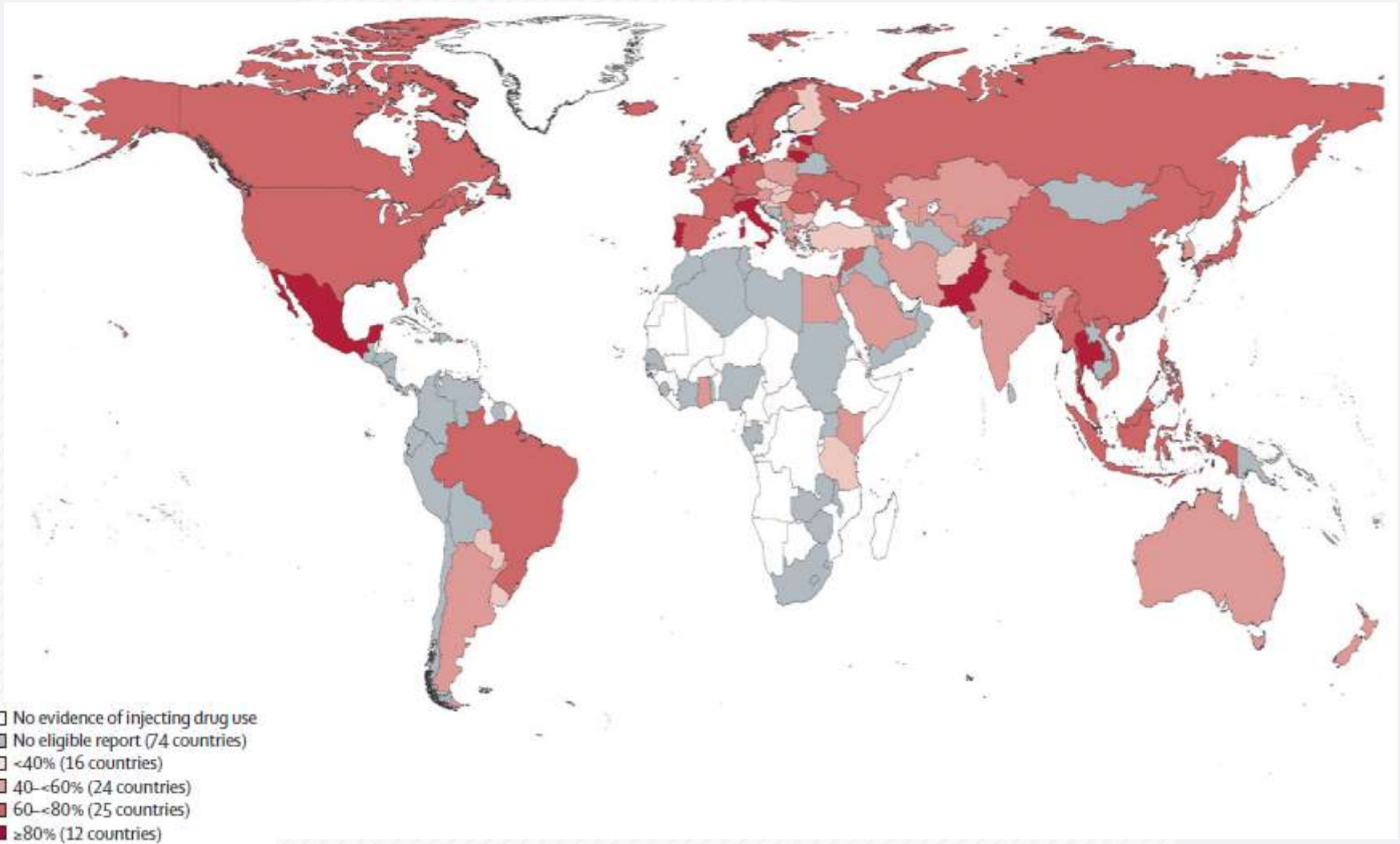


1. Mathers et al HIV prevention, treatment, and care services for people who inject drugs: a systematic review of global, regional, and national coverage Lancet 2010; 375: 1014-28
2. Based on GARPR reporting from 2011; www.aidsinfo.unaids.org

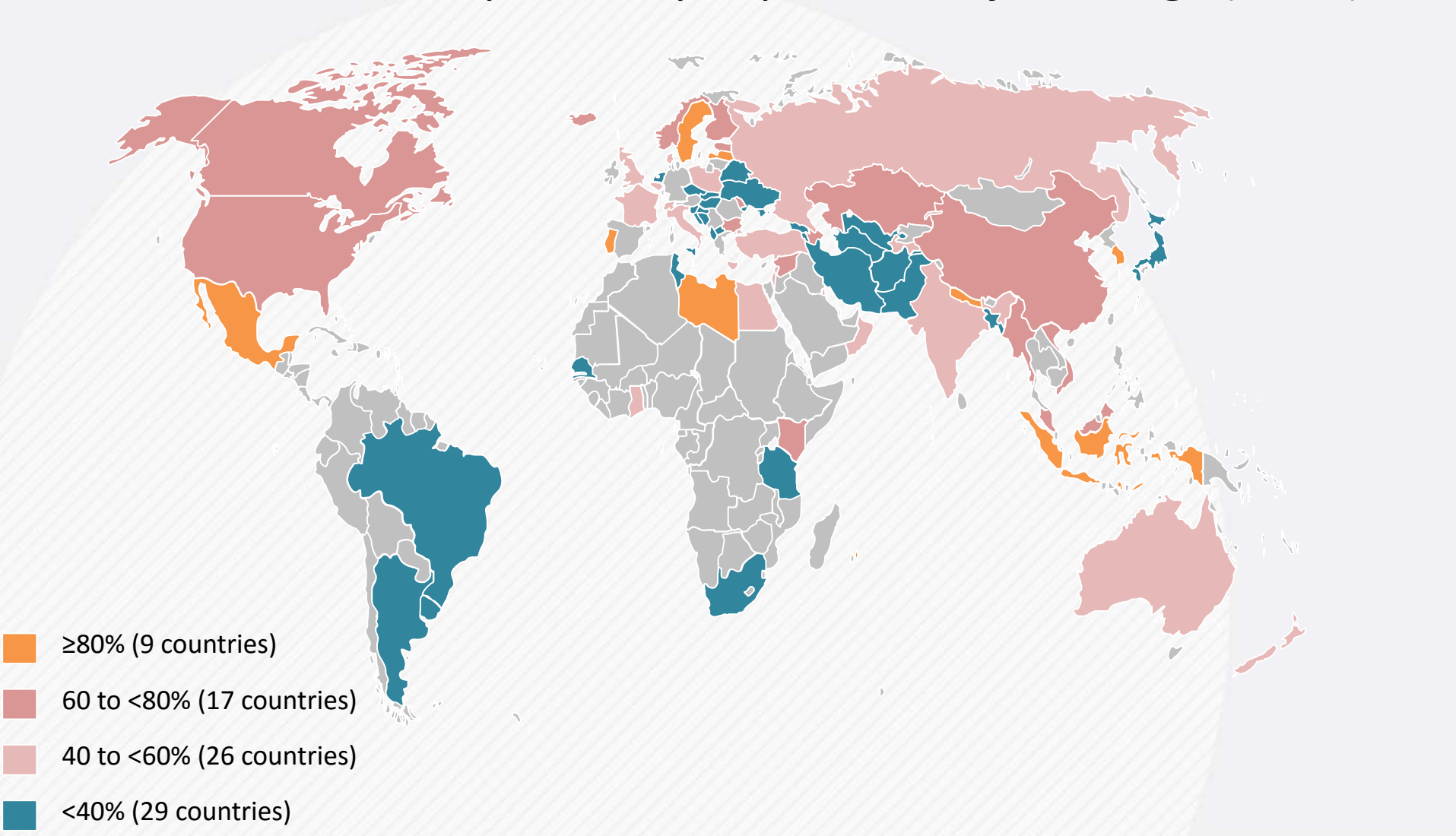
Example of HIV continuum cascade in PWID: Mozambique



Prevalence of HCV antibodies in PWID* (2011)



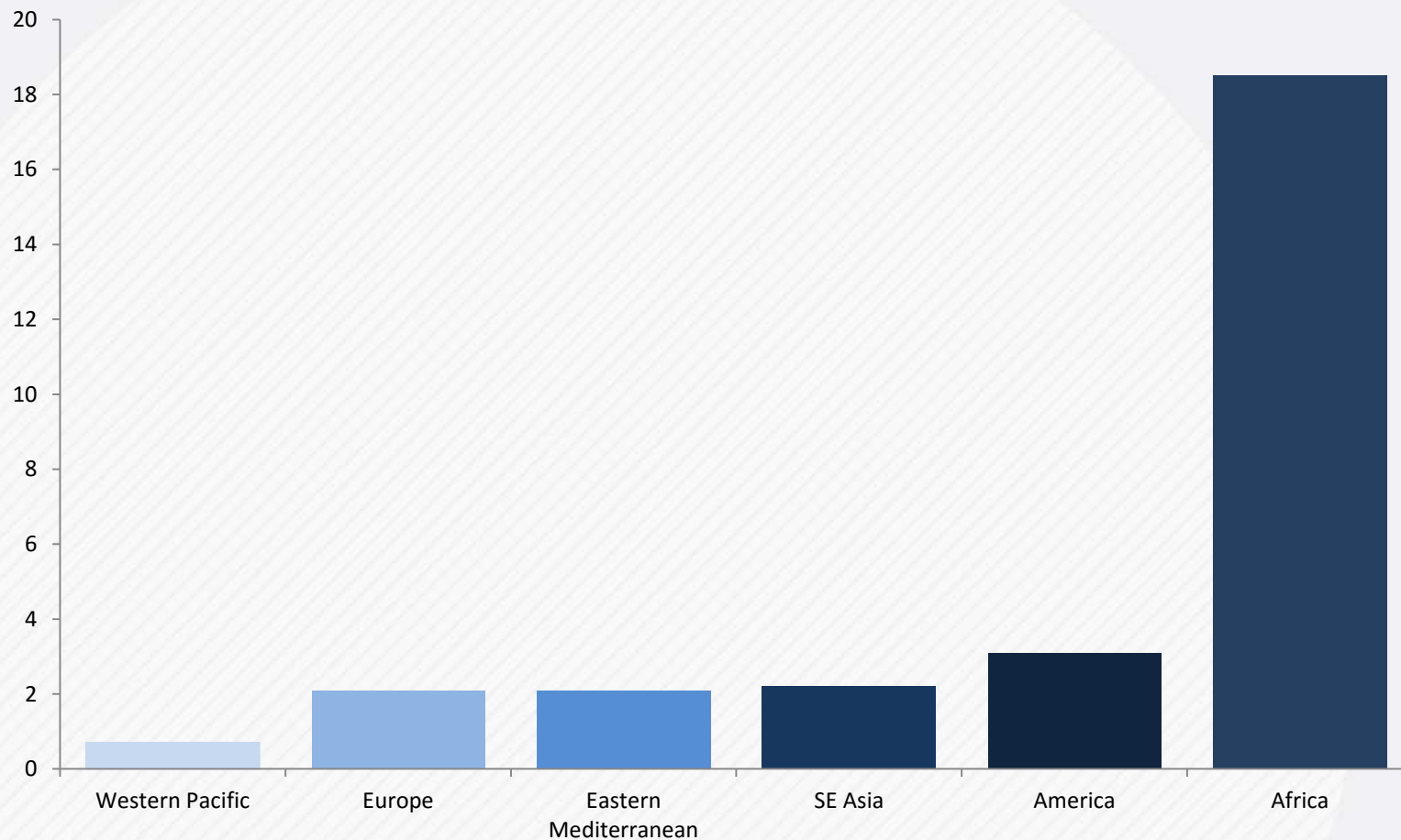
Prevalence of hepatitis C people who inject drugs (2014)



SEX WORKERS

Estimated median HIV prevalence in female sex workers by region (from 76 countries)

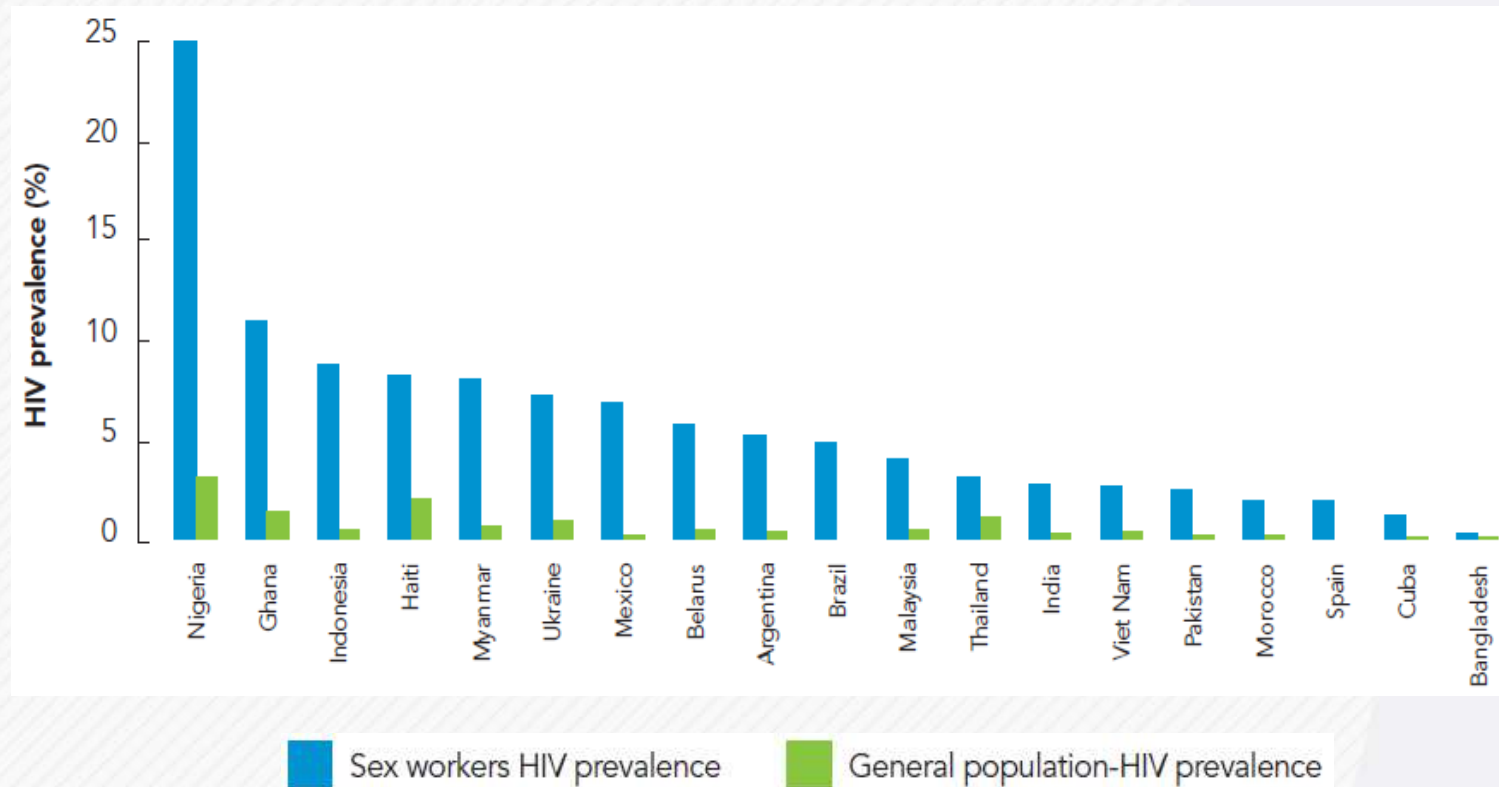
Data from UNAIDS, 2015 estimates ; www.aidsinfo.unaids.org



HIV prevalence in female sex workers by region: meta-analysis

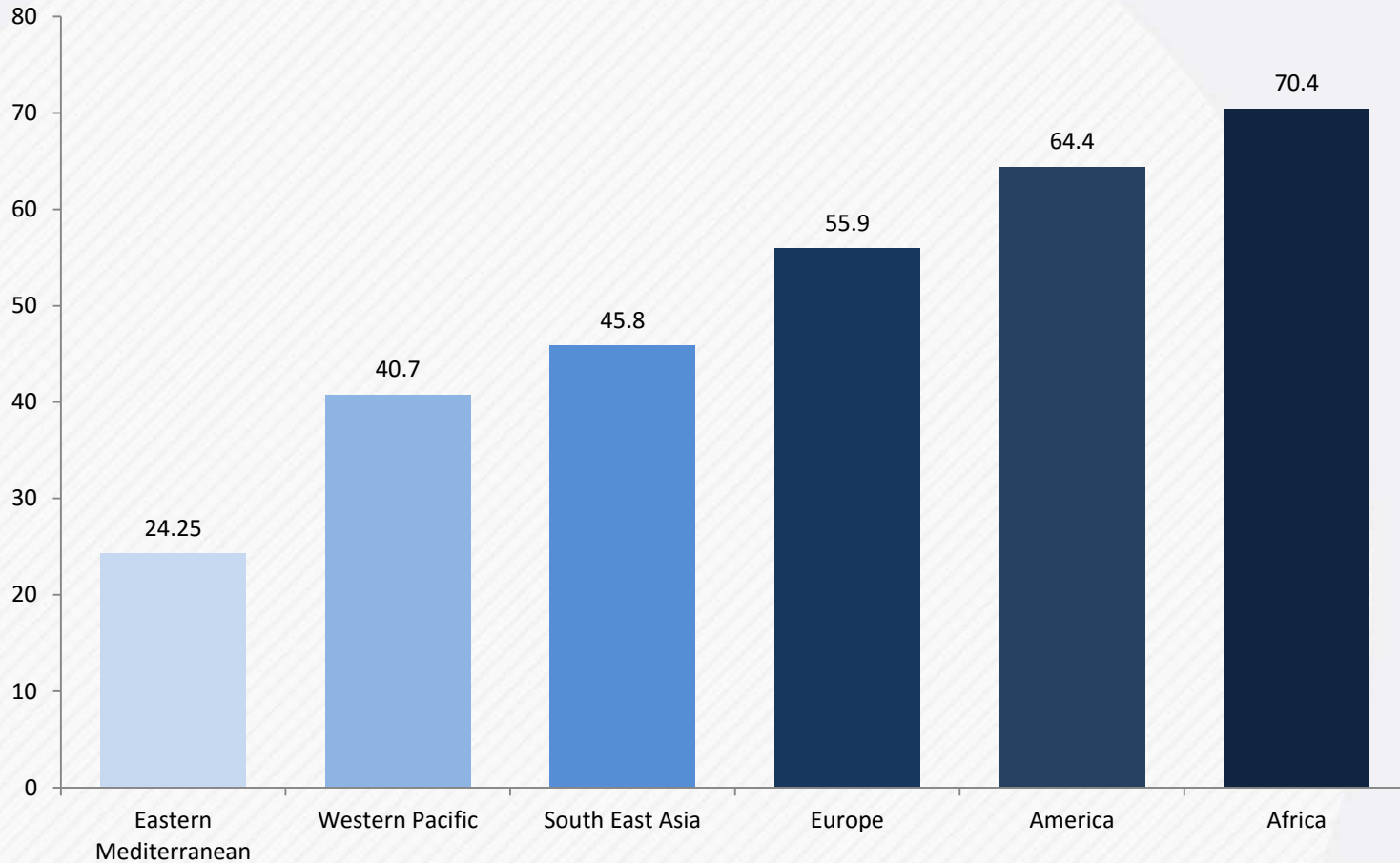
Region	Estimated prevalence	95% confidence interval	
Sub-Saharan Africa	29.3%	25.0%	33.8%
South Asia	5.1%	3.2%	7.4%
Latin America and Caribbean	4.4%	3.0%	5.9%
Western Europe	4.0%	2.1%	6.6%
East Asia and Pacific	3.4%	2.3%	4.7%
Eastern Europe and Central Asia	3.1%	1.3%	5.6%
Middle East and North Africa	0.3%	0.1%	0.8%

HIV prevalence among sex workers for 19 countries that report > 50 000 SW 2009–2013



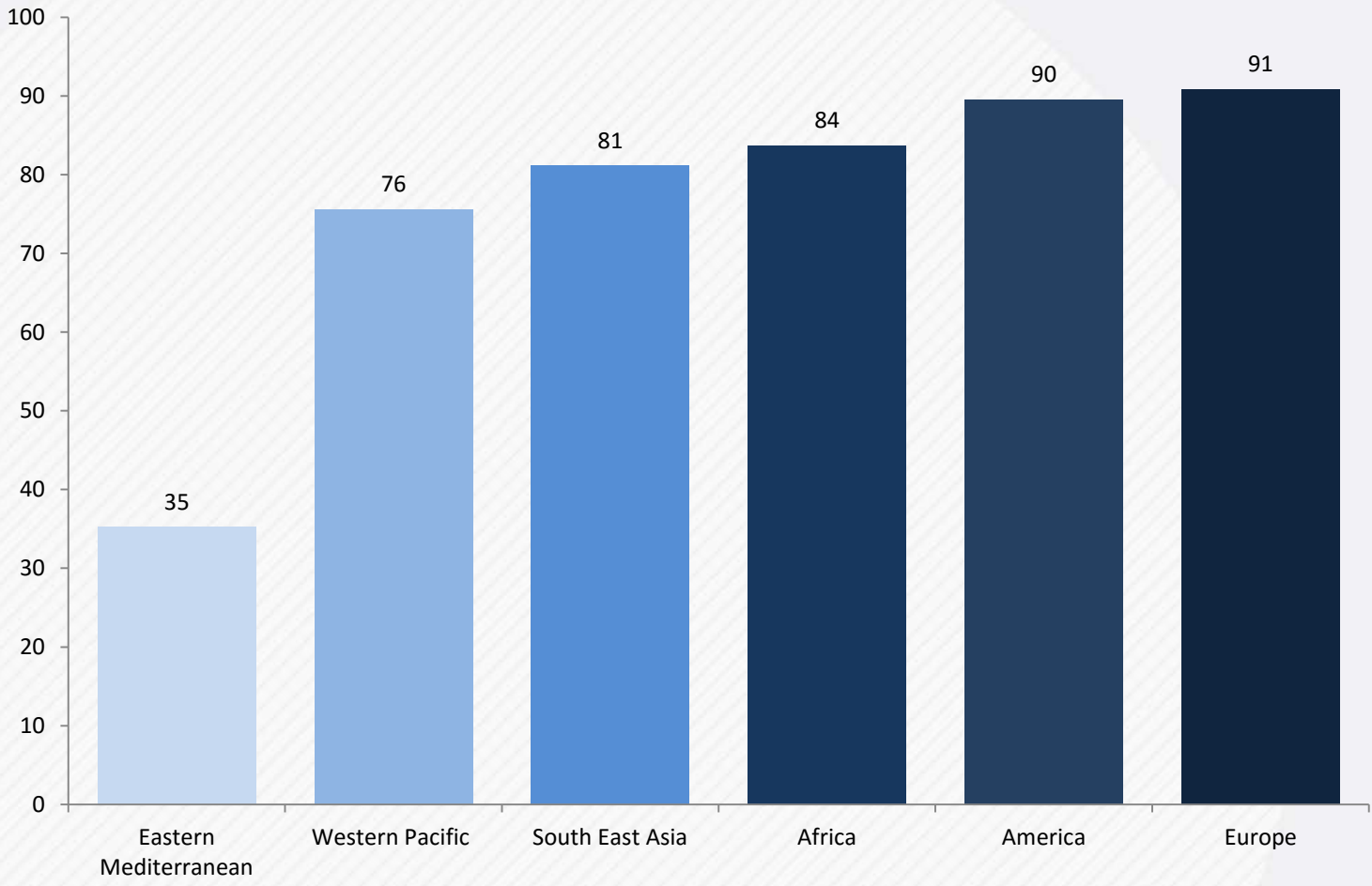
Percentage (median) of sex workers that have received an HIV test in the past 12 months and know their results (2015 data from 94 countries)

Data from UNAIDS, 2016; www.aidsinfo.unaids.org

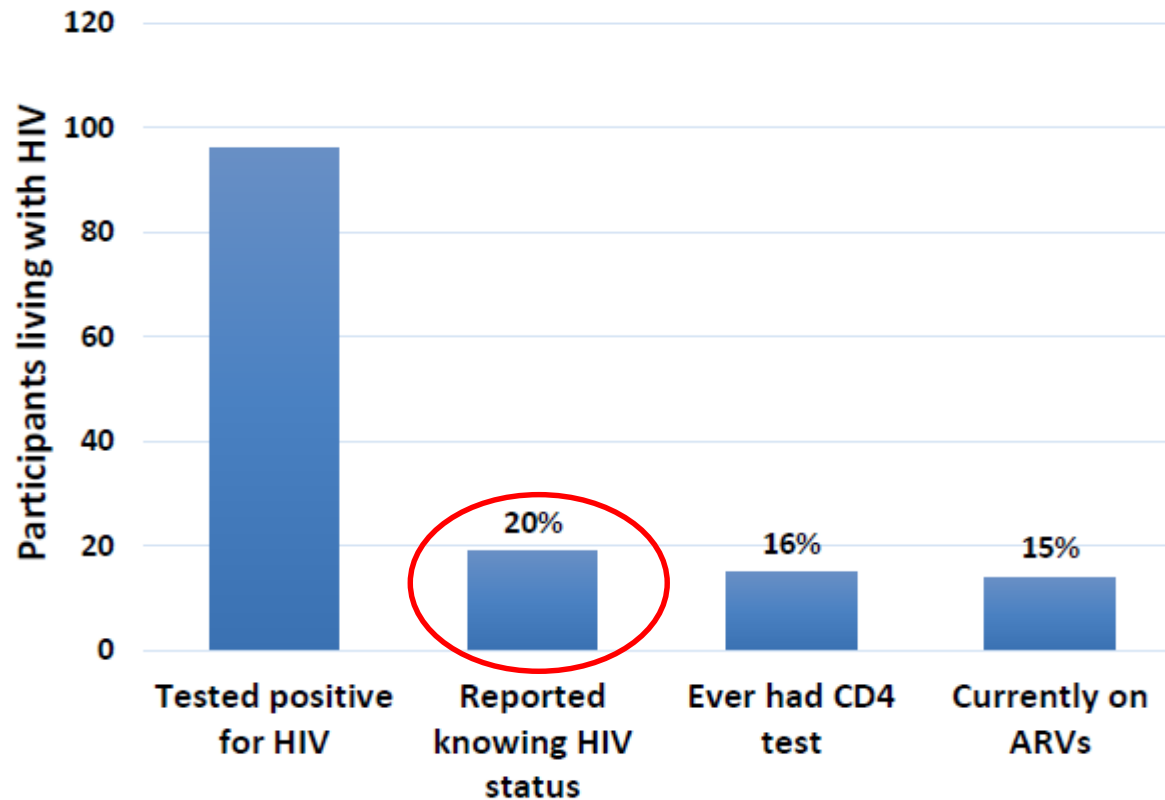


Percentage of sex workers reporting condom use with most recent client (median values from 2015 data from 85 countries)

Data from UNAIDS, 2016; www.aidsinfo.unaids.org



HIV diagnosis and treatment: female sex workers in Lome, Togo, 2013

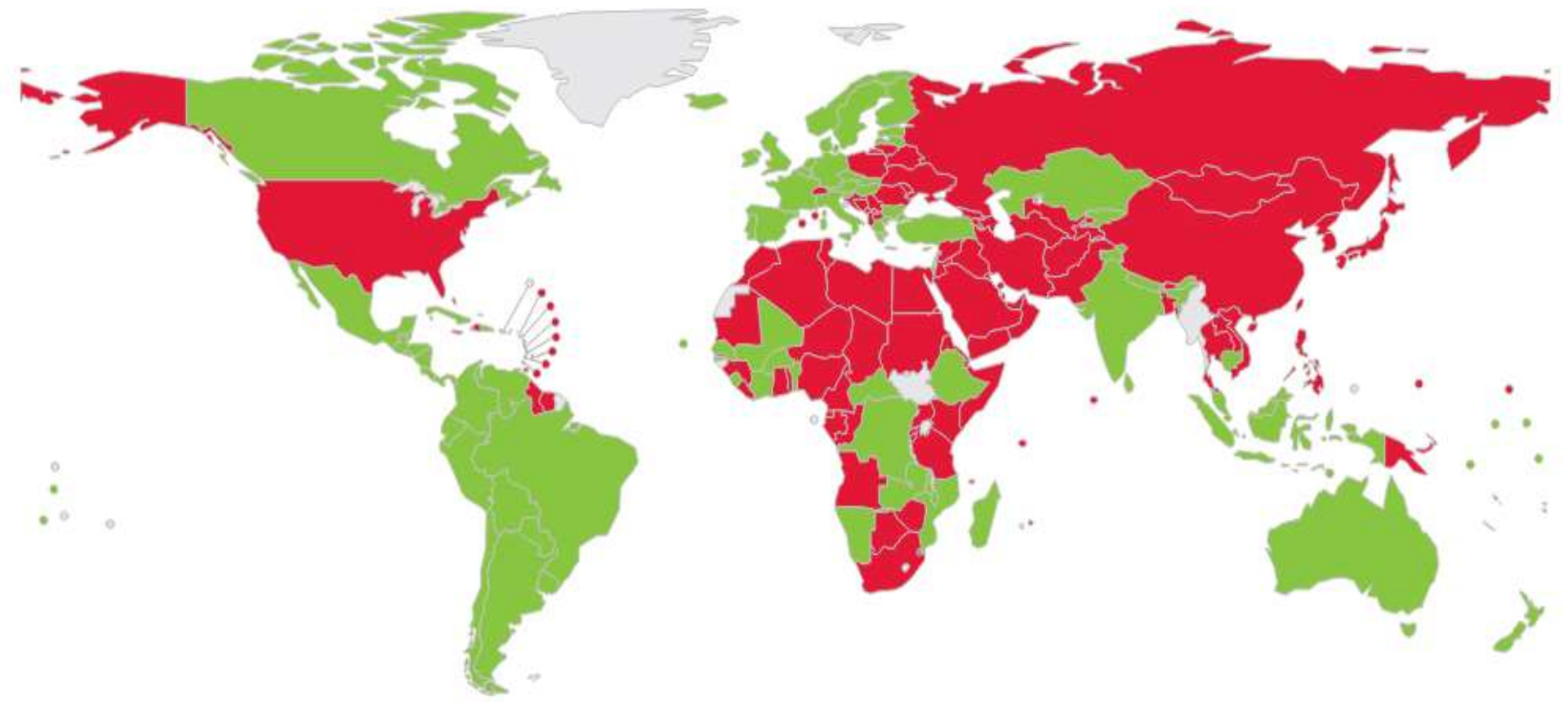



HIV prevalence in study sample: **27.1%** (96/354) of total sample; RDS adj: **24.0%** (95%CI: 18.1 – 29.9)

Source: Baral S, et al *Examining Prevalence of HIV Infection and Risk Factors among Female Sex Workers (FSW) and Men Who Have Sex with Men (MSM) in Togo*. Forthcoming. Baltimore: USAID | Project Search: Research to Prevention.

100/185 countries with available data criminalise some aspect of sex work

Data from UNAIDS, 2014; www.aidsinfo.unaids.org



 Criminalise some aspect of sex work

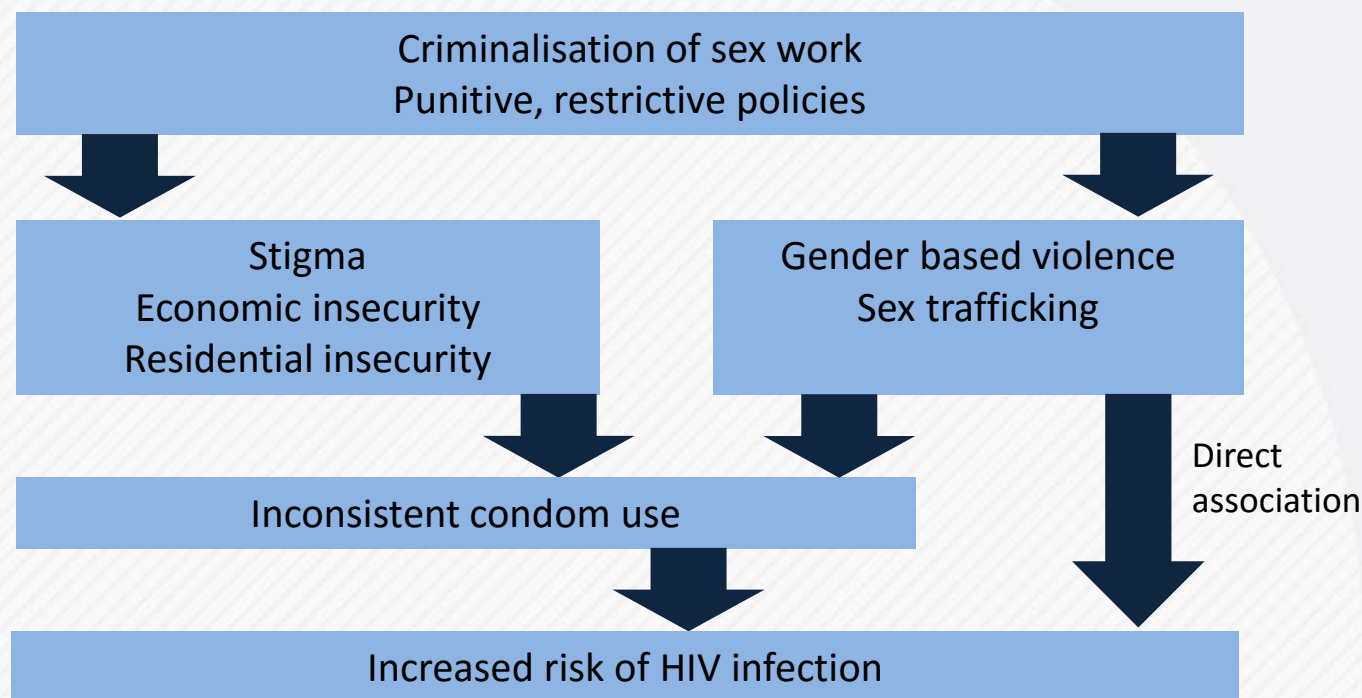
Female sex workers at high risk of HIV infection

- Overall, female sex workers are **13.5% more likely to be living with HIV** than other women of reproductive age; in Asia, female sex workers almost **30% more likely to be living with HIV***
- Globally, an estimated **15% of HIV in the general female adult population is attributable to unsafe female sex work****

*Baral et al (2012) Burden of HIV among female sex workers in low-income and middle-income countries: a systematic review and meta-analysis

**Pruss-Ustun A, Wolf J, Driscoll T, Degenhardt L, Neira M, et al. (2013) HIV Due to Female Sex Work: Regional and Global Estimates. PLoS ONE 8(5):e63476. doi:10.1371/journal.pone.0063476

Structural determinants influence the global epidemiology of HIV in sex workers





The package

Condom programming

Harm reduction interventions

Behavioural interventions

HIV testing and counselling

HIV treatment and care + PrEP

Prevention and management of viral Hep, TB and mental health conditions

Sexual and reproductive health interventions

Supportive legislation, policy and funding

Addressing stigma and discrimination

Community empowerment

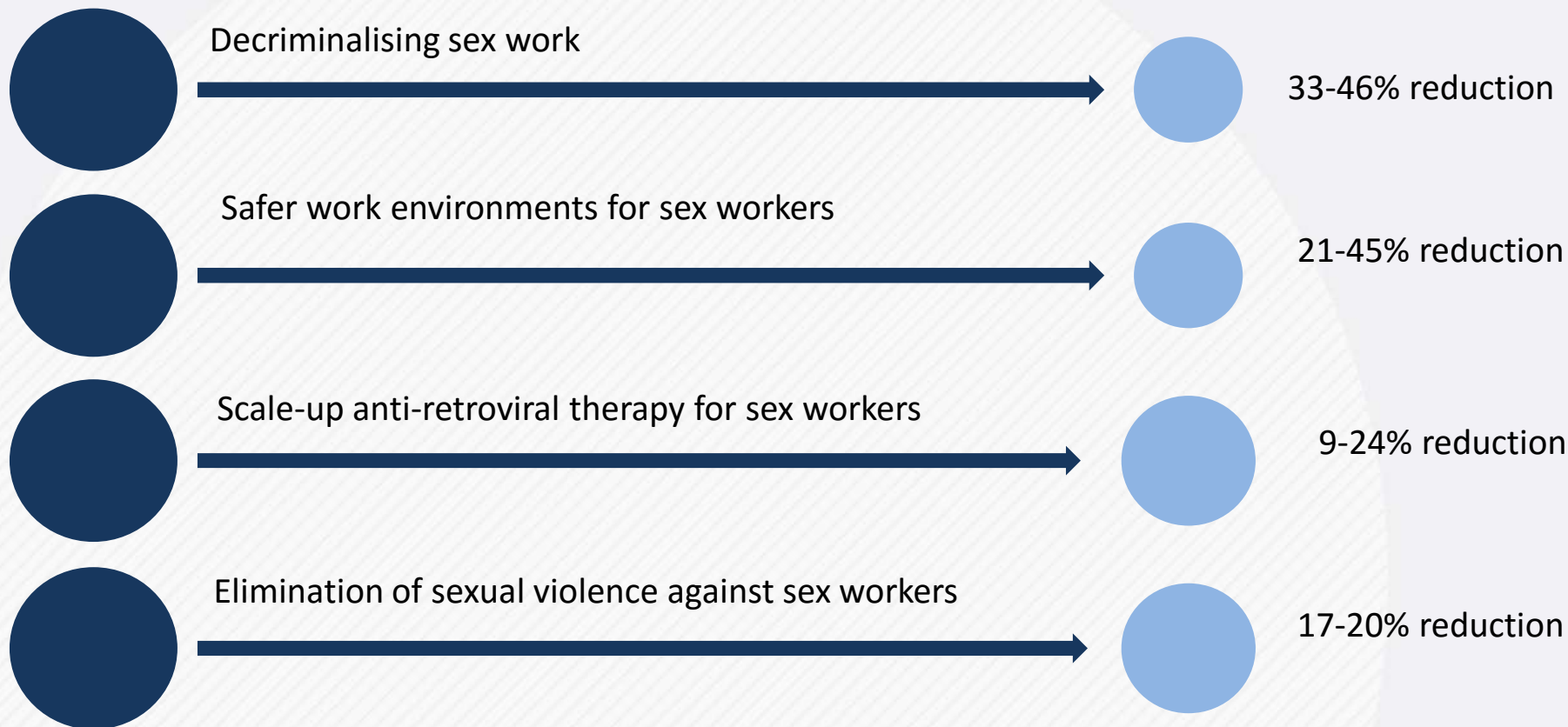
Addressing violence

**Health
interventions**

**Structural
interventions**



How many HIV infections could be averted in sex workers and their clients*

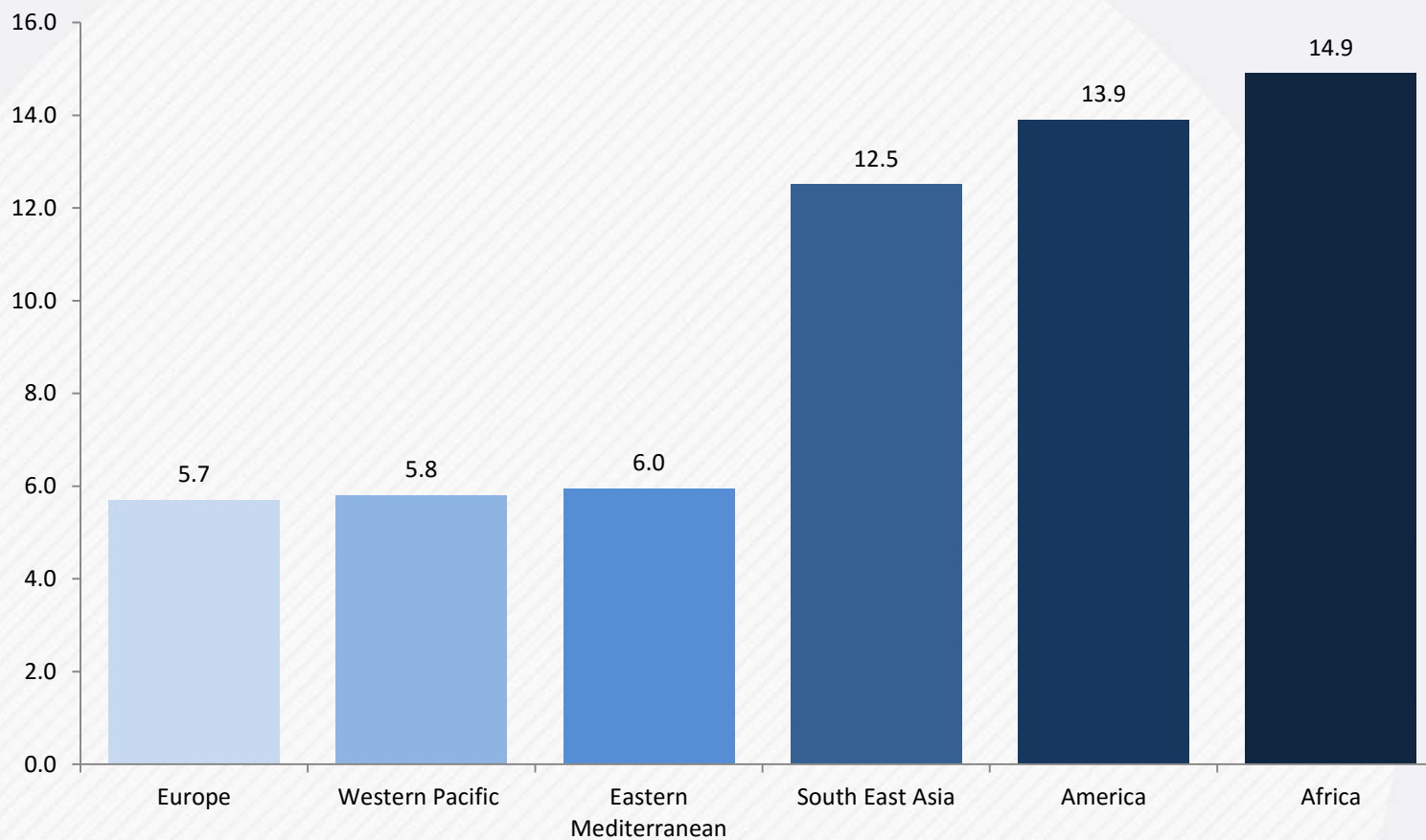


* Modelled potential improvements in reducing HIV among female sex workers and clients within a decade; Shannon K, Strathdee SA, Goldenberg SM, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet* 2014; 385: 55-71

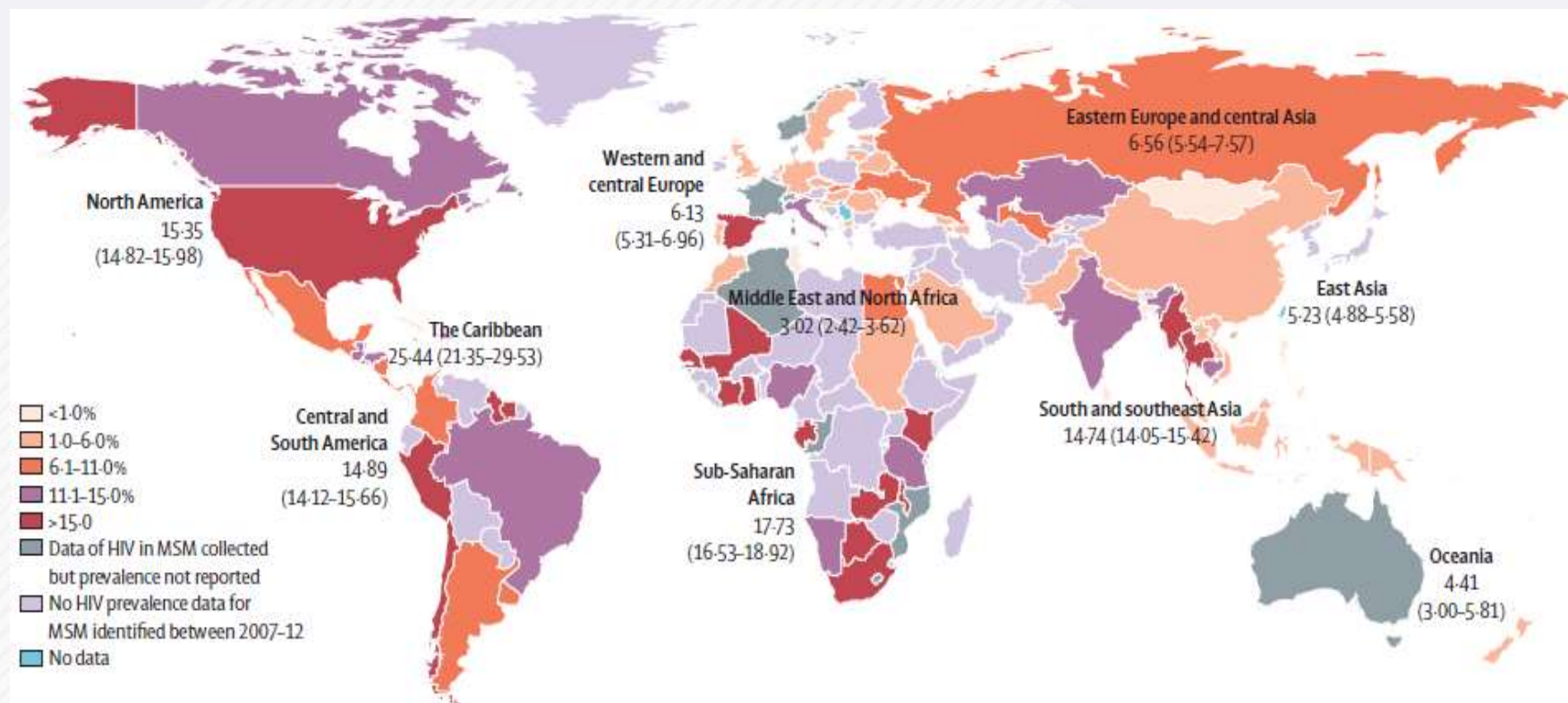
MEN WHO HAVE SEX WITH MEN

Estimated HIV prevalence in men who have sex with men by region (median)

Data from UNAIDS, 2015 estimates based on reports from 104 countries; www.aidsinfo.unaids.org

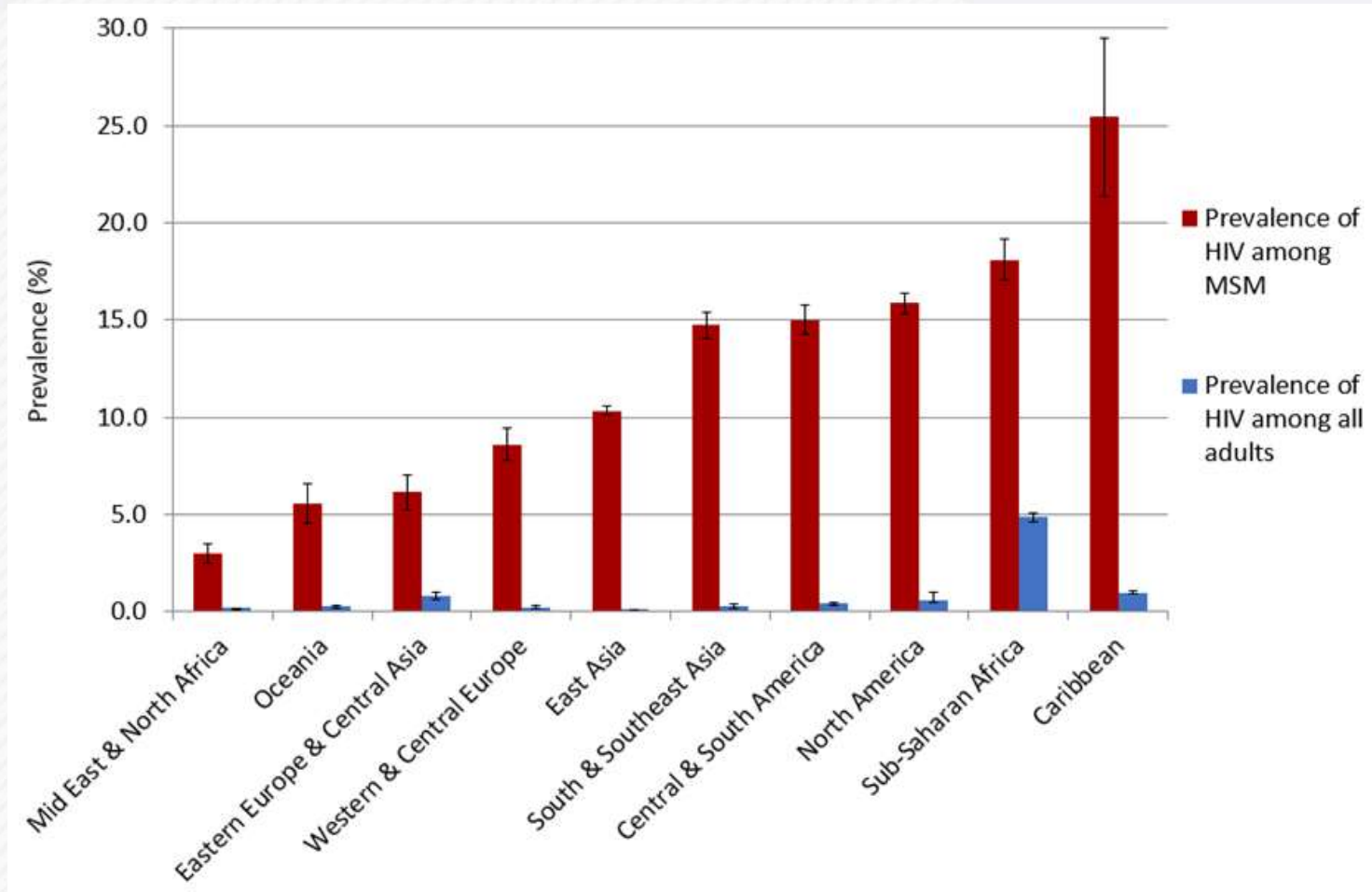


Estimated HIV prevalence in MSM from meta-analysis*



* Beyrer C, Baral SD, van Griensven F, Goodreau SM, Chariyalertsak S, Wirtz AL, Brookmeyer R. Global epidemiology of HIV infection in men who have sex with men. *Lancet*. 2012;380(9839):367–377

In all regions, MSM are disproportionately affected by HIV



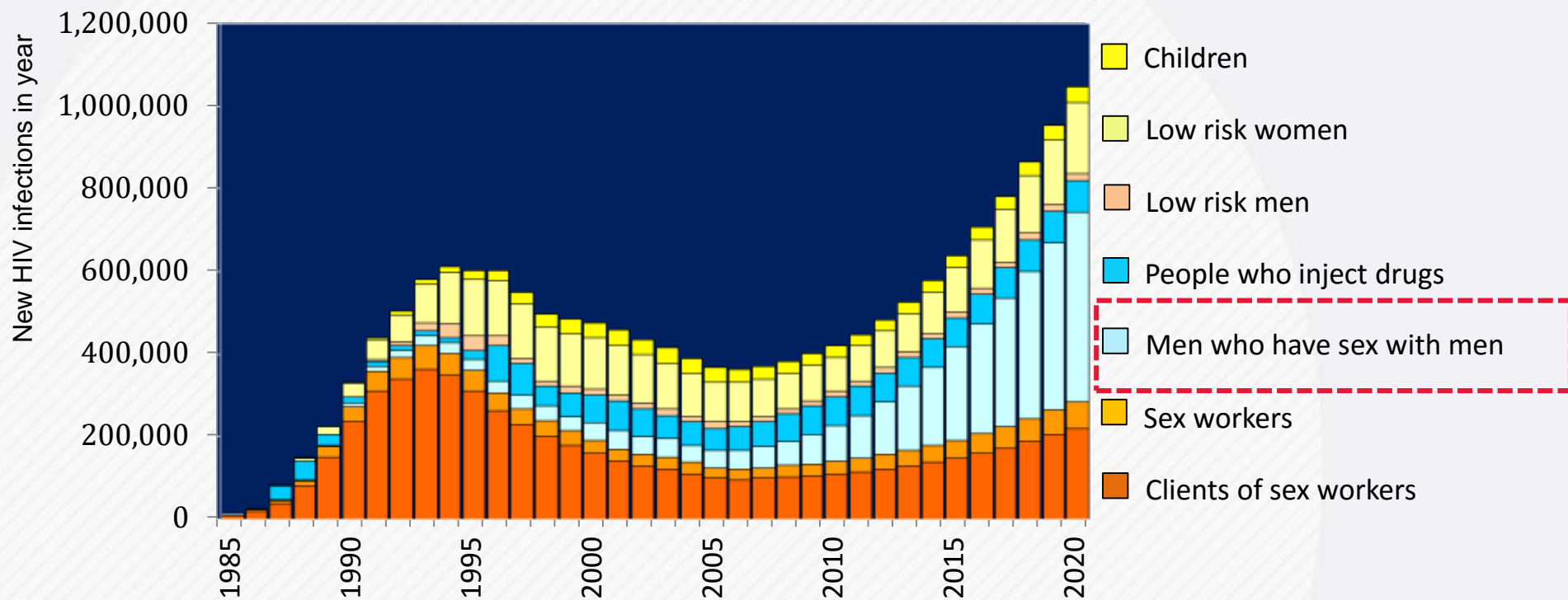
Global epidemic in MSM continues to expand

- MSM 19 times more likely to be living with HIV than the general population¹
- In several countries and across all income levels², the incidence of HIV in MSM is increasing
- HIV outbreaks in MSM have occurred in high income countries such as Australia and Western European nations

1. Global AIDS response progress reporting 2014. Geneva: Joint United Nations Programme on HIV/AIDS; 2014 (<http://www.aidsinfoonline.org>)

2. Beyrer C, Baral SD, van Griensven F, Goodreau SM, Chariyalertsak S, Wirtz AL, Brookmeyer R. Global epidemiology of HIV infection in men who have sex with men. *Lancet*. 2012;380(9839):367–377

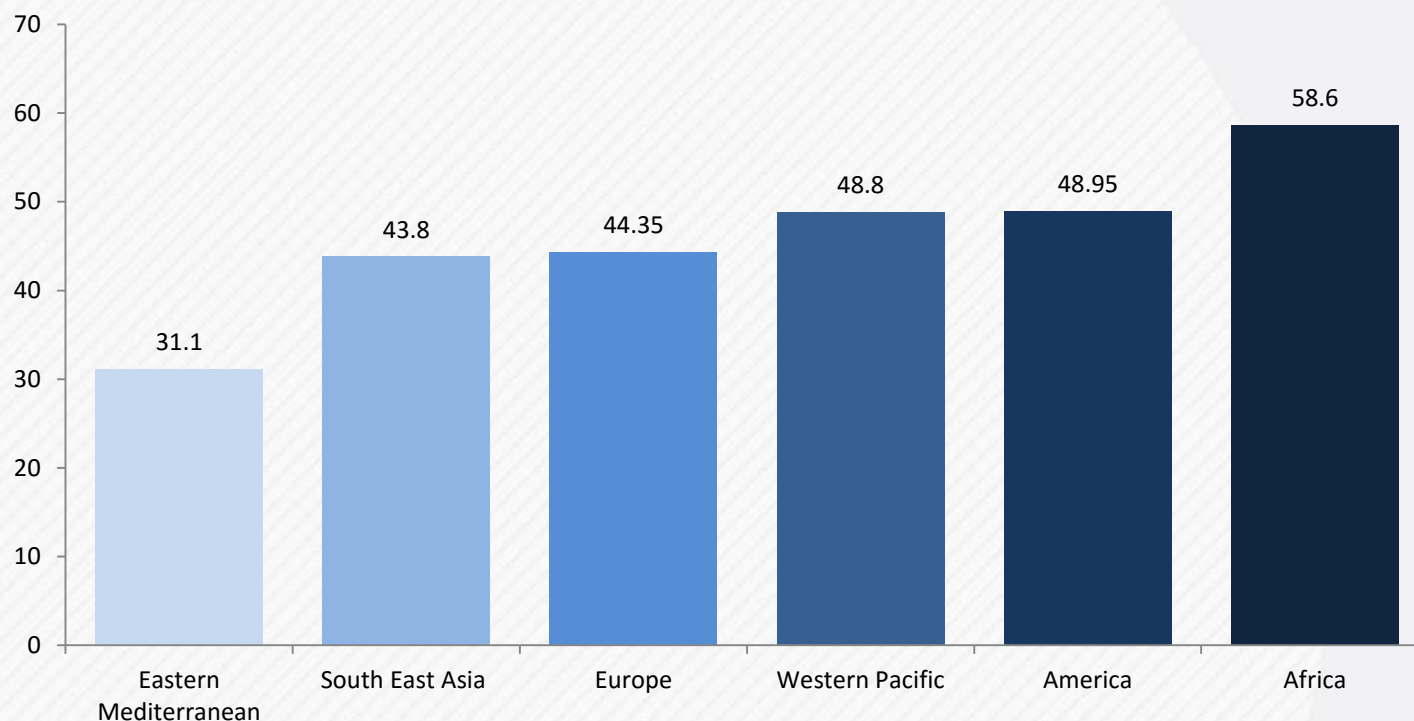
Modeling shows the expanding HIV epidemic among MSM in Asia (2008 model)



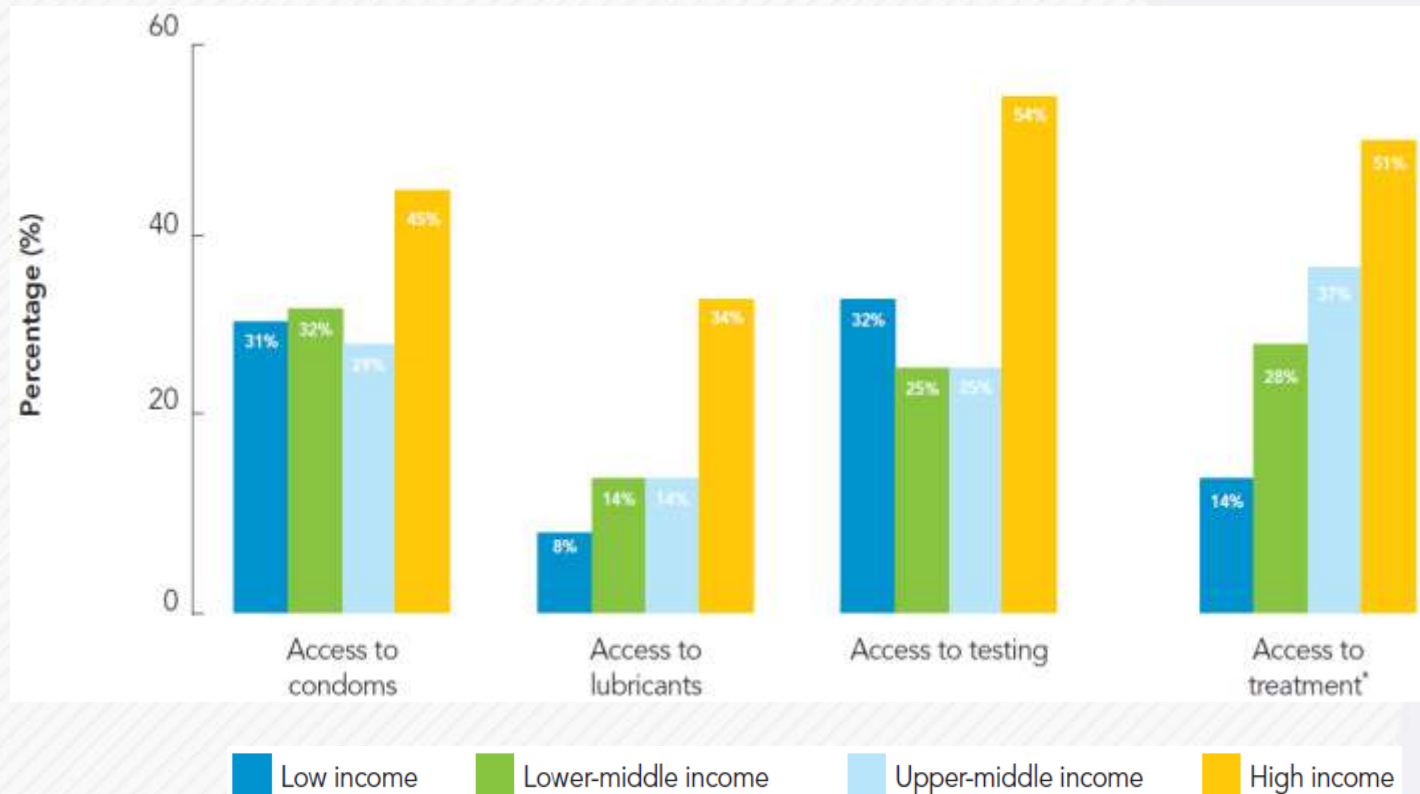
% of men who have sex with men that have received an HIV test in the past 12 months and know their results (median values)

(2015 data from 106 countries)

Data from UNAIDS, 2016; www.aidsinfo.unaids.org

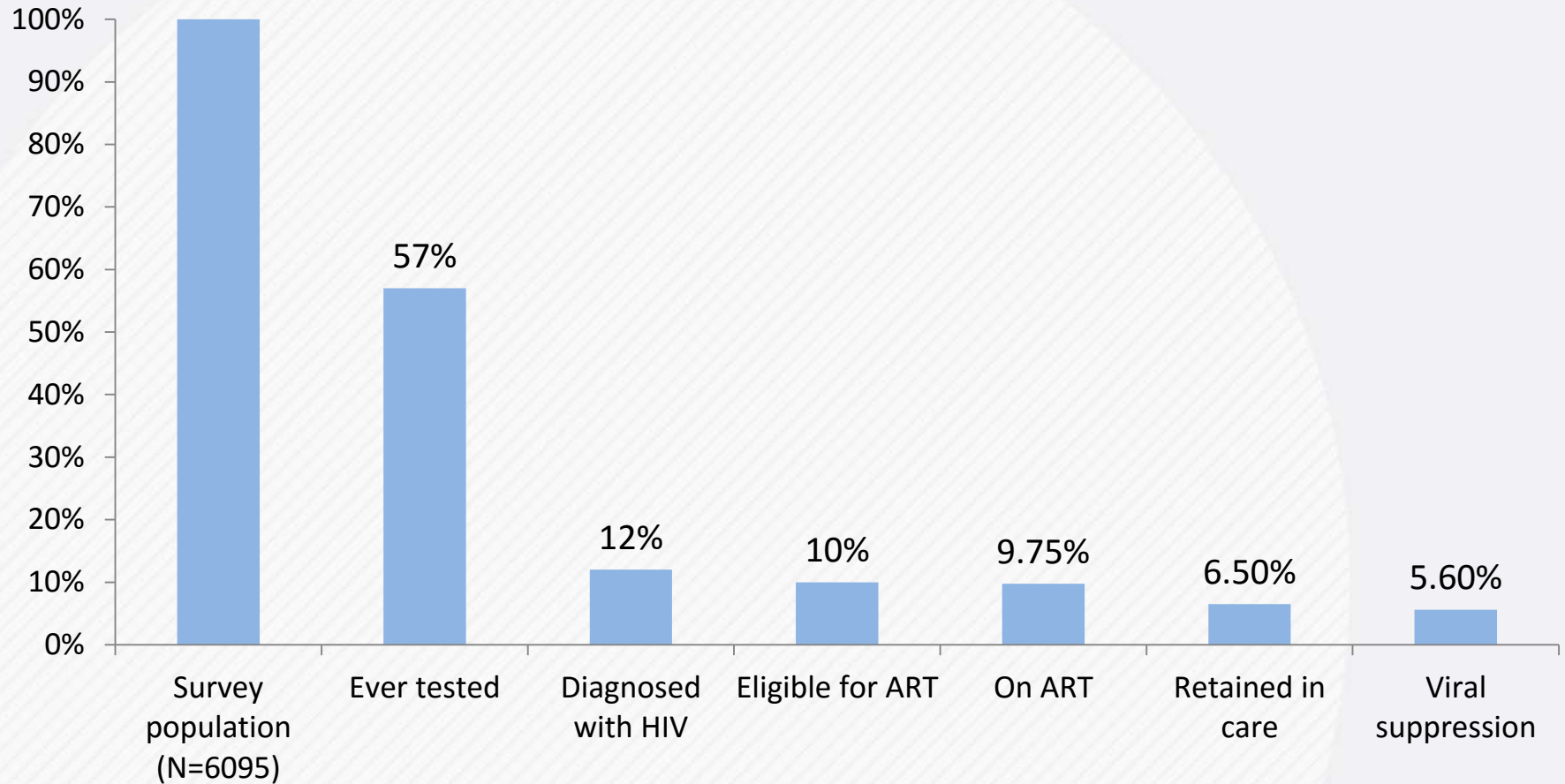


% of men who have sex with men reporting that condoms, lubricants, HIV testing and HIV treatment are easily accessible, by country income level, 2012



*Access to HIV treatment was measured only among respondents who reported living with HIV.

HIV cascade in men who have sex with men: results of an online survey



Ayala G, Makofane K, Santos GM, Arreola S, Hebert P, et al. (2014) HIV Treatment Cascades that Leak: Correlates of Drop-off from the HIV Care Continuum among Men who have Sex with Men Worldwide. *J AIDS Clin Res* 5: 331

The package

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Prevention and management of viral Hep, TB and mental health conditions

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Addressing stigma and discrimination

Community empowerment

Addressing violence

Health interventions

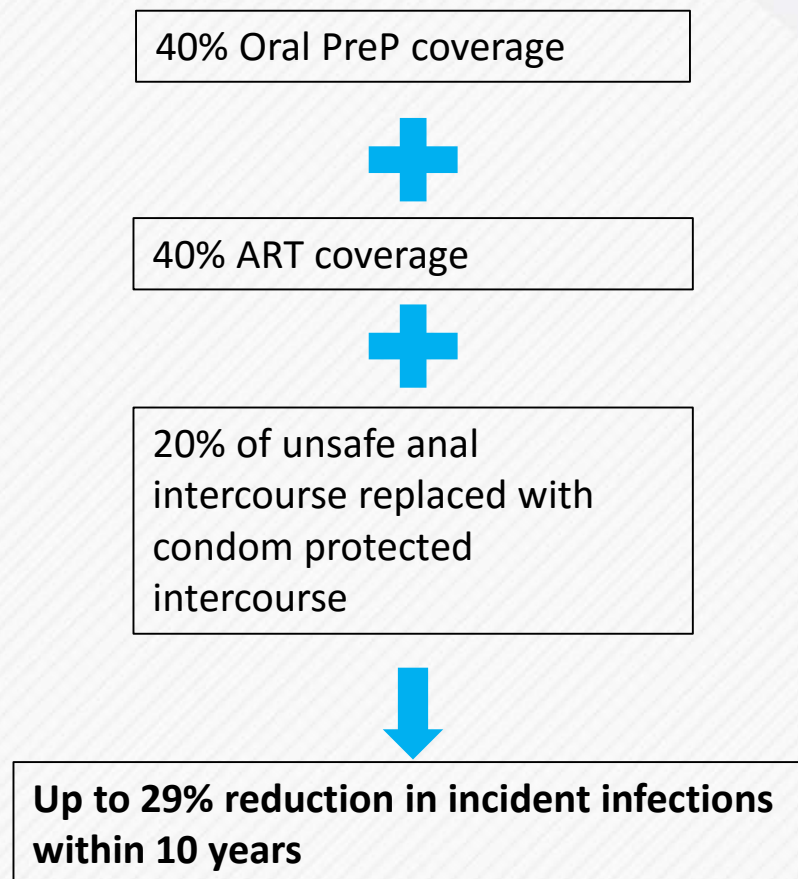
Structural interventions



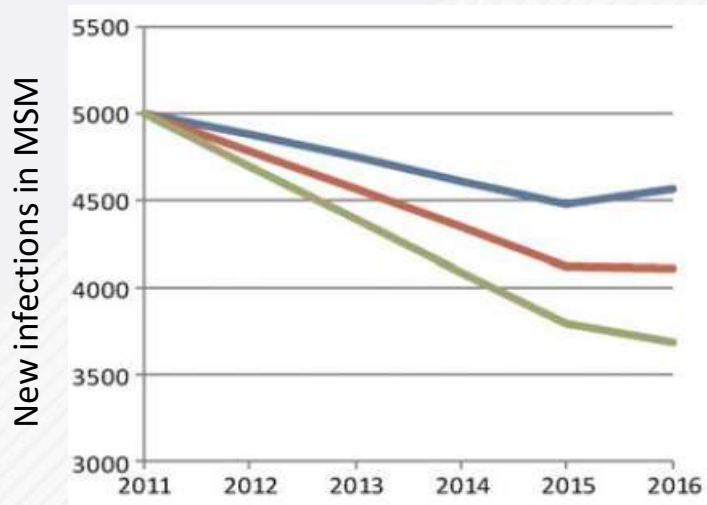
What works to address HIV epidemics in MSM*

	Effect on HIV incidence
Condom use	↓
Circumcision	=
Pre exposure prophylaxis	↓
Post-exposure prophylaxis	↓

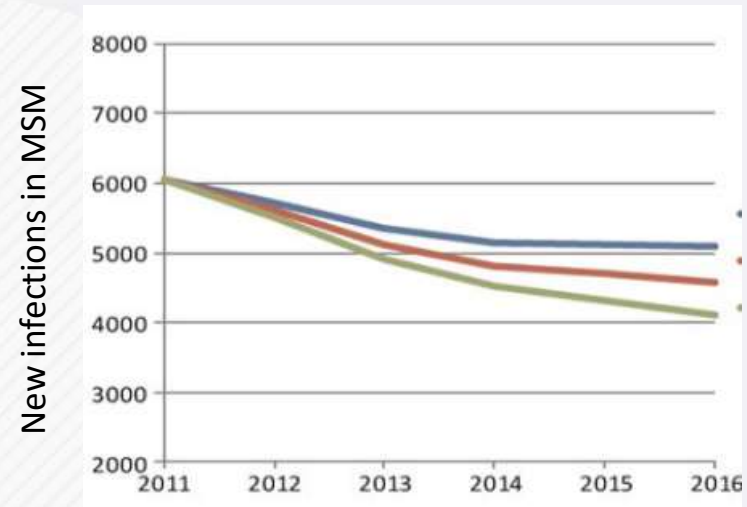
How many infections in MSM could be averted through combined interventions?*



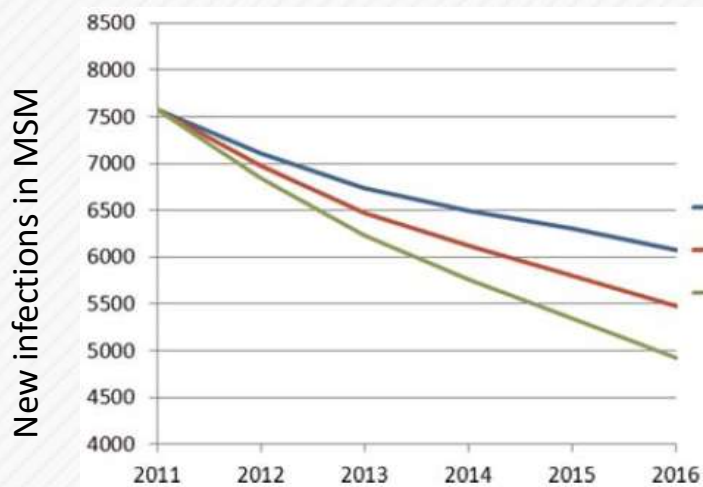
Peru



Kenya



Thailand



- Expanded ART only
- Expanded ART + 20% increase in coverage of condoms and outreach
- Expanded ART + 40% increase in coverage of condoms and outreach

Evidence

PreP decreases HIV transmission with few adverse effects when taken consistently and correctly in men and women of all ages

PreP results in 44% reduction in new HIV infections

How is it taken?

Before HIV exposure and continuing after exposure

Time elapsing before oral PrEP achieves high-level protection is 5-7 days for anal sex and up to 3 weeks for vaginal sex

Taken daily, weekly or intermittently

Pre-Exposure Prophylaxis

Oral PreP (containing TDF) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches

Challenges

Awareness and acceptance of PreP

Willingness of health providers to prescribe and support patients on PreP

Adherence

Prioritisation of available ART

Cost

Requires regular HIV testing



	Death penalty exists in 6 countries and parts of Nigeria and Somalia		Marriage between same sex partners legal
	Imprisonment from 14 years to life sentence	}	In 75 countries and 5 entities
	Imprisonment up to 14 years		
	Imprisonment, no precise indication of length		
	Anti-propaganda law without other legislation on the basis of sexual orientation		
			Legal substitute to marriage exists

*The 2015 Lesbian, Gay and Bisexual Map of World Laws, International Lesbian, Gay, Bisexual, Trans and Intersex Association www.ilga.org

Violence against men who have sex with men

- Men who have sex with men experience high levels of violence, stigma, discrimination and other human rights violations
- Violence is associated with increased risk of HIV
 - Through physiological exposure to HIV during trauma (e.g. via open wounds, torn mucous membranes)
 - Depression, fear, isolation associated with violence can interfere with a persons ability to protect themselves from HIV transmission
- Laws and policies, especially those criminalising same-sex relationships, may increase the vulnerability of men who have sex with men to violence



TRANSGENDER PEOPLE

Transgender people and data availability

- Transgender is an umbrella term for all people whose gender identity is different from the sex they were assigned at birth
 - Transgender woman – assigned male at birth and identifies as female
 - Transgender man – assigned female at birth and identifies as male
 - Many transgender people identify as either male or female but some individuals express gender identities that do not fit within this binary
- Often health service providers “count” TG people with MSM and it’s difficult to know how many TG people access services
- If TG is not legally recognised, then household surveys and census data cannot collect information about population size
- Transgender-specific data is limited and focuses mainly on transgender women who have a high burden of HIV, with little data on transgender men or other transgender groups

Transgender population size estimates: extremely limited data available

- Estimated 0.3% of adult population in Asia Pacific are transgender (9-9.5 million people)¹
- A 2012 survey of high school students in New Zealand found that 1.2 percent reported being transgender and 2.5 percent reported not being sure about their gender²
- 0.3% of adults estimated to be transgender in the US³

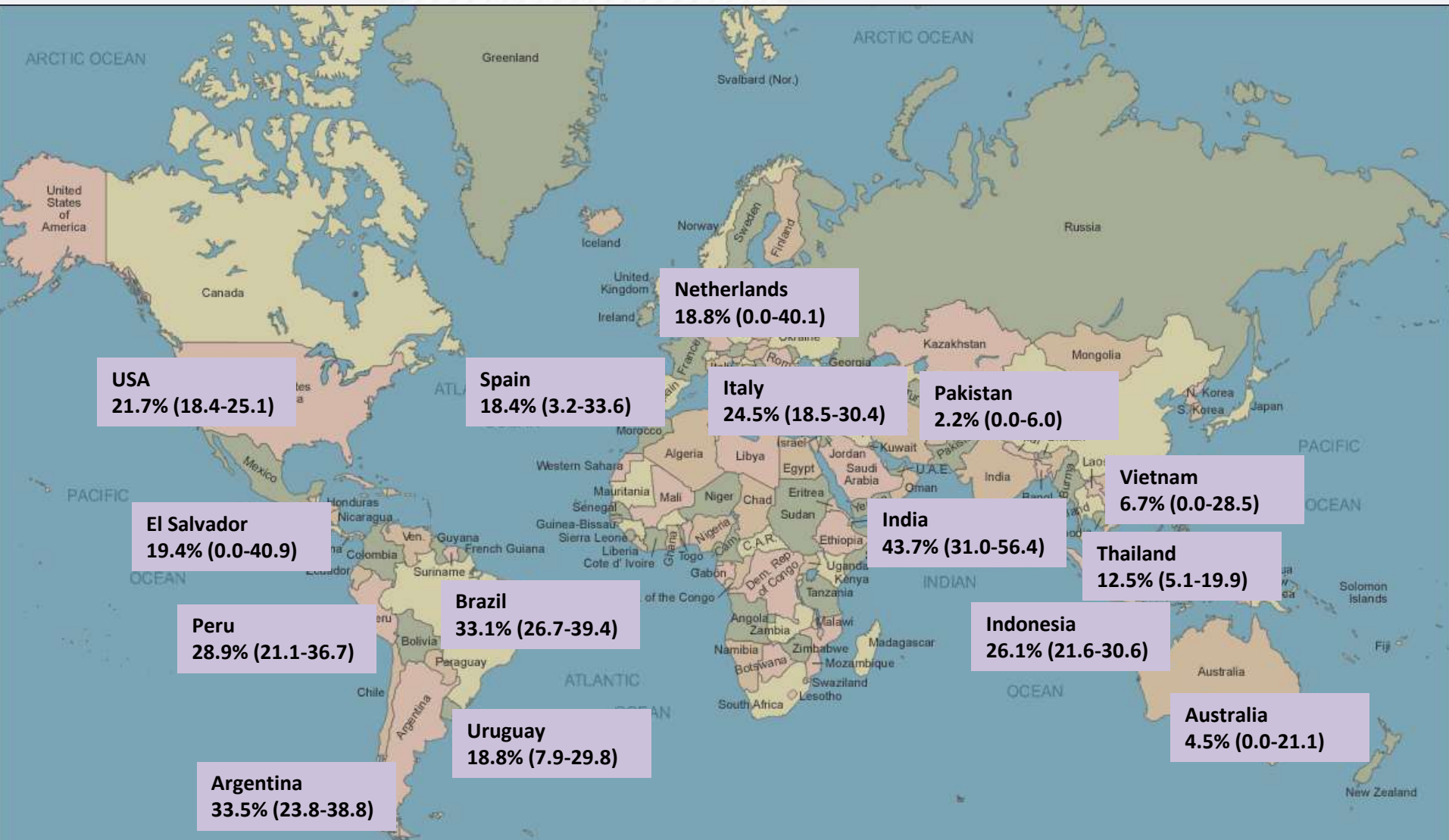
1. Winter S. Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region. Bangkok, United Nations Development Programme, 2012
2. Clark, T.C., Lucassen, M.F.G., Bullen, P., Denny, S.J., Fleming, T.M., Robinson, E.M., and Rossen, F.V. (2014) 'The health and well-being of transgender high school students: Results From the New Zealand Adolescent Health Survey (Youth'12)'. *Journal of Adolescent Health*, 55 (1): 93-95.
3. Gates GJ. How many people are lesbian, gay, bisexual, and transgender? Los Angeles: The Williams Institute; 2011

HIV prevalence in transgender women

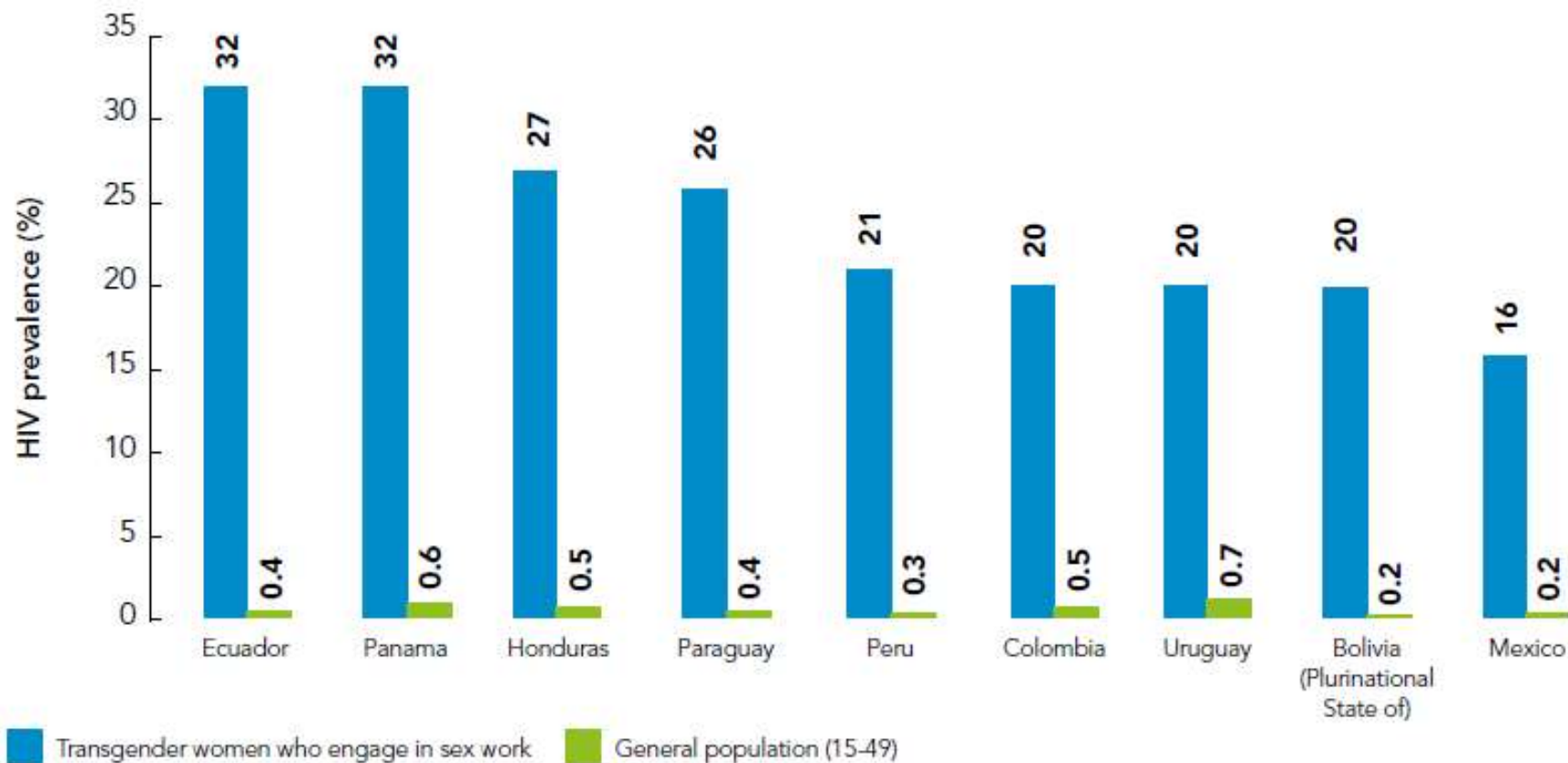
	Number of countries with available data	Pooled transgender HIV prevalence	General population HIV prevalence
Low and middle income	10	17.7%	0.39%
High income	5	21.6%	0.69%
Total	15	19.1%	

In low, middle and high income countries, transgender women are around 49 times more likely to be living with HIV than other adults of reproductive age

HIV prevalence in transgender women

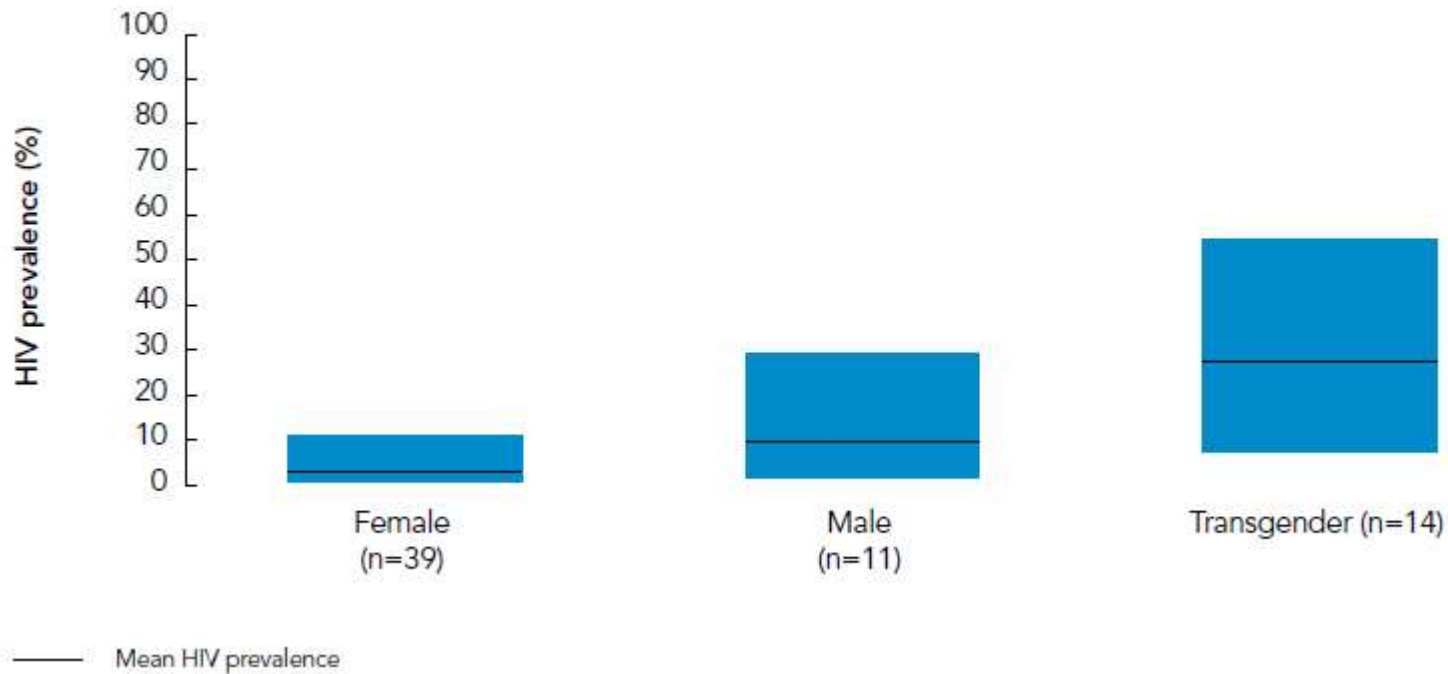


HIV prevalence among transgender women who engage in sex work and the general adult population in Latin America, 2013

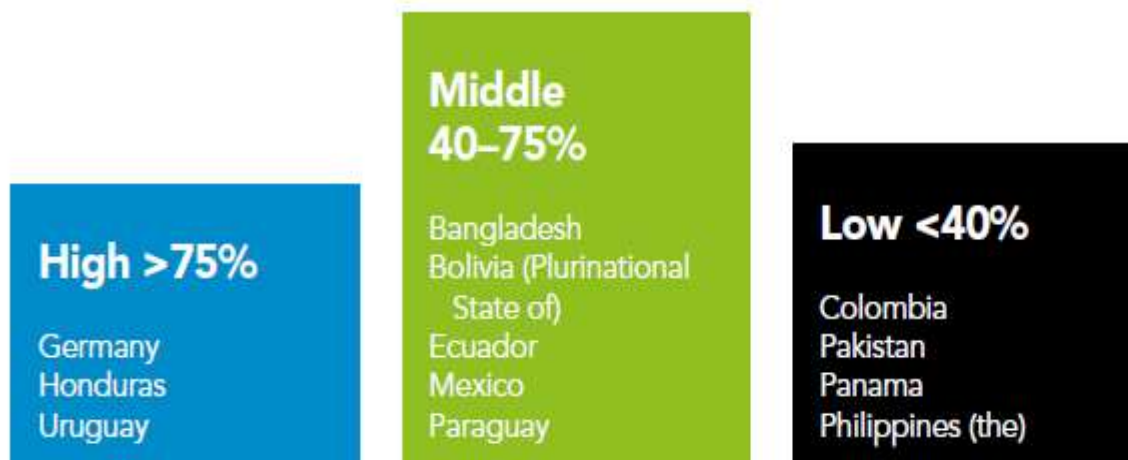


From UNAIDS GAP report 2014

Sex workers: HIV prevalence by gender, 2013



HIV testing among transgender sex workers



Source: Global AIDS response and progress reporting. Geneva, UNAIDS, 2014. Denominators ranges from n=70 in Honduras to n=3813 in Pakistan.

The package

Condom programming

Harm reduction interventions

Behavioural interventions

HIV testing and counselling

HIV treatment and care + PrEP

Prevention and management of viral Hep, TB and mental health conditions

Sexual and reproductive health interventions

Supportive legislation, policy and funding

Addressing stigma and discrimination

Community empowerment

Addressing violence

Health interventions

Structural interventions



Targeted services for transgender people

- TG people have complex and competing health and social needs and may not prioritise HIV prevention and treatment
- HIV services need to address these needs and provide additional and appropriate services in order to reach transgender people
- Appropriate services:
 - Address discrimination and improve the responsiveness of health services to trans people
 - Address significant information gaps about trans people's health
 - Ensure trans people's equal access to general health services
 - Improve trans people's access to medically necessary gender-affirming health services
 - Improve the quality of gender-affirming healthcare for trans people

Transgender and the law

- TG people often required to undergo genital surgery before legal recognition of their gender
- Lack of identity documents which match a persons gender can hinder access to health services, social protections and employment
- Transgender people often thought of as homosexual and therefore are subject to discriminatory laws and policies which affect MSM
- Few countries offer legal protection against transgender discrimination
- **In Bangladesh, India, Nepal and Pakistan a “third gender” other than male or female is recognised.**

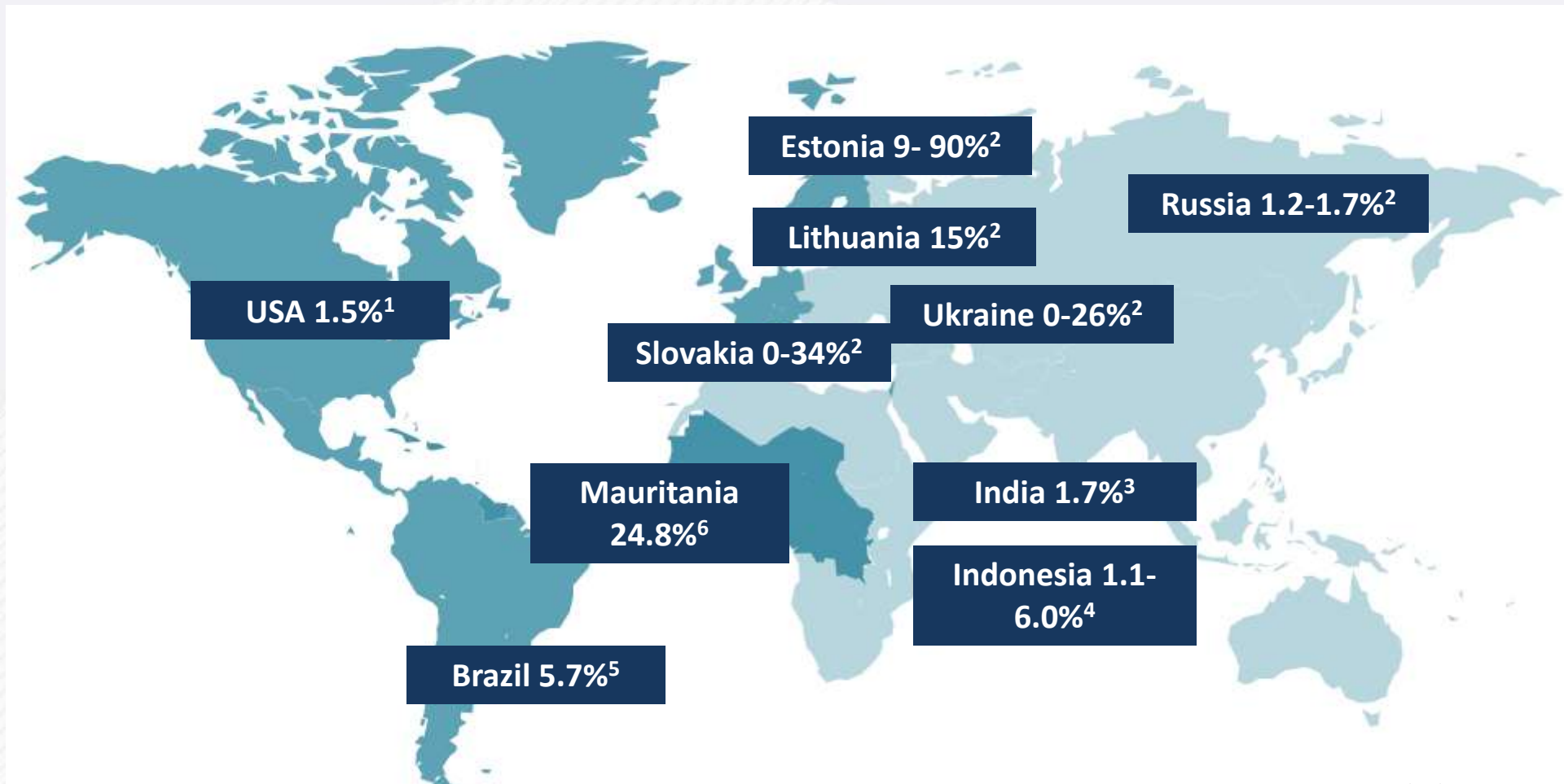
PRISONERS

Number of people in prisons

- On any day, up to **10 million people in prison**, including those in pre-trial detention (almost half of these are in the United States, Russia or China)¹
- Worldwide, in a year, 30 million people will spend time in prison¹
- Prison populations are growing in all five continents¹
- Female prisoners make up about 5-10% of prison population and are more likely to be drug users (10-48% males used illicit drugs in month before entering prison vs 30-60% of females)²

1. Walmsley, R. (2013) World Prison population list (tenth edition). London: International Centre for Prison Studies
2. Dolan K et al People who inject drugs in prison: HIV prevalence, transmission and prevention **International Journal of Drug Policy** 26 (2015) S12-S15

HIV prevalence in prisons



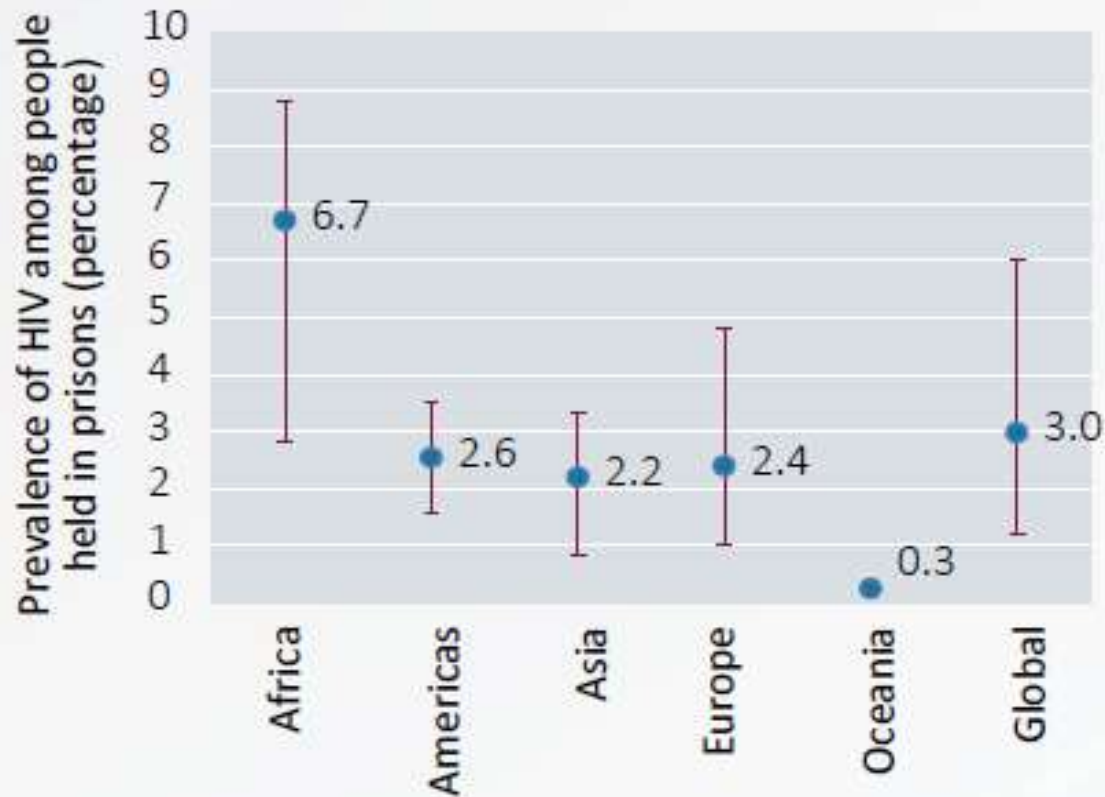
1 Maruschak L. HIV in Prisons, 2001–2010. Washington, D.C: US Department of Justice, Bureau of Justice Statistics; [accessed 9/18/12, 2012.]. Report No: NCJ 238877; 2 WHO Europe Regional Office <http://www.euro.who.int/en/health-topics/communicable-diseases/hivaids/policy/policy-guidance-for-key-populations-most-at-risk2/hiv-in-prisons>

3 Dolan K, Larney S. HIV in Indian prisons: risk behaviour, prevalence, prevention & treatment. *Indian J Med Res.* 2010 Dec;132:696-700.

4 Blogg, S. et al (2014) 'Indonesian National Inmate Bio-Behavioral Survey for HIV and Syphilis Prevalence and Risk Behaviors in Prisons and Detention Centers, 2010' Sage Open - 5. Coelho et al HIV prevalence and risk factors in a Brazilian Penitentiary Cad. Saúde Pública, Rio de Janeiro, 23(9):2197-2204, set, 2007

6. UNAIDS GAP report 2014

Prevalence of HIV among people held in prison, by region (2013, or latest year available after 2008)



Source: UNODC, responses to annual report questionnaire; and Dolan and others, "HIV/AIDS in prison" (2014).

HIV risk and transmission in prisons

- Drug use:
 - Drug users over-represented in many prison populations
 - Some people start using drugs in prison, start using additional drugs or engage in more risky injecting practice
 - Syringe sharing among PWID in prisons is high (among Australian PWID, 30–74% reported injecting in prison and 70–90% of those reported syringe sharing)*
- Lack of availability condoms in prisons leads to unsafe sex
- Sexual violence and high risk sexual behaviours
- Tattooing and piercing
- HIV outbreaks have occurred in prisons in several countries

Women in prison

- The number of incarcerated women is growing globally, increasing by an average of 16% in the last 6 years.
- Globally, 30%–60% of females used illicit drugs in the month before entering prison compared with 10%–48% of males.
- Many women in prison are sex workers, injecting drug users or both
- Women in prison are vulnerable to gender-based sexual violence; they may engage in risky behaviours and practices such as unsafe tattooing, injecting drug use, and, are more susceptible to self-harm.
- HIV prevalence is often higher in female than male inmates e.g. in Uganda (13% vs 11%), Kenya (19.3% vs 5.5%), Indonesia (6% vs 1%), and the republic of Georgia (5% vs 1%)

HIV prevalence is higher among prisoners than in the general adult population in many countries



From UNAIDS GAP report 2014

Availability of harm reduction services in prisons

	NSP in prison % (N)	OST in prison % (N)
Global (n=144)	5.6% (8)	29.2% (42)
Europe (n=51)	13.7% (7)	64.7% (33)
Eastern Mediterranean (n=18)	5.6% (1)	5.6% (1)
Africa (n=19)	0	5.3% (1)
South East Asia (n=10)	0	1% (1)
Western Pacific (n=19)	0	15.8% (3)
America (n=27)	0	11.1% (3)

Condoms are provided to prisoners in only 28 countries, although available in community settings in nearly every country

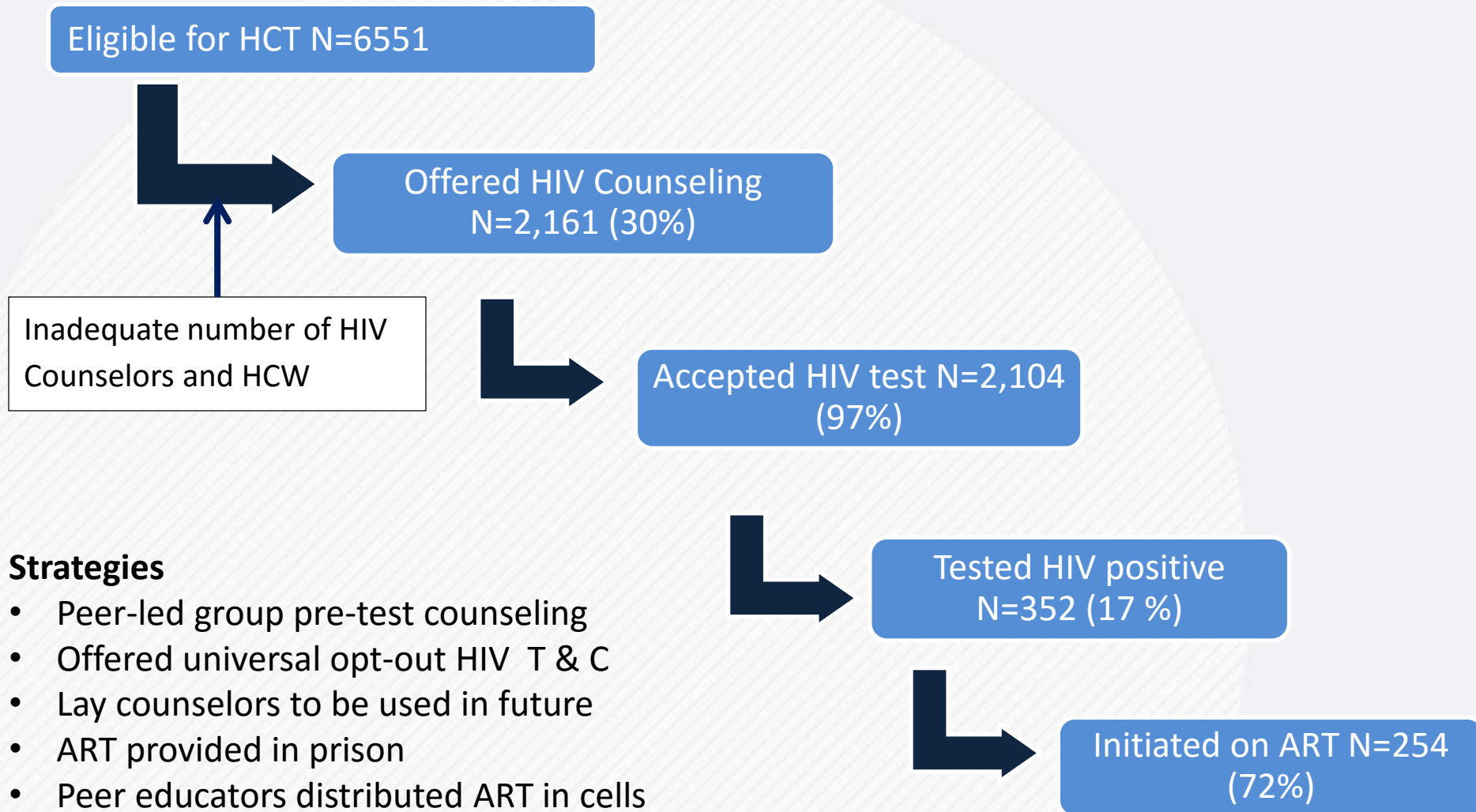
Recommended package of interventions to address HIV in prisons

- Information, education and information
- Condom programmes
- Prevention of sexual violence
- Drug dependence treatment, including opioid substitution therapy
- Needle and syringe programmes
- Prevention of transmission through medical or dental services
- Prevention of transmission through tattooing, piercing and other forms of skin penetration
- Post-exposure prophylaxis
- HIV testing and counselling
- HIV treatment, care and support
- Prevention, diagnosis and treatment of TB
- Prevention of mother-to-child transmission
- Prevention and treatment of sexually transmitted infections
- Vaccination, diagnosis and treatment of viral hepatitis
- Protecting staff from occupational hazards



UNODC Policy Brief: HIV prevention, treatment and care in prisons and other closed settings: a comprehensive package of intervention, 2013

HIV Testing Cascade in prison: Example from Zambia



RELAVENT GUIDELINES, TOOLS



GUIDELINES



CONSOLIDATED GUIDELINES ON
HIV PREVENTION,
DIAGNOSIS, TREATMENT
AND CARE FOR
KEY POPULATIONS

JULY 2014

KEY POPULATIONS

POLICY BRIEF

HIV PREVENTION, DIAGNOSIS,
TREATMENT AND CARE FOR
KEY POPULATIONS

CONSOLIDATED GUIDELINES

JULY 2014



SUPPLEMENT



TOOL TO SET AND MONITOR
TARGETS FOR HIV PREVENTION,
DIAGNOSIS, TREATMENT AND
CARE FOR KEY POPULATIONS

SUPPLEMENT TO THE 2014 CONSOLIDATED GUIDELINES FOR
HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE FOR
KEY POPULATIONS

JULY 2015

Global WHO guidance – Transgender people

Guidelines on HIV and STI for MSM and transgender people (2011)



Consolidated guidelines for key populations (2014)



Tool for setting and monitoring targets (2015)



Technical briefs on **young transgender people** (2015)



Policy Brief on **Transgender people and HIV** (2015)



Global WHO guidance – Men who have sex with men

- Guidelines on HIV and STI for MSM and transgender people (2011)



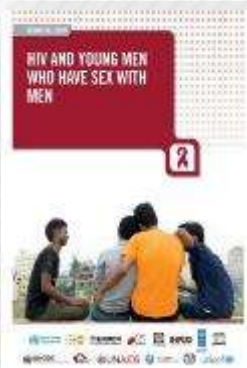
- Consolidated guidelines for key populations (2014)



- Tool for setting and monitoring targets (2015)



- Technical briefs on **young men who have sex with men** (2015)



Global WHO guidance – Sex workers



Guidelines on HIV and STI for SW people (2012)



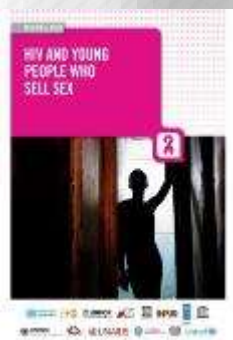
Consolidated guidelines for key populations (2014)



Tool for setting and monitoring targets (2015)



Technical briefs on young people who sell sex (2015)



Implementation tools: TransIT, MSMIT, SWIT

Civil society driven process of translating WHO guidance into an implementation tool with modules on:

Community empowerment,
Stigma, discrimination, violence and human rights,
Services,
Service delivery approaches, and,
Programme management.

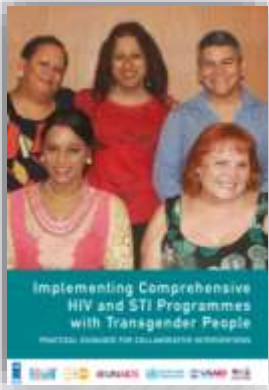
Focus on HOW TO

Examples of good practice

Adaptation to specific settings

How to improve access and adherence to HIV prevention and treatment
By addressing priority general health needs

How to continue to work in legally constrained settings
without jeopardising the position of key population members, of service providers and of researchers



Global WHO guidance – People who inject drugs



Technical guide for target setting (2009 and 2012)



Consolidated guidelines for key populations (2014)



Tool for setting and monitoring targets (2015)



Technical briefs on young people who inject drugs (2015)