

ENHANCING BENEFITS OR
INCREASING HARMS
COMMUNITY RESPONSES FOR HIV
AMONG KEY POPULATIONS

Stefan Baral, MD MPH FRCPC

Center for Public Health and Human Rights, Johns Hopkins School of Public Health

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□ Coauthors

- ▣ Claire Holland, Kate Shannon, Carmen Logie, Paul Semugoma, Bhekie Sithole, Erin Papworth, Fatou Drame, Chris Beyrer

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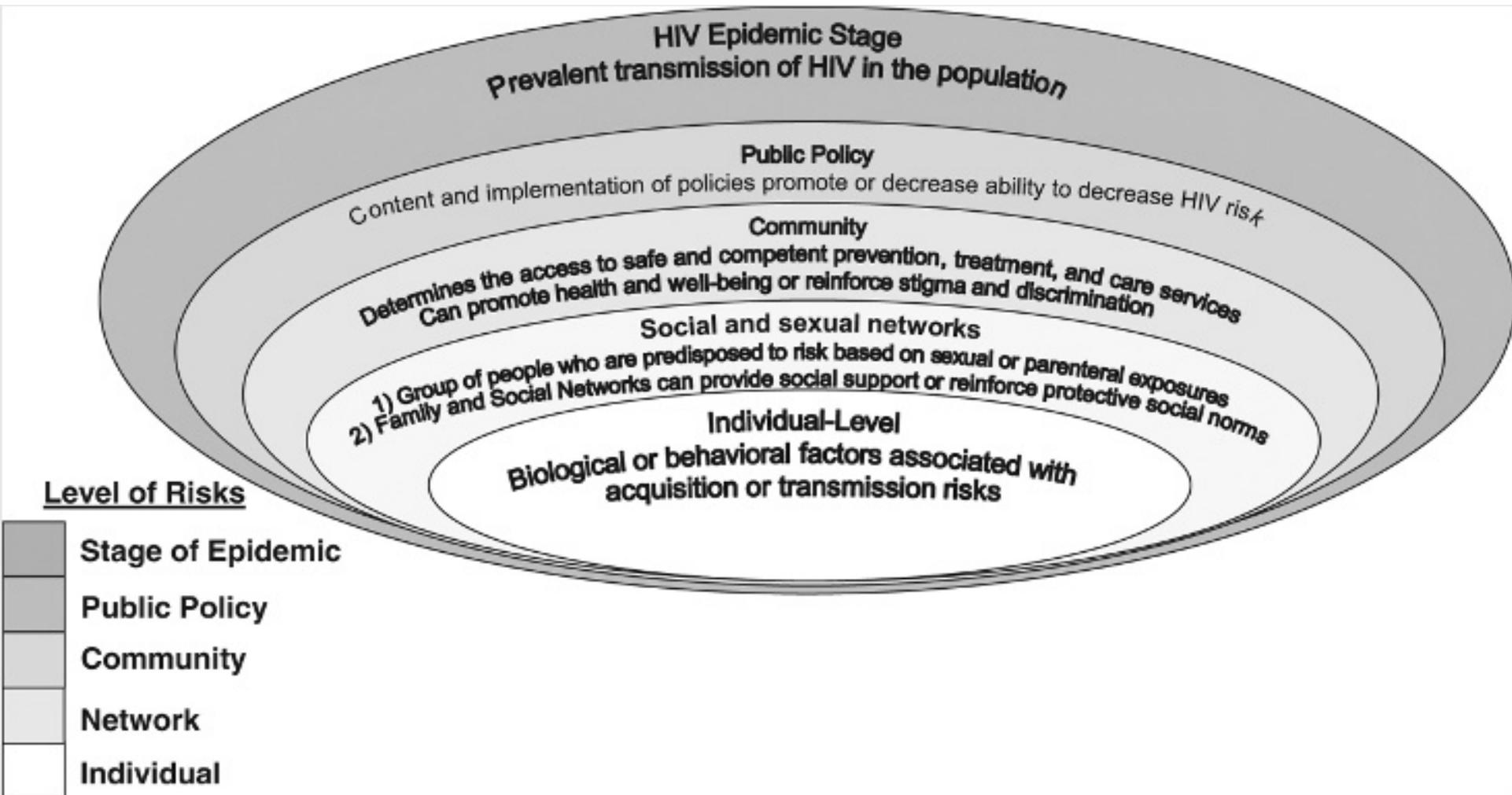
Outline

- Background
 - ▣ Key Populations
 - Female Sex Workers
 - Men who have Sex with Men
 - People who Inject Drugs
 - Transgender People
 - ▣ Community Level Determinants of HIV
- Search Protocol Methods
- Results
- Conclusions and Moving Forward

Most At Risk or Key Populations

- Populations that have specific acquisition and transmission risk factors for HIV
 - ▣ Three Universal Key Populations
 - Sex workers (SW) and their clients
 - Gay Men and other Men who have sex with Men (MSM)
 - People who Use Drugs (PUD)
 - ▣ Country Specific Key Populations
 - Migrant populations
 - Fisherfolk, Truckers
 - Often clients of sex workers

Levels of HIV Acquisition and Transmission Risks



Community Level Determinants

- Reinforce stigma and discrimination
 - ▣ Stigmas
 - Sexual stigma, transphobia, HIV-related stigma
 - Intersecting/layered stigmas
 - ▣ Pejorative public discourse limits the effectiveness of health communication programs for these populations
- Promote health and well-being
 - ▣ Social Capital
 - Inclusion, Participation, and Cohesion

Objective

- Synthesize the evidence characterizing the community-level determinants that potentiate or mitigate HIV-related outcomes for key populations

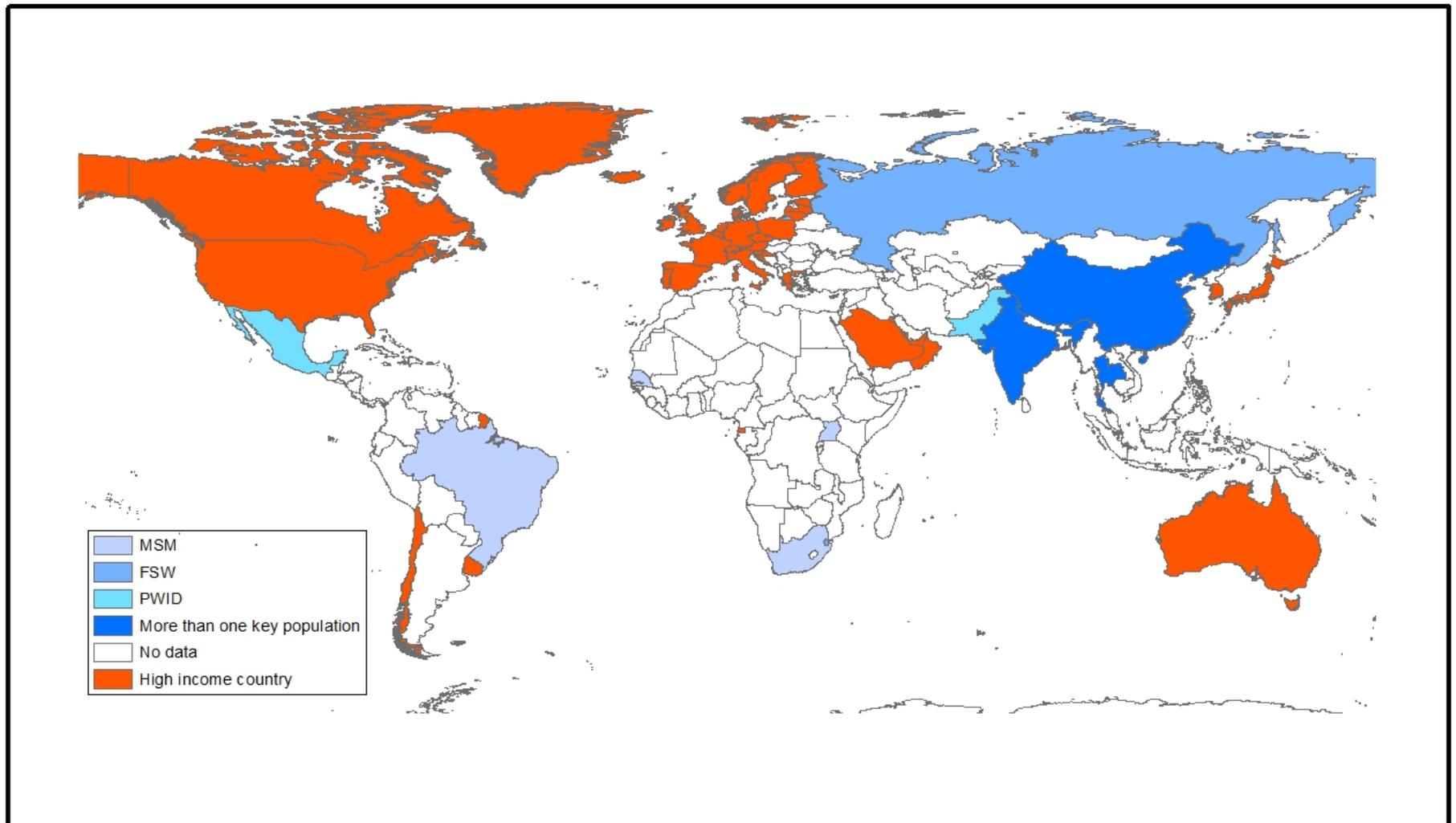
Search protocol

- Search Strategy
 - ▣ Medical subject headings (MeSH)/key terms
 - HIV
 - Sex workers, gay men/MSM, transgender women, and people who inject drugs
 - Community- or social-level determinants
- Inclusion Criteria
 - ▣ Peer-reviewed literature review from 2000 to 2014
 - ▣ Low and middle income countries (LMIC)
 - ▣ Contained community- or social-level associations with HIV and HIV related risk (ie sexual behaviours)

Search Results

- 1191 unique articles were obtained from the search
 - ▣ 132 articles were included in the full text review
 - 22 articles contained community- or social-level associations with HIV or HIV-related outcomes

Map of low-income and middle-income countries reporting community level measurements for HIV risk among key populations, 2000-2014



Results

Men who have Sex with Men

□ Mitigating HIV Risks

▣ Participating in HIV Prevention Programs in Beijing

- OR 2.3 (95% CI 1.3-4.0) knowing 10 or more MSM

□ Potentiating HIV Risks

▣ Prevalent HIV infections in Kampala, Uganda

- OR 4.3 (95% CI 1.3-14.0) exposure to homophobic abuse

Results

Female sex workers

- Studies regularly focused on measuring social participation and cohesion among FSW
- Consistent condom use with all partners
 - ▣ Swaziland
 - OR 2.3 (95% CI 1.3-3.9) social cohesion
 - ▣ China
 - OR 1.2 ($p < .01$) peer support for condom use

Results

Transgender people

- Limited studies in LMIC focused on this population
 - ▣ Consistent condom use with a paying partner in India
 - OR 1.9 (95% CI 1.5-2.3) collective efficacy among high-risk MSM and transgender women

Results

People who inject drugs

- Limited data measuring community- and social-level determinants among PWID
- Highly criminalized population
 - ▣ Avoiding HIV testing in Bangkok, Thailand
 - OR 6.7 (95% CI 3.1-14.7) ever been refused health care services

Conclusions

- Predominant majority of epidemiologic and surveillance studies have focused on individual-level determinants of HIV risk among key populations
- Community determinants
 - ▣ Contextualize HIV-related risk behaviors among key populations
 - ▣ Affect the coverage of HIV prevention, treatment, and care services by mitigating both the provision and uptake of services

Ways Forward

- Epidemiology and Prevention Programs
 - ▣ Increased measurement and characterizations of community-level determinants of HIV risk is needed to
 - Characterize barriers to service provision and uptake for key populations
 - Translate efficacious HIV prevention interventions to effective and scalable HIV prevention, treatment, and care programs
- Policy
 - ▣ Failure to address each level of HIV risk will cost lives, harm communities, and undermine the gains of the HIV response