





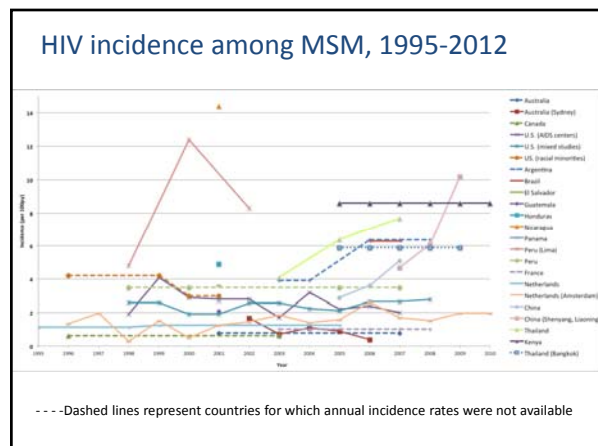
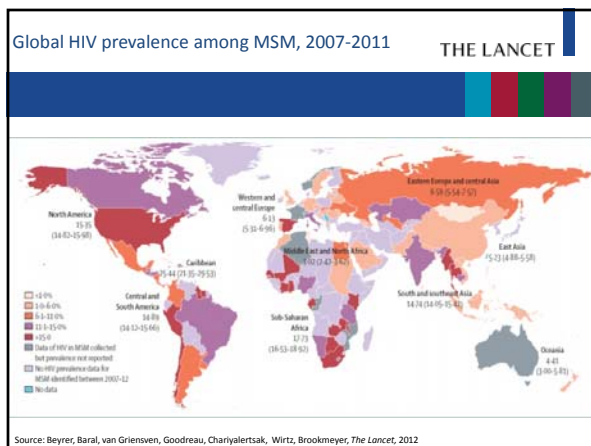
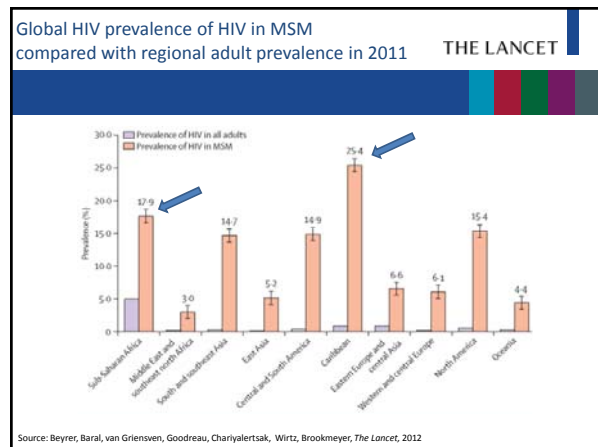
The Global HIV Epidemic Among MSM and Key Populations: Time to Act

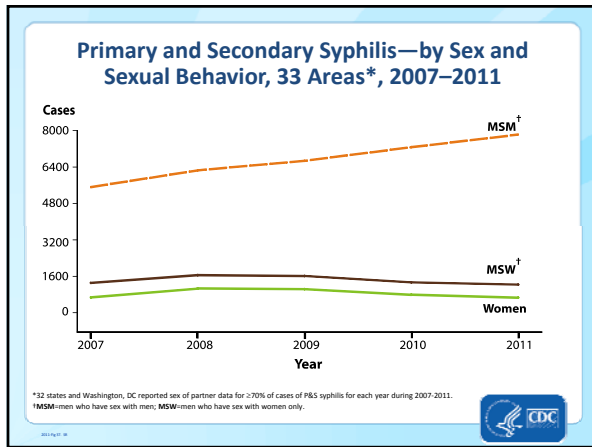
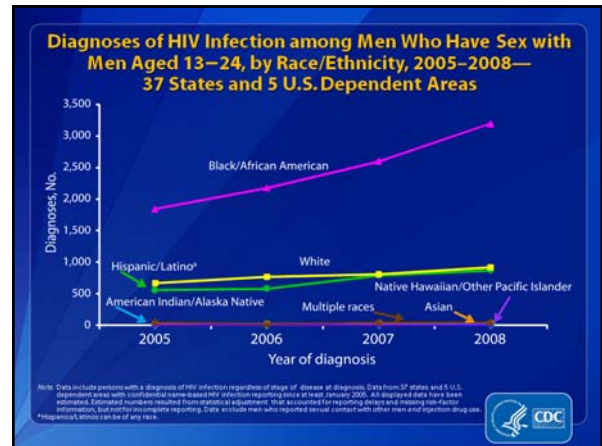
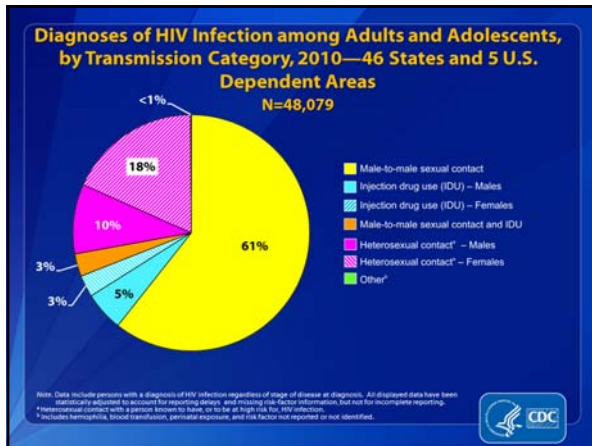
ANAC 2013, Atlanta
Chris Beyrer MD, MPH
Johns Hopkins Bloomberg School of Public Health

- ### Key Messages—What makes Key Populations Key?
- Key populations have high burdens of HIV **and** low access to HIV services
 - Gay, bisexual, other MSM, people who inject drugs, sex workers, transgender women
 - Expanding HIV testing, treatment and care in **safety and dignity** for KP is an urgent priority for those persons and their communities

Epidemiology



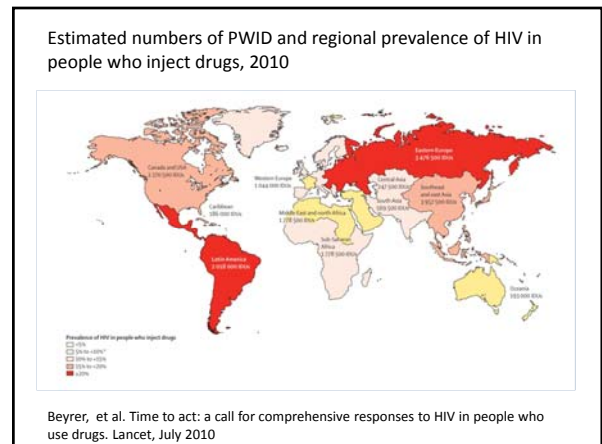
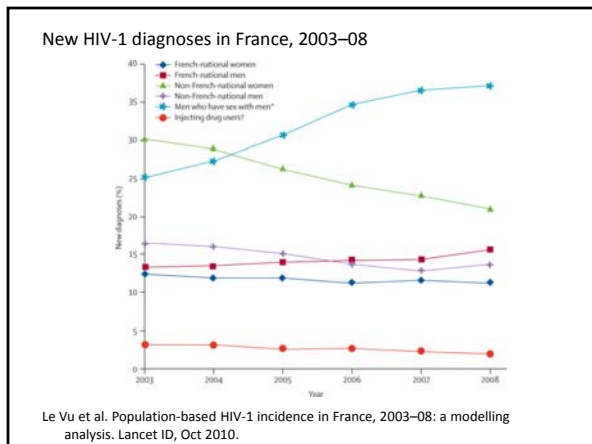
Sexually transmitted HCV: The new epidemic in MSM?

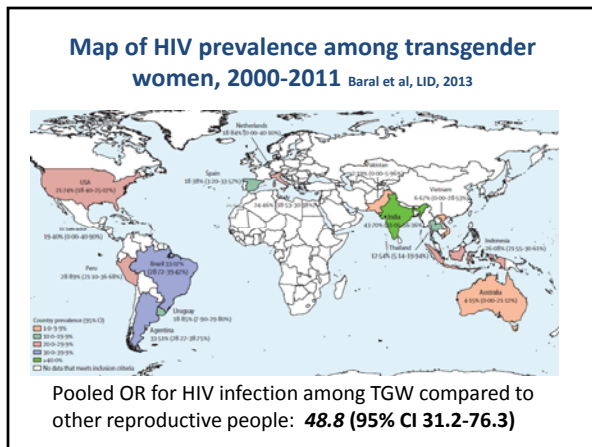
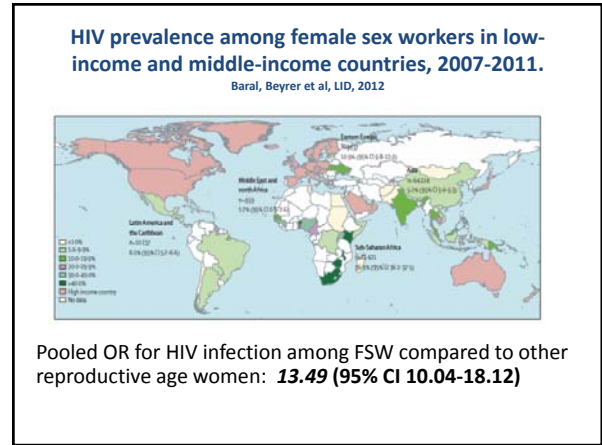
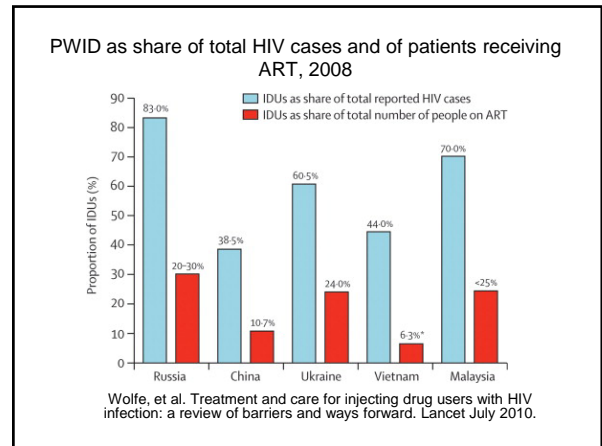
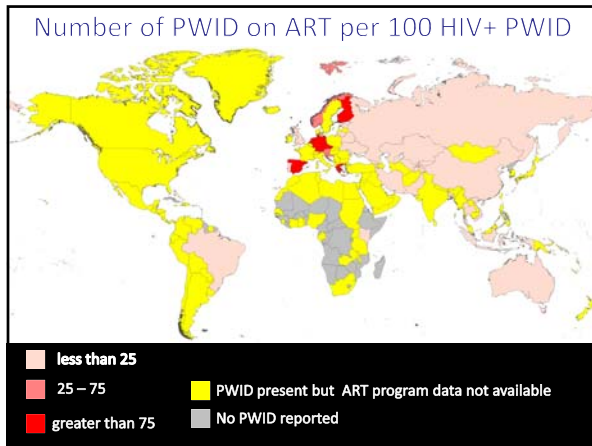
KEY POINTS

- An increase is observed in percutaneously transmitted HCV in HIV-positive MSM in industrialized countries since 2000.
- Risk for AHC transmission is multifactorial: behavioural (sexual practices and mucosally administered drugs) and biological (HIV and STIs).
- Advent of new DAA drugs will significantly improve treatment strategies.

Bradshaw, Daniel; Matthews, Gail; Danta, Mark
 Current Opinion in Infectious Diseases. 26(1):66-72, February 2013.

Walters Kluwer | Lippincott Williams & Wilkins | Copyright © 2013 Current Opinion in Infectious Diseases. Published by Lippincott Williams & Wilkins. 10







Syndemics: Growing Up and Coming Out

THE LANCET

- Same sex behavior and gender non-conformity remains stigmatized
- Societal messages remind MSM youth they are not accepted
- MSM Youth may encounter loss of friends, non-support from families, religious abandonment, and verbal or physical abuse, resulting in adverse health outcomes
- External stigma may → internalized homophobia → depression, substance use
- **Sexual expression is happening earlier**

Source: Harrison, J Sch Health, 2003; Drasin, J Homosex, 2008; D'Augelli, Clin Child Psych, 2002; Grow, J Sex Res, 2006

Voices from Iringa, Tanzania, 2012

- If it is known [that you have sex with men], you can be scorned... 'Oh! you! Why do you do this stuff? Hey, you, a grown man who is penetrated?!' Instead of getting the things you need, you have to just leave
 - 27-year-old, 1 steady & multiple casual male partners
- If you go to health services like this, even the nurses, if they know, if the doctor knows you are of a certain type, he won't give you the treatment [medicine] that you deserve
 - 27-year-old, 1 steady & multiple casual male partners
- Let's say you have an infected anus or disease, HIV, gonorrhea... It's a bit of stigma, [they ask] 'How did you get this, why?' So you tell them 'I like men.' Even doctors are kind of drawing the line where gay people or female sex workers are concerned. They find it disgusting, you see.
 - 39-year-old, 1 male partner

Associations between fear and experienced discrimination with sexual health and use of services among 600 MSM in Malawi, Botswana, and Namibia.

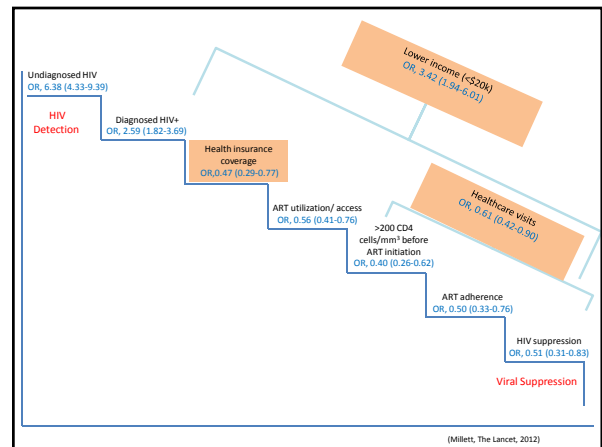
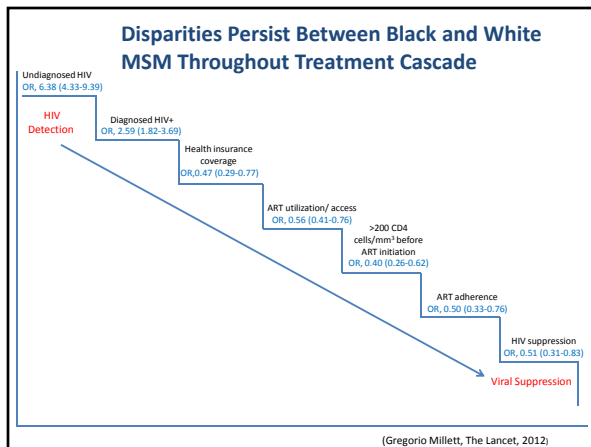
Variable	Fear of Seeking Health Care OR (95% CI) P=	Denied Health Care Services OR (95% CI) P=	Blackmailed OR (95% CI) P=
Diagnosed with an STI	2.4 (1.4-4.3) <.05	6.9 (3.0-15.6) <.001	1.5 (0.8-2.7)
Treated for an STI	2.8 (1.7-4.9) <.001	7.3 (3.3-16.2) <.001	1.5 (0.8-2.6)
Received recommendation for an HIV test	1.9 (1.2-3.0) <.05	2.2 (0.98-4.8)	1.8 (1.1-2.8) <.05
Ever tested for HIV	1.1 (0.7-1.7)	1.6 (0.7-3.7)	1.0 (0.7-1.6)
Self-Reported Diagnosis of HIV or AIDS	2.6 (1.1-6.5) <.05	3.3 (0.9-12.1)	2.7 (1.1-6.6) <.05
Self-Reported Treatment for HIV	3.7 (1.6-8.6) <.05	46.1 (17.3-122.8) <.001	5.4 (2.2-13.2) <.001
HIV positive	1.7 (0.9-3.2)	1.2 (0.4-3.6)	0.9 (0.5-1.6)
Any interaction with health care	2.6 (1.6-3.9) <.001	6.4 (2.5-16.1) <.001	2.1 (1.4-3.2) <.05

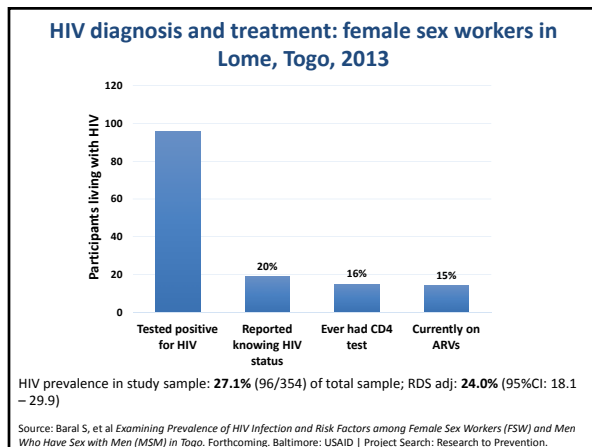
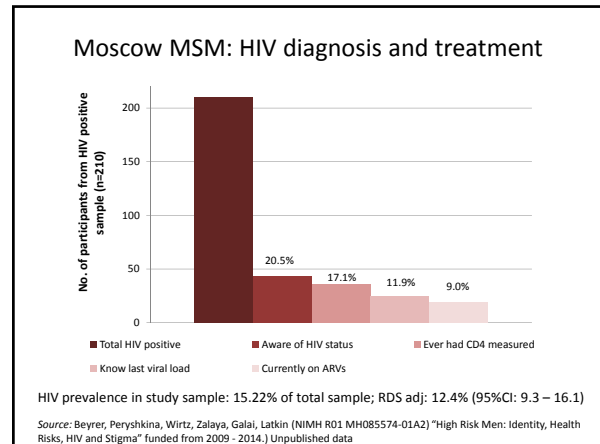
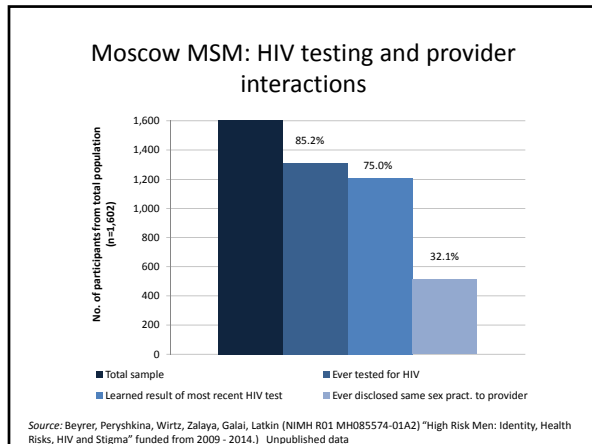
data from three countries are pooled

Fay H, Baral S, Trapence G, Motimedi F, Umar E, et al. Stigma, Health Care Access, and HIV Knowledge Among Men Who Have Sex With Men in Malawi, Namibia, and Botswana. AIDS and Behavior, Dec 2010: 1-10.

Black MSM and HIV-Related Disparities



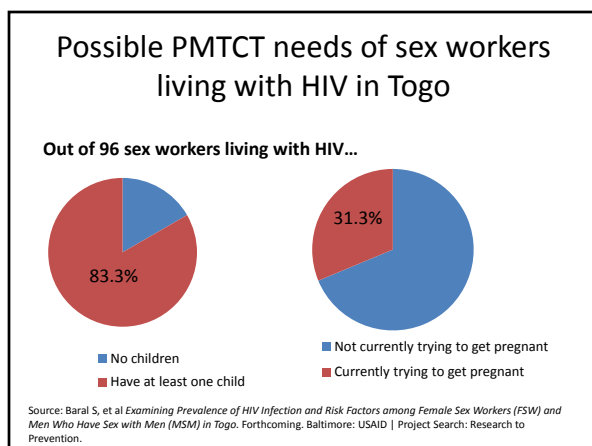




Treatment with Antiretroviral Therapy is Not Associated with Increased Sexual Risk Behaviour in Kenyan Female Sex Workers

[McClelland RS, AIDS. 2010 March 27; 24(6): 891-897.]

- Prospective cohort, FSW in Mombasa, Kenya, 1993-2008: 898 women contributed HIV-1-seropositive follow-up visits, 129 initiated ART.
- Compared to non-ART-exposed, ART initiation **not** associated with an increase in unprotected sex (AOR 0.86, 95% CI 0.62-1.19, P=0.4).
- Non-significant decrease in abstinence (AOR 0.81, 95% CI 0.65-1.01, P=0.07); offset by an increase in 100% condom use (AOR 1.54, 95% CI 1.07-2.20, P=0.02).
- Numbers of sex partners and frequency of sex were similar before versus after starting ART.**



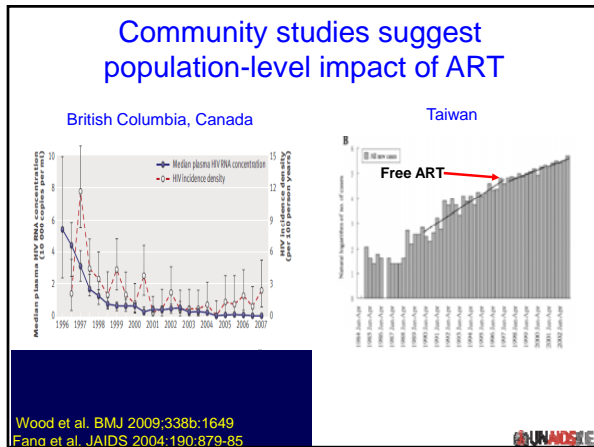
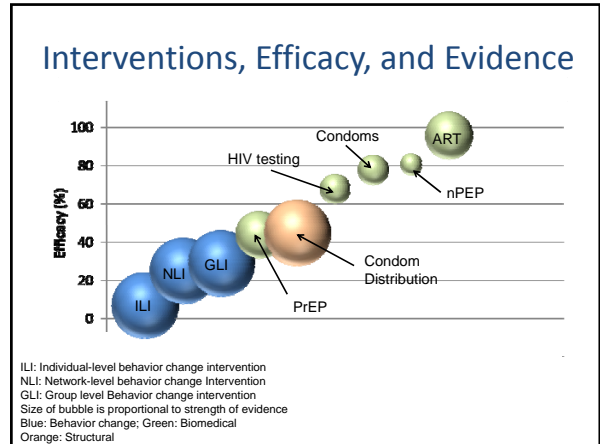
Sex Worker discrimination in Health Care Settings

- 'We are despised in the hospitals. They [providers] say, "We don't have time for prostitutes."'**
- '...they also say that if one prostitute dies then the number reduces.'** (Belinda, 27-year-old female, Kampala)

— Scorgie F, et al, 2013



What to do?



Models of TasP for PWID

Model	Features	Example
Full Integration	Optimal in some settings MMT/ MAT/NSEP integration	Community prescribing buprenorphine can link MAT and HIV in primary care
Stand Alone for PWID	May be necessary in hostile/repressive contexts Centers of excellence as a first phase of programs	BMA clinics combine multiple services POC CD4 may increase feasibility
Hybrid models	Community led prevention programs linked to clinical services	MAT/MMT programs can fast track clients for ARVs, do CD4 on site


Beyrer, Baral, Kerrigan, et al. Expanding the Space: Inclusion of MAPRS in HIV prevention, treatment and care services. *JAIDS* 2011 (57) S2.

- ### Bottom Lines
- KPs need tailored prevention services, *and treatment*, from which they are too often excluded
 - Women who sell sex and are living with HIV need PMTCT
 - We need to study the continuum of care for these people, identify barriers, and intervene to make real headway

Acknowledgments

“Clinical development of HAART relied on the contributions of thousands of MSM who participated in clinical trials that provided the initial proof of concept and subsequent refinement of HAART as life-saving treatment for HIV/AIDS. . . The significance of the contributions of these men is profound.”

Killen J, Harrington M, Fauci AS. *The Lancet*. 2012 Jul 28;380(9839):314-6.



Acknowledgements



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Sibanye

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