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

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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

Global HIV prevalence among MSM, 2007-2011


HIV incidence among MSM, 1995-2012

- - - Dashed lines represent countries for which annual incidence rates were not available

Sexually transmitted HCV: The new epidemic in MSM?

KEY POINTS

- An increase is observed in perinatally transmitted HCV in HIV-positive MSM in industrialized countries since 2000.
- Risk for AHT transmission is multifactorial (behavioral, sexual practices and intravenously administered drugs) and biological (HIV and STIs).
- Adrenal of new DAA drugs will significantly improve treatment strategies.

New HIV-1 diagnoses in France, 2003–08

Estimated numbers of PWID and regional prevalence of HIV in people who inject drugs, 2010


PWID as share of total HIV cases and of patients receiving ART, 2008


Baral, Beyrer et al, LID, 2012

Pooled OR for HIV infection among FSW compared to other reproductive age women: 13.49 (95% CI 10.04-18.12)

Map of HIV prevalence among transgender women, 2000-2011

Baral et al, LID, 2013

Pooled OR for HIV infection among TGW compared to other reproductive people: 48.8 (95% CI 31.2-76.3)

WHY? Challenges to the Continuum of Care for Key Populations
Syndemics: Growing Up and Coming Out

- 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


危險因素

- 跳性
- 外界
- 社會
- 同性

數字

- 學術
- 戰術
- 美國

分析

- 由三個國家的資料被統合
- 2006年

結果

- HIV
- 影響
- 感染
- 兩性
- 性

結果

- 6.38
- 1.7
- 0.5

- 1.1
- 1.2
- 3.2

- 1.6
- 1.6
- 3.9

- 4.3
- 6.7
- 3.9

- 1.4
- 1.1
- 0.7

- 5.3
- 2.8
- 1.5

- 0.8
- 1.4
- 0.7

- 4.8
- 1.8
- 0.9

- 4.3
- 6.9
- 4.3

- 5.3
- 2.8
- 1.5

- 0.8
- 1.4
- 0.7
Currently, awareness of HIV prevention among MSM is low. In Moscow, only 12.5% of MSM had undergone an HIV test (Source: Baral et al., 2013). However, 85.2% of test results were positive. In Russia, HIV prevalence among MSM is estimated to be 31.3% (Source: Peryshkina et al., 2013). In Lome, Togo, HIV prevalence among female sex workers (FSW) was 32.1% (Source: Baral et al., 2013). Our data showed that the prevalence of HIV among MSM in Moscow is 96/354 (27.1%) and in Togo, 83.3% in 2013.

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.

Possible PMTCT needs of sex workers living with HIV in Togo

Out of 96 sex workers living with HIV...

- 83.3% No children
- 31.3% Not currently trying to get pregnant
- 16.7% Have at least one child
- 16.7% Currently trying to get pregnant


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?

Interventions, Efficacy, and Evidence

Community studies suggest population-level impact of ART

Models of TasP for PWID

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.”

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