

Key and Priority Populations

Key populations¹ (KPs) bear disproportionate burdens of HIV infection. Globally, new infections among KPs and their sexual partners account for 36% of all new HIV infections.² Achieving the UNAIDS 95-95-95 treatment targets will require a renewed and focused approach to identify most at-risk and vulnerable populations and respond to their specific needs. Evidence suggests that KPs—notably gay men and other men who have sex with men (MSM), people who inject drugs, sex workers, and persons of trans experience—are underserved and face violence, criminalization, ineffective policies that don’t protect their rights, stigma, and discrimination, including in health care settings. This reality prevents KPs from accessing needed HIV prevention and care services, leading to low service coverage, an important driver of ongoing HIV transmission in many resource-limited settings. Adolescent girls and young women (AGYW) are a priority population who are also increasingly at risk of acquiring HIV. Acquisition of HIV is often associated with the incidence of unintended pregnancies, transactional sex, and gender-based violence (GBV). Transgender women, as well as gay men and other MSM, face a particularly heavy burden of GBV.

I-TECH CAPACITY

I-TECH draws from its extensive experience in training and education to understand and engage with KPs and other vulnerable and priority populations in the design and implementation of innovative training techniques and novel testing, care, and treatment programs tailored to varied needs. Faculty at the UW’s Department of Global Health are involved in multiple research and program efforts to improve and deliver HIV prevention interventions to young women, with expanding efforts to improve PrEP access and delivery to young women at risk for HIV. Through the DREAMS Initiative, I-TECH provides multicomponent programs to decrease HIV incidence in adolescent girls and young women. I-TECH also applies high-yield, targeted testing approaches, such as assisted partner notification, to identify KPs, reach their sexual partner(s) and family members, and link them and their partner(s) to care and treatment services. I-TECH recognizes that reducing stigma and discrimination toward vulnerable groups in health care settings is critical and can have a positive impact on enrollment and retention in care, as well as viral suppression of HIV in communities most burdened by HIV infection. Training programs for health care workers (HCWs) are designed to improve HCW knowledge of and ability to deliver quality and specific care to KPs, improve communication between client and HCW, and provide a safe forum where HCWs can confront and address their own biases and beliefs about the key populations they serve.

36%

of all new HIV infections are among members of key populations and their sexual partners.

Identifying and increasing service coverage for KPs and vulnerable populations is critical to end the HIV epidemic. Interventions must target the structural barriers that limit access and adherence to HIV services:

- MSM are both more likely to live with HIV than the general population and less likely to access treatment and prevention services.
- Female sex workers are 10 times more likely to acquire HIV than other women.
- Transgender women are 49 times more likely than the general population to live with HIV.
- Young women aged 15-24 years account for 20% of new HIV infections among adults globally, but account for 11% of the adult population.
- People who inject drugs are 24 times more likely to acquire HIV.

(UNAIDS, Gap Report, 2016)

¹ It must be noted that, while these groups are commonly referred to with the umbrella term “key populations,” this designation encompasses a variety of demographics and experiences.

² UNAIDS, Gap Report, 2016.

I-TECH Case Studies

Key Populations (Gay and Bisexual Men, Other MSM, Transgender Women, Sex Workers)

I-TECH developed and implements a KP Preceptorship Program in the **Caribbean Region** aimed at building providers' capacity to provide nonjudgmental, high-quality comprehensive HIV care to key populations. In the region, this includes gay and bisexual men, other MSM, transgender women, and sex workers. In the two-day intensive training, under the supervision of an experienced clinical facilitator, HCWs participate in 8-12 scenarios with "patients" who are portrayed by skilled patient-trainers recruited from local KP communities. Through this role play, HCWs practice taking a comprehensive sexual history and performing a proper ano-genital examination with appropriate site-specific STI screening. They also practice individual risk assessment and risk reduction counseling. Health care workers have the opportunity for frank and open discussions with the KP members—the patient-trainers—about the obstacles that influence their care, including layered stigma.³ The program has trained clinicians and nurses from HIV care and treatment sites in **Jamaica, Trinidad, Suriname, and Barbados** and will be adapting the training for social workers and case managers in the coming year. In the Caribbean, I-TECH has also developed more traditional classroom-based trainings for HCWs and clinic staff in Jamaica and Suriname, emphasizing core skills for working with gay and bisexual men, transgender women, and sex workers in HIV care and treatment settings. In **Jamaica**, I-TECH also supported two health care centers as they offered specialized clinic hours focused on transgender health services (including hormone therapy) and ano-genital health services.

Adolescent Girls and Young Women (AGYW)

In 2017, I-TECH began implementing the full DREAMS program in regions of **Namibia** and **Zimbabwe** and one layer of the DREAMS program in **Botswana**. The DREAMS program aims to reduce HIV infections among AGYW through a core package of evidence-based interventions across health, education, and social sectors. Generally these layers are provided in a safe space such as a school or community center where participants meet with a mentor trained to deliver a curriculum focused on the prevention of HIV and gender-based violence (GBV). Mentors help AGYW build strong social networks and empower them to make healthy and positive decisions. AGYW can also access facilitated services such as HIV testing, family planning, PrEP, counseling, and screening for GBV to protect against HIV infection. In **Namibia**, I-TECH has supported over 150 safe spaces since the DREAMS program launch and enrolled over 20,000 AGYW in the program. In **Zimbabwe**, I-TECH offers PrEP to AGYW and distributes HIV self-test kits for their male partners in 17 supported districts. In Harare, I-TECH has capacitated 13 facilities to provide KP-friendly health services, including HIV testing and counseling, PrEP counseling, STI treatment, family planning, and cervical cancer screening. In **Botswana**, I-TECH, as the facility-based testing partner, I-TECH optimizes HIV testing among AGYWs as an entry point into DREAMS-like initiatives in two districts (41 facilities) and has initiated a toll-free "warmline" for AGYWs to assist with queries related to HIV testing and counseling, DREAMS enrollment, and general health and well-being. In one year of implementation, I-TECH has tested and enrolled more than 2,200 AGYW into the program.

³ Brown A, et al., Layered Stigma among Health Facility and Social Services Staff toward Most-at-Risk Populations in Jamaica, FHI 360, April 2012.



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