

Campaign briefing 1 (July 2010)

Who are vulnerable and most-at-risk populations?

Introduction

This briefing describes vulnerable and most-at-risk populations as defined by the International HIV/AIDS Alliance (the Alliance). This is one of a number of briefings which have been produced in support of an Alliance campaign which is asking 'what's preventing prevention?'. These briefings are available to download from the Alliance website www.aidsalliance.org

1. Who are vulnerable and most-at-risk populations

Vulnerable and most-at-risk populations are key populations where vulnerability and high risk converge.¹ These are populations that are at higher risk of being infected or affected by HIV, who play a key role in how HIV spreads, and whose involvement is vital for an effective and sustainable response to HIV.²

Key populations vary according to the local context and may include people living with HIV, their partners and families, people who sell or buy sex, men who have sex with men, people who use drugs, orphans and other vulnerable children, certain categories of migrants and displaced people, and prisoners.³

2. Vulnerability

In every society, there are individuals and population groups who are more vulnerable than others to come to harm. For instance, to become sick or to experience poverty and social rejection. Generally, the very young, the elderly and people who are sick or live with a disability are especially vulnerable in every society. In some societies, women, ethnic or religious minorities, migrants or other groups can also be especially vulnerable to abuse, discrimination and even hatred. Often, it is not so much the actual composition of a particular population that makes it more vulnerable, but rather how that population is regarded by others, for example by their local community, society, at political level or by the business sector. For that reason a population who is vulnerable in one country, could be well protected in another.

Vulnerability to HIV is a result of a combination of factors, including more personal circumstances such as age, social mobility, education, gender identity, etc... but also, crucially, the environment in which an individual lives such as poverty, gender discrimination or lack or inadequacy of services. Vulnerable populations involve groups that enjoy lesser legal, social or policy protection, which limit their ability to access or use HIV prevention services.

In some cultures, girls and women face strong social pressures that can render them vulnerable to HIV. For example, harmful social and cultural norms often restrict girls' and women's access to information about sexual

Notes:

¹ WHO, UNFPA, UNAIDS, IPPF (2005), *Sexual and reproductive health and HIV/AIDS: A framework for priority linkages*, http://www.unfpa.org/upload/lib_pub_file/501_filename_framework_priority_linkages.pdf

² International HIV/AIDS Alliance, HIV and Healthy Communities, Strategy 2010-2012. www.aidsalliance.org

³ International HIV/AIDS Alliance, HIV and Healthy Communities, Strategy 2010-2012. www.aidsalliance.org

and reproductive health, or prescribe a more passive role for them in decisions about their sexual life. These norms can undermine girls' and women's autonomy and may prevent them from insisting on abstinence or condom use by male partners.

Social and cultural norms related to masculinity can also mean that in some societies boys and men are expected by their peers to display dominant, sometimes violent behaviour to women and girls.⁴ Harmful concepts of masculinity can further discourage males from seeking health services and encourage them to engage in risky behaviour such as substance and drug use or multiple casual sexual relationships.

3. Most-at-risk populations

These populations are the ones most likely to be exposed to HIV and most likely to become affected. Risk is defined as the probability or likelihood that a person may become infected with HIV. Certain behaviours create, increase, and perpetuate risk. Examples include unprotected sex with a partner whose HIV status is unknown, multiple sexual partnerships involving unprotected sex, and injecting drug use with contaminated needles and syringes.

Most-at-risk populations are most often also vulnerable due to social and institutional rejection and discrimination. Depending on the context, they could include drug users, sex workers, men who have sex with men, transgender people, prisoners, and other groups.

For instance, millions of people worldwide are injecting drugs, and blood transfer through the sharing of non-sterile injecting equipment is an extremely effective way of transmitting HIV. Around 30% of global HIV infections outside of sub-Saharan Africa are caused by risk behaviour related to the use of injecting drugs, and it accounts for an ever growing proportion of those living with the HIV virus.⁵

The factors that put sex workers at risk also vary between contexts. Evidence shows for instance, that risk factors can include sexual violence on the part of clients or sex workers accepting higher payments for engaging in unprotected sex. In some places, sex workers commonly use drugs and share needles. The overlap between sex work and injecting drug use is linked to growing HIV epidemics in a number of countries, such as China, Indonesia, Kazakhstan, Ukraine, Uzbekistan and Vietnam.⁶

4. A pattern of social rejection, institutionalised discrimination and poverty

Vulnerable and most-at-risk populations are often among those who are most affected by poverty, gender inequity, stigma and discrimination in law and practice, harmful cultural and religious practices, lack of access to credit, property or inheritance rights and other factors that contribute to HIV risk and vulnerability, such as war, political instability, economic migration, and State fragility and fragmentation.

Sex workers, transgender people, drug users and men who have sex with men are especially vulnerable to social and State discrimination. Criminalisation of activities of these groups act as major barriers to accessing HIV and other health and support services and programmes.⁷ Laws and social customs in many countries condone discrimination against the populations who are most at risk of HIV, complicating efforts to deliver life-saving services to engage affected populations as essential partners in the HIV response.

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⁴ VSO (2007), *Gender, Power and HIV Prevention*, http://www.vso.org.uk/Images/gender-and-hiv-and-aids-briefing_tcm79-23210.pdf, 10

⁵ OSI (2004, July), *Breaking Down Barriers: Lessons on Providing HIV Treatment to Injection Drug Users*

⁶ UNAIDS/WHO 2006 Report on the Global AIDS Epidemic, Chapter 5

⁷ UNAIDS (2008), 2008 Report on the Global AIDS Epidemic. <http://data.unaids.org> Accessed on 21 June 2010.