How national AIDS responses are failing in prevention efforts for key populations – an analysis of available data

CAMPAIGN BRIEFING

June 2011

INTRODUCTION

The International HIV/AIDS Alliance (the Alliance) believes that all communities have the right to equal access to high quality prevention, treatment and care services. This includes communities who are most marginalised, such as sex workers, men who have sex with men, transgender people and people who inject drugs.

As world leaders prepare to meet in June at the 2011 UN General Assembly High Level Meeting on AIDS, the Alliance has released this campaign briefing which provides an analysis of how national AIDS responses are failing in their prevention efforts for key populations.

It includes:

1. an **OVERVIEW** of the data provided to the United Nations,
2. the **RELEVANCE** of key populations and targeted prevention programmes,
3. an **ANALYSIS** of country reports, and
4. recommended **SOLUTIONS** which are based on the Alliance's experience of supporting communities who are at higher risk of HIV infection for the last 17 years.

1. OVERVIEW

Several decades after the start of the global AIDS pandemic, data confirms that most low- and middle-income countries still do not adequately focus their HIV prevention efforts on the key populations of sex workers, men who have sex with me, transgender people, and people who use drugs.

Of all low- and middle-income countries[1] that report standard information to the United Nations on their AIDS responses, more than half fail to include timely data concerning these key populations.

According to the Alliance, which has conducted a review of 132 country reports, this is a strong indicator of the current level of national AIDS efforts devoted to reaching populations that are most affected by HIV.

The most recent global information-gathering exercise was carried out for the UN High Level Meeting on AIDS in June. Twenty-five globally harmonised indicators were designed to form the basis of the Secretary General's report. Eight of these focus on sex workers, men who have sex with men, and injecting drug users.[2] However, of low- and middle-income countries that participated in the latest reporting round, fewer than half provided recent information about these key populations.

[1] Reports were reviewed from countries defined as low- and middle-income by the World Bank: "How we Classify Countries," viewed 20 Aug 2010: http://data.worldbank.org/about/country-classifications

[2] Transgender people are not explicitly included in the UN global indicators

2. RELEVANCE of key populations

Key populations are at higher risk of HIV infection in countries with generalised AIDS epidemics, where large percentages of adults are affected, as well as in countries with concentrated epidemics that are more usually associated with these groups. As such, sex workers, men who have sex with men, transgender people and injecting drug users are increasingly recognised as highly relevant to HIV responses in countries throughout the world.[3]

For instance, in Africa sex workers are more than four times as likely as the general population to be HIV-positive.[4] Men who have sex with men also constitute key populations in African countries with general HIV epidemics. They are twice as likely to be HIV-positive as the general population in Kenya, Malawi, Tanzania and Zambia, five times as likely in Nigeria and seven times as likely in Sudan.[5] HIV among injecting drug users (IDU) is more geographically specific, but IDU represent one-third of all new HIV infections outside sub-Saharan Africa and are the most affected population group in Eastern Europe and central Asia.[6] Transgender people are an important population affected by HIV, particularly in countries throughout Latin America and in parts of South and South-East Asia, although country-level tracking of HIV often combines data for transgender people with information on MSM or ignores them altogether.

What is missing?

It is generally recognised that many countries lack focused prevention programmes that are scaled up. Such programmes generally consist of strategically designed and targeted packages of prevention interventions that meet the needs of populations most affected by HIV. As a first step, these need to be put in place. In addition, they need to be delivered at scale to have population-level impacts on overall HIV transmission.

The most well-documented example of focused prevention has been the Avahan project, which reached sex workers, men who have sex with men and hijra (transgender people) in Indian states with high rates of HIV prevalence.[7] [8] However, it remains one of a small number of examples of large-scale HIV prevention programmes that have been demonstrated to effectively meet public health needs.

Taken as a whole, the recent global data submitted to the UN not only confirms that large-scale, focused HIV prevention programming is missing. It also underscores the total absence of attention that is being paid to key populations by most national AIDS responses.

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[3] American Foundation for AIDS Research – amfAR (2010). The Shifting Global Health Landscape: Implications for HIV/AIDS and Vulnerable Populations.
[4] WHO, UNICEF and UNAIDS (2009). Towards Universal Access: Scaling up priority HIV/AIDS interventions in the health sector.
[5] Beyrer, C., Baral, S.D., Walker, D., et al (2010). The Expanding Epidemics of HIV Type 1 Among Men Who Have Sex With Men in Low- and Middle-Income Countries: Diversity and Consistency. *Epidemiologic Reviews* 2010;32:137–151.
[6] UNAIDS (2007). AIDS epidemic update: December 2007.
[7] Bill and Melinda Gates Foundation (2009). Avahan –The India AIDS Initiative: fact sheet. http://www.gatesfoundation.org/avahan/Documents/Avahan_FactSheet.pdf
[8] Piot, P. (2010). Setting new standards for targeted HIV prevention: the Avahan initiative in India. *Sexually Transmitted Infections* 2010;86:i1-i2

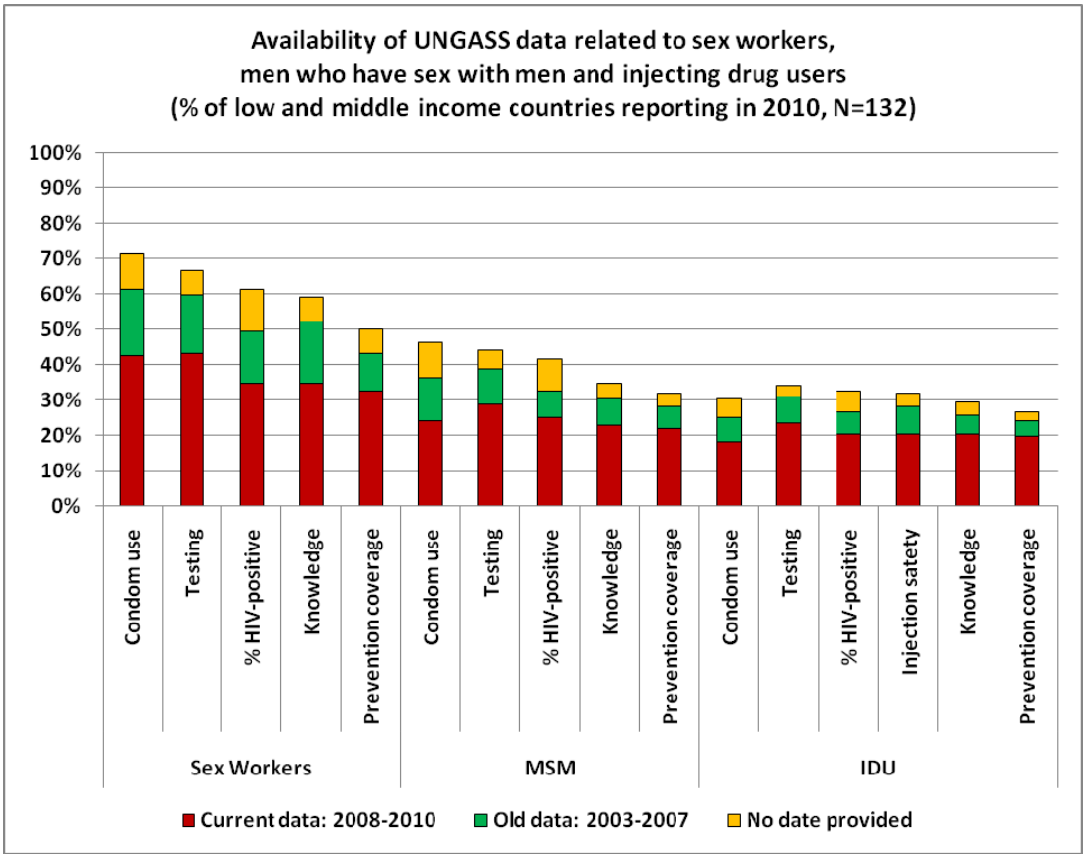
3. ANALYSIS of country reports

The UN exercise asked countries to report information reflecting their commitment to national HIV responses and the status of their national programmes. The country reports also address HIV-related knowledge and behaviour, HIV transmission and prevalence, and the survival rates of people on treatment.

The UN recommends that countries collect data related to key populations every two years.[9] The specific indicators for sex workers, men who have sex with men and injecting drug users deal with the coverage of prevention programmes, as well as population-level HIV knowledge, condom use, HIV testing, and HIV prevalence. The prevention indicators for injecting drug users also include information on injection safety.

The Alliance's analysis of 132 reports from low- and middle-income countries (see tables below) reveals several facts:

- The available information varies by population. Global indicators that were reported most often relate to sex workers, followed by men who have sex with men, and then injecting drug users.



- On the face of it, most of these countries report some data on sex workers, notably the levels of condom use (71% of low- and middle-income countries reporting). At the same

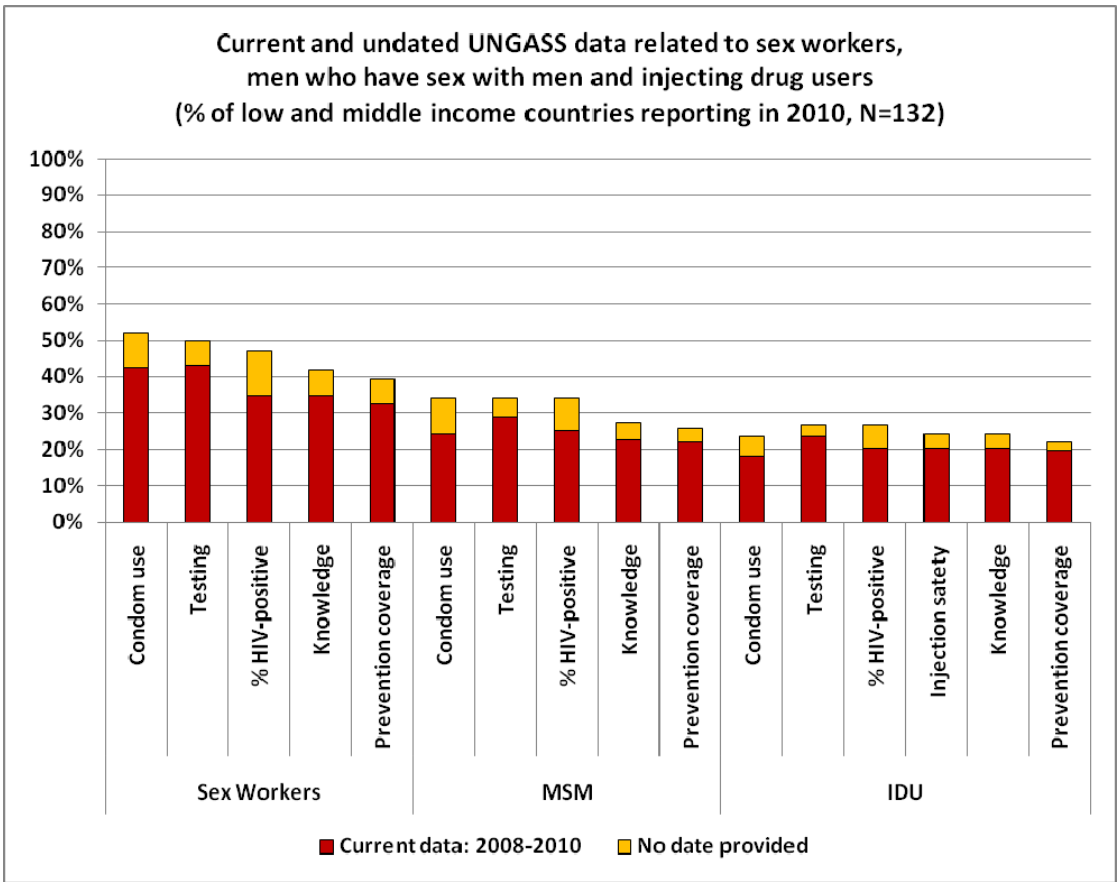
[9] UNAIDS, 2009. Monitoring the Declaration of Commitment on HIV/AIDS : guidelines on construction of core indicators : 2010 reporting

time, only half reported information on prevention coverage – the extent to which sex workers are being reached.

- Fewer than half these countries reported data on any of the indicators related to men who have sex with men, and that about a third provided information on the indicators of prevention with injecting drug users.

- **These results mask the current situation since guidelines allow national authorities to include old data in their country reports.** Current data was collected from 2008 up to 2010. However, some of the older information included in country reports dates as far back as 2003.

When these older findings are removed, there is an important drop in the percentage of countries reporting information related to sex workers, men who have sex with men, and injecting drug users. **When removing this outdated information, it is apparent that less than half of low- and middle-income countries reported current data on any of these indicators.**



- Depending on the indicator, between 2% and 10% of countries submitted information on key populations without specifying when it was collected. It is unlikely that many of these countries reported recent information. However, even if most of this undated information were added in, the overall results would be the same.

- Individual prevention issues related to sex workers were recently assessed by about one-third to less than half of these countries. Recent data related to men who have sex with men was only submitted by roughly one in four of these countries, and data for injecting drug users was submitted by one in five. The global indicators do not ask for information on transgender people, although countries could choose to include such data in their AIDS progress reports if they were considered to be relevant. Only two out of the 132 countries did so.[10]

Possible reasons for a lack of reported results

In undertaking this review, two possible explanations were given by stakeholders to explain the lack of recent information on globally-defined key populations.

First, many countries, following the UN's reporting guidelines, could have collected their own data on nationally-defined key populations at particular risk for HIV. However:

- Only between 2% and 15% of countries included data on other nationally-identified key populations, such as pregnant women or migrant people, for any of these prevention indicators.

- All of these countries also reported information on key populations as defined by the global reporting system. In other words, no country collected data for nationally-identified key populations in place of sex workers, men who have sex with men or injecting drug users.

Similarly, submitting older data could be justified because it is allowed by the global reporting guidelines. However, this explanation does not take into account the fact that the requirements for country reporting are minimal – for instance, conducting one survey every two years from a single sample of sex workers in a capital city would still provide sufficient data to report on prevention coverage.

The Alliance strongly believes that, several decades since the start of AIDS prevention efforts, this extreme lack of current country-level data is not consistent with the widely accepted principle of "knowing your epidemic," which has long been promoted as one of the minimum requirements for effective HIV prevention programming.[11]

The more likely explanation for the gap in data related to key populations is the lack of corresponding prevention efforts. In other words, the lack of data is due to other obstacles, including the following:

- Social and political: stigmatisation results in the violation of the rights of key populations to have access to HIV-related health services and prevention programmes
- Strategic: national AIDS strategies in many countries still do not include key populations as a priority for the purposes of planning, budgeting and delivery of prevention programmes
- Technical: reaching socially marginalised populations is challenging, requiring expertise and investment in community-led responses

[10] Argentina included data on HIV prevalence among transgender people (no date provided), and Pakistan reported current data on hijra (transgender people) who are also sex workers, specifically on HIV testing, coverage of prevention programmes, HIV-related knowledge and HIV prevalence.
[11] UNAIDS, "HIV Prevention Toolkit." Website viewed 25 May 2011: http://hivpreventiontoolkit.unaids.org/Knowledge_Epidemic.aspx

- Systemic: donor and multilateral agencies that influence responses in developing countries have not sufficiently prioritised support to HIV prevention reaching key populations.

While there can be different possible reasons in a given country, it is clear that national HIV prevention efforts are failing to have sufficient impact while they are still not reaching sex workers, men who have sex with men, transgender people and injecting drug users.

Vindication of the transparent reporting system

The Alliance believes this analysis of the lack of HIV prevention with key populations highlights the importance of a global accountability framework. Every two years since 2001, countries have voluntarily submitted progress reports on national AIDS action to the UN General Assembly, commonly known as UNGASS reporting. The fact that the latest results point towards failings in global prevention efforts is due to the high level of country participation that has developed during the last decade, as well as the continued transparency of reporting. **The Alliance believes this demonstrates that UNGASS reporting is a basic success. At the same time, it also underscores challenges that need to be addressed.**

4. SOLUTIONS

Remaining challenges

UNAIDS, the agency charged with managing the reporting system, has pointed out that national authorities that do not report certain data are asked to provide a reason: whether the population, the prevention issue, or the measurement is not felt to be relevant; or that, despite a recognition of the relevance, the data is not available. Across the indicators about key populations, most non-reporting countries state that the data would be relevant but they do not have it.[12]

In parallel, a recent review of UNGASS indicators did not result in the adoption of more robust measures for HIV prevention. This includes strategic information related to a number of issues for young people, as well as for key populations. There was one exception – countries will now be asked to provide much more relevant data concerning the coverage of injecting drug users by national needle and syringe exchange programming.

In addition, there remain the underlying issues of prioritising prevention efforts that reach key populations.

Action required

Ahead of the UN High Level Meeting on AIDS on 8-10 June, the Alliance joins civil society organizations in calling on governments to renew their commitment to universal access to HIV treatment, prevention, care and support, and to set measurable targets to halt and begin to reverse the spread of HIV/AIDS by 2015.

Follow-on action is also required on two complementary fronts – support for better reporting by public health systems in low- and middle-income countries, as well as support for more effective prevention action.

[12] Warner-Smith, M. (2010). Presentation at the Consultation on UNGASS Prevention Indicators, 27 July 2010, Brighton, U.K.

The Alliance calls on countries to commit to the following:

- **To reach measurable targets, the current UNGASS accountability framework must be maintained and strengthened, and countries must continue to report every two years.** A new Declaration of Commitment on HIV will only really be meaningful if it continues to have a strong monitoring framework that will ensure accountability is strengthened, not weakened.
- **National AIDS authorities should ensure that prevention efforts for key populations are put in place and scaled up in order to have an impact.**

To make these happen, the Alliance also strongly recommends:

- **An investment should be made to support low- and middle-income countries in their use of more robust data to judge their prevention efforts.** This includes stronger information about programming with key populations, as well as better measures related to other priority populations such as youth. Adequate investment and technical design should not simply result in vertical monitoring efforts for HIV and AIDS, but should also be used as an opportunity to strengthen public health systems overall.
- **Donors and technical agencies should ensure that low- and middle-income countries receive more relevant support in order for national AIDS prevention programmes to be effective.**

Ends.

THE CAMPAIGN

'What's Preventing Prevention?' is a campaign of the International HIV/AIDS Alliance. Our mission is to support community action to prevent HIV infection, meet the challenges of AIDS, and build healthier communities.

That's why we're calling on donors and governments to guarantee a more effective HIV prevention response that enables groups that are at higher risk of being infected or affected by HIV to access prevention services and realise their rights. The campaign has three strands:

BETTER FUNDING

Donors need to increase the proportion of their funding for HIV prevention interventions that reach communities at higher risk of HIV.

REMOVE BARRIERS

National governments need to remove the political and social barriers that stop people from accessing prevention services.

OUR SAY

Communities at higher risk of HIV must be able to participate in decision-making around HIV prevention programmes. This is the best way to ensure services meet their needs.

ABOUT THE INTERNATIONAL HIV/AIDS ALLIANCE

Established in 1993, the International HIV/AIDS Alliance is a global partnership of nationally-based linking organisations working in over 40 countries, to support community action on AIDS in developing countries.

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Annex:

List of current core indicators for the implementation of the Declaration of Commitment on HIV/AIDS

Indicators used in the latest reporting round, which form the basis of the Secretary General's progress report to the United Nations General Assembly Special Session (UNGASS) to be held in June 2011.

National Commitment and Action Indicators

1. AIDS Spending
2. Government HIV and AIDS Policies

National Programme Indicators

3. Blood Safety
4. HIV Treatment: Antiretroviral Therapy
5. Prevention of Mother-to-Child Transmission
6. Co-management of Tuberculosis and HIV Treatment
7. HIV Testing in the General Population
8. HIV Testing in Most-at-risk Populations
9. Most-at-risk Populations: Prevention Programmes
10. Support for Children Affected by HIV and AIDS
11. Life-Skills based HIV Education in Schools

Knowledge and Behaviour Indicators

12. Orphans: School Attendance
13. Young People: Knowledge about HIV Prevention
14. Most-at-risk Populations: Knowledge about HIV Transmission Prevention
15. Sex Before the Age of 15
16. Higher-risk Sex
17. Condom Use During Higher-risk Sex
18. Sex Workers: Condom Use
19. Men Who Have Sex with Men: Condom Use
20. Injecting Drug Users: Condom Use
21. Injecting Drug Users: Safe Injecting Practices

Impact Indicators

22. Reduction in HIV Prevalence
23. Most-at-risk Populations: Reduction in HIV Prevalence
24. HIV Treatment: Survival After 12 Months on Antiretroviral Therapy
25. Reduction in Mother-to-child Transmission

Source: UNAIDS, 2009. Monitoring the Declaration of Commitment on HIV/AIDS : guidelines on construction of core indicators : 2010 reporting