The cascade for HIV prevention, diagnosis and treatment in the context of discrimination

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IAS ILF

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What makes Key Populations Key?

• Key populations share high burdens of HIV, low access to essential services

• Data are limited on ARV access, uptake, adherence, and outcomes—focus has been primary prevention

• Expanding testing. prevention and treatment in safety and dignity for KP is an urgent treatment priority for those persons and their communities
PWID as share of total HIV cases and of patients receiving ART, 2008

Tailoring HIV services for sex workers

“To address HIV in sex workers will need sustained community engagement and empowerment, continued research, political will, structural and policy reform, and innovative programmes. But such actions can and must be achieved for sex worker communities everywhere.”

Guest Editors: C Beyrer, S Strathdee, L-G Bekker, A-L Crago, J Butler, P Das.
Sex Workers

• The women, men, and transgender persons who sell sex face disproportionate burdens of HIV and a lack of access to services.

• None of the new HIV prevention and treatment innovations, including PrEP, microbicides, vaccines, TasP, have been studied specifically in sex workers.

• Measurement of sex work history/activity in recent trials has been unclear and unhelpful.

• Structural determinants—laws and policies, are critical in reducing or increasing HIV risks.


Meta-analysis of HIV prevalence among female sex workers, by region (as of 2013)
HIV prevalence in study sample: **70.3%** (223/317) of total sample; RDS adj: **61.0%** (95%CI: 51.4 – 70.6)

HIV diagnosis and treatment: female sex workers in Lome, Togo, 2013

HIV prevalence in study sample: **27.1%** (96/354) of total sample; RDS adj: **24.0%** (95%CI: 18.1 – 29.9)

Personal, interpersonal and structural challenges to accessing HIV testing, treatment and care services among female SW, MSM, TG in Karnataka state, South India.

Beattie S. JECH, 2012. FG with 302 participants.

Good knowledge about HIV and HIV VCT, but awareness of other HIV services low

**Personal barriers**: Fear of a positive HIV test result and the perceived repercussions of being seen using HIV services

**Structural barriers**: Previous experiences of discrimination at government healthcare services, discriminatory attitudes and behaviors by VCT staff

Barriers for those women who had used government-managed PMTCT and ART: poor physical facilities, long waiting times, lack of available treatment, the need to give bribes to receive care and discriminatory attitudes of healthcare staff
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)
HIV Cascade for Gay, Bi, and other MSM
Disparities Persist Between U.S. Black and White MSM Throughout Treatment Cascade

- Undiagnosed HIV: OR, 6.38 (4.33-9.39)
- Diagnosed HIV+: OR, 2.59 (1.82-3.69)
- Health insurance coverage: OR, 0.47 (0.29-0.77)
- ART utilization/access: OR, 0.56 (0.41-0.76)
- >200 CD4 cells/mm³ before ART initiation: OR, 0.40 (0.26-0.62)
- ART adherence: OR, 0.50 (0.33-0.76)
- HIV suppression: OR, 0.51 (0.31-0.83)

(Gregorio Millett, The Lancet, 2012)
**HIV Detection**

- Undiagnosed HIV
  - OR, 6.38 (4.33-9.39)

**Diagnosed HIV+**
- OR, 2.59 (1.82-3.69)

**Health insurance coverage**
- OR, 0.47 (0.29-0.77)

**ART utilization/access**
- OR, 0.56 (0.41-0.76)

**ART adherence**
- OR, 0.50 (0.33-0.76)

**HIV suppression**
- OR, 0.51 (0.31-0.83)

**Viral Suppression**

**Lower income (<$20k)**
- OR, 3.42 (1.94-6.01)

**Healthcare visits**
- OR, 0.61 (0.42-0.90)

*(Millett, The Lancet, 2012)*
Project BeSAfe HIV Research with Gay, Bi, MSM in Russia

• 10 year collaboration with AIDS Infoshare, a Russian NGO on HIV

• Work with sex workers, GB & MSM

• NIH R01 funded 2008 to implement safe, LGBT friendly and anonymous HIV and STI testing program
Be Safe: Moscow study of gay, bisexual, other MSM

N = 1541 Gay, Bi, MSM

HIV prevalence
Crude: 15.5%
RDS adj: 12.4% (95% CI: 9.3 – 16.1)

LGBT friendly clinic provided only anonymous HTC in Moscow

Free STI screening and treatment
Moscow MSM: HIV diagnosis and treatment

HIV prevalence in study sample: 15.22% of total sample; RDS adj: 12.4% (95%CI: 9.3 – 16.1)

Bottom Lines

• KPs need tailored HIV services, and treatment, from which they are often excluded

• We need to study the continuum of care for these people, identify barriers, and intervene to make real headway
Community Concerns: WHO Guidelines

• Biomedical interventions shift the locus of control toward the medical, governments
• Fears of forced testing, coercion
• New laws criminalizing HIV transmission
• Wave of anti-gay laws and policies
• Criminalization of sex workers/clients
HIV anywhere is HIV everywhere
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