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Agence nationale de recherches sur le sida et les hépatites virales

French National Agency for Research on AIDS and Viral Hepatitis

Agence autonome de l'Inserm | An autonomous agency at Inserm

Prevention and care towards vulnerable and stigmatized populations (MSM, drug users, sex workers)

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Symposium ANRS - AIDS 2012 - 23 July 2012

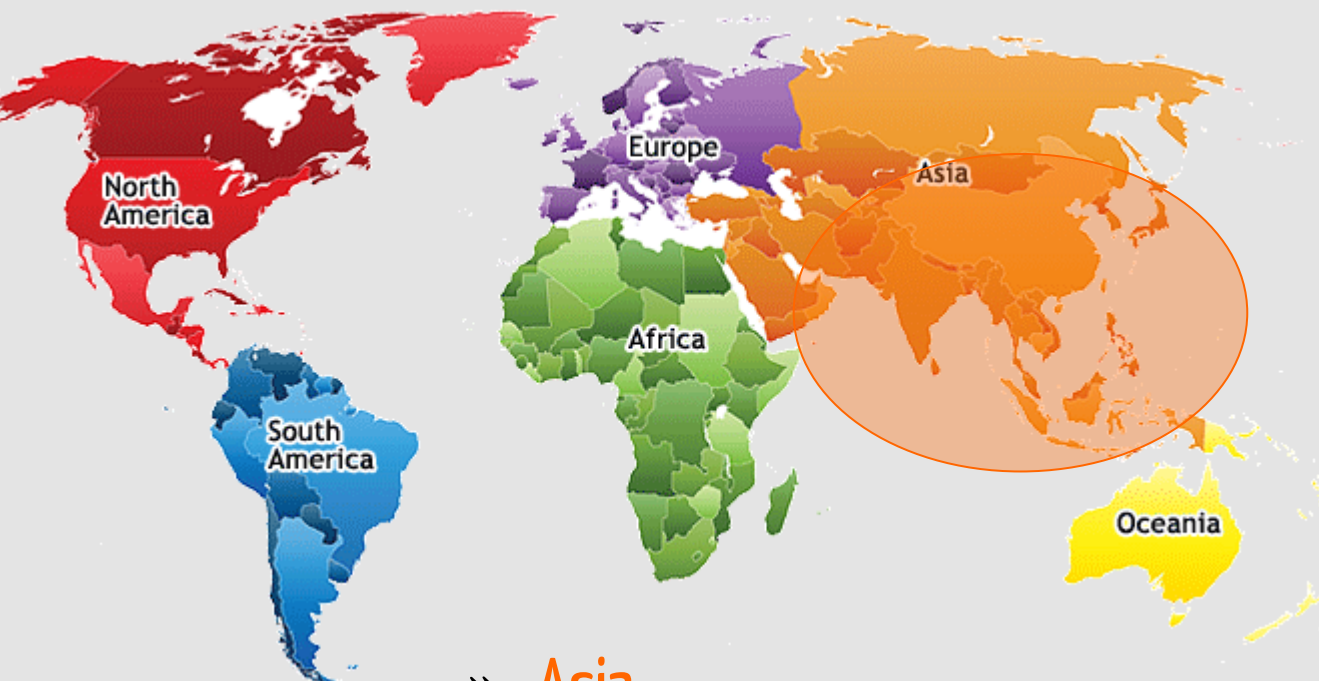
Epidemiological context



» South America

- > Most of the HIV epidemics in this region are concentrated in and around networks of MSM.
- > Most countries have focused attention on sex workers, and there are indications that these efforts are paying off.
- > Injecting drug users constitutes also another high risk group.

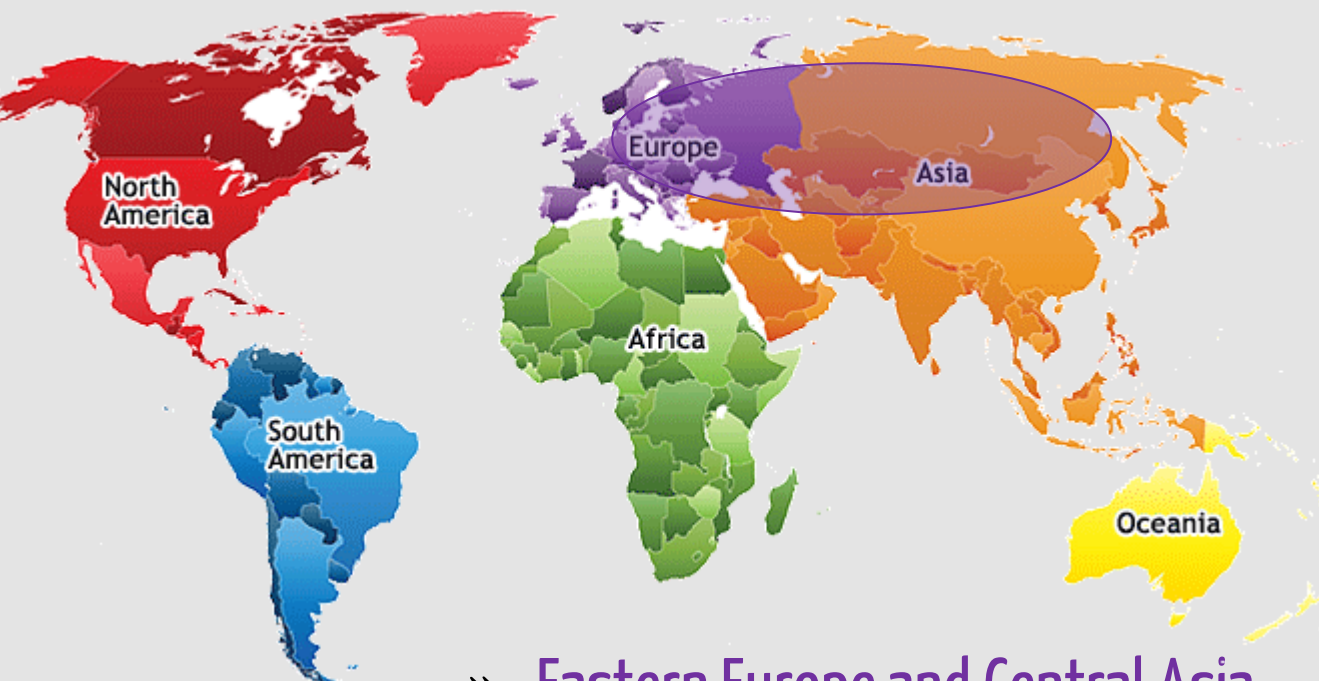
Epidemiological context



» Asia

- > MSM, SW and IDU transmission all contribute significantly to the HIV epidemic.
- > As the epidemics mature in Asia, HIV is spreading more widely, especially to the female partners of people who inject drugs and the clients of sex workers and their other sex partners.

Epidemiological context



» Eastern Europe and Central Asia

- > The HIV epidemics are concentrated mainly among IDU, SW and their sexual partners
- > and, to a much lesser extent, MSM.

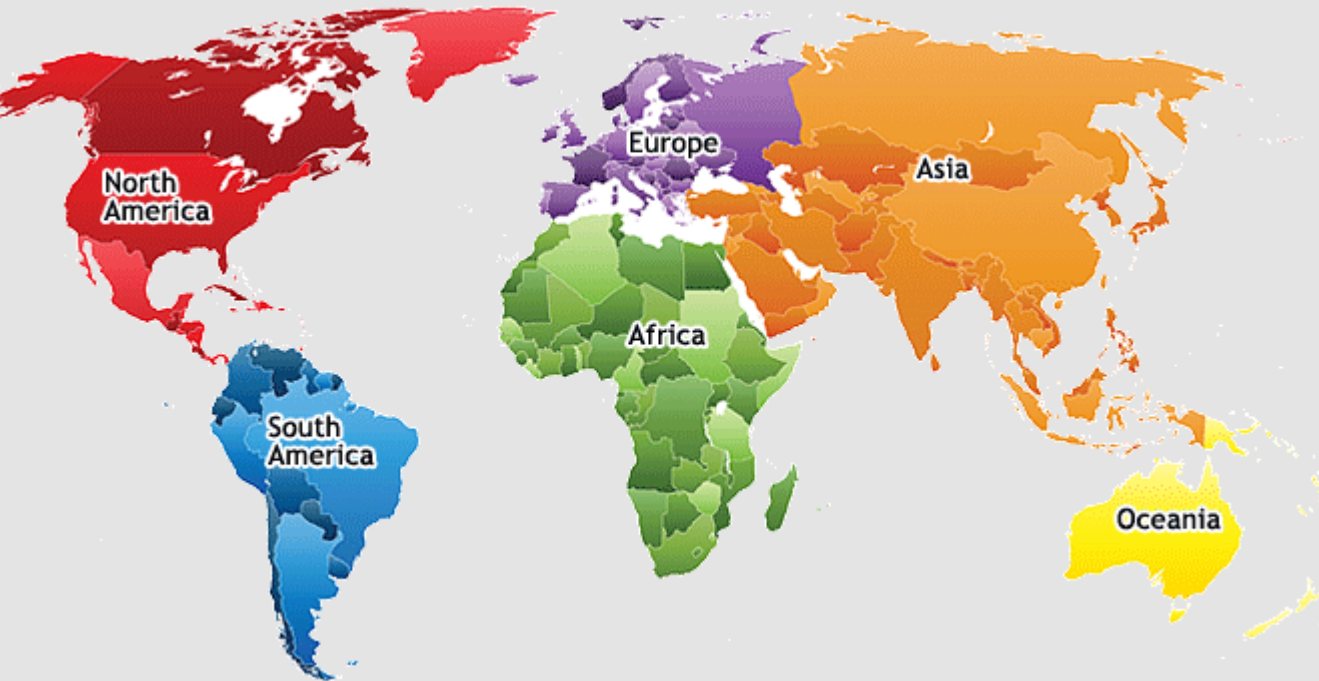
Epidemiological context



» Sub-Saharan Africa

- > In Southern Africa, massive epidemics in general population.
- > In Western and Eastern Africa, although epidemics are generalized, they are also concentrated in sub-groups as SW and MSM.
- > Injecting drug use appearing but still few studies.

Epidemiological context



**On every continent, even in Africa,
MSM, SW and IDU have
an higher risk to get HIV infected.**

How research strengthens knowledge of the epidemics ?

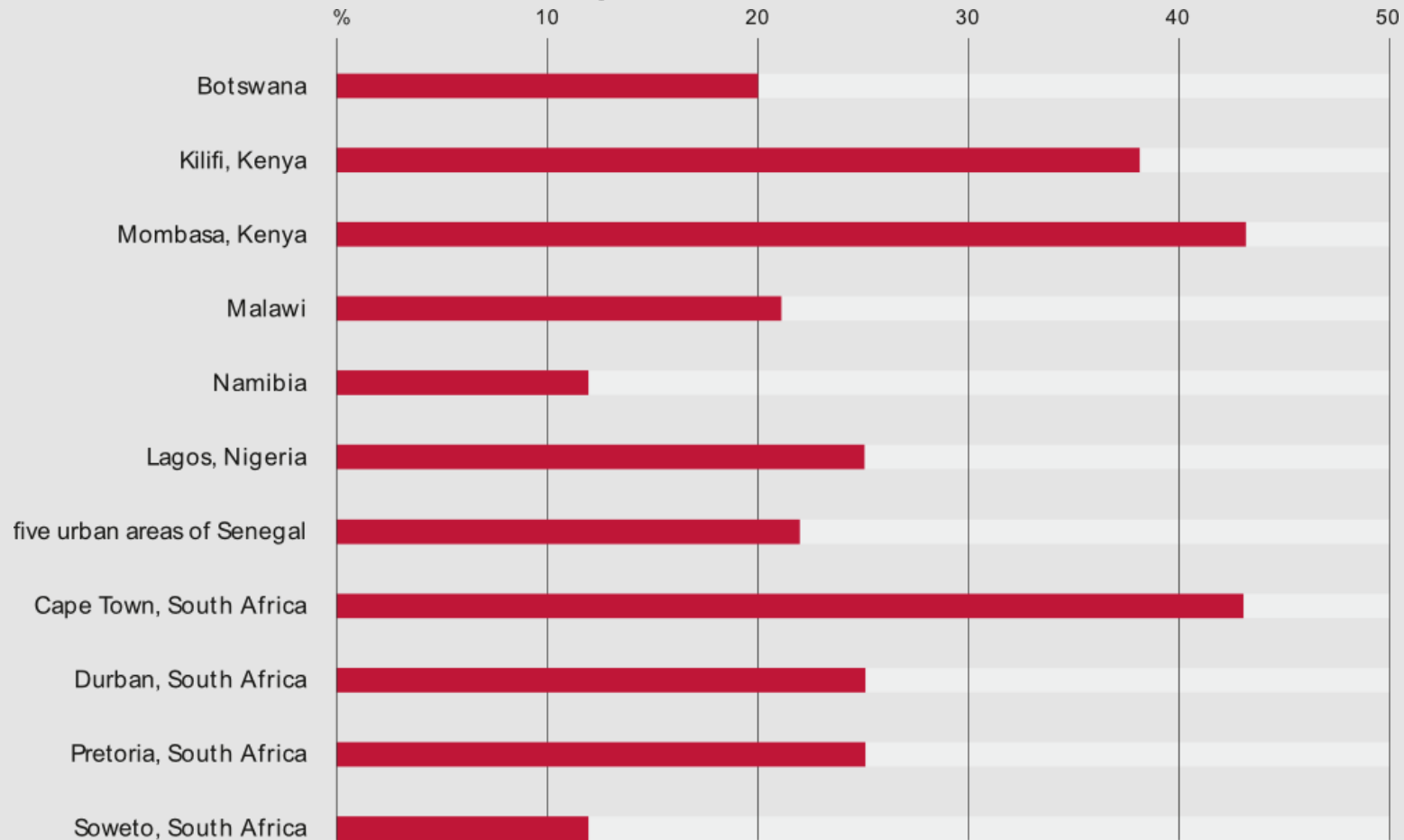
Example of MSM in sub-Saharan Africa:

- » Epidemics in Africa has long been considered as mainly heterosexual and perinatal.
- » Although anthropological studies have shown for a long time that sex between men exist on this continent, epidemiological studies among sub-groups were focusing only on SW and groups as military men, trunk drivers, prisoners or migrants.
- » The topic of African MSM in the HIV field emerged at the 2004 AIDS Conference in Bangkok.

How research strengthens knowledge of the epidemics ?

- » The first epidemiological survey among MSM in sub-Saharan was conducted in 2004 in Senegal (ANRS 1282) showing a HIV prevalence of 21.5% (vs <1% in general population).
- » In 2006, the first pre-AIDS conference on MSM was organized in Toronto.
- » UNAIDS presented the result of a meta-analysis on MSM in low and middle income countries (Caceres THBS0201). Only 8 studies found in Africa, none with HIV prevalence measure.
- » Afterwards, several other epidemiological studies were conducted in Africa among MSM.

HIV prevalence among MSM in sub-Saharan Africa



Source: figure 2.9, UNAIDS Global Report 2010

Up to 20% of new HIV infections in Senegal and 15% of those in Kenya and Rwanda could be linked to unprotected sex between men.

Impact of these studies

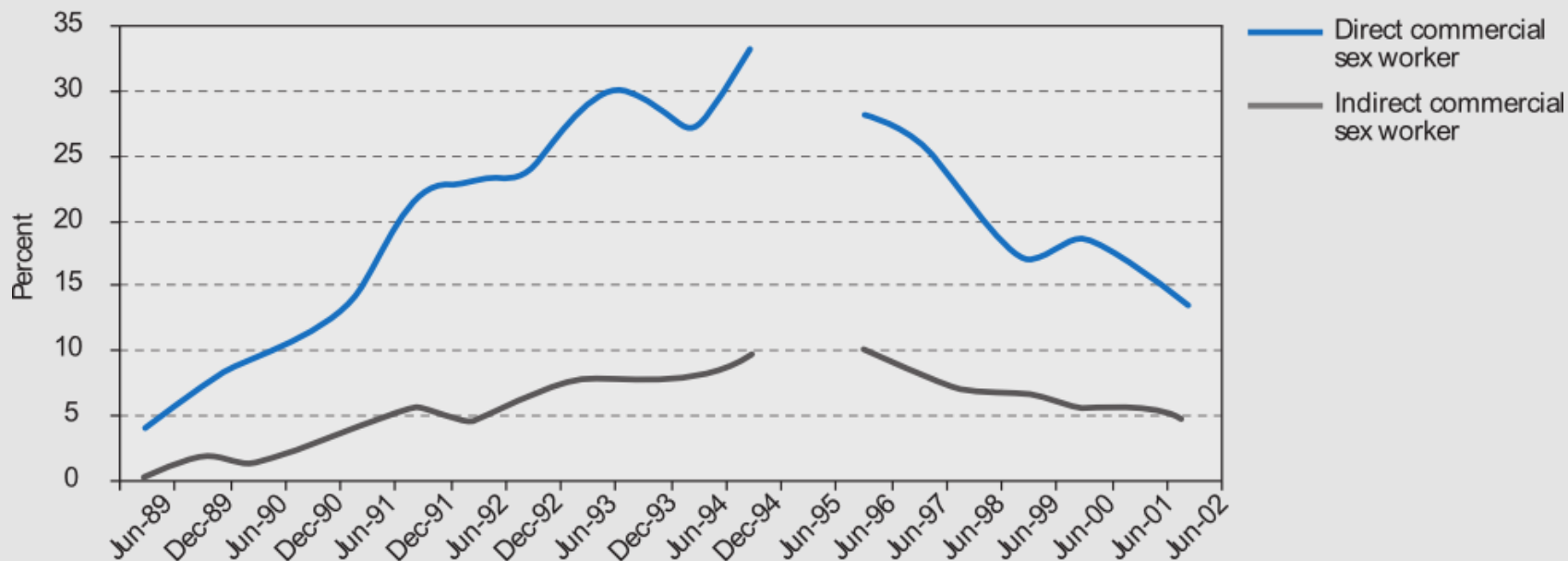
- » Demonstrate that MSM constitute a vulnerable group in Africa
- » and also that this group exists on the continent:
 - › MSM were considered as a very marginal population having ‘imported’ practices from Europe.
 - › “How did you manage to find 500 MSM?”
- » Put this topic on the international agenda.

- » In Mexico, at 2008 AIDS International conference, for the first time, a presentation in a plenary session was dedicated to MSM in the South (Saavedra et al. TUPLO104).

Targeting these populations works

- » In Thailand, the national program on HIV/AIDS, developed since the 1990's, has an important program targeting in particular sex workers and their clients.

HIV trends among direct and indirect commercial sex workers, 1989-2002



Note: Data from 1994 and 1995 are not available.

Source: Bureau of Epidemiology, Ministry of Public Health.

Targeting these populations works

- » In Senegal, after the ANRS survey conducted in 2004, the national AIDS program developed specific actions targeting MSM.
- » A new survey (ELIHoS) was conducted in 2007 (ANRS 12134).

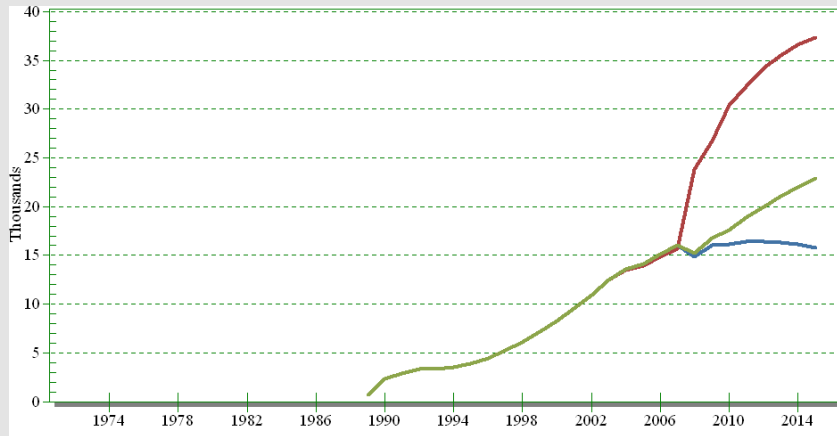
- » Between 2004 and 2007: increase of condom use
 - › 40-45% to 75-78% (anal sex with a man)
 - › 47 to 61 % (vaginal sex with a woman)
- » Having participated in a MSM prevention program is significantly associated with condom use at last sexual intercourse with a man (aOR=3.1) and with a woman (aOR=2.3).

What do the models show?

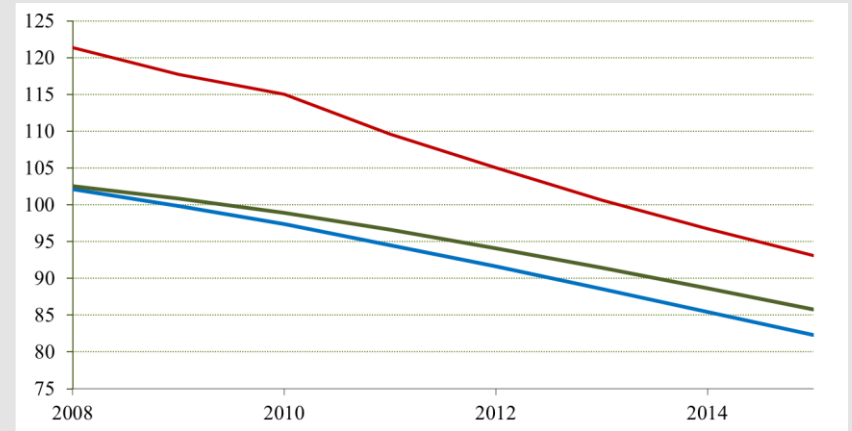
- » Goals models presented at 2010 AIDS Conference in Vienna (Baral THBS0102).
- » These models estimate the number of all new HIV infections in general population depending of the level of interventions targeting MSM.
- » Divided “MSM intervention” into separate parameters:
 1. outreach with condom promotion and distribution
 2. community level behavioral interventions
 3. inclusion of ARV and new findings on efficacy of ARV in couples

What do the models show?

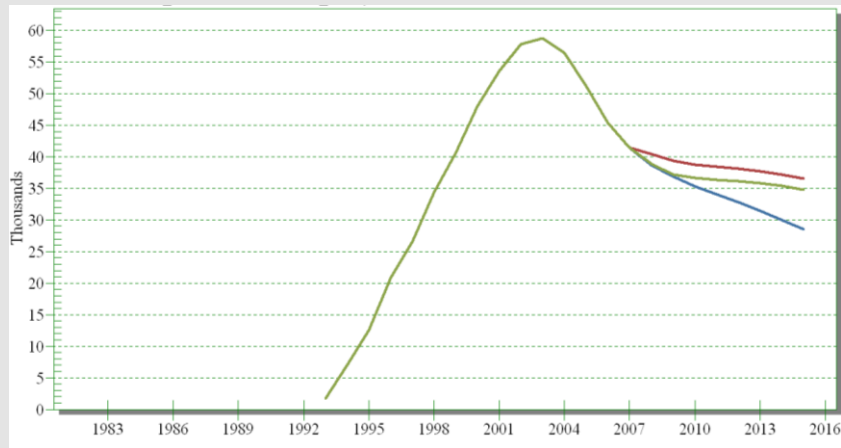
Peru



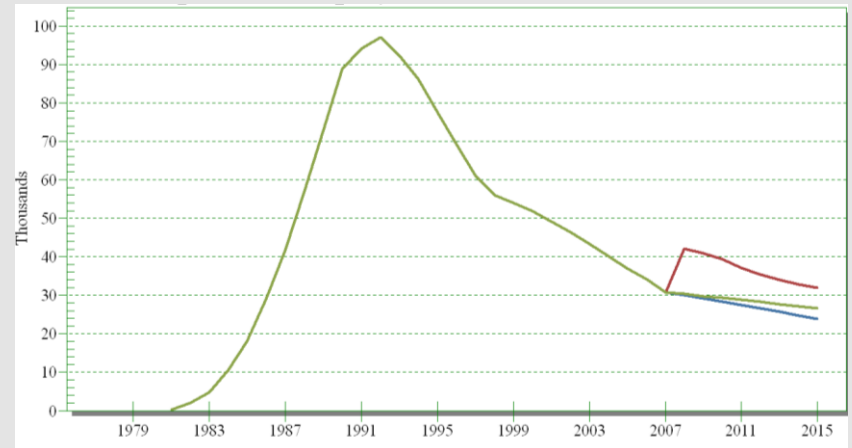
Kenya



Ukraine



Thailand



Null

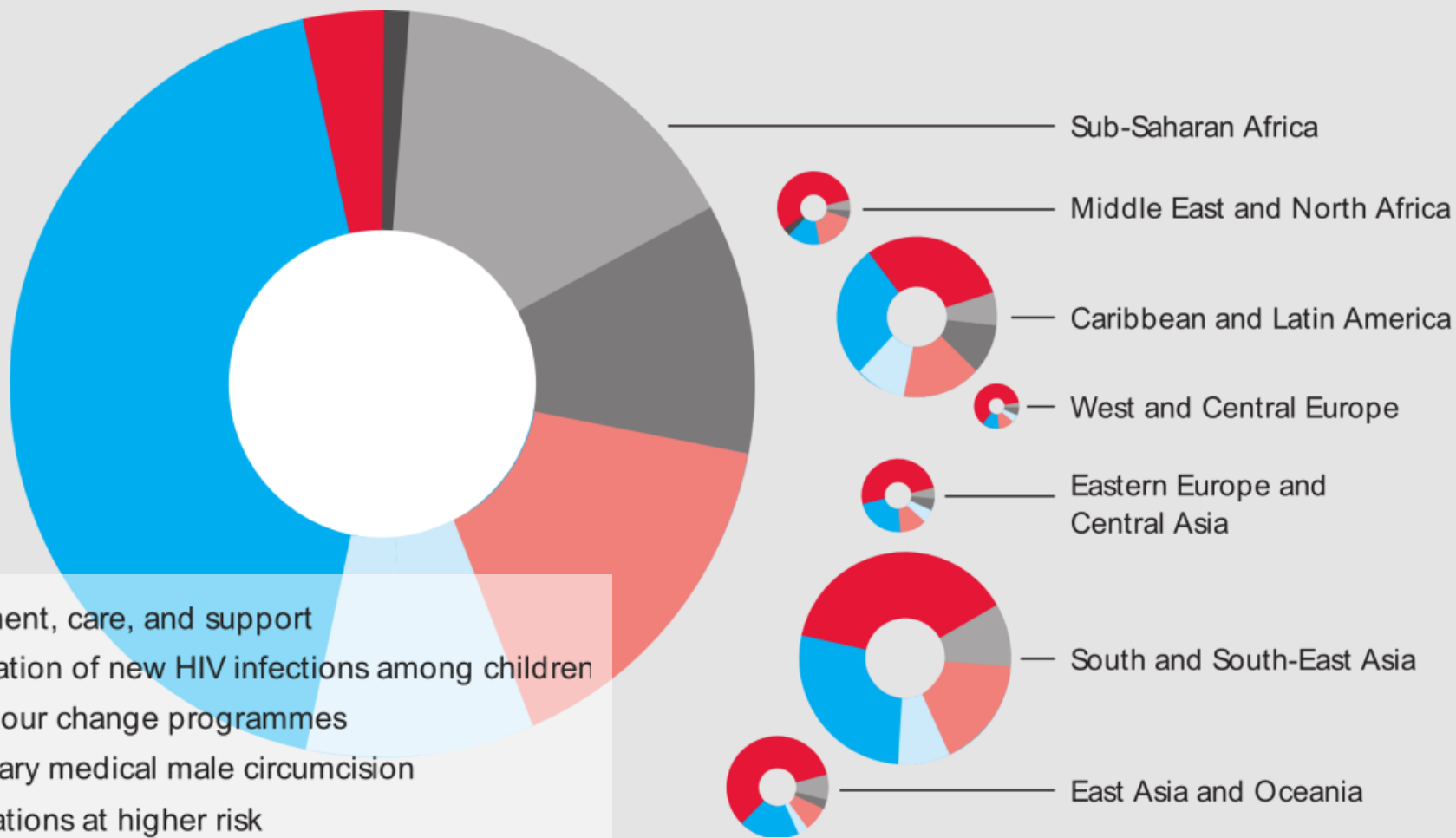
Current

100% MSM interventions

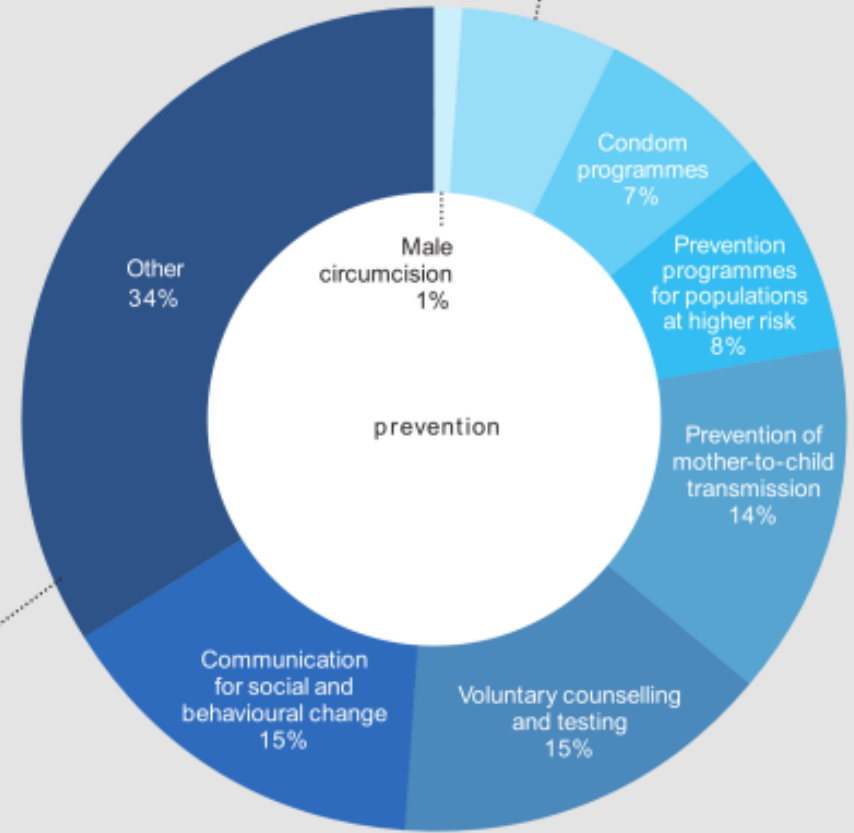
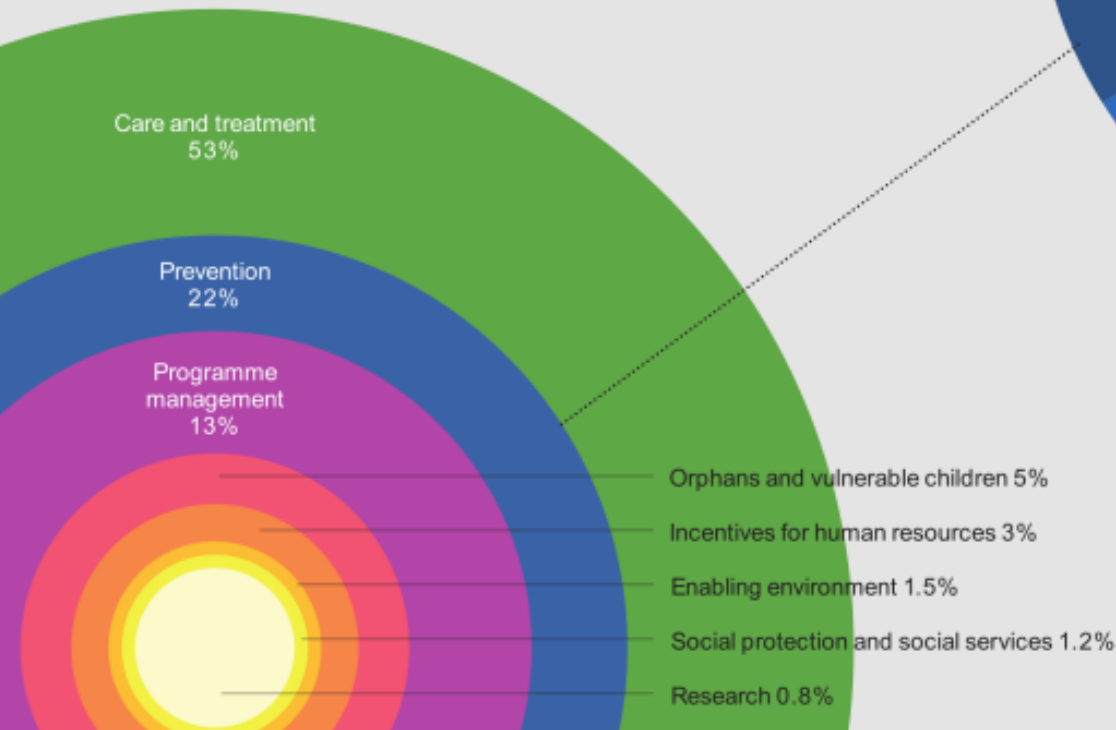
What do the models show?

- » Similar results have been presented at AIDS 2010 in Vienna concerning sex workers and drug users.
- » Targeting vulnerable groups has an impact on all new infections.

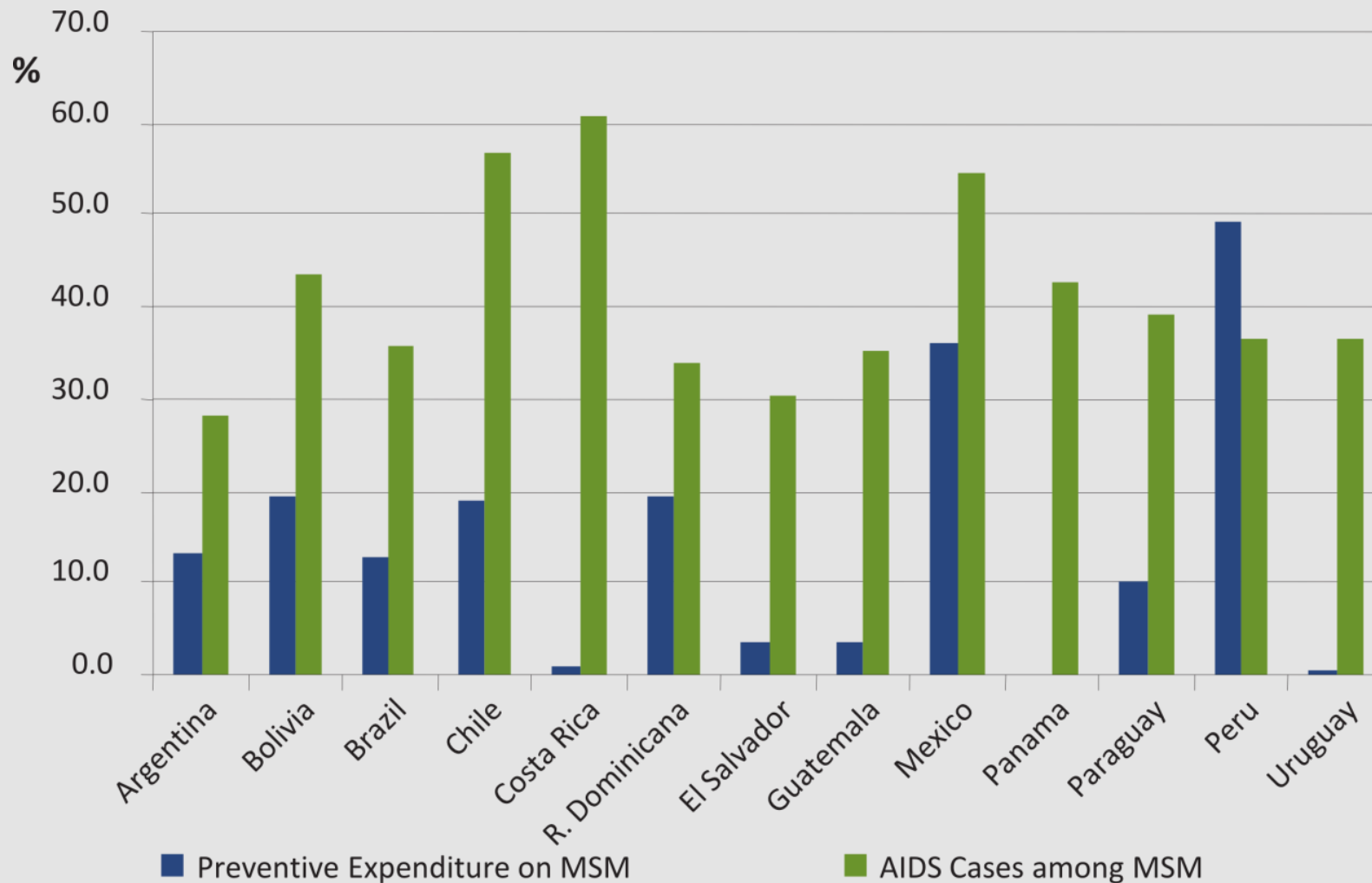
Where should the money go?



Where does the money go?



AIDS Spending on MSM Relative to MSM Cases in Latin America



Targeting vulnerable populations

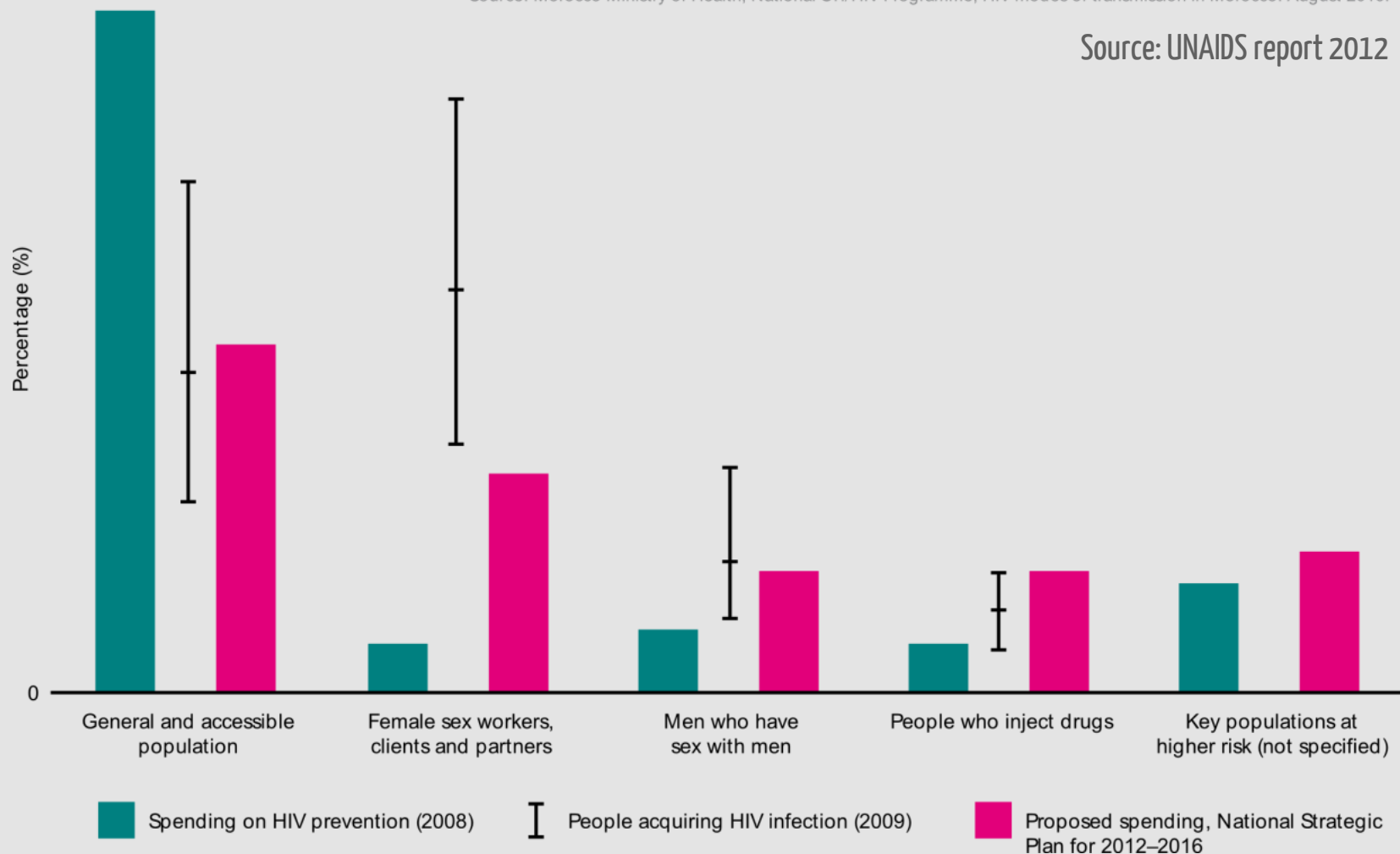
- » Due to research evidence, pressure from NGOs and suggestions from international organizations (Unaid, Global fund), some countries try to reallocate their resources according to the weight of each population in the epidemic.

Reallocation of resources to programs for key populations at higher risk of HIV infection in Morocco

80

Source: Morocco Ministry of Health, National STI/HIV Programme, HIV modes of transmission in Morocco. August 2010.

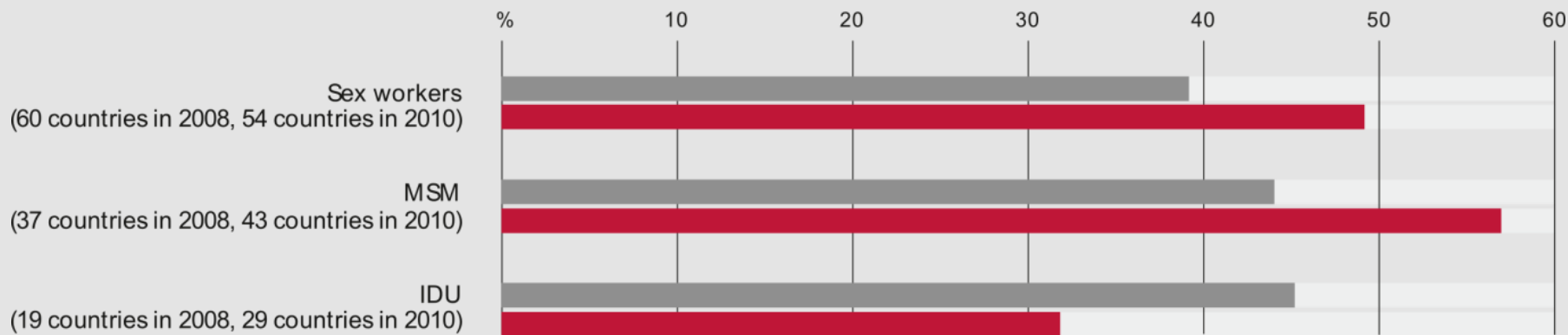
Source: UNAIDS report 2012



Targeting vulnerable populations

- » Due to research evidence, pressure from NGOs and suggestions from international organizations (Unaid, Global fund), some countries try to reallocate their resources according to the weight of each population in the epidemic.
- » Nevertheless, there is still a **huge gap** between needs and reality.

HIV prevention programmes for selected populations
Median coverage of HIV prevention programmes for selected population groups, 2008 and 2010.

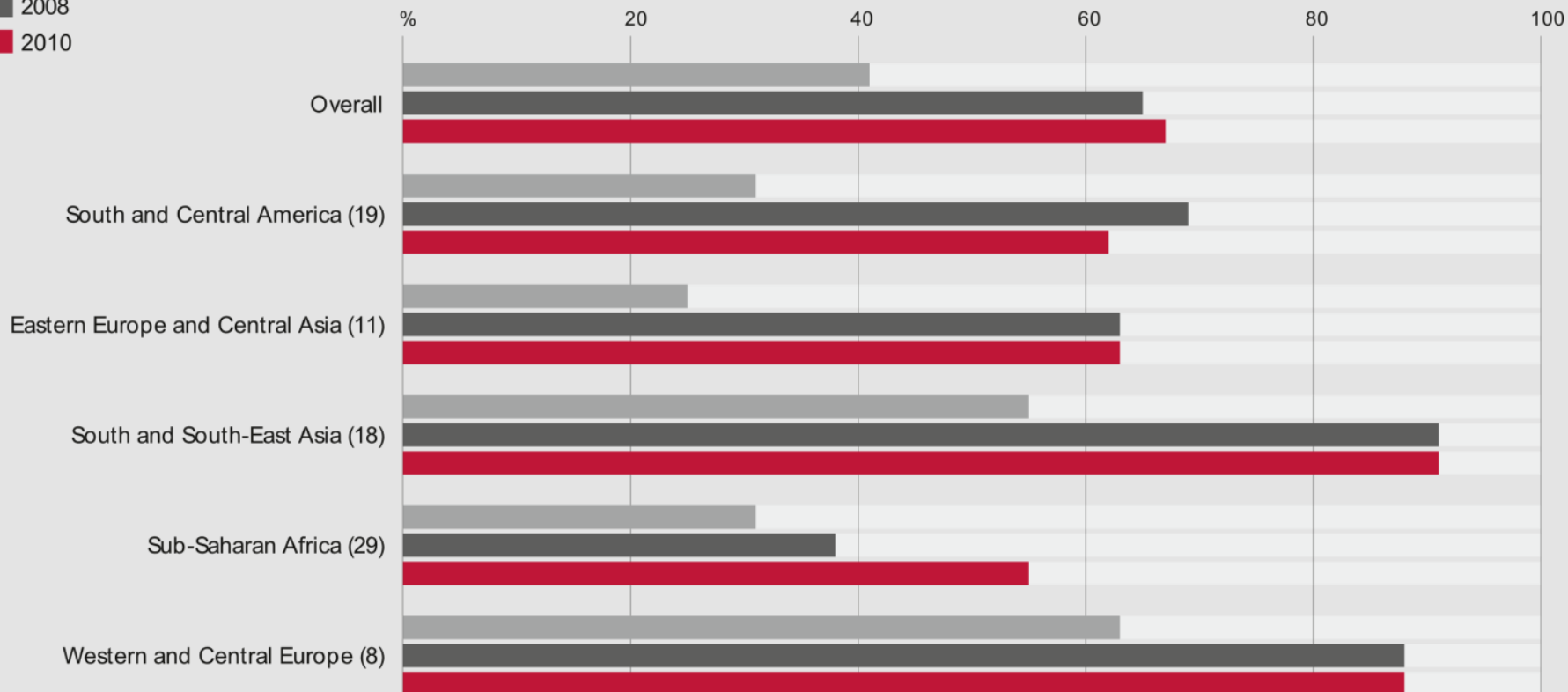


Countries with laws or regulations that create obstacles

Percentage of countries in which nongovernmental sources report laws or regulations that create obstacles to effective HIV prevention, treatment, care, and support for population groups at higher risk and other vulnerable population groups.

■ 2006
 ■ 2008
 ■ 2010

Source: Country Progress Reports 2006, 2008, 2010.



The following regions are not displayed due to insufficient countries: Caribbean, Middle East and North Africa, East Asia, Oceania, and North America.



LESBIAN AND GAY RIGHTS IN THE WORLD

ILGA, THE INTERNATIONAL LESBIAN, GAY, BISEXUAL, TRANS AND INTERSEX ASSOCIATION

May 2012
www.ilga.org



PERSECUTION

DEATH PENALTY
5 countries and parts of Nigeria and Somalia

IMPRISONMENT
78 countries and 6 entities*

- Death penalty
- Imprisonment up to 14 years
- Imprisonment from 14 years to a life-long sentence
- Imprisonment, no precise indication of the length/banishment
- unclear = legislation not specifically homophobic but which can be used as such
- uncertain = law awaiting court ruling or persecution by organised non-state agents

RECOGNITION

RECOGNITION OF SAME-SEX UNIONS
30 countries and 39 entities*

- Marriage
- Equal (almost equal) substitute to marriage
- Clearly inferior substitute to marriage

PROTECTION

ANTI-DISCRIMINATION LAWS
57 countries and 82 entities*

- Countries which introduced laws prohibiting discrimination on the grounds of sexual orientation

NO SPECIFIC LEGISLATION

*Include part of a federation, state, province, federal district, any other administrative and/or territorial unit. These laws are aimed at lesbians, gay men and bisexuals and at same-sex activities and relationships. At times, they also apply to trans and intersex people. This edition of the world map (May 2012) was coordinated by Stephan Barris (ILGA). Design: René Ramos & Eduardo Eekil. Data represented in this map is based on "State-Sponsored Homophobia: a world survey of laws criminalising same-sex sexual acts between consenting adults - 2012", an ILGA report by Lucas Post-Isovalby (available on www.ilga.org in English, Spanish, Portuguese and French). ILGA thanks groups which contributed to the annual updates.

To conclude

- » On every continent, even in Africa, MSM, SW and IDU have an higher risk to get HIV infected.
- » Targeting these vulnerable populations works.
- » It's one of the key answers to the epidemics.
- » However, current responses don't reach their needs. They are still underrepresented in HIV programs.
- » Even worse, human rights of these groups are not respected in an increasing number of countries.

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Thank you for your attention