Concept of key populations and high prevalence

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“The fear of stigma leads to silence, and when it comes to fight against AIDS, silence is death”

Kofi Annan
Session content

1. Concept of key populations
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3. Prevalence VS incidence
4. STIs mapping on the LGTBI community
5. Meaningful community engagement
1. CONCEPT OF KEY POPULATIONS

- Men who have sex with men (MSM)
- People who inject drugs (PWID)
- Sex workers
- Children
- Prisoners
- Transgender people
- Women
- Young people and adolescents

+ LGTBI & older people
UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people, people who inject drugs and prisoners and other incarcerated people as the main key population groups.

Their engagement is critical to a successful STIs response everywhere.

Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.
WHY are they key populations?
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2. MAPPING COMMUNITIES

Figure

National rates (per million population) of newly diagnosed cases of HIV reported in 2006 in the WHO European Region

Cases per million
- < 20
- 20
- 100-199
- 200+
- Data not available
- Outside the WHO European Region
Globally, men who have sex with men (MSM) are **19 times more likely to be living with HIV** than the general population, mostly because:

- Biological factors
- Behavioural factors
- Legal factors
- Social and cultural factors
Blood transfer, through the sharing of drug taking equipment, carries a high risk of HIV transmission. Around 30% of global HIV infections are caused by injecting drugs, mostly because:

- Sharing needles
- Injecting drugs & sex work
- Economic factors
- Social factors
Sex workers are among the groups with the highest incidence for HIV, mostly because:

- Multiple partners and inconsistent condom use (male sex workers and trans people)
- Social and legal factors
- Injecting / drug use
- Biological factors
- Cultural factors: patriarchism
Transgender people are among the groups most affected by HIV, particularly in Latin America and Asia and the Pacific regions, mostly because:

- Sex work
- Lack of prevention strategies
- Injecting hormones
- Social and legal factors
Migrants are more vulnerable out of their country, mostly because:

- Language
- Lack of knowledge and resources
- Social and financial factors
- Tourism abroad
3. PREVALENCE VS INCIDENCE

- **INCIDENCE**: is the rate of new (or newly diagnosed) cases of disease. It is generally reported as the number of cases occurring within a period of time (per month, per year). It is more meaningful when the incidence rate is reported as a fraction of the population at risk of developing a disease but it can be further categorized according to different subsets of the population.

- **PREVALENCE**: is the actual number of cases alive, with the disease either during a period of time (period prevalence) or a particular date in time (point prevalence). Period prevalence provides a better measure of the disease load since it includes all the new cases and all the deaths between two dates. Prevalence is also more meaningful when it is reported as a fraction of the total population.
**INCIDENCE TO PREVALENCE:** the relationship between incidence and prevalence depends on the disease state being reported. One disease can have a high incidence but not contribute to growth prevalence because of the high rate of disease resolution. In the case of a disease with a low cure rate, the incidence contributes to continuous growth of prevalence. Obviously, prevalence will continue to grow until mortality equals or exceeds the incidence rate.
TO CONSIDER

• THE “PROBLEM WITH HIGH RISK”: most people don’t identify as “high-risk”, so this language may make people less likely to seek services

• Describing groups with higher incidence rates as “higher-risk” is often inaccurate

• Calling all condomless sex “high-risk” pathologizes natural, healthy sexuality

• Traditional RISK ASSESSMENT is DAMAGING and UNNECESSARY.
4. STI & LGTBI COMMUNITY

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- Compared to the rest of England, the capital has the highest rate of new STIs, rising in some populations by 91% between 2011 and 2015. Some STIs have increased by as much as 210% and are showing signs of resistance to frontline antibiotic treatment.
- The number of new STIs diagnosed in London residents rose overall by 2% between 2014 and 2015. Syphilis increased by 22%, gonorrhoea by 15%, chlamydia by 2% and genital herpes by 3%.
5. MEANINGFUL COMMUNITY ENGAGEMENT

“Tell me and I will forget. Show me and I maybe remember. Involve me and I will understand”

Confucius