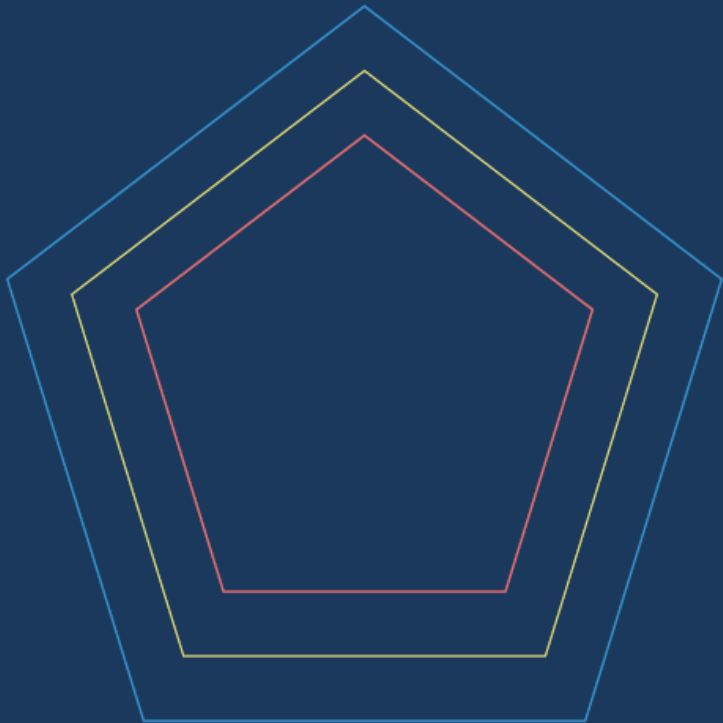


Consolidated guidelines on HIV,  
viral hepatitis and STI prevention,  
diagnosis, treatment and care  
for key populations



# What's new in the updated WHO guidelines for key populations?

Annette Verster

Virginia Macdonald, Niklas Luhmann, Maeve Brito  
de Mello, Antons Mozalevskis, Rachel Baggaley

WHO

Department HIV, viral Hepatitis and STIs

November 2022

# What's new?

- **Five populations**
  - PWID, people in prison, MSM, SW and TGD
- People-centered addressing **three disease areas and more**
- Prevention, diagnosis, treatment and care
- **Enabling interventions** to address structural barriers central
- **Prioritised** package of interventions by population
- **New recommendations** on Behavioral interventions, Chemsex, HCV, STI pooled sampling, and service delivery
- **Community-led qualitative research** by key populations' networks



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# Methodology



Consolidation – what exists already



Identifying – what needs to be newly developed



Evidence review - GRADE



Developing

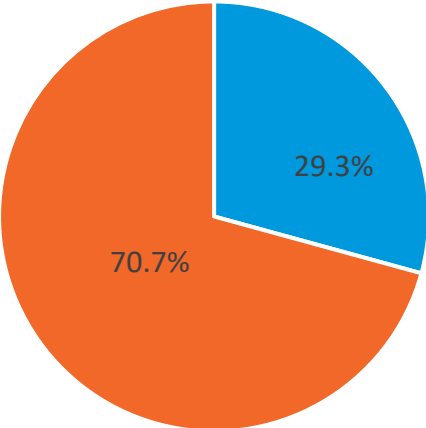
New and updated recommendations

Prioritized packages

# Key Populations' Values and Preferences for HIV, Hepatitis, and STI Services

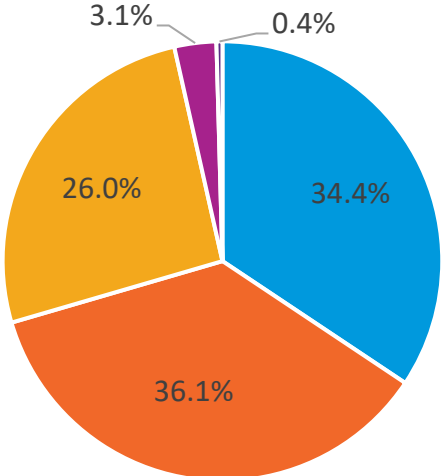
**61** interviews, **32** focus groups, **229** participants in **69** countries

Country Income Classification



■ HIC ■ LMIC

Participant Gender

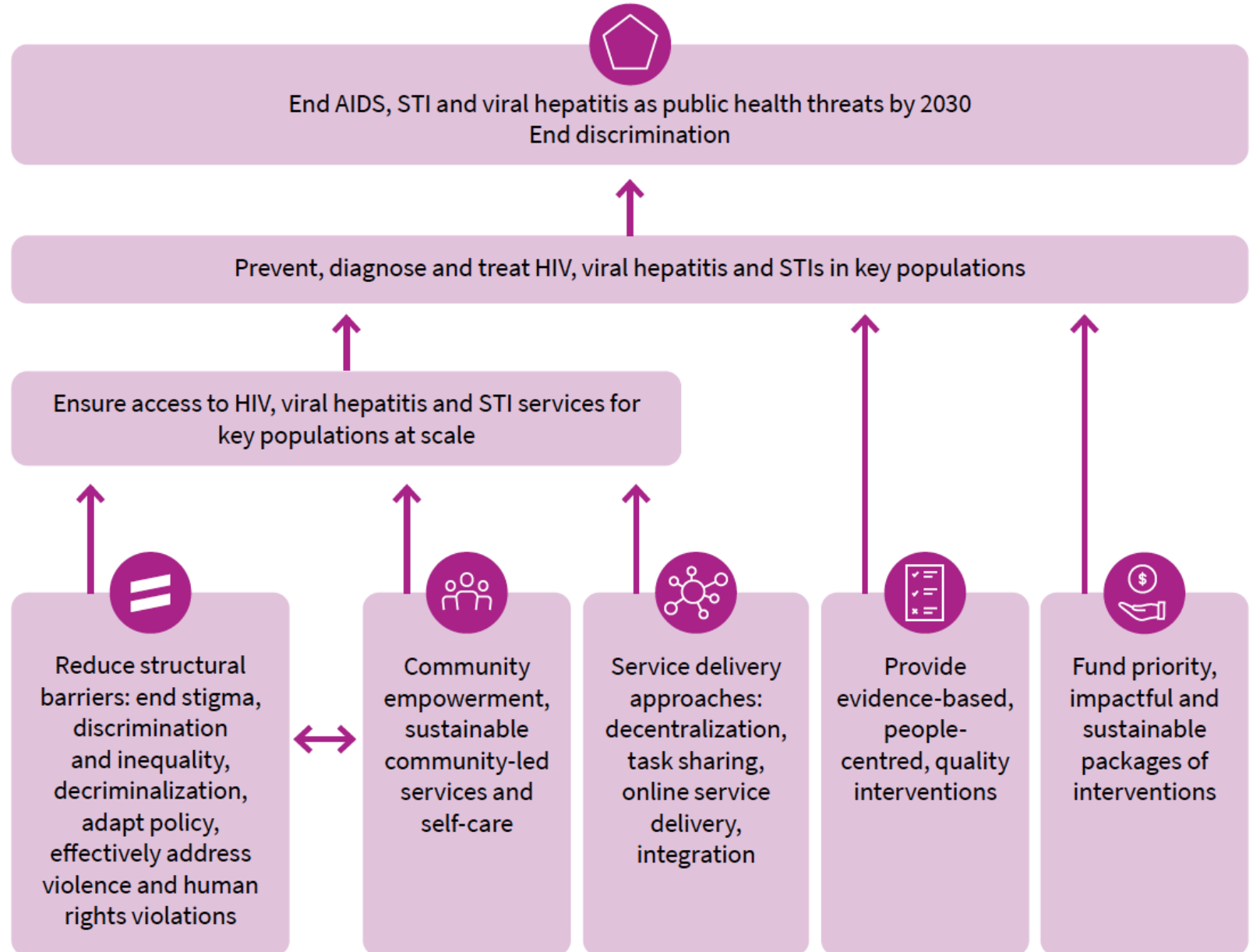


■ Cis-female ■ Cis-male ■ Trans ■ Non-binary ■ Other



How we can **optimize** the response to HIV, viral hepatitis and STIs in key populations

Fig. 2. Theory of change: addressing HIV, viral hepatitis and STIs in key populations



# Prioritizing interventions

## Essential for impact: enabling interventions

interventions recommended to address structural barriers to health services access for key populations.

## Essential for impact: health interventions

interventions which have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.

## Essential for broader health

health sector interventions to which access for key populations should be ensured, but which do not have direct impact on HIV, viral hepatitis or STIs.

## Supportive

other interventions which support the delivery of health sector interventions, such as creating demand, providing information and education.

ESSENTIAL IN ALL SETTINGS

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# Essential for impact: enabling interventions

Removing punitive laws, policies and practices

Reducing stigma and discrimination

Community empowerment

Addressing violence



# Essential for impact: health interventions

## Prevention

Harm reduction

Condoms and lubricant

PrEP for HIV

PEP for HIV and STIs

Prevention of vertical transmission of  
HIV, syphilis and HBV

Hepatitis B vaccination

Addressing chemsex

## Diagnosis

HIV testing services

STI testing

Hepatitis B and C testing

## Treatment

HIV treatment

HIV/TB

STI treatment

HBV and HCV treatment



# Essential for broader health: health interventions

Anal health

Addressing alcohol and substance abuse

Conception and pregnancy care

Contraception

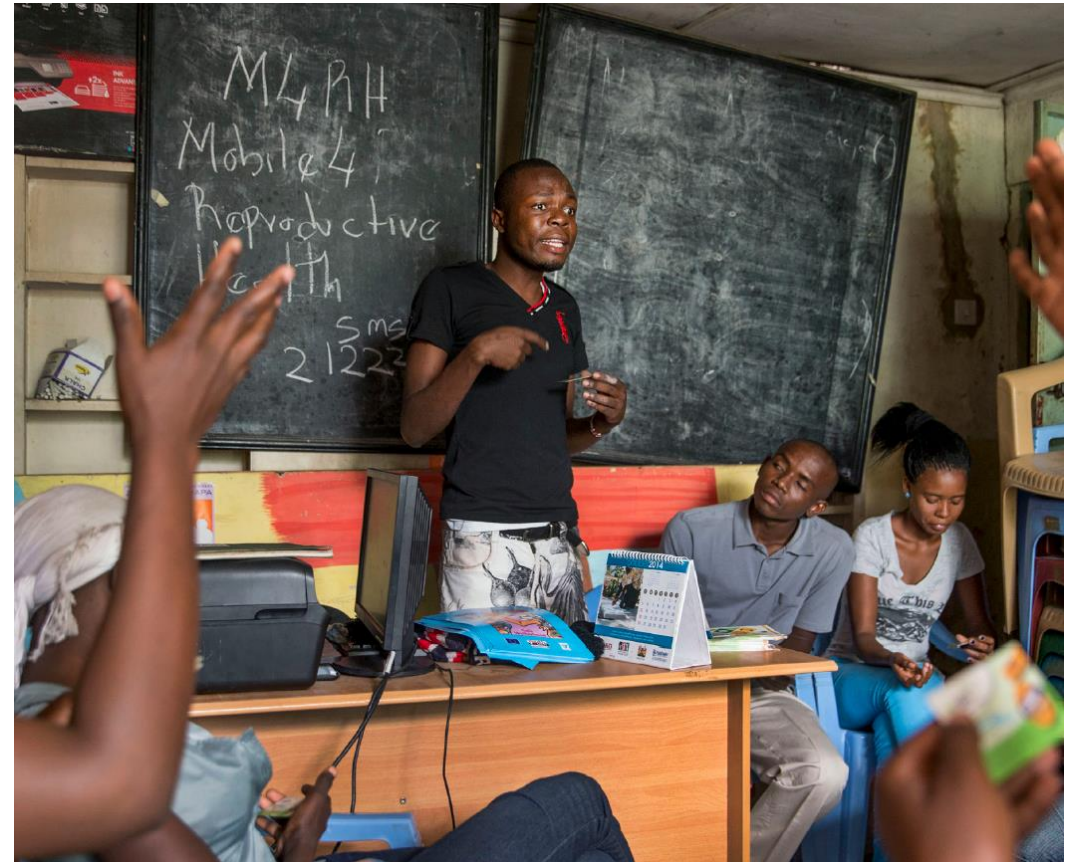
Gender affirming care

Mental health

Prevention and treatment of cervical cancer

Safe abortion

TB screening, prevention and treatment



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# New recommendations & good practice statements

- **Behavioural interventions** that aim to change behaviour have not shown effective to impact incidence and risk behaviour
- **Chemsex** requires a comprehensive, non-judgemental and person centered approach
- **HCV testing frequency (3-6 months) and immediate treatment** (pan genotypic DAA) for people with ongoing risk and history of treatment-induced or spontaneous clearance
- **Peer navigators** are recommended to support people to start and remain in treatment for HIV, VH and STIs
- **On-line service delivery** as additional option for HIV, VH and STI services

Introduction  
Methods  
Critical enablers  
Prioritised packages  
Service delivery  
Young key populations  
Decision making, planning and  
monitoring

---

# Recommended package of **essential for impact** interventions for people who inject drugs and people in prisons

## Essential for impact: enabling interventions

Removing punitive laws, policies and practices

Reducing stigma and discrimination

Community empowerment

Addressing violence

## Essential for impact: health interventions

### Prevention of HIV, viral hepatitis and STIs

Harm reduction (NSPs, OAMT and naloxone for overdose management)

Condoms and lubricant

Pre-exposure prophylaxis for HIV<sup>24</sup>

Post-exposure prophylaxis for HIV and STIs

Prevention of vertical transmission of HIV, syphilis and HBV

Hepatitis B vaccination

Addressing chemsex

### Diagnosis

HIV testing

STI testing

Hepatitis B and C testing

### Treatment

HIV treatment

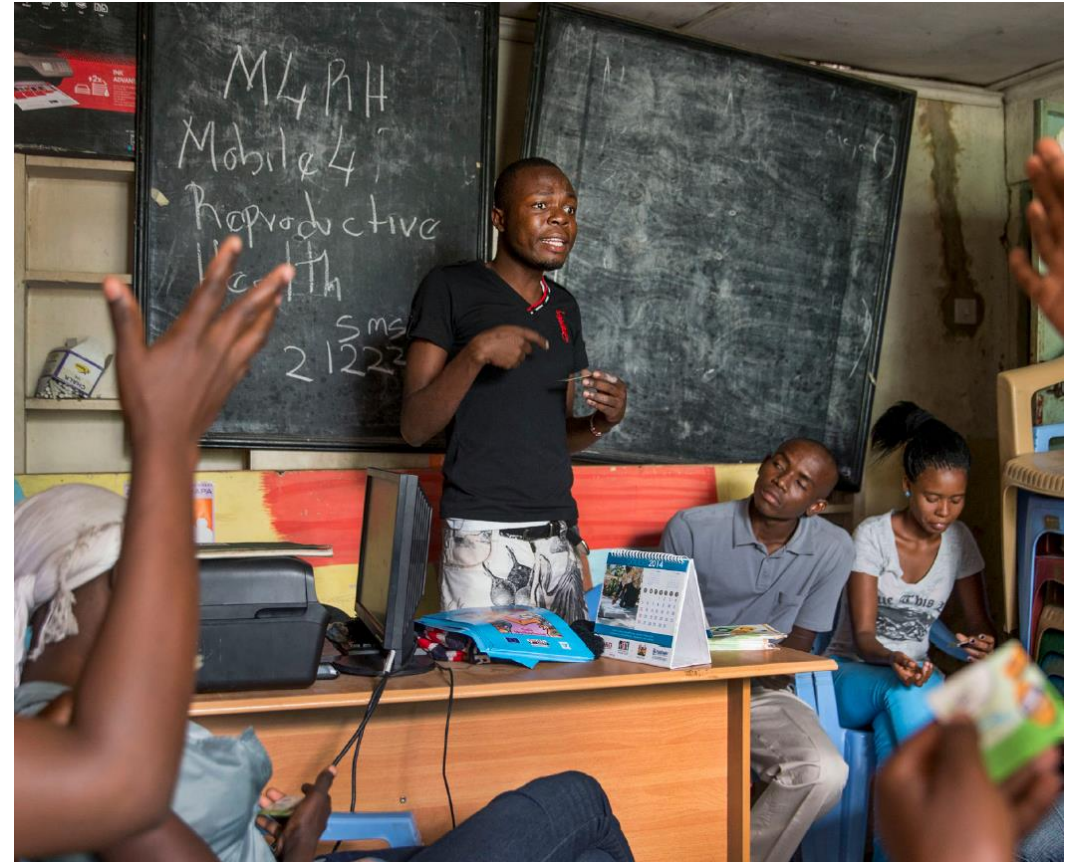
Screening, diagnosis, treatment and prevention of HIV associated TB

STI treatment

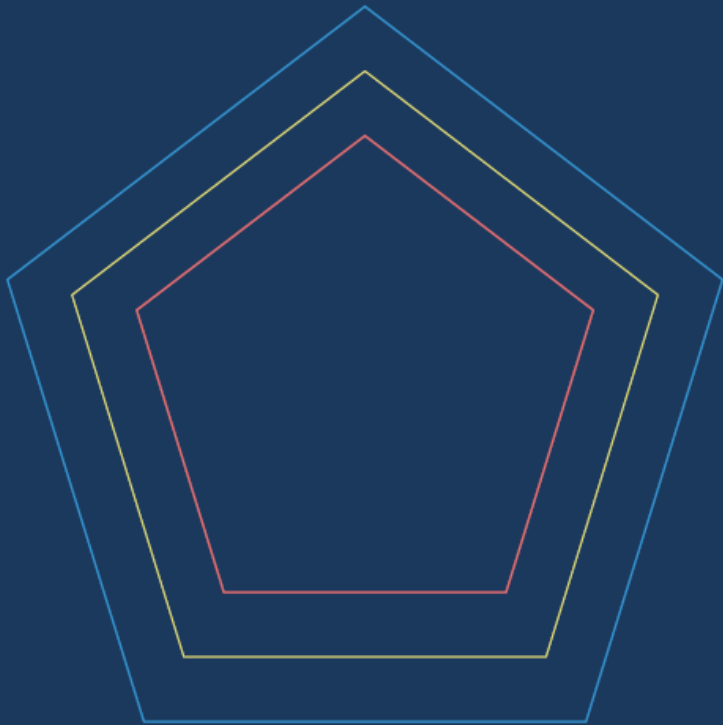
HBV and HCV treatment

# Essential for **broader health** recommended package for PWID and prisoners

- TB prevention, screening, diagnosis and treatment
- Mental health
- Addressing harmful alcohol and other substance use
- Conception and pregnancy care
- Contraception
- Safe abortion
- Prevention, assessment of cervical cancer



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## What next?

- Dissemination
- Translations
- Policy briefs
  - by population
  - new recommendations
- Global monitoring
- Community led monitoring

<https://www.who.int/publications/i/item/9789240052390>

## Behavioural interventions



### **New good practice statement**

When planning and implementing a response for HIV, viral hepatitis and STIs, policy-makers and providers should be aware that counselling behavioural interventions that aim to change behaviours to reduce risks associated with these infections for key populations have not been shown to have an effect on HIV, viral hepatitis and STI incidence nor on risk behaviour such as condom use and needle sharing. Counselling and information-sharing, not aimed at changing behaviours, can be a key component of engagement with key populations, and when provided it should be in a non-judgmental manner, alongside other prevention interventions and with involvement of peers.

### **Remarks:**

- *Addressing structural and social barriers is critical to create environments which permit supportive and impactful counselling.*
- *Counselling interventions which promote abstinence from drug use, rehabilitation or cessation of sex work or drug use, or a so-called cure for homosexuality or gender incongruence (for example, so-called conversion therapy)\* are not recommended, and create barriers to key population service access.*

## Addressing chemsex



### **New good practice statement**

Addressing chemsex\*, especially for key populations and their sexual partners, requires a comprehensive, non-judgemental and person-centred approach. This can include integrated sexual and reproductive health, mental health, access to sterile needles and syringes and OAMT services, with linkages to other evidence-based prevention, diagnostic and treatment interventions.

\*Chemsex, for the purpose of these guidelines, is defined as when individuals engage in sexual activity, while taking primarily stimulant drugs, typically involving multiple participants and over a prolonged period.

# New HCV-related recommendations



## **New GRADE recommendation**

People at ongoing risk and a history of treatment-induced or spontaneous clearance of HCV infection may be offered 3–6-monthly testing for presence of HCV viremia (*conditional recommendation, very low certainty of evidence*).



## **New GRADE recommendation**

Pan-genotypic DAA-HCV treatment should be offered without delay to people with recently acquired HCV infection and ongoing risk (*strong recommendation, very low certainty of evidence*).

Further details on evidence, decision-making, implementation



# Service delivery



# Peer navigation

## ★ NEW RECOMMENDATION

**Peer navigators are recommended to support people from key populations to start HIV, viral hepatitis or STI treatment, and to remain in care** (*conditional recommendation, moderate certainty of evidence*).

### **Remarks**

- *A peer navigator's role is to assist key population members to access health services, navigate these services and stay in care.*
- *Peer navigators require adequate remuneration, recognition, training and other support to fulfil their role.*
- *Peer navigators are often highly valued by their peers.*

# Online interventions



## NEW RECOMMENDATION

**Online delivery of HIV, viral hepatitis, and STI services to key populations may be offered as an additional option, while ensuring that data security and confidentiality are protected** (*conditional recommendation, low certainty of evidence*).

### Remarks

- *Choice is important, and online services should form a part of a menu of interventions, not stand-alone interventions, and should not be a replacement for face-to-face services.*
- *Efforts should be made to increase equitable access to internet, improve literacy and provide appropriate training for key population members where needed.*
- *Consideration should be given to the preferences of different key population groups, given the current lack of published evidence from sex workers and people who inject drugs.*

# Young key populations



*“ The barriers that impede our access to high-quality health services also affect us uniquely. We know the solutions to these barriers, but we need spaces to engage in mitigating them.”*

Fahe Kerubo, Y+ Global

Quality services are friendly, affordable, confidential, safe and easy to access, at convenient times

Comprehensive services are integrated and decentralized where relevant

Developmentally appropriate information and education are provided

Health care providers, peers, educators, people working in welfare, social and justice services are trained

Services are supportive and make use of peer-based and peer-led initiatives

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Post-exposure prophylaxis for HIV and STIs

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Hepatitis B vaccination

Addressing chemsex

### Diagnosis

HIV testing

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Hepatitis B and C testing

### Treatment

HIV treatment

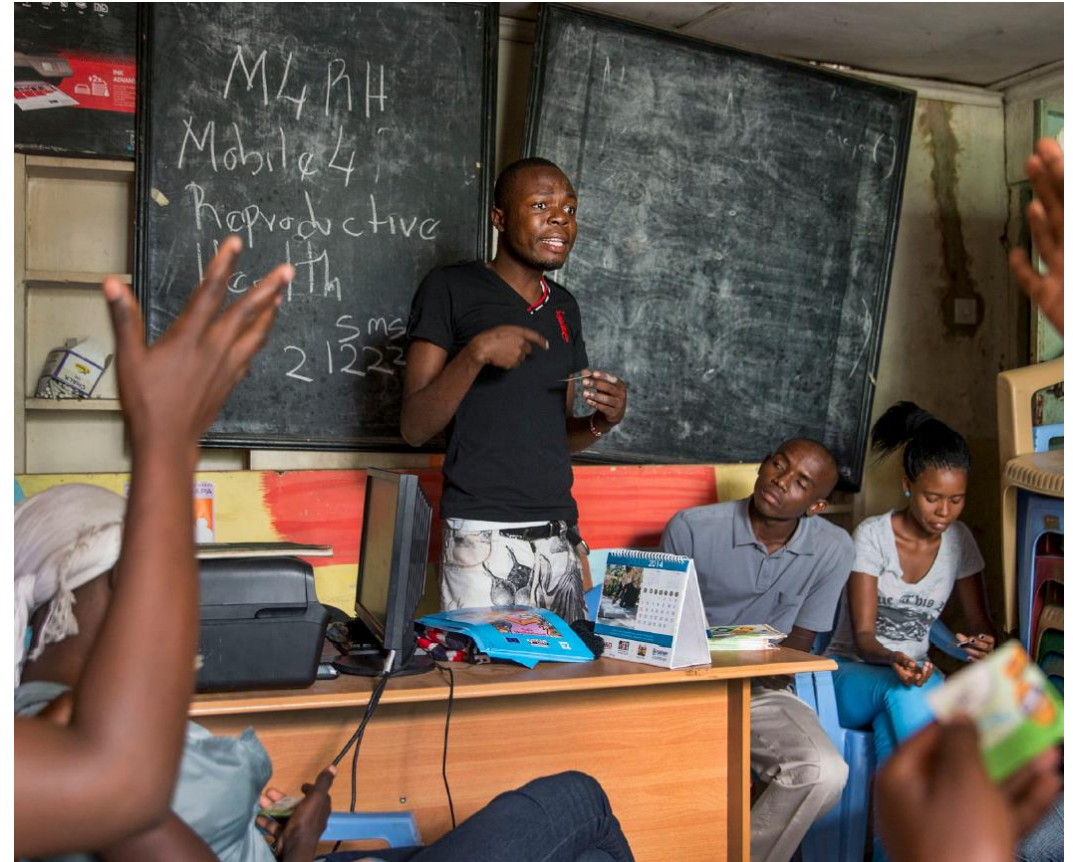
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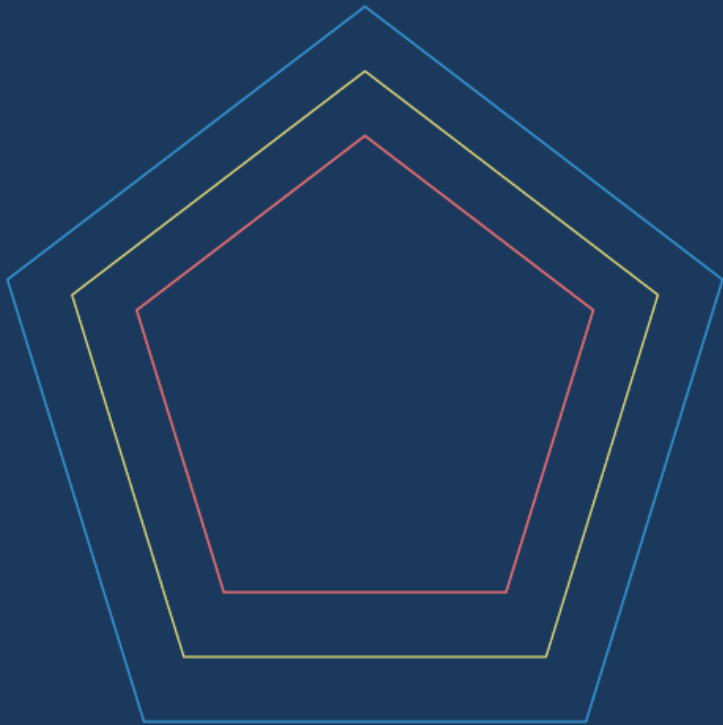
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