

Focusing of HIV prevention and control efforts: Emphasis on MARPs

Presentation to TAC

The facts...

- **MSM, SW, and IDU are most-at-risk populations (MARPs) at the epicenter of the epidemic which means:**
 - Higher odds of exposure & probabilities of infection if exposure occurs
 - HIV infection prevalence manifold higher
 - Social & environmental factors increase vulnerability (reclusion, S&D, STI, mucosa)
- **Drug users: Prevalence of HIV infection may be as high as 40-60%**
 - Different patterns of use throughout the region (Injected cocaine, injected heroine, crack cocaine smoking)

The facts...

- **SW's: Prevalence of HIV infection in surveys is higher than among general population (two- to ten-fold);**
- **Condom use with clients reported as very high among female sex workers in Latin America (>80%)**
- **25% of all people with HIV in LAC are MSM**
- **HIV infection prevalence among MSM above general male population (5-30 fold higher) and < 35% of MSM know their HIV status**
- **> 30% report unprotected anal sex the last time they had sex with a male partner**
- **Less than 1% of HIV financial resources allocated to activities aimed at**

Sexual prejudice ('homophobia') big obstacle to programs and services for MSM

PAHO's Institutional Responsibility

- Other UN agencies have the primary responsibility for addressing issues of MARPs
 - UNDP: MSM& TG
 - UNFPA: FSW
 - UNODC: drug users and incarcerated people
- PAHO has to address health-related issues and problems within the health sector
 - Health Promotion
 - Health Protection
 - Prevention
 - Care & Treatment
 - Harm Reduction

The necessary response by the health sector ...

- **Recognize that affected individuals are often from marginalized populations and subject to stigma and discrimination;**
- **Emphasize prevention so HIV incidence remains low;**
- **Plan service delivery to match the distribution of people most-at-risk of infection and people living with HIV;**
- **Define an optimal “package of services” and referral linkages to reach the above people.**

What PAHO has done so far...

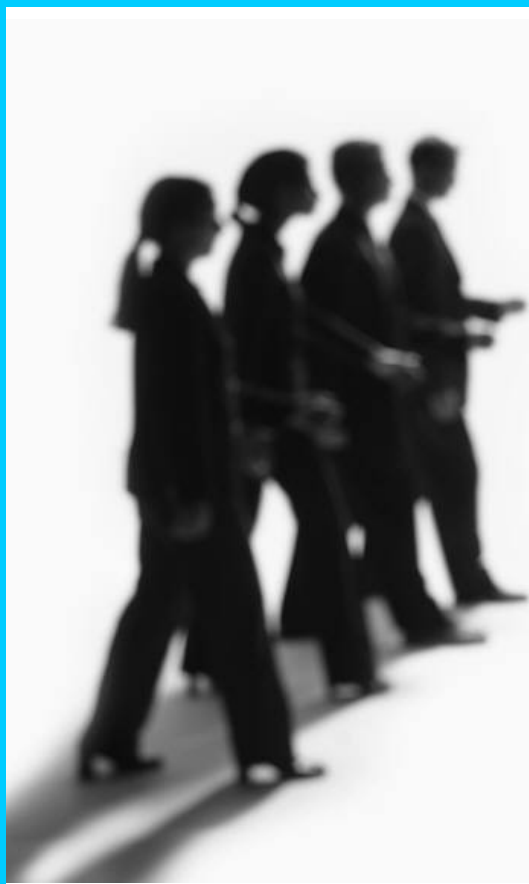
- Definition of “packages of services” (“The Blueprint”)
- Proposing approaches for service delivery (Integration of SRH and HIV/STI);
- Training of PHC and community leaders (“F2F”- in the pipeline);
- Package for awareness raising among FSW (pending updating);
- Analysis of drug use and HIV in LAC in progress;
- Institutional stance regarding sexual diversity;
- Advocacy efforts to count on appropriate policies and sound priorities

Actions for Expanding Access, Coverage & Utilization of Services: the Case of MSM

- Reframe primary health care for young & adult men;
- Plan actions to allow for disclosure of sexual activity;
- Prepare services and staff to meet the needs of gay and MSM;
- Implement “packages of services” within safe and inclusive spaces;
- Ensure appropriate referral and linkages with other social services, including community support and outreach actions.

MSM Clinics may function well in certain settings, not everywhere

Next Steps to Improve Services for MARPs... What PAHO plans to do...



- **Training for health professionals (in-service and pre-service). Tools ad-hoc**
- **Addressing special needs (sub-groups of MARPs, mobile populations, MARA, multiple-risks). “Blueprint for TG”**
- **Public-private partnership in collaborative Programming. Pilots with UPCH, IPPF**
- **Involvement of MARPs in policy decisions**
- **Outreach services to MARPs (care-prevention continuum). Training activities (F2F, Hablando entre NOS-otras)**

What else is needed?