

# Reaching Populations with High HIV Incidence and Limited Access to Services

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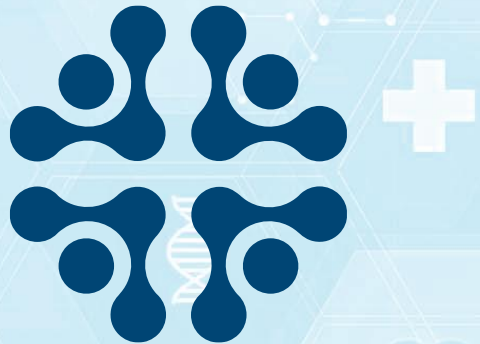
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# Outline of Presentation

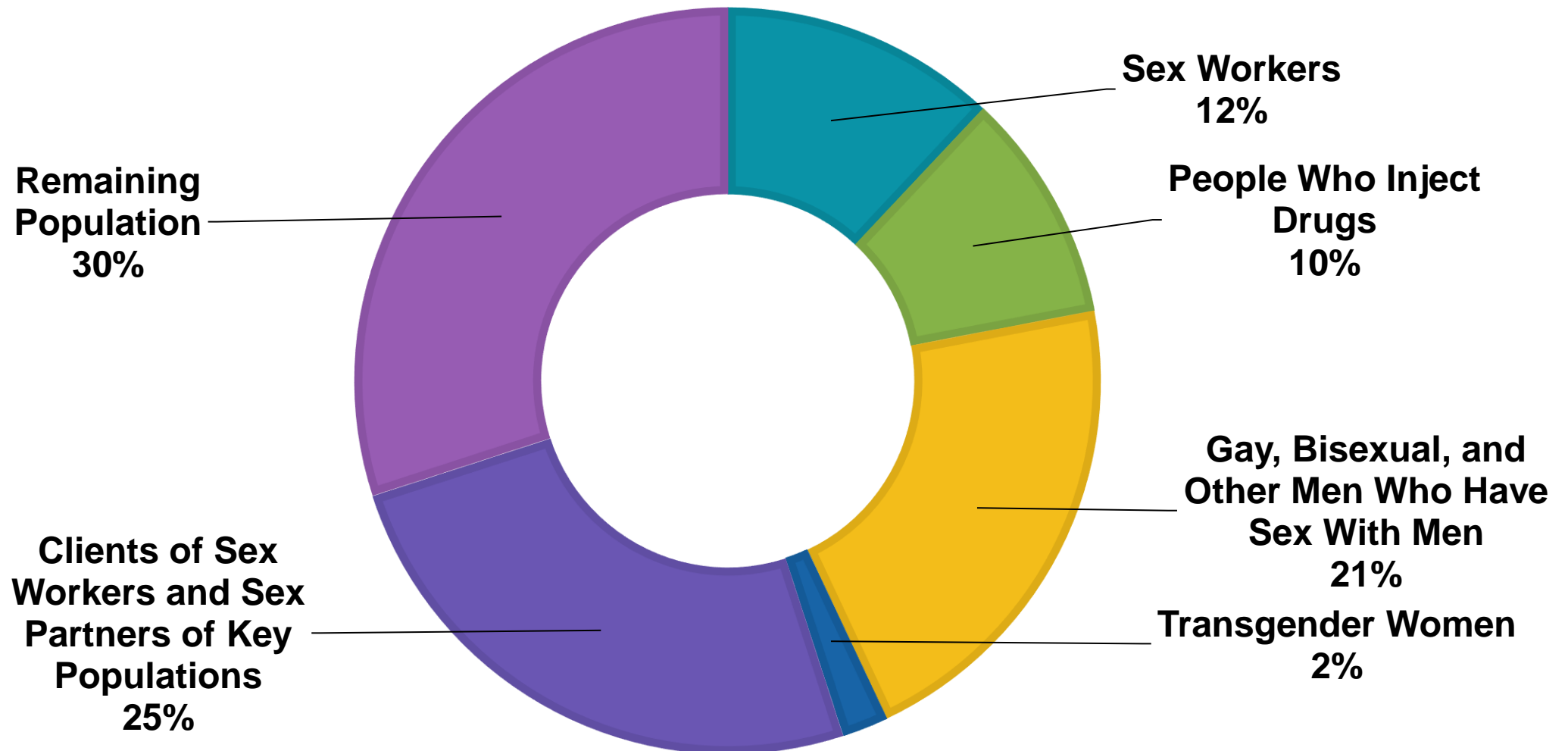
- High HIV Incidence Populations
- Health Equity
- Case Studies
- Final Thoughts





# High HIV Incidence Populations

# Distribution of HIV Incidence Globally, 2021



# Disproportionate HIV Burden

- MSM are more likely to live with HIV and less likely to access treatment and prevention services
- Female sex workers are 10 times more likely to acquire HIV than other women
- Transgender women are 49 times more likely to live with HIV
- Young women (aged 15-24) account for 20% of new HIV acquisitions globally, but account for 11% of the adult population
- People who inject drugs are 24 times more likely to acquire HIV



# Health Equity

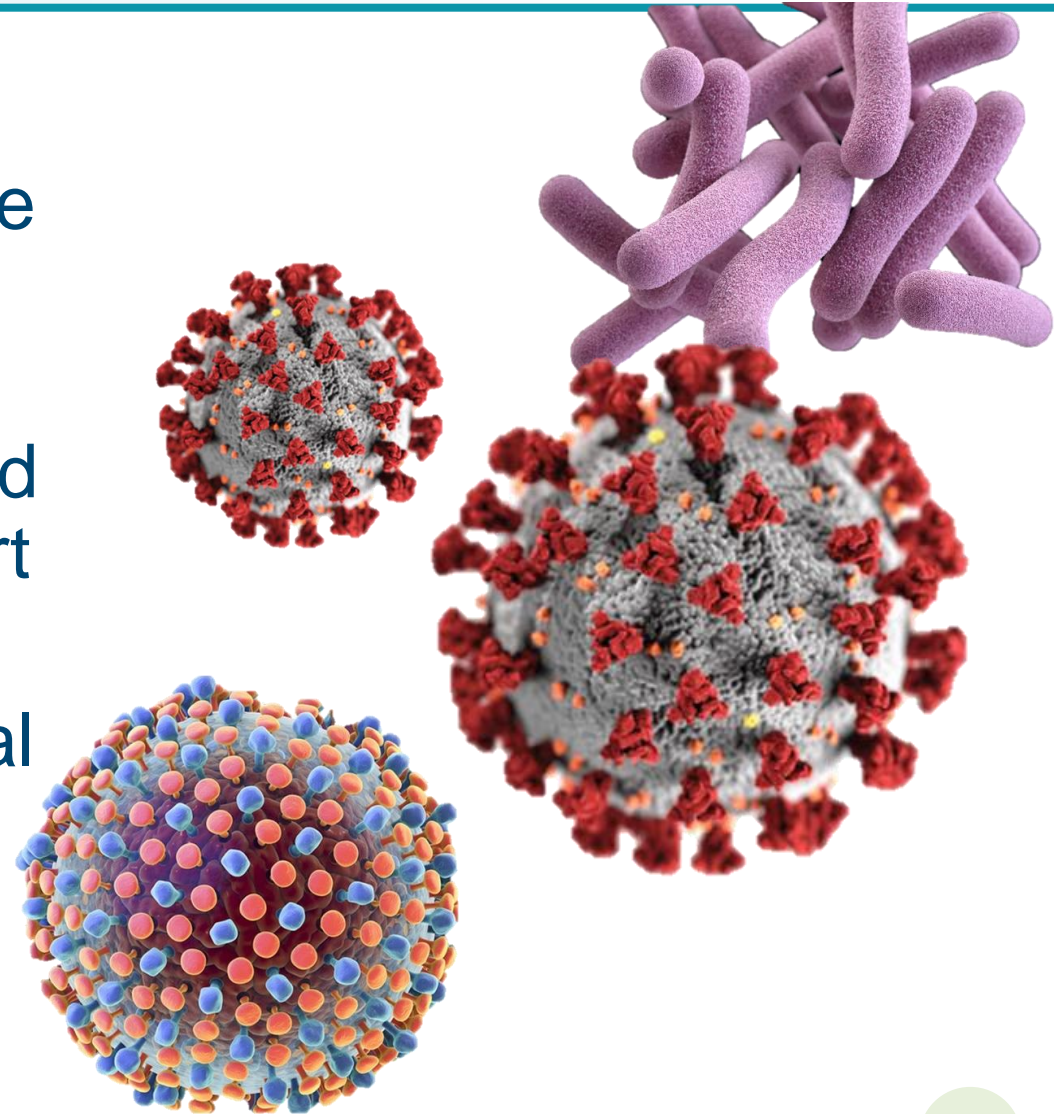


# Health Equity for Priority Populations

- Ensure that barriers to service access are addressed through provision of client-centered, community-led programming
- Provide HIV testing, prevention, and treatment services through differentiated service delivery models
- Incorporate strategies to prevent and respond to the unique needs of priority populations into existing interventions

# Improving Healthcare Access

- HIV services should be made available in locations and settings acceptable and convenient
- Testing and screening for STIs, TB and viral hepatitis should be offered as part of HIV prevention efforts
- Intensified TB case finding is beneficial among populations deemed highly vulnerable to TB





# Optimizing Choice



# Developing/Evaluation Prevention Strategies



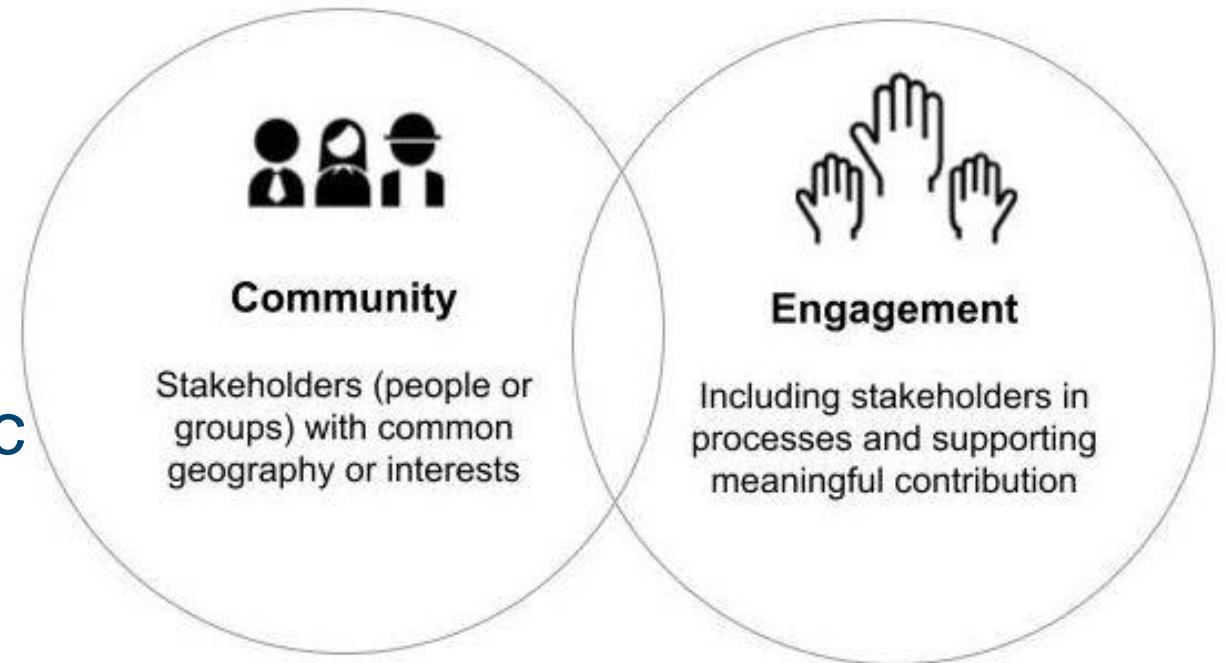
Rectal vs. Oral Use of  
On-demand PrEP



# Black MSM in the Southern United States

# Engaging Community to Identify Needs

- Community Needs Assessment
- HIV stigma reduction training
- Cultural Humility and Identity Dynamics training
- Tailored grant sessions to meet the specific programmatic needs for Black MSM in the South (20 grantees)



SALON II

SALON III





# Sex Workers in Botswana



# Preparing for Successful Sex Worker Engagement

- Critical to rapport with sex workers and create a clinic environment that was a safe space for sex workers
  - Provided staff training to minimize discrimination/stigma
  - Non-traditional hours for service provision
- Nontraditional hours for service provision
  - Established hours that did not compete with their working hours
  - Amount of time spend in the clinic was minimized to avoid loss of business
- Established community partnerships with organizations that provided wholistic services to sex workers
  - Sisonke (Sex worker lead organization)
  - Nkaikela Youth Group



# Lessons Learned

- Engagement of sex worker organizations must be ongoing
  - Have established community rapport
  - Support provided through a myriad of programming that address the specific needs of sex workers
- Provided integrated services so they do not have to connect with various service providers to address health needs (ex. sexual reproductive health, flu, etc.)



# Final Thoughts

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- Access to health care must be improved to address the disproportionate HIV burden that high HIV incidence populations bear.
- Culturally responsive, community-based healthcare should be made available in acceptable and convenient locations and settings.
- HIV prevention/treatment options should reflect the wide variety of personal preferences and cultural diversity.

# Thank you



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