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Global HIV Prevention Roadmap for Key Populations

This roadmap outlines a strategy for the equitable expansion and delivery of HIV prevention services to key populations (KPs) globally and regionally. It introduces a critical, coordinated approach led by KPs to accelerate the implementation of existing and new HIV prevention interventions.

Priorities laid out below reflect conversations from the Cape Town meeting, held this year in May and attended by members of the Global KP HIV Prevention Advisory Group (KPAG) and allied stakeholders.

KPAG, representing civil society, identifies specific priority actions and responsible stakeholders, and primarily focuses on short-term goals achievable within the next 18 months (by mid-2025). Key stakeholders, including drug manufacturers, policymakers, governments, the private sector, normative agencies, donors, program implementers, researchers, civil society, advocates, and communities, all play crucial roles.

A review of the roadmap's outcomes will be conducted in the second quarter of 2025. KPAG will assess achievements, identify necessary follow-up actions, and adapt approaches to better achieve objectives in the future.



GLOBAL PRIORITIES

The KPAG has identified four global priority areas for immediate action: funding, rights, PrEP and Undetectable = Untransmittable (Treatment as Prevention).

FUNDING

Less than 20 percent of KP funding in low- and middle-income countries has been met.* Plain and simple, donors, including bilateral, philanthropic, Global Fund and PEPFAR, need to allocate funds to the communities at the center of the response—for program design, implementation and monitoring of HIV prevention programs. Also, importantly, funding is desperately needed for movement building and community advocacy. Marginalized and criminalized populations need to fight for legal recognition while sustaining public health gains. This advocacy is rarely funded.

Specifically:

- PEPFAR, Global Fund, national governments, and other key donors must include comprehensive KP prevention programs and targets in their planning and budgeting. KPs must design, lead and set the targets for these programs.
- Donors must provide direct financial support to KP-led organizations for HIV programs, rights advocacy, demand creation, and community education.
- The Global Fund must reconsider its decision to stop funding regional KP networks.

* AF off-track report_A4_V2_1 (9).pdf

This work was supported by AVAC, Global Black Men Connect, and Global Key Population HIV Prevention Advisory Group.



Global Key Populations HIV Prevention Advisory Group

- KP advocates must collaborate with PEPFAR to catalyze and secure domestic funding.
- PEPFAR must enhance its KP funding transparency through an open-source mapping of allocations with publicly available updates on an ongoing basis.
- PEPFAR's community-led monitoring must be complemented by funded advocacy efforts to remain relevant.
- Governments and donors, including PEPFAR and the Global Fund, must fund universal healthcare with a focus on KPs, including undocumented individuals.

RIGHTS

Key populations often face criminalization and a lack of legal protection, leaving individuals vulnerable to stigma, arrest, violence, and the denial of fundamental rights, including access to healthcare. Addressing these structural barriers requires political will, which is often inadequate or counterproductive. Political attacks against KPs are sometimes used for political gain by electoral candidates.

The KPAG supports UNAIDS' rights-based strategy advocating for the removal of social and legal barriers to HIV prevention.

Specifically:

- Governments must increase recognition of key populations in national HIV plans.
- Governments must ensure culturally competent care by integrating SOGIE (sexual orientation, gender identity, and expression) training into healthcare curricula.
- Civil society, in collaboration with PEPFAR, must establish regional or national legal committees to defend KP rights and provide legal aid.
- PEPFAR must continue integrating security into health services in hostile environments.
- Normative agencies (e.g., WHO) must develop guidelines for data security, especially regarding biometrics.
- Funding for decriminalization campaigns, including non-HIV disclosure transmission, must be provided by the Global Fund and PEPFAR at the national level.
- Health ministries must collaborate with justice ministries to enact the removal of punitive laws and reallocate funding, particularly to harm reduction programs.
- National AIDS councils must improve the accuracy of size estimates and HIV surveillance data for KPs. Size estimates must be inclusive of all KPs, particularly transgender and drug-using populations, who are often left out.

PREP (PRE-EXPOSURE PROPHYLAXIS)

Global targets aim for 10 million PrEP initiations by 2025, but only half of this target has been met thus far. Oral PrEP programs must expand while rapidly implementing injectable CAB for PrEP (longer acting injectable cabotegravir) and DVR (the dapivirine vaginal ring). To ensure robust, KP-inclusive PrEP programs, KPs must engage in the design, planning, and rollout of implementation studies and large-scale PrEP programs. The same structural barriers exist, with CAB for PrEP introducing additional complexities.

Specifically:

- National programs must adopt comprehensive differentiated service delivery models, encompassing community-led drop-in centers, mHealth solutions, and multi-month PrEP dispensing while ensuring non-discriminatory services and peer support.
- National health ministries and regulatory agencies must expedite CAB for PrEP and DVR product approvals and guidelines development, with inclusivity for KPs.
- National plans must tailor PrEP services to the specific needs and contexts of target communities and sub-populations in alignment with WHO Consolidated HIV Guidelines for Key Populations.
- National plans must bolster demand generation efforts, promoting PrEP for the general population while conducting outreach tailored to specific KP user segments.
- National programs must scale-up all safe and effective HIV prevention methods including oral PrEP, DVR and CAB for PrEP in all sites serving key populations. A choice-centered approach and language must be adopted in all these settings.
- Researchers and KP implementers must design operational studies to facilitate PrEP access beyond clinics, utilizing next-generation injectable PrEP with fewer shots, task-shifting, self-initiation, and self-testing.
- Researchers must provide more data on the acceptability and use of CAB for PrEP in diverse populations, including adolescents, sex workers, people who inject drugs, and transmasculine and gender nonconforming individuals, while also exploring alternative injection sites and interactions with hormones.

- Pricing on all new PrEP agents, including CAB for PrEP and potentially lenacapavir, must be arrived at transparently and global voluntary licensing must be authorized for rapid generic manufacturing.
- Regulatory bodies must not adopt US FDA's requirement of viral load testing for those using CAB for PrEP, as it would create an unnecessary barrier to uptake.

U=U (UNDETECTABLE = UNTRANSMITTABLE)

The body of scientific evidence to date has established that there is effectively no risk of sexual transmission of HIV when the partner living with HIV has a durably undetectable viral load, validating the U=U message of HIV treatment as prevention.

Specifically:

- Scientific evidence on U=U must be disseminated widely amongst key populations by governments, advocates, health care providers, and program implementers in order to reduce stigma and ensure access to effective HIV treatment and the achievement of undetectable viral loads.
- National governments must enable the provision of client-centered, differentiated services in which the health system and community-based organizations facilitate continuous, lifelong ART in a manner that is responsive to KP members' changing circumstances.



REGIONAL PRIORITIES

Below are demands from region-specific members of the Global KP HIV Prevention Advisory Group. The demands are specific, but not limited, to their local contexts. They are a subset of the broader global priorities listed above.

EAST AFRICA

- National programs must set uptake targets for DVR and CAB for PrEP for each key population and provide prevention literacy to all KP communities.
- National programs must support differentiated service delivery for KPs.
- Governments and donors must ensure that 80 percent of HIV prevention services for KPs are provided by KPs, by 2025.
- UNAIDS must facilitate country-level dialogues between KP-led organizations and national stakeholders on HIV prevention strategies.
- Advocacy coalitions must harmonize advocacy efforts and demands at both the national and regional levels.
- All stakeholders, including government allies, must tackle the current LGBTQ criminalization wave.

WEST AFRICA

- Donors and governments must directly fund KP-led organizations and networks for HIV prevention service delivery, demand generation, and monitoring.

- Ministries of health, justice, and finance must develop policies addressing mental health, poverty, and discrimination as a pathway to HIV prevention.
- Civil society, in collaboration with UNAIDS, must advocate for the joint development of regional decriminalization of KPs as a pathway to HIV prevention.
- Donors and UNAIDS must fund and provide translation for HIV literacy.

SOUTHERN AFRICA

- ViiV must demonstrate transparency on CAB for PrEP pricing globally and in South Africa.
- Researchers and ViiV must provide data on PrEP and gender-affirming hormone interactions.
- National plans need to expand demand generation—socialize PrEP for general populations while implementing outreach tailored to specific KP-user segments.
- National regulatory authorities must expedite review and approval processes of new and safe HIV prevention options including DVR and CAB for PrEP.

- National governments must support KP-led organizations to deliver PrEP information and services at community level.

ASIA/PACIFIC

- National programs in Vietnam, Thailand, and the Philippines must carry out CAB for PrEP implementation studies.
- National programs must implement effective PrEP programs and interventions for men who have sex with men and transgender women based on the findings from the recently conducted PrEP APPEAL Study.
- National programs must ensure the provision of comprehensive harm reduction package of services for people who use and inject drugs.
- National programs must ensure community-centered approach at the core of service delivery.
- Donors and governments must invest in the integration of comprehensive HIV prevention packages, with SRHR and mental health.
- Governments must minimize legal risks, violence, and harassment that impedes access to healthcare and legal support services.
- Governments must enact legal reforms to protect the rights of key populations, including access to employment, housing, and education.

NORTH AMERICA/CARIBBEAN

- Government and donor funding must support KP-led PrEP service delivery and advocacy, specifically the Global Fund Country Coordinating Mechanisms in the Eastern Caribbean.
- KP communities must utilize existing HIV networks in the Caribbean, including Robert Carr/ITPC and Housing Works, for PrEP expansion, advocacy and training.
- The US Congress and the Administration must create a National PrEP Program with ARV-based prevention accessible to everyone who needs it and increase

the uptake of PrEP in communities with the highest burden, such as African Americans, Latinx, women (specifically African-Americans), and other populations. These communities mentioned have not reached over 10-25% coverage, and data collection completely excludes transgender and gender non-conforming persons.

- The US Government must provide comprehensive immigration reform to address the migrant and asylum-seeking crisis; President Biden must authorize federal resources by executive power to meet the urgent needs of migrants and asylum-seekers in New York City.
- The US Government and others must provide universal healthcare inclusive of all KPs, including undocumented individuals.

EUROPE

- National programs must allow HIV self-testing for oral PrEP initiation and fund peer educators.
- National programs must provide KP sensitivity and cultural competency training to health providers.
- National programs must provide funding directly to KP-led organizations for service delivery and advocacy to reduce human rights barriers.
- National HIV PrEP programs must be inclusive of services for women.
- Communities must update their online tools with new PrEP technology information.
- Governments must provide national-level HIV training and hiring of KP social workers for migrants and asylum-seekers.
- EU countries need to revisit intellectual property laws governing drug pricing and require more voluntary licenses.
- EU Parliamentarians must champion, strengthen and support HIV prevention across the region, particularly in countries where HIV incidence and AIDS deaths are on the rise.

ABOUT THE GLOBAL KP HIV PREVENTION ADVISORY GROUP

The Advisory Group provides strategic guidance and recommendations on HIV prevention initiatives, policies, and programs to high-level stakeholders, including multilaterals, researchers, governments, civil society, funders, and the private sector. It aims to inform the

development and implementation of evidence-based HIV prevention strategies for key populations globally. The group is run by Global Black Gay Men Connect (GBGMC) with support from AVAC and includes key population members worldwide.