

Key Populations, HIV and Law Enforcement

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Background

- **Key populations disproportionately affected by HIV**
 - Sex workers
 - men who have sex with men
 - people who use drugs
 - people in prisons and other closed settings
 - transgender people
- Approximately **40% of new HIV infections** worldwide among KP (**90% outside SAA!**)
- **Overlapping behaviors** (e.g., MSM in prison who inject drugs)
- **Increasingly difficult/hostile environment for KP**
 - Face increased stigma and discrimination, incl. in the health sector
 - Often subject to punitive laws and hostile legal environment
 - Violence
- **Poor access to HIV and other health services**
- **'Ending the AIDS epidemic'** not possible without addressing KP



Challenging environment laws, policies, stigma, discrimination

Men who have sex with men

- >80 countries have laws criminalizing private, consensual sexual conduct between adults of the same sex
- New punitive laws introduced in 2014 in Uganda, Nigeria and Russia

Sex workers

- >100 countries criminalize some aspects of sex work

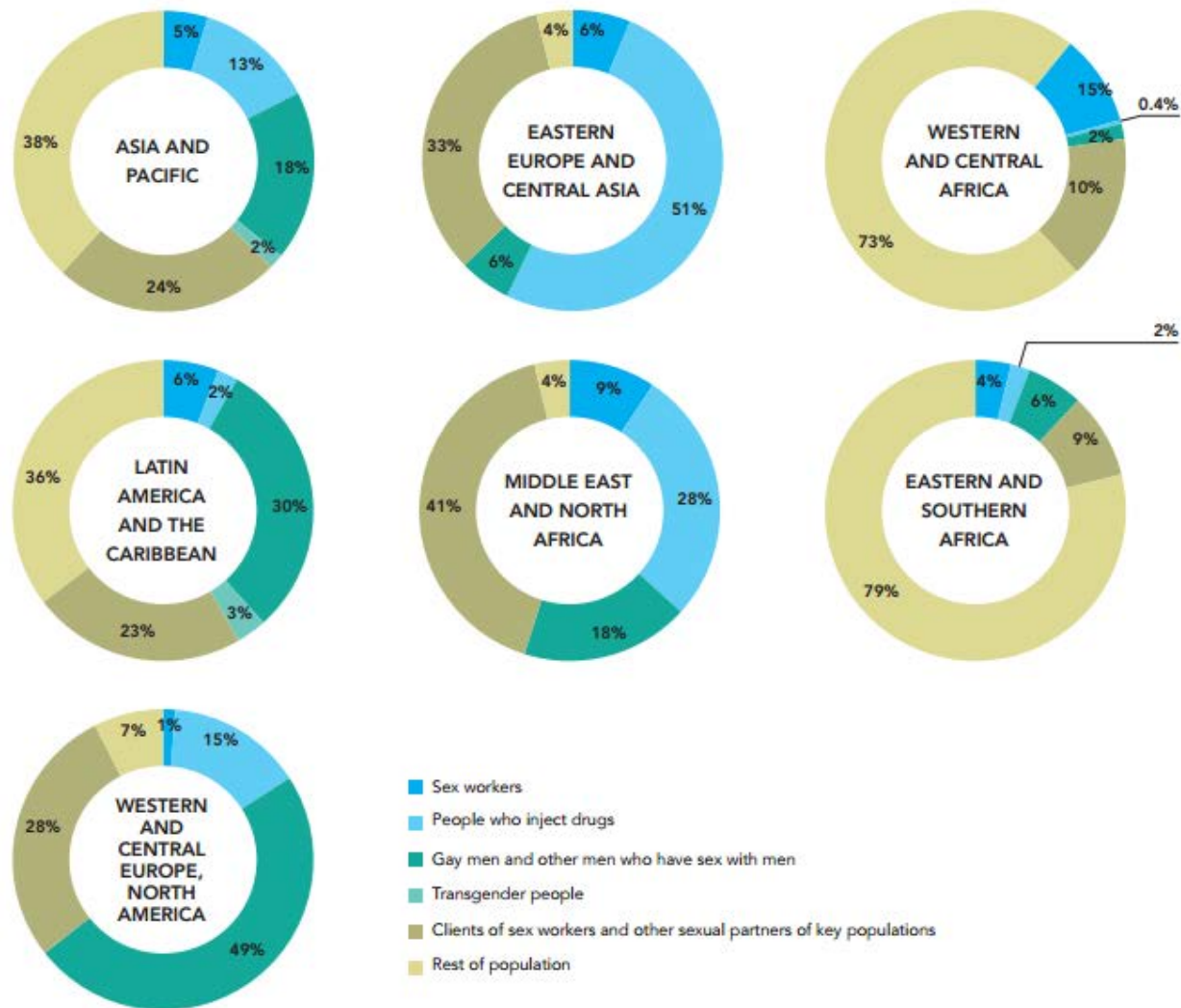
People who inject drugs

- Drug use continues to be criminalized in most countries: large part of the prison population is imprisoned for drug-related offences

Transgender people

- In the USA, among transgender people surveyed, 55% lost a job due to bias, 61% were the victim of physical assault, and 64% were the victim of sexual assault

Distribution of new HIV infections among population groups, by region, 2014



Source: UNAIDS special analysis, 2016.

Methodological note: Estimated numbers of new HIV infections by key population were compiled from country Spectrum files submitted in 2015 to UNAIDS (2014 data), available modes-of-transmission studies and additional sources of data drawn from GARPR reports. Where data were lacking, regional medians were calculated from available data and applied to countries' populations.



MAP OF LAWS RELATED TO SAME SEX RELATIONSHIPS

The 2015 Lesbian, Gay and Bisexual Map of World Laws, International Lesbian, Gay, Bisexual, Trans and Intersex Association www.ilga.org

CONTINUED TO THE ANNUAL UPDATE.

	Death penalty exists in 6 countries and parts of Nigeria and Somalia		Marriage between same sex partners legal
	Imprisonment from 14 years to life sentence		Legal substitute to marriage exists
	Imprisonment up to 14 years	}	In 75 countries and 5 entities
	Imprisonment, no precise indication of length		
	Anti-propaganda law without other legislation on the basis of sexual orientation		

Violence against men who have sex with men

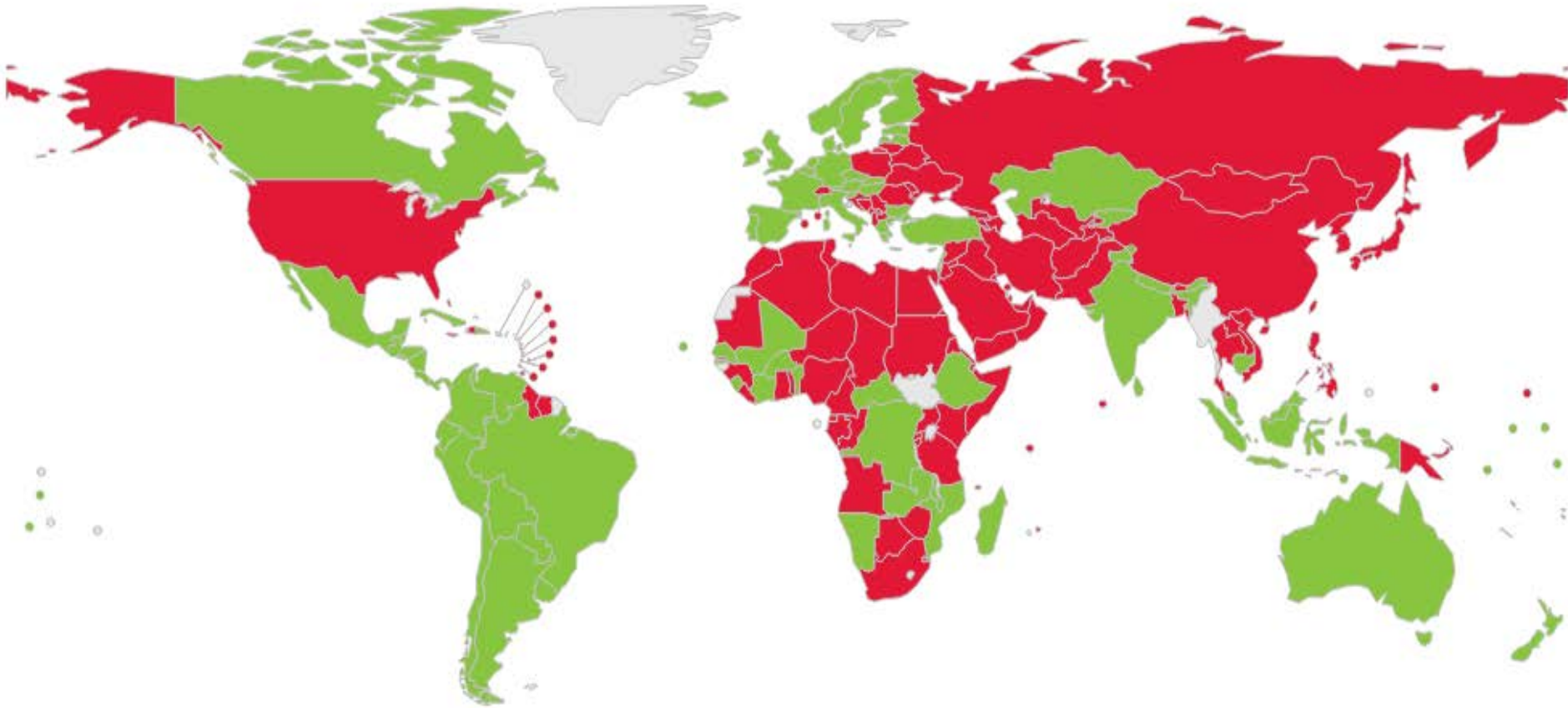
- Men who have sex with men experience high levels of violence, stigma, discrimination and other human rights violations
- Violence is associated with increased risk of HIV
 - Through physiological exposure to HIV during trauma (e.g. via open wounds, torn mucous membranes)
 - Depression, fear, isolation associated with violence can interfere with a persons ability to protect themselves from HIV transmission
- Laws and policies, especially those criminalising same-sex relationships, may increase the vulnerability of men who have sex with men to violence

Transgender and the law

- TG people are often required to undergo genital surgery before legal recognition of their gender
- Lack of identity documents which match a persons gender can hinder access to health services, social protections and employment
- Transgender people often thought of as homosexual and therefore are subject to discriminatory laws and policies which affect MSM
- Few countries offer legal protection against transgender discrimination
- In few countries (including Bangladesh, India, Nepal and Pakistan) a “third gender” other than male or female is recognised.

100 countries criminalise some aspect of sex work

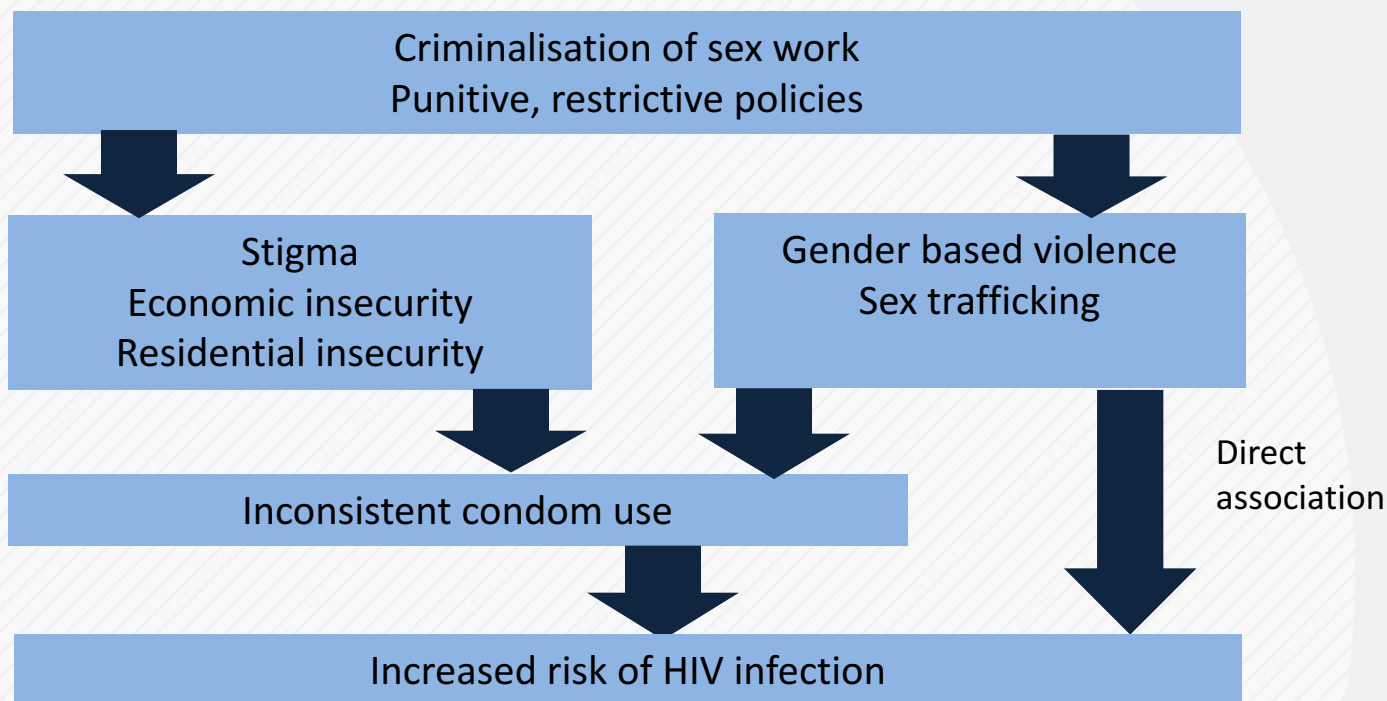
out of 185 with available data



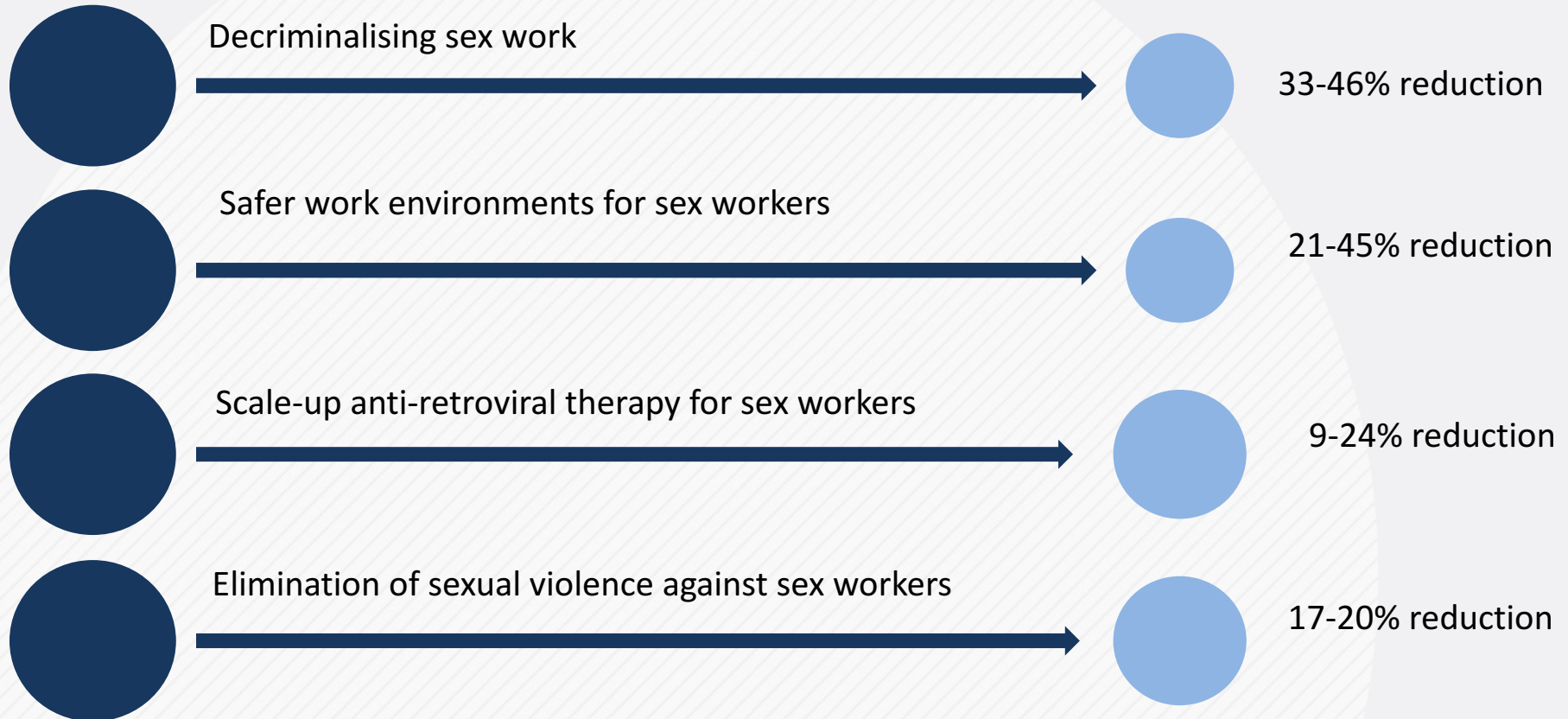
Criminalise some aspect of sex work

Data from UNAIDS, 2014; www.aidsinfo.unaids.org

Structural determinants influence the global epidemiology of HIV in sex workers



How many HIV infections could be averted in sex workers and their clients*

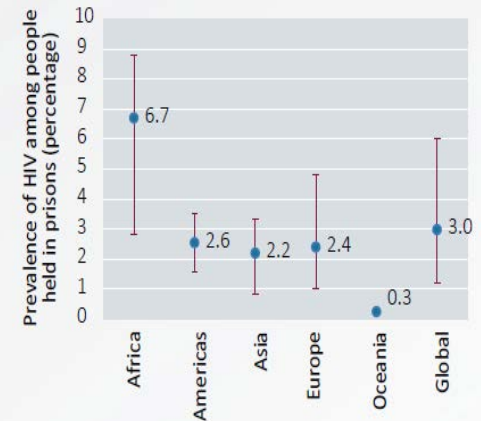


* Modelled potential improvements in reducing HIV among female sex workers and clients within a decade; Shannon K, Strathdee SA, Goldenberg SM, et al. Global epidemiology of HIV among female sex workers: influence of structural determinants. *Lancet* 2014; 385: 55-71

HIV risk and transmission in prisons

- Drug use:
 - Drug users over-represented in many prison populations
 - Some people start using drugs in prison, start using additional drugs or engage in more risky injecting practice
 - Syringe sharing among PWID in prisons is high (among Australian PWID, 30–74% reported injecting in prison and 70–90% of those reported syringe sharing)*
- Lack of availability condoms in prisons leads to unsafe sex
- Sexual violence and high risk sexual behaviours
- Tattooing and piercing
- HIV outbreaks have occurred in prisons in several countries
- Added risk of TB and other infectious diseases

Prevalence of HIV among people held in prison, by region (2013, or latest year available after 2008)



Source: UNODC, responses to annual report questionnaire; and Dolan and others, "HIV/AIDS in prison" (2014).



Concentration



Amplification

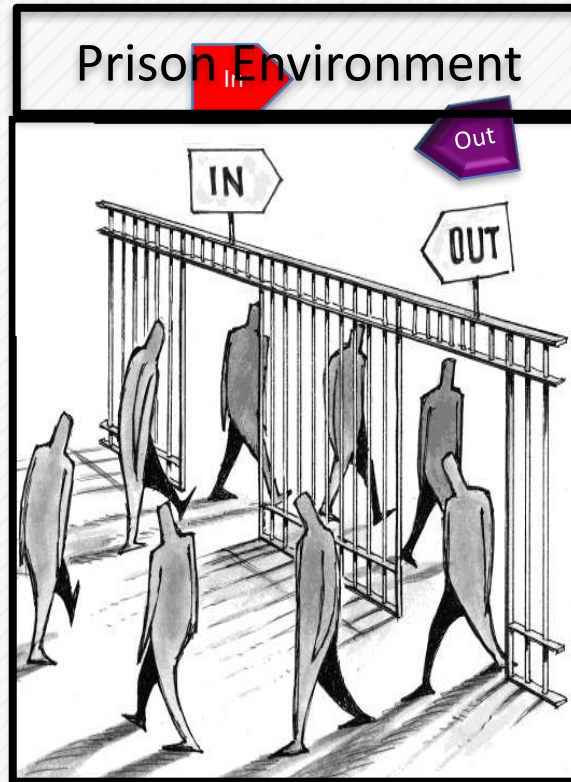


Deterioration

Laws and policing selects members with poor health status and/or at risk for HIV, TB, or viral hepatitis



Community



High risk behaviors, new social networks, transmission to new community members



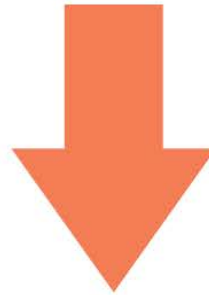
Dissemination

Post-Release
Morbidity and Mortality

Cost effectiveness of harm reduction vs incarceration of people who use drugs



US\$ 1 spent on harm reduction in Australia returns **US\$ 5.50** in averted health-care costs.



US\$ 1 spent on the incarceration of people who use drugs in the United States of America generates **US\$ 0.33** in public safety gains.



Sources: Kwon J et al. Estimating the cost-effectiveness of needle-syringe programs in Australia. *AIDS* 2012;26:2201–2210; Przybylski R. Correctional and sentencing reform for drug offenders: research findings on selected key issues. Lakewood, CO: RKC Group; 2009 (http://www.ccjrc.org/wpcontent/uploads/2016/02/Correctional_and_Sentencing_Reform_for_Drug_Offenders.pdf); State of Oregon, Criminal Justice Commission. Report to the legislature. January 2007. (<http://www.oregon.gov/v3replaced/docs/cjc2007reporttolegislature.pdf>)

Summary

- Individual, societal and environmental factors within prisons create a conducive environment for the concentration and transmission of HIV, HBV, HCV and TB among prisoners, prison staff and into the community
- The period of incarceration and post release provide an opportunity to implement evidence based programmes to prevent and treat these diseases
 - Implementation of these interventions have fallen short in high and low income settings alike
 - Multiple individual and structural barriers exist along each phase of the incarceration process that prevent implementation of effective prevention measures
- Improving the delivery of prison services will require systemic and organisational level changes and health systems strengthening, including collaboration between the criminal justice and public health systems.



WHO Guidance The package 2009-2014



All KP

Harm reduction for PWID

Needle and syringe programme NSP

Opioid substitution therapy OST & other evidence-based drug treatment

HIV testing and counselling

HIV treatment and care

Prevention and treatment of STIs

Condom programming

Targeted IEC

Viral Hep prevention, diagnosis & treatment

TB Prevention, diagnosis & treatment



Condom programming

Harm reduction interventions + **naloxone**

Behavioural interventions

HIV testing and counselling

HIV treatment and care + PrEP

Prevention and management of viral Hep, TB and mental health conditions

Sexual and reproductive health interventions

Supportive legislation, policy and funding

Addressing stigma and discrimination

Community empowerment

Addressing violence

new



Barriers to Implementation of Services

Individual barriers

- Low client motivation, inadequate knowledge and myths about addiction, HIV and the benefits of treatment
- Discriminatory attitudes, abuse, denialism and moral judgment about sex and drug use

Structural barriers

- Poor infrastructure, lack of access to medical care, extreme overcrowding

Legal barriers

- Criminalisation of behaviours of key populations leading to over-incarceration

Public health and law enforcement: Two disparate cultures?

- The criminal justice system organized to punish the offender and protect society
- The public health system organized to promote the health of individuals and society
- Unfortunately these two systems are often not aligned
 - different policies
 - different funding sources
 - separate personnel

Take-home messages

- "Ending the AIDS epidemic" requires renewed focus on KP
 - increased access to and uptake of effective and acceptable services
- A comprehensive package of interventions
- HIV services for KP only successful with political support
 - Need to address structural barriers
 - **Work with criminal justice sector**
- Involvement of all stakeholders from planning to implementation
 - KP, community organisations, international donors, Ministries of Health
 - **Criminal justice sector**
 - Training of magistrates by KP communities in many countries

