

Guidelines Development Meeting

Virtual

Consolidated Guidelines on HIV, Hepatitis and other STI prevention, diagnosis, treatment and care for key populations

Concept note and draft agenda

NB: the meeting will be virtual and run for 5 days (10 sessions) over the period 7-25 June 2021 (TBC)

Background

Key populations are defined by UN agencies as: men who have sex with men (MSM), sex workers (SW), people who inject drugs (PWID), transgender people (TG) and people in prisons or other closed settings. They were originally defined as such because they may engage in behaviours that put them at increased risk of HIV, their behaviours are criminalised in many settings and there are other structural barriers which can hinder access to health services. Importantly, while these 5 groups were initially defined as “key” in the HIV response, they have broader health needs than HIV, including TB and sexual and reproductive health and are also affected by STIs and viral hepatitis.

In 2019, UNAIDS estimated that 62% of new HIV infections occurred among key populations and their sexual partners¹. Hepatitis C virus (HCV) affects 2–15% of people living with HIV, accounting for 2.75 million - of whom 1.3 million are people who inject drugs². Further, 23% - 39% of new HCV infections are estimated to be among people who inject drugs^{3,4} and 1 in 3 HCV deaths are attributable to injecting drug use globally⁸. Prevalence of other STIs are also high in certain key populations and often co-occur. Based on countries reported data from 2016-2017, the median syphilis prevalence for female SWs was 3.2%, and 6.0% among MSM (based on approximately one fifth of member States). However, about 40% of them reported prevalence of active syphilis greater than 5% among female SW, and over half of the reporting countries among MSM.⁵ In a systematic review of STIs among HIV pre-exposure prophylaxis (PrEP) users, from 26 countries with 66% from MSM-only programs, reported a pooled prevalence of 23.9% before starting PrEP for chlamydia, gonorrhoea and early syphilis. In sub-Saharan Africa the prevalence of gonorrhoea was

¹ https://www.unaids.org/sites/default/files/media_asset/2020_aids-data-book_en.pdf

² Platt et al. Prevalence and burden of HCV co-infection in people living with HIV: a global systematic review and meta-analysis. *Lancet Infect Dis*. 2016 Jul;16(7):797-808. doi: 10.1016/S1473-3099(15)00485-5. Epub 2016 Feb 25

³ Degenhardt et al Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review *The Lancet Global Health* 2017 5(12) E1192-E1207

⁴ Trickey et al The contribution of injection drug use to hepatitis C virus transmission globally, regionally, and at country level: a modelling study *The Lancet Gastroenterology and Hepatology* 2019 4(6) 435-444

⁵ World Health Organization. Report on global sexually transmitted infection surveillance, 2018. Available at: <https://apps.who.int/iris/bitstream/handle/10665/277258/9789241565691-eng.pdf?ua=1>

significantly higher in sex workers in Eastern Africa with a prevalence of 8.2%, (range 5.2%-15.2%) compared to an average prevalence of 1.7% among those not engaging in sex work⁶.

In 2014 the first consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations (2014 guidelines) were published by WHO. These were updated in 2016 (<https://www.who.int/publications/i/item/consolidated-guidelines-on-hiv-prevention-diagnosis-treatment-and-care-for-key-populations>). These guidelines focused mainly on HIV, while addressing STI and hepatitis, along with other HIV comorbidities and sexual and reproductive health interventions.

Acknowledging the need for integration and Universal Health Coverage and person-centred care in 2020, the WHO brought HIV, viral hepatitis and STIs together into the Global HIV, Hepatitis and Sexually Transmitted Infections Programme. In 2020-2021, the consolidated guidelines for key populations will be updated and will be the first guideline to give focus to HIV, STI and viral hepatitis. The working title for the updated guidelines is: *Consolidated Guidelines for HIV, viral hepatitis and other STIs prevention, treatment and care for key populations* (Consolidated KP HIV, VH and STI guidelines).

The objectives for the 2021 update of the 2014/2016 KP Guidelines are

1. To consolidate the most recent guidance and recommendations related to HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations in order to give updated and accessible guidance to member states;
2. To outline HIV, STI and viral hepatitis health service packages that are beneficial and acceptable for different key populations and have a strong evidence base, and;
3. To promote a set of enabling interventions relevant for all key populations; and
4. To develop new recommendations to address emerging areas and address gaps as identified in the scoping exercise.

Further, the planned improvements of the 2021 update of the 2014/2016 KP Guidelines are:

1. To simplify the format to focus on GRADE recommendations and highlight these;
2. To develop modules for each KP;
3. To include a prioritized set of health interventions per KP to allow for better planning and implementation, particularly in resource limited settings; and
4. To bring more attention to the recommended enabling interventions by including them in a separate module AND in each of the KP modules as part of the prioritized package of interventions.

⁶ Torrone EA, Morrison CS, Chen P-L, Kwok C, Francis SC, Hayes RJ, et al. (2018) Prevalence of sexually transmitted infections and bacterial vaginosis among women in sub-Saharan Africa: An individual participant data meta-analysis of 18 HIV prevention studies. PLoS Med 15(2): e1002511. <https://doi.org/10.1371/journal.pmed.1002511>.

Meeting objectives and expected outcomes

General objective

The overarching objective of this meeting is to update WHO's Consolidated Guidelines for HIV, Hepatitis and other STI prevention, diagnosis, treatment and care for key populations.

Specific objectives

1. To review the evidence supporting the formulation of new recommendations.
2. To review associated information to support the evidence-to-decision process: values and preferences, feasibility and cost.
3. Review prioritized packages of health interventions per KP group
4. Discuss the consolidation of existing recommendations and the general structure of the guidelines

Outcome

The meeting will lead to the formulation of new recommendations for preventing, diagnosing and treating HIV, hepatitis and other STIs in key populations, as outlined in the Guideline Development Planning Proposal. It will also lead to the formulation of prioritized and consolidated health and structural intervention packages by population