Money, Power and HIV

Economic influences and HIV among men who have sex with men, sex workers and people who inject drugs in sub-Saharan Africa

Dr. Andrew Scheibe, MBChB

1st Biomedical HIV Prevention Forum
Abuja, Nigeria, 19 November 2013
“I was chased out of home at 16. I had to go stay with a friend. I wanted to study medicine, but I couldn’t, I needed to work. When I was 18 I had my own place, I was working, doing a job that I did not like. I ended up being infected by HIV through all that, he said that we were not going to have sex with a condom, and so I had to do it, he was doing everything for me, I had to beg him ... I was so stupid then because I could not think straight, because I was having problems, I needed a place to stay”

Male participant, Cape Town Focus Group, Nov ‘12
Overview

• Burden of HIV among MSM, SWs and PWID
• Factors contributing to HIV burden
• Evidence based interventions
• Global commitments
• Money, money, money - relative HIV spending
• Networks and links
• Consequences
• Next steps
HIV prevalence: MSM

Source: Beyrer et al. 2012
HIV prevalence: FSW

Source: Baral et al. 2012
HIV prevalence: PWID

Source: UNODC 2013
HIV Prevalence: MSM, FSW, PWID and young adults
Sub-Saharan Africa, 2012 or latest

Socio-economic position & risk

Relative position in society, influenced by social and economic factors “class”

<table>
<thead>
<tr>
<th>Level</th>
<th>Factor</th>
<th>Economic influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macro</td>
<td>• Economic environment&lt;br&gt;• Governance &amp; policies&lt;br&gt;• Social norms, values&lt;br&gt;• Gender, race</td>
<td>• Recession vs. growth&lt;br&gt;• Equity vs. inequity&lt;br&gt;• Inclusion vs. exclusion</td>
</tr>
<tr>
<td>Meso &amp; micro</td>
<td>• Education&lt;br&gt;• Employment&lt;br&gt;• Income</td>
<td>• Livelihood opportunities&lt;br&gt;• Exposure to crime, drugs (trafficking)&lt;br&gt;• Condon negotiation, incentives&lt;br&gt;• Awareness of, &amp; access to services&lt;br&gt;• Purchasing power (commodities)</td>
</tr>
</tbody>
</table>
Socio-economic position & health

Increasing poverty associated with:
• Different vulnerability, exposure & consequences
• Poorer health, less access to health services
• Lower life expectancy

Increasing levels of inequity linked with lower levels of trust, violence & less community involvement

Diderichson and Hallqvist 1998; Wilkinson 2005
Disempowerment & HIV

Moral judgement, criminalisation, stigma & discrimination

Marginalisation, exclusion & disempowerment

Increased vulnerability, decreased access

New HIV infections, poorer health outcomes
MSM, SWs & PWID in sub-Saharan Africa

Hostile environment
- Social exclusion & marginalisation
- Arrest, harassment & extortion
- No access to legal recourse

Violence & rights abuses
- Violence
- Sexual & physical assault
- Poor understanding of rights
- Limited workplace protection

Unresponsive health system
- Inappropriate programmes
- Limited coverage of health services
- Limited prevention commodities
- Discrimination by health workers
- Limited health worker capacity

Disproportionately high risk for HIV infection
Conditions favouring HIV transmission
Unfavourable conditions for good health outcomes
‘Getting to Zero’

1. Reduce sexual transmission of HIV by 50% by 2015
2. Halve the transmission of HIV among people who inject drugs by 2015
3. Eliminate HIV infections among children and reduce maternal deaths
4. Reach 15 million people living with HIV with lifesaving antiretroviral treatment by 2015
5. Halve tuberculosis deaths among people living with HIV by 2015
6. Close the global AIDS resource gap
7. Eliminate gender inequalities and gender-based abuse and violence and increase the capacity of women and girls to protect themselves from HIV
8. Eliminate HIV-related stigma, discrimination, punitive laws and practices
9. Eliminate HIV-related restrictions on entry, stay and residence
10. Strengthen HIV integration

Source: UNAIDS, 2013
Evidence based recommendations: MSM, SW, PWID

Key economic & biomedical elements included in WHO/UNAIDS/UNFPA/UNODC guidelines

1. Empowerment
2. Condoms
3. STI services
4. HIV Counselling & testing (HCT)
5. Antiretroviral therapy (ART)
6. Comprehensive package of services for PWID SWs (NSP, OST)
7. Hepatitis testing, vaccination

Source: WHO, 2012; UNODC 2009; WHO 211)
HIV spending

ART provision (various years up, to 2013)

Source: UNAIDS, 2013

SW programmes (latest data 2013)
HIV spending

Harm reduction for PWID

Source: UNAIDS, 2013
## Access to biomedical interventions in Africa

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Coverage/ access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to condoms &amp; lubricant</td>
<td></td>
</tr>
<tr>
<td>HCT</td>
<td></td>
</tr>
<tr>
<td>HIV services (incl. ART)</td>
<td></td>
</tr>
<tr>
<td>STI treatment</td>
<td></td>
</tr>
<tr>
<td>PEP, PrEP</td>
<td></td>
</tr>
<tr>
<td>Clean needles &amp; syringes</td>
<td>Few countries provide lubricant</td>
</tr>
<tr>
<td>Opioid substitution therapy</td>
<td>Access to HCT by key populations limited</td>
</tr>
<tr>
<td></td>
<td>ART data rarely disaggregated by KP</td>
</tr>
<tr>
<td></td>
<td>Often through general populations services</td>
</tr>
<tr>
<td></td>
<td>Limited access to PEP</td>
</tr>
<tr>
<td></td>
<td>PrEP available in some contexts in private sector for MSM</td>
</tr>
<tr>
<td></td>
<td>NSP not reaching targets of 200 needles</td>
</tr>
<tr>
<td></td>
<td>OST provided in few countries, data scarce</td>
</tr>
</tbody>
</table>
Linkages: key populations & general population

- MSM
- Migrants & mobile populations
- Drug users
- Prisoners
- Clients of sex workers
- Sex workers
- General population
Consequences of inaction

- Ongoing HIV transmission among MSM, SWs, PWID and their sexual and drug using partners
- Poorer health outcomes – AIDS-related morbidity & mortality
- Higher health care costs
- Cumulative social & economic costs of human rights abuses and inappropriate public health responses
Next steps

• Biomedical interventions alone unlikely to have required impact
• Address social factors: stigma & discrimination within the health system and society
• Scale-up of evidence based interventions
• Ensuring structural reform: policies
  – Human rights
  – Public health
  – Socio-economic development (long term)
References


• World Health Organization. Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men who have Sex with Men and Transgender People. Recomm. a public Heal. approach. 2011.
Thank you

Andrew Scheibe
+27 79 882 7726
Andrew.scheibe@gmail.com