



HIV Prevention and Those Most Vulnerable to HIV/AIDS

People marginalized by mainstream society—such as drug users, men who have sex with men, ethnic minorities, prisoners, sex workers, women, and girls—are often the most in need of effective HIV prevention efforts and services. Unfortunately, they are also the least likely to have access to comprehensive education or adequate healthcare and face intense stigma and discrimination that drives some communities underground and typically makes accessing prevention and services difficult. In response, in many parts of the world, members of these communities have united in efforts to care for each other, creating highly successful HIV/AIDS prevention campaigns that can serve as models for those engaged in the fight against AIDS. Well-funded, evidence-based prevention initiatives designed by and for these populations have been successful in countries with epidemics concentrated among specific, high-risk groups. Countries with generalized epidemics ensure the most effective use of their resources by prioritizing HIV programming for these populations.

Effective HIV Prevention Interventions for Disproportionately Affected Groups

While many policymakers and program designers now recognize the central role prevention plays in the fight against AIDS, greater efforts are needed to tailor interventions to address the specific needs of:

Gay Men and Other Men who have Sex with Men (MSM)

Gay men and other MSM are at high risk of infection as a result of a variety of factors, including a culture often characterized by risky sexual behavior, social stigma, and criminalization of same-sex behavior. In fact, UNAIDS has identified homophobia as one of the primary obstacles to effective HIV responses. Nevertheless, in some countries, gay men have been and continue to be on the forefront of prevention. Effective prevention strategies include peer education/outreach and safer-sex campaigns. Rising rates of new infections among MSM in some places, however, highlight the need for prevention strategies that not only provide basic HIV/AIDS information and prevention skills but also address optimism about treatment and a potential cure, prevention fatigue, and other factors that facilitate risk behavior. For both the protection of human rights and HIV prevention, it is critical to respect organizing among self-identified gay men and other MSM, as well as to support the efforts of these groups and others advocating for the human rights of all sexual minorities.

Injection Drug Users (IDUs)

The criminalization of drug use and the attendant laws render drug users vulnerable to HIV infection and facilitate the spread of the virus. These laws typically result in long prison sentences, the denial of medical care and housing, the inaccessibility of injection equipment, and the break up of family units. Over 20 years of research and experience confirm that IDUs use culturally appropriate services and have reversed or prevented HIV epidemics when provided with adequate resources and support. Yet due to criminalization, social stigma, and inadequate availability of programs, most IDUs do not have access to the interventions widely demonstrated to be effective, including needle and syringe exchange, substitution therapies such as methadone and buprenorphine, low threshold services, and outreach.

Prisoners

People from marginalized populations who are already at an elevated risk of HIV infection are disproportionately represented in prisons; for example, drug users, commercial sex workers, and racial/ethnic minorities in the U.S. Because the HIV prevalence in these groups is higher compared to the general population prevalence, risk behaviors occurring in the prison context, such as unprotected (either voluntary or coerced) sex and the re-use of needles for injection drug use or tattooing, have an increased likelihood of transmitting HIV infection. Inadequate levels of HIV prevention education in prisons and policies restricting access to condoms and clean injection equipment make risk reduction difficult or impossible. Comprehensive prevention programs for prisoners—including HIV/AIDS peer education, needle/syringe exchange, and condom provision—are effective at not only reducing HIV infection rates in prisons but also reducing people's post-release risk behaviors. Protecting the basic human rights of prisoners, including access to adequate healthcare, is at the core of successful prevention.

Racial and Ethnic Minorities

Many ethnic and racial minorities, including immigrants, experience social prejudice, discrimination, poverty, barriers to education and opportunity, and culturally specific norms marginalizing gay, bisexual, and transgender identities. While none of these factors “cause” HIV infection, they present formidable barriers to accessing effective HIV prevention, treatment, and support, and the difficulty in dealing with these issues may lead individuals to engage in higher risk sexual and drug using practices. In the U.S., women and men of color are disproportionately represented among the nation’s HIV/AIDS cases, just as they are disproportionately represented among the nation’s poor, uninsured, and imprisoned.

Commercial Sex Workers (CSW)

Many commercial sex workers do not have the power to demand condom use from their clients. To do so may bring a variety of risks, including losing the client (and, therefore, the income) and being physically or sexually assaulted. The potential for repeated HIV exposure during sex work makes HIV prevention among this population especially important. Although criminalization and stigma make it difficult, all CSW must have access to effective, comprehensive HIV prevention, including HIV/AIDS education, condom negotiation skills building, peer education/outreach, and sexual/reproductive health education and services. Structural interventions, such as “100% condom use” programs in brothels, should only be implemented in ways that respect the human rights of CSW. Interventions and services must meet the needs of those disproportionately represented in sex work (e.g., transgender women, young women). To ultimately address the conditions and context surrounding sex work, it is essential to build solidarity among sex workers and empower individuals.

Women and Girls

Globally, women and girls are disproportionately affected by HIV/AIDS. Their particular vulnerability arises from systemic disempowerment, economic injustice, gender-based violence, and other violations of basic human rights. For girls, education is often unattainable due to unaffordable school fees, familial obligations to work, or social or cultural norms that do not support education for females. This perpetuates a cycle of poverty that can lead to early marriage, engaging in sex work or transactional sex (the informal exchange of sex for housing, food, or other benefits), and other HIV risk factors. HIV prevention strategies must address the complex conditions that place females at risk and incorporate programs that empower and protect the rights of women and girls.

Recommendations for Meeting the Prevention Needs of Disproportionately Affected Groups

Despite the wealth of evidence supporting prevention interventions for people most at risk for HIV infection, there remain challenges in policy, programming, and research. We can turn the tide of the pandemic, however, if we:

- **Make comprehensive services and supplies universally accessible.** The evidence is clear that comprehensive education, access to all necessary services and supplies, and a harm reduction approach work best to prevent HIV among our most vulnerable populations. Such programs need an influx of funding, and successful programs must be adopted by new communities.
- **Measure long-term returns on investments.** Many HIV prevention program evaluations only measure short-term behavior change. In order to understand the sustained impact of programs, it is critical to follow-up with participants in the years following the intervention to the extent possible.
- **Evaluate a broader range of tailored interventions** in order to address the special needs of these sub-groups and expand the portfolio of proven effective prevention strategies. Each target population has individuals who are members of different subgroups and who have unique needs.
- **Change laws and policies which deter comprehensive education and adequate health care**, including sodomy prohibition laws and laws restricting the rights of sex workers, and enact laws and policies that protect and promote human rights.
- **Ensure meaningful participation of members of target communities in both planning and implementation in order to create truly effective services and programs.** This includes the development and implementation of the policies that govern the programs and services they need.