High Coverage of HIV Treatment, Low Coverage of Prevention Services Among Key Populations in India

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BACKGROUND

- HIV services across the cascade in India have been greatly expanded in the past decade, resulting in a decline of HIV prevalence in the general population
- Key populations (KPs) continue to experience a higher burden of HIV and have unique challenges in accessing critical HIV services

OBJECTIVE

- Estimate HIV prevalence and community coverage of HIV prevention and treatment services among KPs in Pune, India to inform delivery of services

METHODS

- Respondent-driven sampling (RDS) used to separately recruit men who have sex with men (MSM), transgender persons (TG), and female sex workers (FSW) in Pune, India
- Recruitment between 2021-2022, initiated using 4-5 seeds
- Eligible if KP member, ≥18 years, and had valid referral coupon
- Study procedures
  - Rapid onsite HIV testing for all participants
  - Survey covering demographics, behaviors, and health service utilization
- Analysis measured HIV prevalence, uptake of HIV prevention, care, and treatment services by KP (weighted using RDS-II estimator)
- Assessed correlates of HIV testing in the prior 12 months (excluding previously diagnosed people living with HIV [PLHIV])

RESULTS

Table 1. Demographics by KP

	MSM (n=391)	TG (n=436)	FSW (n=500)
Median age (IQR)	28 (23-37)	26 (23-32)	37 (30-45)
Currently married	34%	7%	37%
At least secondary school education	76%	81%	12%
Daily wage earner	29%	76%	97%

Key populations are approaching UNAIDS 95-95-95 targets

Prevention service coverage is suboptimal despite high levels of ongoing risk behavior

Figure 1. KP HIV status

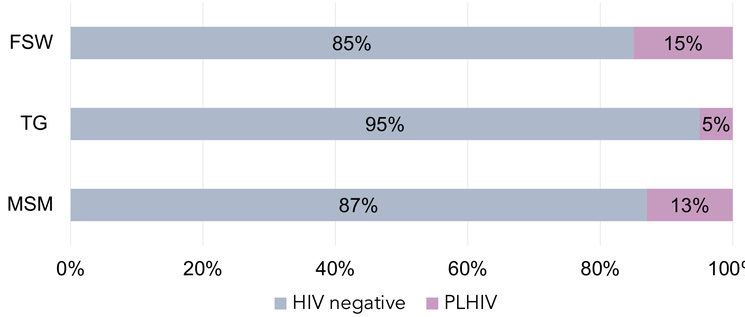


Figure 2. HIV care continuum among PLHIV

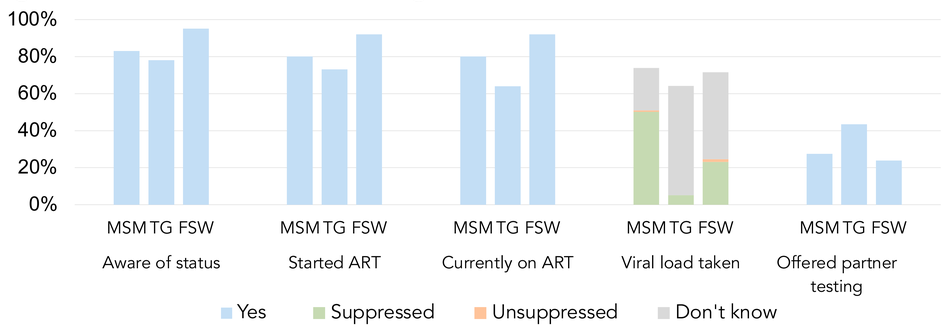


Figure 3. Access to and use of HIV prevention intervention among HIV negative KP

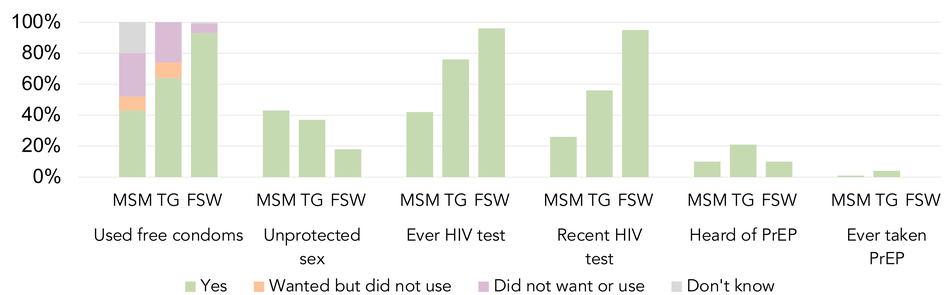


Table 2. Correlates of HIV testing in the prior year

Crude odds ratio (95% CI)	MSM	TG	FSW
Age (5 year increase)	1.11 (0.97-1.26)	0.94 (0.83-1.07)	0.93 (0.74-1.15)
Marital status			
Never married	REF	REF	REF
Married	1.03 (0.62-1.71)	1.03 (0.49-2.18)	0.34 (0.08-1.51)
Divorced/widow/separated	1.61 (0.35-7.40)	1.61 (0.14-18.0)	1.20 (0.21-6.71)
Long term relationship	3.59 (0.83-15.4)	*2.26 (1.42-3.59)	--
Education			
No schooling	1.59 (0.47-5.38)	*0.38 (0.16-0.93)	0.90 (0.25-3.25)
Primary school	REF	REF	REF
Secondary/high school	1.30 (0.58-2.92)	0.93 (0.51-1.71)	0.37 (0.09-1.54)
Trade school	4.31 (0.95-19.5)	3.33 (0.68-16.4)	--
College	*3.13 (1.33-7.38)	0.94 (0.43-2.06)	--
Recent non-injection drug use	2.12 (0.72-6.18)	1.03 (0.24-4.35)	2.49 (0.33-19.0)
High/severe alcohol use	0.62 (0.31-1.25)	1.72 (0.98-3.02)	--
Sexual partners in the last 6 months			
0-2	REF	REF	REF
3-6	0.68 (0.30-1.52)	1.18 (0.65-2.14)	--
7-10	0.62 (0.28-1.40)	1.34 (0.64-2.81)	0.61 (0.06-6.32)
11-20	0.97 (0.43-2.22)	1.94 (0.99-3.78)	--
20+	1.31 (0.56-3.09)	*2.89 (1.65-5.07)	2.66 (0.93-7.64)
Sex work in the last 6 months	1.71 (0.96-3.05)	*1.55 (1.01-2.38)	--
Unprotected sex in the last 6 months	*0.57 (0.36-0.91)	1.00 (0.66-1.53)	*0.32 (0.13-0.80)

CONCLUSIONS

- Treatment coverage among PLHIV is approaching UNAIDS targets
- Viral load testing was relatively high but many did not know their results
- Missed opportunities particularly in HIV testing, including partner testing among PLHIV
- Utilization of prevention services is low, alongside ongoing risk behaviors
- Access to additional prevention approaches are needed including pre-exposure prophylaxis for key population groups, especially MSM and TG

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