Briefing Note

Optimizing HIV Prevention Reach for Key Populations

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How frequently should HIV prevention programs reach key populations in order to reduce HIV transmission? There is no one-size-fits-all answer to this question, as prevention services need to be differentiated and tailored to each key population sub-group (men who have sex with men, transgender people, sex workers, people who inject drugs, and other vulnerable populations). The effectiveness of prevention interventions will depend on optimizing the frequency according to the needs and behaviors of each key population.

In the absence of global guidelines on optimal reach frequency, the Global Fund is working with global technical partners to strengthen guidance on HIV prevention programming – including methods for defining the frequency the most appropriate for different key population groups in different settings.

In addition to this forthcoming guidance, implementers, in designing programs for key populations, should take into consideration all available data (both qualitative and quantitative) collected from surveys as well as input from service providers such as peer educators and outreach workers.

Frequency should be tailored to the risk profiles of each population. For **people who inject drugs**, variables such as injection frequency and the probability of needles being shared should be taken into account. The risk factors of number of sexual partners, knowledge of HIV/STI status, most recent condom use, drug use and PrEP use should be factored in when tailoring programs for **men who have sex with men, sex workers and transgender people.**

Monitoring and Reporting

The following are some basic guidelines to assist Principal Recipients in monitoring HIV prevention programs targeting key populations and reporting on the results during Grant Cycle 7 (GC7).

Principal Recipients should follow existing national guidelines on frequency of outreach, taking into account the specific needs of different key populations in different settings.

Where there are no national guidelines establishing optimal frequency, key populations should be counted at least once every three months, as shown below:[1]

Key Population Group	Expected Outcome	Recommended Frequency
Men who have sex with men	Protected at each sexual act (Paid or unpaid)	At least once every three months (if protected all the time)
Sex workers	Protected at each sexual act (Paid or unpaid)	At least once every three months (if protected all the time)
Transgender people	Protected at each sexual act (Paid or unpaid)	At least once every three months (if protected all the time)
People who inject drugs	Clean needles used for each injection	At least once per month

The following are the standard indicators used for reporting:

KP-1a	Percentage of men who have sex with men reached with HIV prevention programs – defined package of services (Disaggregated by age)
KP-1b	Percentage of transgender people reached with HIV prevention programs – defined package of services (Disaggregated by age, gender)
KP-1c	Percentage of sex workers reached with HIV prevention programs – defined package of services (Disaggregated by age, gender)

[1] This guidance is for reporting purposes only. Some key populations may need more frequent outreach - for example, if they are not protected all the time, have any STI signs and symptoms, had chemsex in the last month. All key populations should be provided with the required services regularly, depending on the type of services and the risk behaviors engaged in.

KP-1d	Percentage of people who inject drugs reached with HIV prevention programs – defined package of services (Disaggregated by age, gender)
KP-1e	Percentage of other vulnerable populations reached with HIV prevention programs – defined package of services (Disaggregated by age)

However, Principal Recipients may also use custom indicators to help assess the quality and effectiveness of service delivery for specific groups. These could include, for example:

a) percentage of people who inject drugs consistently reached with prevention services every month during the reporting period.

b) percentage of men who have sex with men consistently reached with prevention services every month during the reporting period.

Principal Recipients are encouraged to continue improving their monitoring and reporting systems, including the development and harmonization of unique identifier codes (UIC) across different services and different locations.

The Prevention Outcome Monitoring Toolkit is another tool which Principal Recipients are encouraged to use in order to obtain more complete and consistent data on prevention **outcomes** in addition to reach (on the use of services by and risk behaviors of key populations).