Treatment Coverage among Key Populations in Five Fast-Track Cities

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Background

- Fast-Track Cities around the world are committed to attaining 95-95-95 targets by 2025, including the target that 95% of PLHIV diagnosed with HIV are on Antiretroviral therapy.
- UNAIDS reported that in 2021, key populations accounted for less than 5% of the global population, but they and their sexual partners comprised 70% of new HIV infections (UNAIDS 2022)
- While many cities have made progress against these targets in the last few years, closing the gaps to reach these targets requires understanding sub-population epidemics, particularly among key and vulnerable populations that may have fallen through the cracks
Methods

5 Fast-Track cities were included in this assessment
• Amsterdam
• eThekwini
• Johannesburg
• London
• Nairobi

Data Sources
• City estimates reported by Fast-Track Cities between 2019-2021
• Key Population estimates
  • Reported by Fast-Track Cities between 2019-2021
  • UNAIDS AIDSInfo 2017-2020
Methods Continued:

• Aggregate City
  • Proportion of PLHIV on ART
  • Proportion of PLHIV not on ART*

• Key Populations (Sex Worker, MSM, PWID)
  • Proportion of PLHIV attributed to each KP category
  • Proportion of PLHIV in KP category on ART
  • Proportion of PLHIV in KP category not on ART
  • Not on ART Treatment Burden (proportion of key population category not on treatment, out of all PLHIV not on treatment)
Results: Sex Workers

<table>
<thead>
<tr>
<th>City</th>
<th>Number PLHIV</th>
<th>Treatment Coverage</th>
<th>Not On treatment (%)</th>
<th>On treatment</th>
<th>Not on Treatment</th>
<th>Prop of PLHIV</th>
<th>Number Sex Workers</th>
<th>Treatment Coverage</th>
<th>Not On treatment (%)</th>
<th>On treatment</th>
<th>Not on Treatment</th>
<th>Not on Treatment burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>190993</td>
<td>77.67%</td>
<td>22.33%</td>
<td>148335</td>
<td>42658</td>
<td>15.44%</td>
<td>29494</td>
<td>42.60%</td>
<td>63.60%</td>
<td>10736</td>
<td>18758</td>
<td>43.97% FTC 2017</td>
</tr>
<tr>
<td>eThekwini</td>
<td>652959</td>
<td>70.05%</td>
<td>29.95%</td>
<td>457368</td>
<td>195591</td>
<td>1.07%</td>
<td>7015</td>
<td>44.20%</td>
<td>55.80%</td>
<td>3101</td>
<td>3914</td>
<td>2.00% GAM 2019</td>
</tr>
<tr>
<td>Johannesburg</td>
<td>677538</td>
<td>58.43%</td>
<td>41.57%</td>
<td>395889</td>
<td>281649</td>
<td>72.33%</td>
<td>490033</td>
<td>59.20%</td>
<td>40.80%</td>
<td>290100</td>
<td>199934</td>
<td>70.99% GAM 2019</td>
</tr>
</tbody>
</table>

Nairobi: 15% of PLHIV are sex workers and sex workers living with HIV contribute to 43.97% of all PLHIV not on treatment.

eThekwini: 1.07% on PLHIV are sex workers and sex workers living with HIV contribute to 2% of all PLHIV not on treatment.

Johannesburg: 77.3% if PLHIV are sex workers living with HIV contribute to 70.99% of all PLHIV not on treatment.
## Results: MSM

<table>
<thead>
<tr>
<th>City</th>
<th>Number PLHIV</th>
<th>Treatment Coverage (%)</th>
<th>Not on Treatment</th>
<th>On Treatment</th>
<th>Not on Treatment</th>
<th>Prop of PLHIV</th>
<th>Number MSM LHIV</th>
<th>Treatment Coverage (%)</th>
<th>Not on Treatment</th>
<th>On Treatment</th>
<th>Not on Treatment</th>
<th>Not on Treatment burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>190993</td>
<td>77.67%</td>
<td>22.33%</td>
<td>148335</td>
<td>42658</td>
<td>5.24%</td>
<td>10000</td>
<td>33.10%</td>
<td>66.90%</td>
<td>3310</td>
<td>6690</td>
<td>15.68% FTC 2017</td>
</tr>
<tr>
<td>Amsterdam</td>
<td>6420</td>
<td>89.95%</td>
<td>10.05%</td>
<td>5775</td>
<td>645</td>
<td>72.90%</td>
<td>4680</td>
<td>92.74%</td>
<td>7.26%</td>
<td>4340</td>
<td>340</td>
<td>52.71% FTC 2020</td>
</tr>
<tr>
<td>London</td>
<td>38600</td>
<td>93.01%</td>
<td>6.99%</td>
<td>35900</td>
<td>2700</td>
<td>52.59%</td>
<td>20300</td>
<td>93.10%</td>
<td>6.90%</td>
<td>18900</td>
<td>1400</td>
<td>51.85% FTC 2017</td>
</tr>
</tbody>
</table>

**Nairobi**: 5.24% of PLHIV are MSM and MSM living with HIV contribute to 15.68% of all PLHIV not on treatment.

**Amsterdam**: 72.9% of PLHIV are MSM and MSM living with HIV contribute 52.71% of all PLHIV not on treatment.

**London**: 52.59% of PLHIV are MSM and MSM living with HIV contribute 51.85% of all PLHIV not on treatment.
# Results: PWID

<table>
<thead>
<tr>
<th>City</th>
<th>Number PLHIV</th>
<th>Treatment Coverage (%)</th>
<th>Not on treatment (%)</th>
<th>On treatment</th>
<th>Not on Treatment</th>
<th>Prop of PLHIV</th>
<th>Number PWID</th>
<th>Treatment Coverage (%)</th>
<th>Not on treatment (%)</th>
<th>On treatment</th>
<th>Not on Treatment</th>
<th>Not on Treatment burden</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nairobi</td>
<td>190993</td>
<td>77.67%</td>
<td>22.33%</td>
<td>148335</td>
<td>42658</td>
<td>3.25%</td>
<td>6216</td>
<td>18.70%</td>
<td>81.30%</td>
<td>1162</td>
<td>5054</td>
<td>11.85%</td>
<td>FTC 2017</td>
</tr>
</tbody>
</table>

**Nairobi:** 3.25% of PLHIV are PWID and PWID living with HIV contribute to 11.85% of all PLHIV not on treatment.
Conclusions

• Key populations attribute for large portions of people living with HIV in many cities.

• However, in some cities, Key Populations are significantly falling between the cracks, with large proportions not on treatment.

• Achieving 95-95-95 targets and ultimately zero new HIV infections and HIV related deaths necessitates disaggregated data that can strategically inform HIV programming to close the gaps.