INTRODUCCION

Despite significant changes in the HIV epidemic landscape among MSM and transwomen (TW) to date, the national program in Peru remains essentially as it was designed in the late 1990s, with limited discussion of potential changes. Key populations are particularly vulnerable to HIV/AIDS due to issues that materialize at individual, interpersonal, social, cultural, and structural levels. Prevention among key populations has remained focused on two interventions: peer promotion of risk reduction and periodic medical check-ups for sexually transmitted infections (STIs). However, STI rates remain high, with a syphilis prevalence of 50%. Furthermore, the latest epidemiological survey reported that 52% of HIV-infected MSM and TW women in Lima did not know their current HIV infection status, and 48% have never been tested for HIV.

A combination prevention approach combines strategies in order to address factors affecting transmission at the individual level (e.g. biomedical interventions to reduce infectiousness and susceptibility; psychosocial factors affecting risk such as internalized oppression, self-regulation abilities, and sexual self-knowledge) and community/societal level factors affecting vulnerability (e.g. access to services; legal status of non-heterosexuals and their access to rights; mechanisms of community involvement and empowerment).

Together with the Ministry of Health, we are conducting, documenting and analyzing a process seeking to enhance the program with combined prevention strategies, through stakeholder involvement, health systems assessments and mathematical modeling. Here we present the background stakeholder analysis.

METHODS

This sub-study focused on two types of stakeholders. Civil society representatives (MSM/TW community members, NGO’s, cooperation agencies) and government representatives (Ministry of Health, the HIV Country Coordination mechanism, health providers).

The methods used were: 1. In-depth interviews; 2. Focus groups; 3. Policy discussion workshops

The information gathering and analysis was organized into 3 categories: 1. Knowledge and Perceptions on combination prevention. 2 Feasibility of an HIV combined prevention program: Limitations, facilitators and opportunities. 3 Decision-Making

FINDINGS

Knowledge and perceptions on HIV combined prevention

Among community members and stakeholders alike, condom use is still the epitome of prevention, and its limited use is explained only as resulting from poor individual commitment and insufficient prevention work.

Knowledge of TASP is almost absent, but there is some knowledge of PrEP, together with resistance to its potential use.

People agreed with the idea of combined biomedical, behavioral and structural strategies based on appropriate evidence.

All recognized the need for continuing professional HIV education, and also for spaces to evaluate and improve current programming.

Feasibility of an HIV combination prevention program

Limitations: 1. Weak responsiveness of the Ministry of Health to the demands of the MSM/TGW populations on HIV prevention and treatment. 2. Negative and stereotypical conception of the sexual behavior of MSM and Transgender populations among government authorities (Congress and Health Ministry). 3. Strong HIV stigma which affects the willingness of communities representatives on speaking out about their health demands. 4. Policy makers remain distant from the primary needs of care services in HIV and STIs. 5. The allocation of economic resources for HIV prevention does not take into account the needs of key populations. 6. There would be some distrust of ARV based prevention methods by some members of civil society. This issue has not been publicly discussed enough.

Facilitators: 1. Efforts to expand coverage of antiretroviral treatment can foresee that the trend is towards the implementation of TASP. 2 Good practices in primary care on a community level with MSM and Transgender populations; however these particular experiences have not been systematized yet.

Opportunities: 1. LGBT demands have gained more public attention recently; there is more public debate related to LGBT issues. 2 Projects and initiatives in prevention and care with a community focus, conducted in the country with support from the Global Fund are experiences that can be supported and enhanced by the MOH.

Decision Making

A common interest between the government and the civil society has been identified towards strengthening the HIV prevention program; nevertheless the identification of key actors to carry out such changes is not clear. Their opinions reflect a climate of uncertainty when defining responsibilities and specific actions to strengthen prevention. The Health Ministry appears as the main responsible actor as well as the main barrier. There is no common agenda on HIV among civil society organizations and communities.

CONCLUSION

Community members and stakeholders in Peru agree on the need to bring the HIV prevention response to date among MSM/TW with combined strategies. However, more limitations are recognized than facilitators and opportunities. Limitations are focused mainly on HIV stigma and homophobia as barriers for changes in HIV policies.

Many feel that HIV prevention programming is loosing momentum and needs new leadership and tools, and are interested in an evidence-based process where the HIV response can be re-conceptualized. The lack of information, misconceptions and confusion reflect limited public discussion on new HIV prevention technologies.

An HIV prevention program with a human rights perspective is seen as an urgent need by civil society. On an operational level, participants consider the need of well-trained health providers as part of a renovated program. All recognized the need for continuing professional HIV education, and also for spaces to evaluate and improve current programming. Renewed leadership will play a key role.

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