

# Focus on HIV Prevention: Reaching out to Most-At-Risk Populations



In many regions of the world, the HIV epidemic is concentrated in most-at-risk populations (MARPs), namely sex workers and their clients, men who have sex with men, and injecting drug users. In Bangkok, HIV prevalence among men who have sex with men increased from 3% in 1990 to 30.8% in 2007, while injecting drug users accounted for 57% of newly diagnosed infections in Europe and Eurasia in 2007. Until recently, HIV prevention has not focused on these groups.

The continuum of prevention through care, support, and treatment remains critical to reversing and halting the HIV epidemic. In response, RTI International's HIV experts launched the Asia HIV Program, pioneering efforts to broaden the range and quality of MARPs programs. Although the Asia HIV Program is anchored in Bangkok, RTI offers an array of HIV technical services for MARPs globally, including

- Policy and advocacy
- Promotion of human rights
- MARPs leadership mobilization
- Community mobilization
- Capacity building and training
- Modeling and economic impact assessment
- Operational research
- Survey and data collection
- HIV prevention, care, support, and treatment

Hallmarks of RTI's HIV work with MARPs include our focus on human rights, legal issues, gender, and reduction of stigmas and discrimination that restrict access to prevention, care, and treatment. Committed to evidence-based research, community involvement, and capacity building, RTI ensures that people at most risk and people living with HIV are at the center of our work as we design locally relevant and sustainable programs that meet the needs of these populations.

## Barriers to Effectively Targeting Prevention for MARPs

- Failure to include MARPs in national HIV programming and funding priorities
- Fear of human rights abuse and persecution
- Denial of and multi-layered stigma toward MARPs
- Barriers to accessing health services for MARPs
- Lack of data on the size, locations, and characteristics of populations and coverage
- Inadequate funding for services and programs



## Selected RTI work in HIV and MARPs includes

**USAID|Health Policy Initiative in the Greater Mekong Region and China (HPI/GMR-C)** (U.S. Agency for International Development [USAID], 2007–2010).

RTI and the Burnett Institute are strengthening the policy environment to improve the quality of and access to prevention, care, and treatment services for MARPs within the overall context of the Comprehensive Prevention Package. To reduce stigma and discrimination, the project has worked with advocates from the men who have sex with men and people living with HIV communities to strengthen their capacity to lead community dialogue on issues surrounding HIV. RTI also focuses on strengthening the HIV legal environment to promote and protect the rights of people with HIV and MARPs and advocate for policy change.

**Support for the HIV Response in Botswana within the Civil Society for HIV Prevention that Targets Most-at-Risk Populations** (USAID, 2008–2013).

RTI is targeting prevention strategies to three at-risk groups in Botswana: female sex workers and their clients; girls in transactional or cross-generational sex; and mobile populations. Interventions help vulnerable women avoid the sex trade, teach condom negotiation skills, introduce methods to assist women in exiting sex work, and bring services closer to target populations. The project also builds the technical and organizational capacity of local civil society organizations (CSOs) to deliver HIV prevention interventions and strengthens referral linkages to care, support, and treatment services.

**Georgia HIV Prevention Project (GHPP)** (USAID, 2010–2014). Georgia's HIV epidemic is concentrated among injecting drug users, men who have sex with men, and female sex workers. RTI and its partners are developing and implementing community-level interventions for these groups. The project works with the Government of Georgia to develop a National HIV Prevention Communication Strategy and reform laws that impede the effectiveness of prevention activities. For at-risk youth, GHPP will strengthen the Healthy Lifestyles Curriculum in schools and collaborate with the Georgian Orthodox Church to incorporate strong behavioral messages about the dangers of illicit drug use and HIV prevention.

**Scaling Up for Most-At-Risk Populations: Organizational Performance (SUM II)** (USAID, 2010–2015).

As Training Resources Group's major implementing partner, RTI focuses on scaling up integrated interventions for

behavior change among MARPs in Indonesia, including sex workers and their clients, men who have sex with men, and injecting drug users, as well as people living with HIV. SUM II will provide targeted assistance in organizational performance, and administer small grants to CSOs in at least 80 priority districts, to support the scale up of HIV interventions in hotspots for high-risk behavior.

**Philippines Strengthening Local Governance for Health Project** (USAID, 2006–2011).

RTI helps strengthen the capacity of local government units (LGUs) to deliver, finance, and manage quality health services and supports LGUs to provide increased access to a full range of HIV prevention services and resources. The project currently works with 11 LGUs to sustainably implement HIV interventions for MARPs, particularly men who have sex with men and injecting drug users.

**International Feasibility Study of Pharmacy-based HIV Prevention in Vietnam** (U.S. National Institute on Drug Abuse [NIDA], 2009–2011).

In collaboration with Abt Associates Inc., RTI is working to improve injecting drug users' access to HIV prevention services. RTI is assessing the feasibility of placing HIV interventions for injecting drug users in pharmacy settings. RTI is conducting qualitative and quantitative interviews with injecting drug users and key informants on their attitudes concerning proposed interventions.

**Women's Co-Op** (NIDA, U.S. National Institute on Alcohol Abuse and Alcoholism, U.S. National Institute of Child Health and Human Development, 1998–2010).

RTI has conducted important studies and best practice interventions, recognized by the U.S. Centers for Disease Control and Prevention, to address sexual risk, substance use, and victimization among women. RTI has developed, implemented, evaluated, and adapted innovative interventions in the United States, Russia, and South Africa that target hard-to-reach populations such as crack-cocaine users, injecting drug users, sex workers, and vulnerable women.

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### More Information

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