

Designing infectious disease programmes for the future

On July 29, WHO published a new resource for designing public health responses that address HIV, viral hepatitis, and sexually transmitted infections (STIs) among key populations: the *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations*. These populations, according to WHO, must be prioritised for prevention, testing, treatment, and funding in order to reach global targets for diagnosis, treatment, and eradication. The guidelines both consolidate existing recommendations and include new recommendations and good practice statements, helpfully presented with Grading of Recommendations Assessment, Development and Evaluation quality-of-evidence levels. The previous iteration of the guidelines, published in 2016, focused only on HIV. The key populations have not changed—they include men who have sex with men (MSM), trans and gender-diverse people, sex workers, people who inject drugs, and people in prisons and other closed settings—but the addition of viral hepatitis and STIs to the 2022 iteration acknowledges that the barriers to accessing infectious disease services in these key groups are not necessarily disease specific. The broader focus of the guidelines is also an acknowledgment that the factors that make these populations vulnerable to HIV also make them vulnerable to viral hepatitis and STIs.

Importantly, key population networks, such as the International Network of People Who Use Drugs and the Global Action for Trans Equality, were engaged early in development of the guidelines, performing qualitative research to assess values and preferences related to HIV, viral hepatitis, and STI services in their communities. This engagement is not always a given; opinion from relevant communities is often only sought once important recommendations have been formed and disseminated or programmes have been designed and implemented, or not at all. Yet without the input of people with lived experience, it is impossible to design infectious disease programmes that overcome barriers key groups face in accessing and benefitting from services (whether it be physical access, stigma and prejudice, or language, economic, educational, legal, or cultural barriers). The 2022 WHO key populations guidelines also recognise the importance of involving community members in service delivery, with a new recommendation (based on

moderate certainty of evidence) being the deployment of so-called peer navigators to support people in key populations to access and navigate services and to remain in care.

Although by integrating HIV, viral hepatitis, and STIs in the new guidelines WHO recognises that infectious diseases do not operate in silos, the guidelines do not advocate for a one-size-fits-all approach. Each key population has its own package of recommended interventions, including much overlap but also some differences to reflect individual groups' needs and challenges. The guidelines also acknowledge that individuals can belong to more than one key group—eg, sex workers who inject drugs or MSM who are incarcerated—and the importance of considering age, with younger key populations being poorly served by existing services and programmes. Relatedly, in their Personal View published in our journal on Aug 10, Theresa Ryckman and colleagues describe how people and communities can experience multiple, overlapping disparities that increase their vulnerability to tuberculosis and decrease their access to diagnosis, treatment, and prevention. For the many people who fall into more than one risk group or who experience multiple barriers, Ryckman and colleagues and the WHO guidelines advocate for services that take a person-centred approach, that are easily adaptable to individual situations, and that address any underlying barriers and inequities.

The COVID-19 pandemic has highlighted the significant disparities that individuals and communities face in access to essential health services and, consequently, in disease outcomes. WHO's new guidelines for key populations take note of pandemic lessons and decades of disappointing results from well-intentioned infectious disease programmes. They recognise that successful infectious disease services must be relevant to everyday life, equitable, and non-stigmatising; engage the relevant communities (from the beginning, to avoid tokenism); and take a person-centred approach. Any public health service designed with these principles in mind will surely be (cost-)effective and, most importantly, ensure that global targets are reached and no one is left behind.

■ [The Lancet Infectious Diseases](#)



For the new guidelines see
<https://www.who.int/publications/i/item/9789240052390>

For the Personal View see
 Personal View *Lancet Infect Dis* 2022; published online Aug 10.
[https://doi.org/10.1016/S1473-3099\(22\)00500-X](https://doi.org/10.1016/S1473-3099(22)00500-X)