



Training Course in Sexual and Reproductive Health Research 2013
**Module: Principles and Practice of Sexually Transmitted Infections
Prevention and Care**

STI and HIV Prevention and care among MSM

A. Verster and M. Rodolph - WHO
A. Gerbase - GFMER



SHR Department of Reproductive Health and Research



Outline

- WHO and key populations
- **The MSM guidance**
- Other relevant WHO guidance
 - The new 2013 ARV guidance
 - PrEP



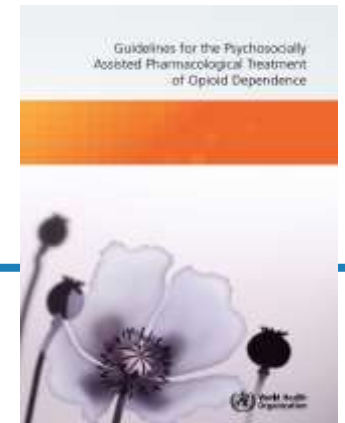
WHO and Key populations

- Normative work
- Global advocacy
- Build and sustain partnerships
- Support implementation



WHO's work on key populations


- People who inject drugs (2003-2012)
 - Normative (clinical and programmatic) guidance
 - Guidance to set national targets and measure progress
- Prisons (2005-2011)
 - Normative guidance
- MSM (2011)
 - Normative guidance
- SW (2012)
 - Normative guidance



Guidance to set targets & measure progress



Why guidance for MSM & transgender people?

- High vulnerability
 - MSM are 19.3 times more likely to be HIV-infected than the general population
 - Transgender people: estimated HIV prevalence is 19.1%
- Emerging epidemics in developing countries
 - Senegal: ~ 20% of new infections among MSM
 - Latin America: ~50% of all new infections among MSM
- HIV prevalence among MSM in Africa in context of generalised epidemics among heterosexuals
 - Kenya – 15%
 - Malawi – 21%
 - Namibia – 12%
 - South Africa – 15%
- High stigma, discrimination, violence  impedes access to services
 - More than 75 countries criminalize sex with the same-gender



Why the guidelines?

- No global technical recommendations had been made to guide health sector response of HIV for MSM and transgender people
- Epidemiology: communities disproportionately affected by HIV
- Demand from civil society, partners engaged in WHO global and regional consultations



Momentum

- 10 June 2011, *Political declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS*

Advancing human rights to reduce stigma, discrimination and violence related to HIV

77. Commit to intensify national efforts to create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV and promote access to HIV prevention, treatment, care and support and non-discriminatory access to education, health care, employment and social services, provide legal protections for people affected by HIV, including inheritance rights and respect for privacy and confidentiality, and promote and protect all human rights and fundamental freedoms with particular attention to all people vulnerable to and affected by HIV;

Purpose and Target audience

- Purpose

- Recommends a set of interventions for the prevention and treatment of HIV and other STI for MSM and transgender people

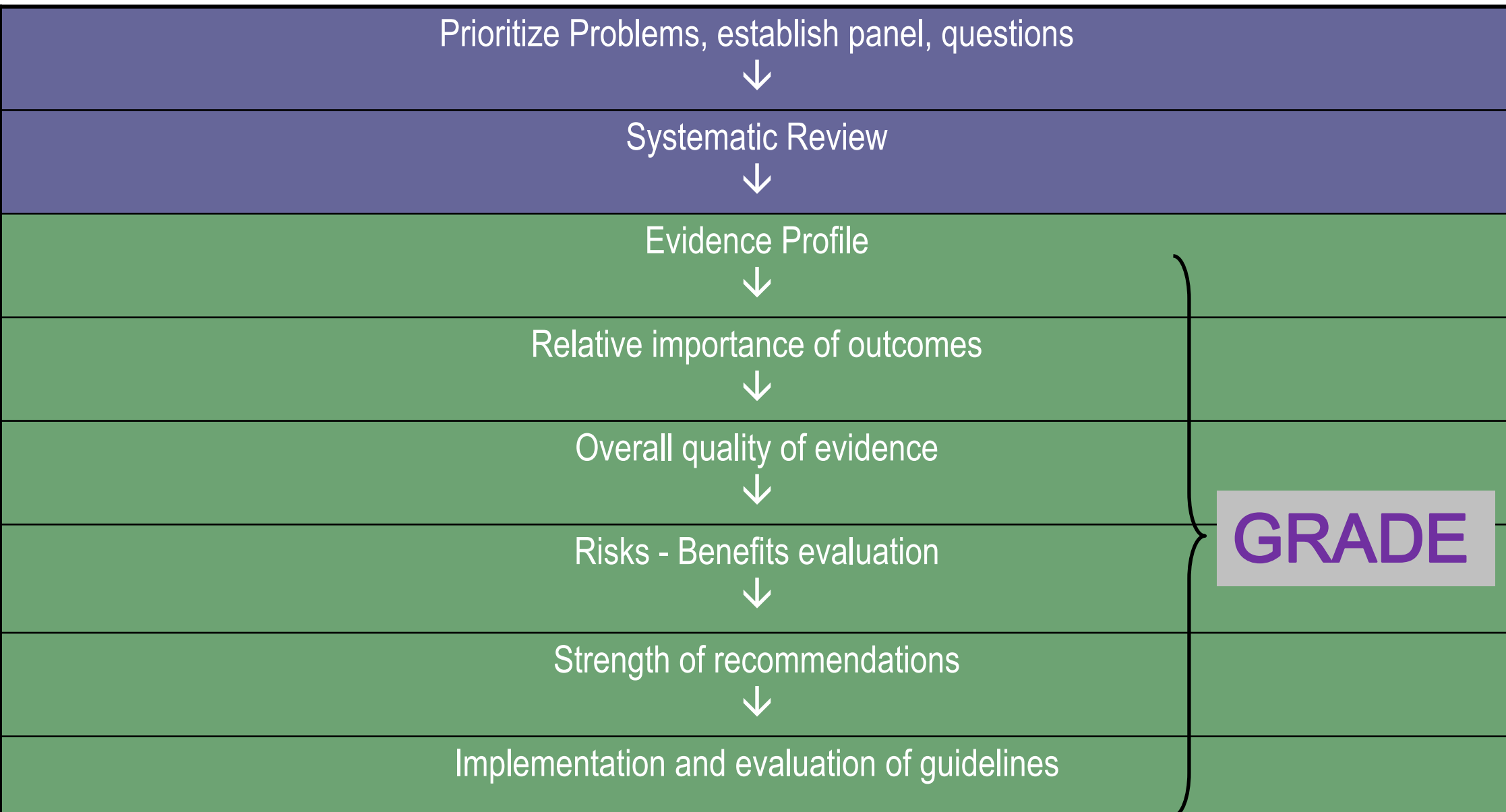
- Target Audience

- Lawmakers, policymakers
- Programme managers (HIV & STI)
- Health care providers
- Bi-lateral and multilateral donors
- Affected communities

- By whom

- broad range of partners WHO, UNDP, UNAIDS, GIZ, PEPFAR, MSMGF, other CSOs

Guideline development process



Conceptual framework

Human rights and inclusive environments

Good Practice

Non-discrimination in health-care setting

Individual Sexual Behavioral

Prevention

Behavioral interventions and IEC

Substance use,
prevention of blood borne infections,
male circumcision

HIV testing and counselling

HIV Testing and Counseling

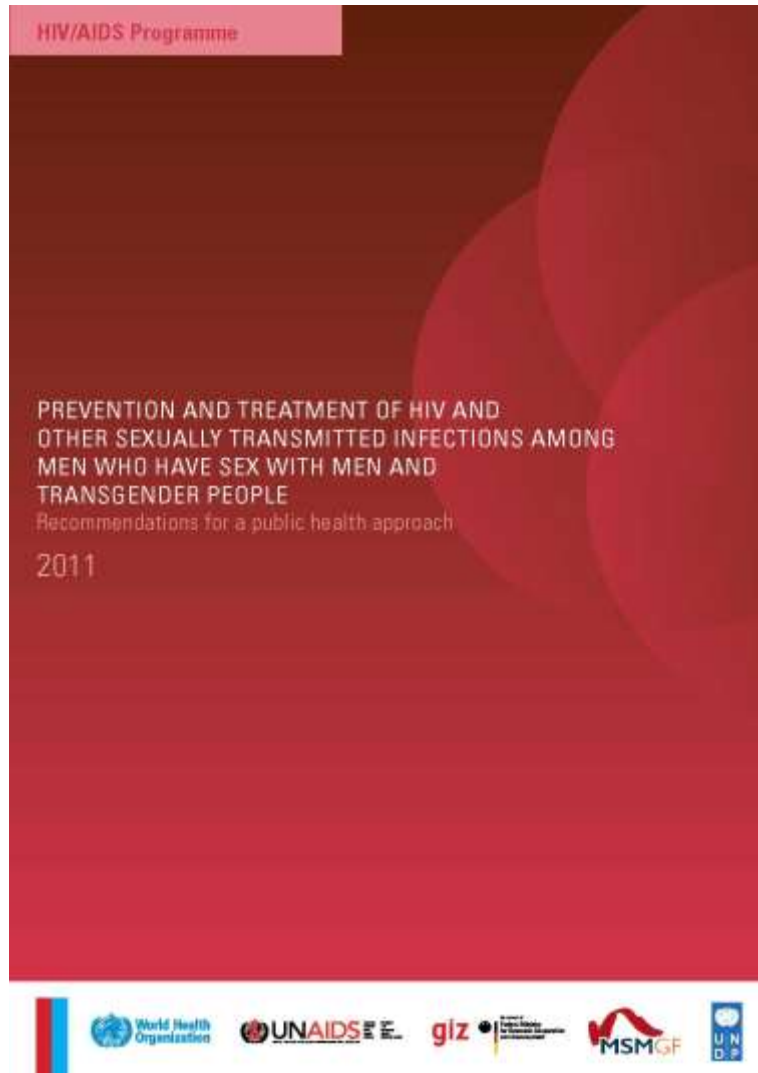
Treatment and care

HIV care and treatment

Prevention and care of other STIs



Highlights of 21 recommendations



- Good practices
- Technical recommendations

Good Practice Recommendations – Why?

- Persistence of **stigma and discrimination** regarding sexual and gender diversity in many regions.
- Existence of **legal barriers** for MSM and transgender people to be recipients of governmental services.
- Necessary to include two recommendations addressing
 - National policy
 - Health sector



*Stigma and discrimination create
barriers and undermine the response*

Human Rights and inclusive environments

Legislators and other government authorities should establish **anti-discrimination and other protective laws**, derived from international human rights standards, in order to eliminate discrimination and violence faced by men who have sex with men and transgender people, so that their vulnerability to infection with HIV and the impacts of HIV and AIDS would be reduced.



Access to services without discrimination

Health services should be made **inclusive** of men who have sex with men and transgender people, based on the principles of medical ethics and the right to health



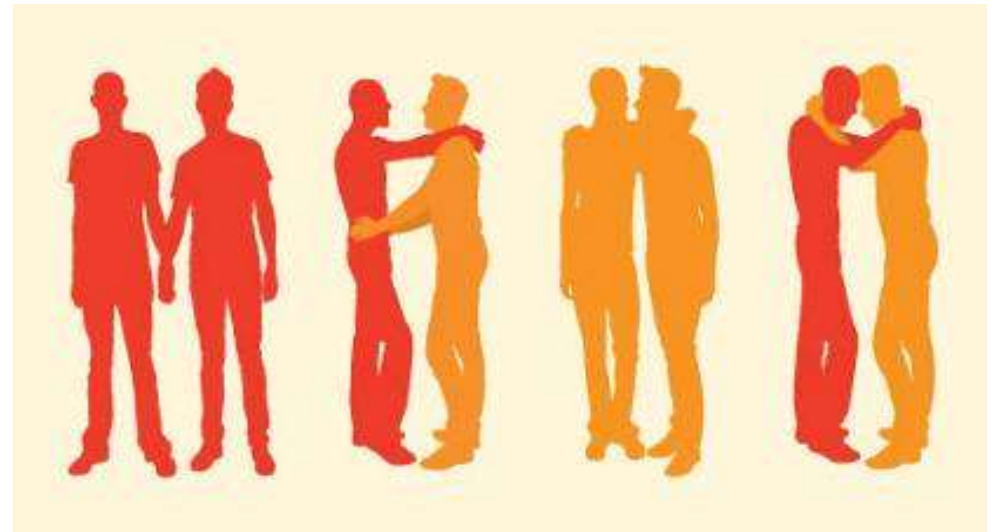
Prevention of sexual transmission

- Using condoms consistently
- Using condoms over sero-sorting
- *Water and silicone based lubricants*
- Not enough evidence to recommend male circumcision



Behavioural interventions information, education and communication

- Individual-and community level behavioural interventions
- Internet-based targeted information
- Social marketing strategies
- Sex venue-based outreach strategies

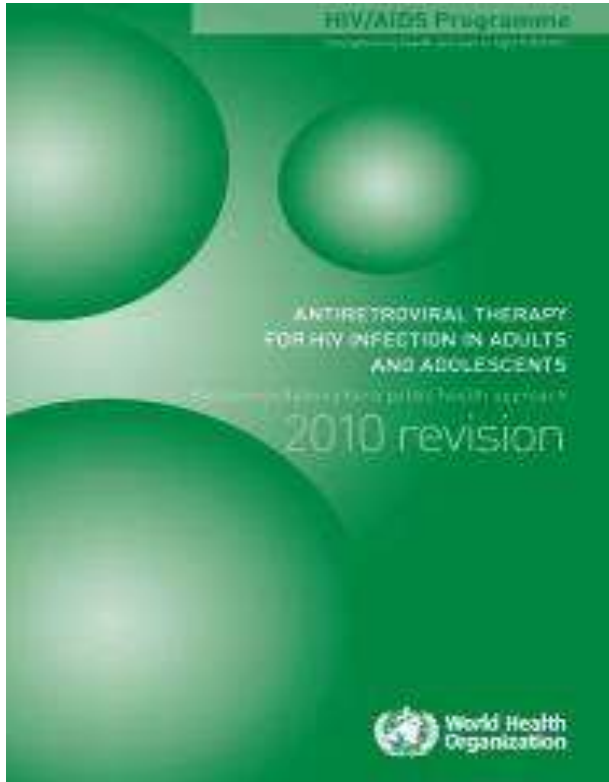


HIV testing and counselling



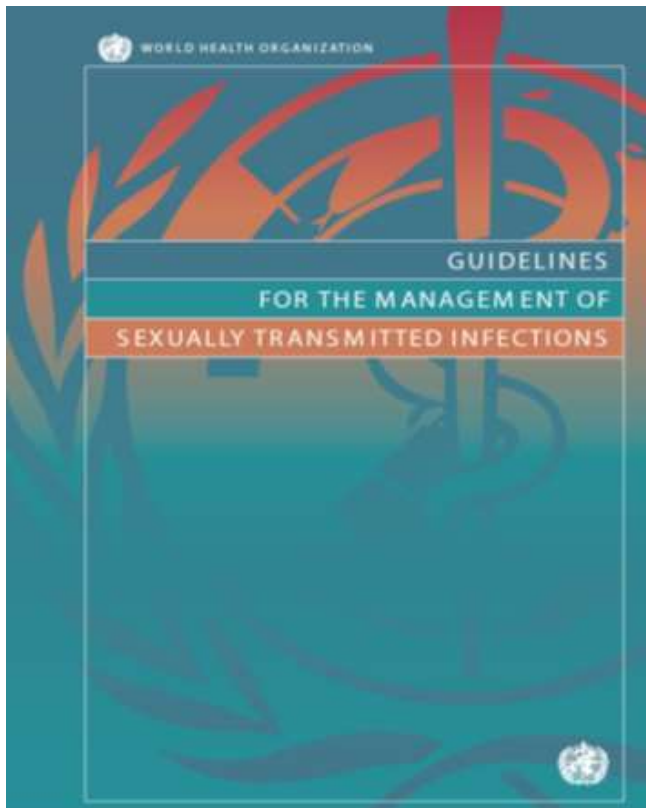
- HIV testing and counselling
- include community-level programs that are linked to care and treatment

HIV treatment and care



- ART to be offered and provided the **same** as for other populations
- Essential interventions to prevent illness and HIV transmission

STI treatment and care



- Syndromic management and treatment
- Periodic testing for asymptomatic STIs

Substance use & harm reduction

- MSM and transgender people with *harmful alcohol or other substance use* should have access to
 - brief psychosocial interventions, involving assessment, specific feedback and advice.
- MSM and transgender *people who inject drugs* should have access to
 - needle and syringe programs
 - opioid substitution therapy.
- Transgender people who *inject substances for gender enhancement* should
 - use clean injecting equipment and
 - practice safe injection to reduce the risk of infection with blood borne pathogens such as HIV, hepatitis B and hepatitis C.

Next steps

- Recommendations powerful advocacy tool and framework for policymakers
- Adopt in countries towards inclusive service provision
- WHO to release additional tools:
 - Fact sheets,
 - Young MSM
 - Operational guide
 - Target setting framework
- Capacity building at all levels
- Work with donors



Upcoming WHO guidelines on ART

- Earlier initiation of ART ($CD4 \leq 500$) for all PLHIV
- PrEP
 - *Daily use of antiretrovirals in HIV-uninfected people to block the acquisition of HIV infection*
 - Evidence in sero-discordant couples and MSM
 - Demonstration projects
- Treatment as Prevention
 - *Use of antiretroviral drugs in people living with HIV to prevent transmission of infection*
 - Focus on improving access to ART for benefit the individual as treatment
 - Demonstration projects?

More information: <http://www.who.int/hiv/topics/msm/en/index.html>