

Prevention and treatment of HIV and other STIs among MSM and transgender people

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**World Health
Organization**

Outline of presentation

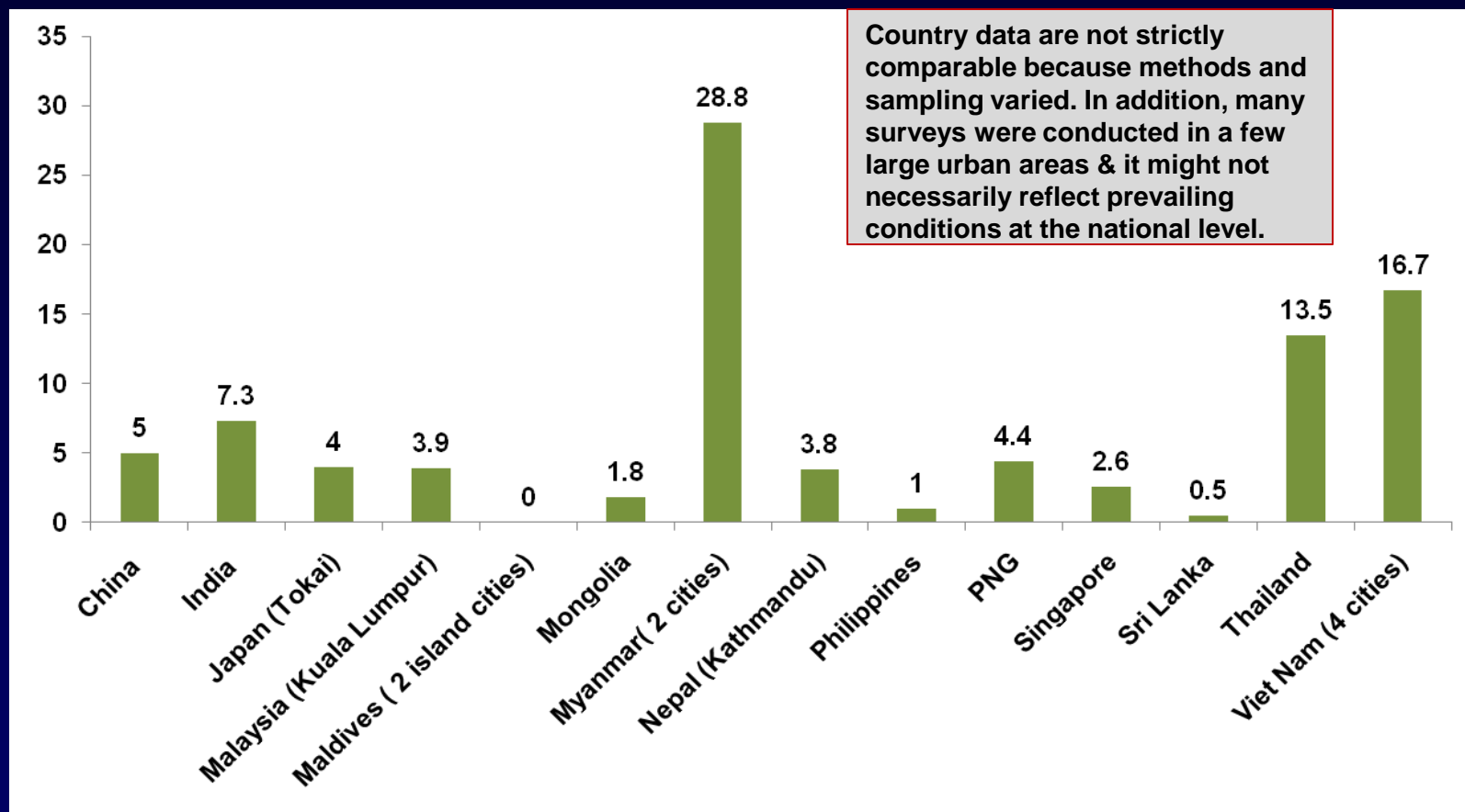
- Rationale for guideline development
- WHO guideline review process
- New 2011 WHO recommendations for MSM and transgender people
- Next steps

HIV epidemics among MSM & transgender people

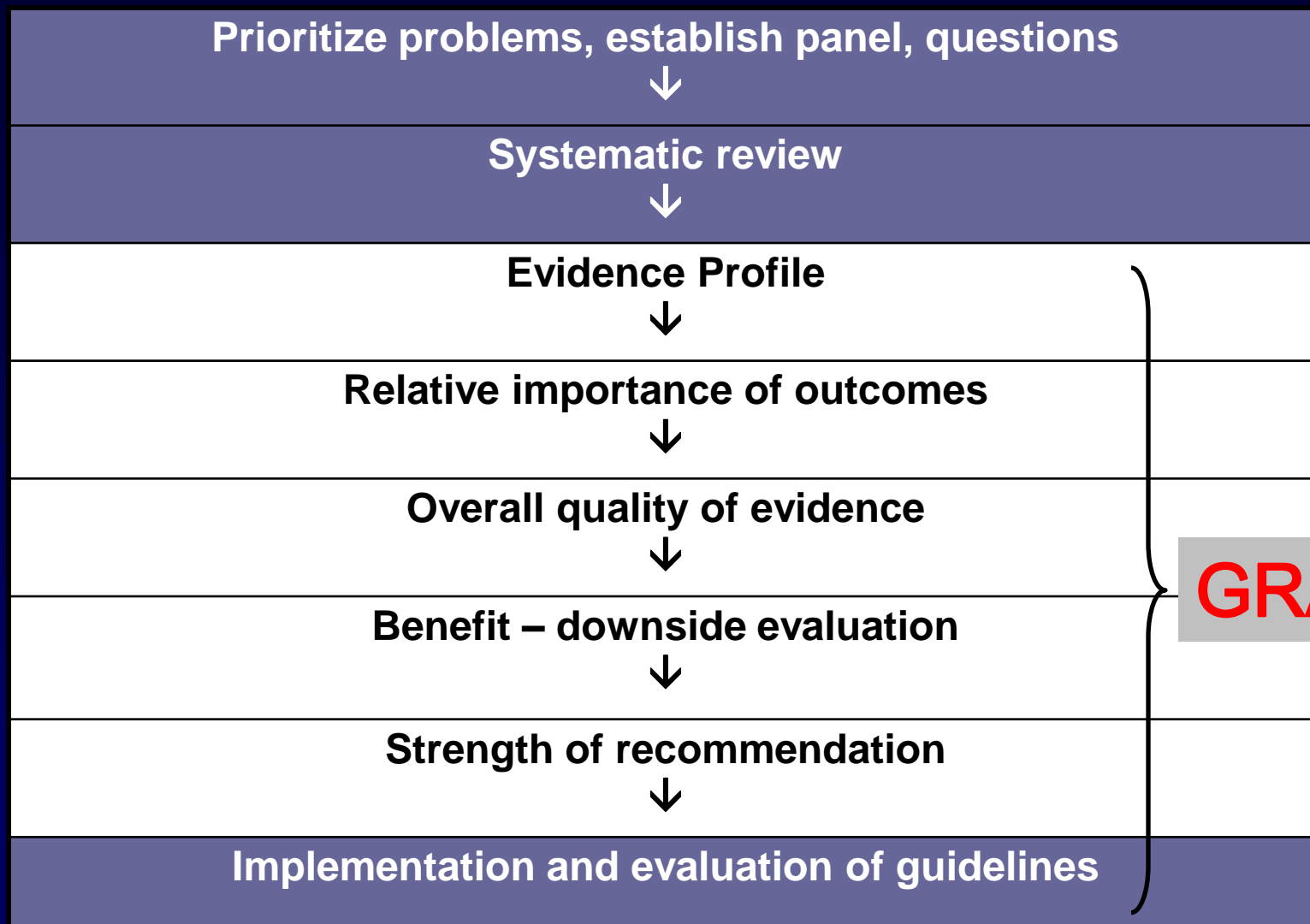
- High vulnerability
 - MSM – 20 times more likely to be infected (Baral et al 2007)
 - Transgender – up to 68% infected with HIV (Guadamuz et al 2010)
- Emerging epidemics in developing countries
 - MSM were 19 times more likely to have HIV infection as other men (Baral et al 2007)
- Resurging epidemics in industrialized countries
 - In US, 50% of PLHIV and 50% new cases are MSM (US CDC)
- High stigma and discrimination impeding access
 - More than 75 countries criminalizing same-gender sex

HIV prevalence among MSM in Asia is high

Selected cities in Asia, 2008-2009



WHO guideline development process



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

Highlights of 21 recommendations



- Structural
- Biomedical
- Behavioral

Good practice

- Promotion of a legal and social environment that protects human right
- Access to prevention, treatment, care and support without discrimination

Prevention of sexual transmission

Strong recommendation

- Using condoms consistently
 - Condom use vs no condom use and HIV (RR 0.34, 95% CI 0.21 to 0.54)
 - Condom use vs no condom use and STI infection (RR 0.34, 95% CI 0.21 to 0.54)

Conditional recommendation

- Using condoms over serosorting
 - Serosorting vs regular condom use and HIV (RR 1.79, 95% CI 1.2-2.65)
- Male circumcision is not recommended
 - MC vs no MC (OR 0.86, 95% CI 0.70 to 1.06)



Voluntary HIV testing and counselling

Strong recommendations

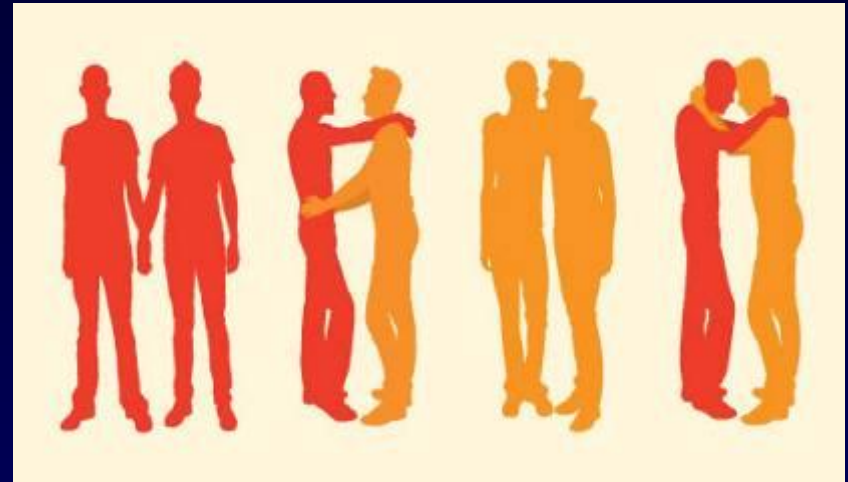
- HIV testing and counselling (HTC)
 - HTC vs standard information giving (RR 0.79, 95% CI 0.63 to 0.97)
- Community-level programs for HTC linked to care and treatment
 - Trended towards earlier treatment initiation



Behavioural interventions and novel communication strategies/outreach

Conditional recommendations

- Implementing individual and community level behavioural interventions



- Targeted internet-based targeted information
- Using social marketing strategies
- Implementing sex venue-based outreach strategies

HIV and STI treatment and care



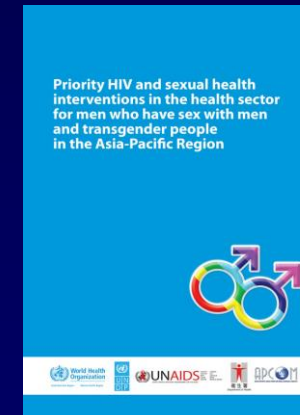
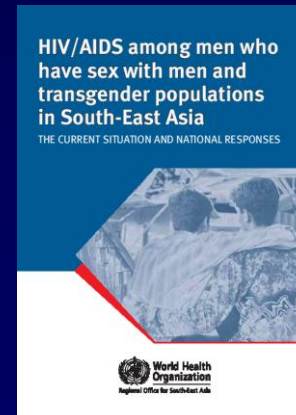
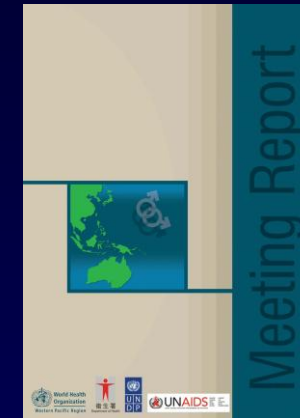
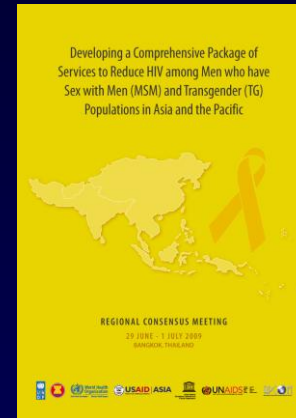
- ART the same as other populations
- Essential interventions to prevent illness and HIV transmission for people living with HIV
- Syndromic management and treatment (including anal infections)
- Periodic testing for asymptomatic STIs (conditional)

Other recommendations for MSM and transgender people

- Alcohol or other substance use - should have access to brief evidence-based psychosocial interventions involving assessment, specific feedback and advice
- Injecting drug users - should have access to needle and syringe programmes and opioid substitution therapy
- Transgender women who inject substances for gender enhancement - should have sterile injecting equipment and practise safe injecting behaviours
- In settings where infant immunization has not reached full coverage catch-up hepatitis B immunization strategies

Next steps in Asia & Pacific

- Implementation of the global evidence based recommendations and regional guidance on priority interventions in countries
- Development of case studies in priority countries
- Policy dialogue to engage health sector for scaling up services for MSM/TG
- Developing country-specific training manual for health providers and stigma reduction in healthcare settings
- Strengthen research agenda



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For more information:
<http://www.who.int/hiv/en/index.html>