



THE LINK

News About HIV Prevention, Care,
and Treatment for Key Populations

OCTOBER 2015 | Issue 4

SEX WORKERS, WORKING TOGETHER

The 1994 GIPA (Greater Involvement of People Living with HIV and AIDS) Principle galvanized the call to address stigma and discrimination and to support the agency of people living with HIV. Applying the ideals of the principle to key populations, regardless of their health status, means moving beyond tokenistic involvement to their meaningful engagement in research, program delivery, and leadership. This edition of *The Link* focuses on sex workers and what we can collectively accomplish when they are truly engaged as equal partners in the issues that affect them.

Strong evidence and growing recognition that sex-worker led, community-based services can reduce the risk of HIV offer the hope that before long, such examples will no longer be exceptions. Currently, however, only one-third of countries report having HIV risk-reduction programs for sex workers. Too many of those programs treat sex workers as recipients of services rather than partners in service design and provision; others are simply limited in scale.

Beyond lack of services, most countries impose punitive laws and regulations against sex work. When sex workers are considered criminals, they lack legal protection against extortion or violence. Just in the past few weeks, sex workers and human rights advocates marched in the streets of Nakuru, Kenya, to protest the police force's failure to investigate the gruesome murders of seven sex workers over the past month. In many countries, violence against sex workers — including physical assault, gang rape, and forced unprotected sex — is perpetrated with impunity by clients, intimate partners, and police officers.

Fear of arrest and violence, the stigma and discrimination associated with sex work, and poor working conditions increase sex workers' risk of acquiring HIV and make it difficult for them to seek HIV prevention or treatment services. Not surprisingly, sex workers are among those most affected by HIV. According to one study, the global HIV prevalence rate for transgender people who sell sex is estimated at 27% compared to 15% for transgender people who are not engaged in sex work.¹ And the UNAIDS 2014 Gap Report states that in the 27 countries for which data are available, about 14 percent of male sex workers were living with HIV. In 110 countries, female sex workers were more than 13 times more likely to acquire HIV compared to women overall. Even in countries with high rates of HIV, the prevalence of HIV among sex workers is much higher than that of other adults.²

In Malawi, for example, six out of ten female sex workers are living with HIV. An interview with the LINKAGES country representative, Melchiade Ruberintwari,

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Thank you to the following for submitting photos for the LINKAGES banner:
FHI 360's Asia-Pacific Regional Office (Ian Taylor and Mr. Naysokhim); Global Forum on MSM & HIV; Global Network of Sex Work Projects; and the International Network of People who Use Drugs

describes how the project collaborates with Malawi's Ministry of Health, the National AIDS Commission, and local partners, including networks of sex workers, to improve access to high-quality, stigma-free HIV prevention, care, and treatment services for sex workers (see page 7).

LINKAGES staff members in the South Sudan worked with sex workers to determine where to locate a sex worker-managed drop-in center and what services to provide there. In an article on page 6, the LINKAGES technical director

guiding principle of the Global Fund to Fight AIDS, TB, and Malaria. But, as sex workers recounted at a training workshop held in Cambodia in September, many of their organizations and networks are not involved in developing national strategic plans or project proposals because they are not familiar with the Fund's mechanisms and do not know that they may be eligible for funding. An article by Kay Thi Win and Anlina Sheng on page 4, describes how workshops like the one in Cambodia, designed by the Asia Pacific Network of Sex Workers and conducted with a variety of regional networks, are empowering sex workers to work more closely with the Global Fund.

The same article (page 4) describes how a similar collaboration among networks of sex workers, the Sex Worker Academy Africa (SWAA), is equipping African sex workers with the knowledge and skills they need to develop organizations, strategies, and programs to protect their health and human rights. Graduates of the Academy — 118 since the Kenya Sex Workers' Alliance conducted the first week-long training session in Nairobi in 2014 — have returned home to found sex-worker-led organizations and national networks that are involved in advocacy, outreach, and grant writing.

The Academy's curriculum is based on a document informally known as the Sex Worker Implementation Tool (SWIT), which provides practical guidance on carrying out interventions to prevent and treat HIV and other sexually transmitted infections with meaningful participation by sex workers. The SWIT defines meaningful participation as sex workers choosing how they are represented and by whom, deciding whether or not and how they engage in the process, and having an equal voice in how partnerships are managed.³ The article on page 3 contributed by the Global Network of Sex Work Projects (NSWP) outlines the Network's core values,

rules, hiring practices, and processes it uses to put the ideal of meaningful participation into daily practice.

Meaningful participation by sex workers is essential to reaching those who are most vulnerable, gaining their trust, and meeting their needs. It will also be required to implement new recommendations from the World Health Organization that people with HIV begin antiretroviral therapy (ART) as soon after diagnosis as possible and that pre-exposure prophylaxis (PrEP) be made available to all people at substantial risk of acquiring HIV (defined as those living in settings or communities with an HIV incidence of 3 percent).⁴ Both of these interventions will succeed only if programs work with sex workers to identify and engage the individuals who are eligible, support their adherence to daily drug regimens, and reduce any risks associated with the use of PrEP or early ART.

From the red light districts of Kolkata (page 3) to the streets of Juba (page 6), sex workers are joining forces to combat human rights abuses and protect their own health, and partners such as NSWP and LINKAGES are enhancing their capacity to expand the reach and impact of those efforts. These experiences show that that by working together, and maintaining a focus on human rights, sex workers and public health workers can help end the HIV epidemic.

1. Operario D, Soma T, Underhill K. Sex work and HIV status among transgender women: systematic review and meta-analysis. *J Acquir Immune Defic Syndr* 2008;May 1;48(1):97-103.
2. Joint United Nations Programme on HIV/AIDS. Sex workers. In: *The Gap report 2014*. Geneva, Switzerland: UNAIDS; 2014. p. 186-98. Available from: <http://www.unaids.org/en/resources/campaigns/2014/2014gapreport/gapreport>
3. WHO, UNFPA, UNAIDS, NSWP, World Bank, UNDP. Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, Switzerland: WHO;2013. Available from: http://www.who.int/hiv/pub/sti/sex_worker_implementation/en/
4. WHO. Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV. Geneva, Switzerland: WHO; 2015. Available from: <http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>



Photo Credit: © Steve Lambert

Sex Workers Education and Advocacy Taskforce (SWEAT) and Sisonke (National Sex Workers Movement in South Africa) working with the Center for Artistic Activism.

in South Sudan explains that outreach efforts are led by sex workers whom LINKAGES has trained as peer educators. The impressive response to the first six weeks of outreach is a powerful example of the benefits of such collaboration.

Partnership with the communities affected by the HIV epidemic is a

NSWP: “NOTHING ABOUT US, WITHOUT US”

The Global Network of Sex Work Projects (NSWP) is a membership organization with 240 registered members in 72 different countries. NSWP is committed to amplifying the voices of sex workers from both the global North and South. Our organizational culture and rules ensure that we are led by sex workers and that sex workers are meaningfully involved at all levels within the network. The NSWP Board comprises female, male, and transgender sex workers. The majority of NSWP’s staff and consultants are sex workers, and NSWP takes affirmative action to ensure sex workers are not disadvantaged in the recruitment process. NSWP does not require that all staff, consultants, or board members disclose their sex worker status. However, the global coordinator, the president, and vice-president are required to be public as sex workers.

All NSWP members must agree with three core values: acceptance of sex work as work; opposition to all forms of criminalization and other legal oppression of sex work (including

sex workers, clients, third parties, families, partners, and friends); and finally, supporting self-organization and self-determination of sex workers. The requirement that NSWP members support sex worker self-determination is interpreted as placing an obligation on members and NSWP itself to take all practical steps to ensure that sex workers are meaningfully involved within member organizations and NSWP activities.

NSWP has developed extensive processes to ensure that sex workers are meaningfully involved in international policy forums, program design, and program implementation. Research¹ consistently demonstrates that when sex workers are included at all levels of policy development and program implementation, they are more likely to be successful. This is supported by evidence-based social science research and through the many successes of our members’ activities.

For example, sex workers in India formed the Usha Cooperative, Durbar Mahila Samanwaya Committee (DMSC),

in one of the largest red light districts in Kolkata. The DMSC provides rights-based social, health, and economic services by and for sex workers. The cooperative brings together more than 65,000 sex workers and their children. It runs a hospital for sex workers, vocational institutions, schools for children of sex workers, and a cooperative bank. The cooperative is promoted by UNAIDS as a best practice to be emulated around the world.

NSWP strongly believes that involvement of sex workers in policy formation and program implementation must be meaningful. Sex workers are the experts on what policies and programs will be useful for them and are fully capable of implementing those policies and programs. In circumstances where sex workers lack the capacity, it is the role of NSWP and our regional networks to build the capacity of sex worker leaders and sex-worker-led organizations and networks to achieve their goals. Sex workers must not be merely consulted and used for the purpose of program or policy creation. Sex workers should be included at all stages and should be in decision-making positions.

NSWP stands by the slogan “Nothing About Us, Without Us”! Sex workers are and always will be the experts on sex work programming and policy.

By The Global Network of Sex Work Projects secretariat@nswp.org

1. Kerrigan D, Kennedy CE, Morgan-Thomas R, et al. A community empowerment approach to the HIV response among sex workers: effectiveness, challenges, and considerations for implementation and scale-up. *Lancet*. 2015;385(9963):172–85.



Photo Credit: © NSWP

Board of Directors of the Global Network of Sex Work Projects at the annual board retreat in July 2015.

RAISING THE BAR FOR MEANINGFUL ENGAGEMENT

Sex work networks around the world are providing sex workers with the skills and knowledge they need to develop effective organizations, programming, and advocacy strategies. For example, the Asia Pacific Network of Sex Workers (APNSW) is training its members how to successfully participate in The Global Fund's funding mechanism, and the Global Network of Sex Work Projects (NSWP) — with the African Sex Worker Alliance and the APNSW — conducts a week-long learning program called Sex Worker Academy Africa (SWAA).

GLOBAL FUND 101

The Global Fund — a partnership among governments, civil society, and the private sector — raises and invests approximately four billion dollars a year to fund countries and communities in their work to end AIDS, tuberculosis, and malaria. To benefit from Global Fund financing amid a country's many priorities, sex worker groups and other key population networks must be closely involved in contributing to their country's Global Fund strategy and use of Fund support. To submit requests for funding, each country establishes a national committee, or country coordinating mechanism (CCM). The CCMs include representatives of every sector involved in the response, including people affected by the targeted diseases, and they oversee program implementation once a request has been funded.

Navigating the Global Fund

In 2014, with technical assistance from NSWP and the Global Fund and with additional support from Robert Carr Network Fund, APNSW developed a new five-day training workshop. The workshop's goal is to further build the technical knowledge and capacity of sex

worker groups to participate in the Fund's processes, including its new funding model. The workshop series began with a global training of trainers in July 2015. Since then, the training has been delivered in Nairobi in partnership with Africa Sex Workers Alliance, and twice in Cambodia with APNSW and sex worker organizations from Asia and the Pacific.

One of the Cambodia workshops, in September 2015, included participants from Cambodia, Indonesia, Malaysia, Papua New Guinea, Thailand, and Vietnam and was facilitated by Michael Matthews, member of the Communities Delegation to the Global Fund board, and Kay Thi Win, regional coordinator for APNSW. The workshop provided an overview and history of the Global Fund and discussions about how the Global Fund mechanism works in each country through the CCMs. Strong emphasis was placed on the value of key populations' participation in their country's dialogue about the priorities for Global Fund support and on their engagement in developing a Global Fund National Strategic Plan and concept notes. Participants were keen to share their experiences with the Global Fund and the way in which they are represented on CCMs, including whether representation was meaningful or tokenistic. The group's feedback suggested that there is significant room for improvement in a number of CCMs in terms of inclusion.

Ximena Naviahenao, from the Global Fund's Cambodia country team, discussed human rights and introduced the Fund's sexual orientation and gender identity strategy. Participants shared stories about how human rights were routinely infringed upon in their countries: from insults by health care workers telling sex workers to have unnecessary abortions, to the criminalization of sex work, the need to pay bribes to get out of jail, and confiscation of citizenship and identity documents. The Global Fund has recently implemented a new mechanism for submitting reports about human rights violations by any implementer of the

Fund's grants. Carolyn Truesdell from the Fund's Office of the Inspector General explained this process and how human rights standards are now incorporated into Global Fund contracts.

Summing up the workshop, one participant said, "We learned good practice around country dialogue, different ways to do advocacy, and that we need to be clear about our messages." Another, articulated the workshop's key themes of empowerment and meaningful engagement: "We learned that as key populations we have the right to participate in [the GF's] country dialogue."

The next training is planned for December 2015 when APNSW will organize with Eastern European members of NSWP and South Asian members of APNSW.

"We learned that as key populations we have the right to participate in [the GF's] country dialogue."

— Workshop participant

The Sex Worker Academy Africa

Four times a year, national teams of sex workers from across Africa gather in Nairobi, Kenya for the week-long Sex Worker Academy Africa (SWAA) to develop organizing skills, learn best practices, empower national sex worker movements, and strengthen the regional network. SWAA is facilitated by a group of trained sex workers, among them some Academy graduates, and includes workshops, site visits, group discussions, and art advocacy sessions.

Inspiration for the SWAA came after the International AIDS Conference 2012 Hub at Kolkata, India, when teams of African sex workers visited the sex-worker-led organizations VAMP in Sangli and Ashodaya Samithi in Mysore. The African

sex worker teams learned about the growth of interventions through rights-based, community-led processes and about the development of the sex worker rights movement in India. Thus was born the Sex Worker Academy Africa, which would serve as a training ground for African sex workers and a site for continued learning and exchange.

Since its first run in 2014, SWAA has trained 118 sex workers from across Africa, with an impressive 100% completion rate. On returning home, Academy graduates have been instrumental in establishing new sex-worker-led organizations and national networks.

PowWow in Zimbabwe, the Malawi Sex Workers Alliance, and the Tanzania Sex Workers Alliance are initiatives by SWAA

graduates. These new organizations have undertaken a variety of activities, including community outreach, sensitizing police, developing positive relationships with policymakers and government ministries, applying for funding, increasing positive media coverage of sex workers, developing a presence on social media, and forming partnerships with allied and religious organizations. This is a notable increase in community empowerment — prior to the SWAA, some countries had no organized sex worker movement at all.

Initiatives like the Sex Work Academy Africa and Global Fund capacity-building are successful models for empowering key populations to take their rightful place in developing the policy, programs, and research that affect them.

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Photo Credit: © "Dale in Bangkok," APNSW Media Director

Workshop participants practiced art for advocacy at the September 2015 APNSW training on the Global Fund. They created this banner to depict their reactions to the training and hopes for working more closely with the GF in the future.

IN FOCUS: REACHING SEX WORKERS WITH SERVICES IN SOUTH SUDAN

In South Sudan's capital city of Juba, where an estimated 5,000 people are living with HIV and in need of treatment, only two hospitals currently provide antiretroviral therapy (ART).

With Sudan's long history of conflict, obtaining HIV care and treatment is difficult for anyone there who is living with HIV. But for one key population — female sex workers — the barriers to comprehensive HIV care and treatment are particularly daunting, says John Ndiritu, the LINKAGES technical advisor in South Sudan.

“Culturally and from a religious perspective, this is very stigmatized work,” he says. “Sex work is illegal, and women don't want to be known as HIV positive.”

Many sex workers cannot afford to forego income to wait to be seen at the

overburdened hospitals. Those who do seek care often find providers are reluctant to serve them. Most female sex workers are from neighboring countries, and their fear of being deported creates another barrier to obtaining HIV services, in addition to the stigma of sex work and living with HIV.

The most vulnerable sex workers, however, are those from South Sudan, who tend to be younger, more hidden, and less knowledgeable about HIV compared to their counterparts.

LINKAGES is establishing a drop-in center (DIC) in Juba to provide a safe space where sex workers can obtain comprehensive, stigma-free HIV services. The center will offer HIV risk-reduction counseling and skills building, condom and lubricant promotion and distribution; screening and treatment for other sexually transmitted infections (STIs); family planning counseling and services; HIV testing and counseling; gender-based violence (GBV) prevention, care, and support services; HIV care; and ART. The DIC will also serve as a meeting place where sex workers can relax with peers.

The DIC also will enable the LINKAGES staff to go beyond basic pre- and post-test counseling. “We will intensively engage both the HIV-positive sex workers, so they will have positive treatment outcomes, and the HIV-negative sex workers, so they can remain negative,” Ndiritu says.

While awaiting official accreditation of the center by the Ministry of Health, the LINKAGES staff has focused on outreach. The project's clinical officer and nurse go to the communities where the women work, along with trained HIV counselors, to provide HIV counseling and testing, STI screening, family planning services, and referrals to Juba Military Hospital for STI and HIV treatment.

Women learn of the outreach services from a team of 20 sex workers trained to promote HIV-preventive behaviors

and demand for HIV services among their peers in Juba. LINKAGES has also trained sex workers as peer educators in the cities of Yei and Nimule, where they provide community-based HIV education and refer sex workers to local HIV services.

In their first six weeks of service delivery, the outreach teams in the three cities tested 657 sex workers for HIV, referred 159 women who had tested positive to health facilities, and ensured that they were enrolled in care. Bringing so many women into the HIV continuum of care in an environment where both HIV and sex work are highly stigmatized “was a real milestone for our program,” Ndiritu says.

The teams also identified 13 women who had previously tested HIV positive and were eligible for ART but were not on treatment. “One sex worker was literally bedridden,” Ndiritu says. “Our team secured admission to hospital, so she could get the treatment she needed, and very soon she will be up and about.”

The LINKAGES team works closely with hospital staff to track these referrals and mentors health care providers in treating sex workers with respect. More formal training is planned, based on a curriculum that LINKAGES is developing.

At the DIC, LINKAGES will also prepare sex workers for interactions with health providers, says Chris Akolo, a senior technical advisor at FHI 360. “We're building the capacity of the sex workers to be savvy clients,” he says. “That way, even if the providers aren't asking them about important topics, the women can initiate discussions.”

The peer educators will manage most of the projects at the DIC, with technical support from the project staff. “This community is excited at the prospect of having a center to call their own,” Ndiritu says.

By Kathleen Shears, MS
FHI 360



Photo Credit: © Patrick Zema, LINKAGES/South Sudan

Mr. Lomena David, an HIV testing counselor from the Nimule Hospital, Magwi County, Eastern Equatorial State, provides HIV testing services to a female sex worker. Services were provided during an outreach organized by the LINKAGES team to one of the lodges that hosts FSWs in Nimule Town.

THE PEOPLE @ LINKAGES: MELCHIADE RUBERINTWARI

Melchiade Ruberintwari understands the difficulties of marginalized populations that are confronted by an oppressive majority. Born in 1968 to a Tutsi family that escaped the 1959 purges in Rwanda by fleeing to Burundi, Ruberintwari did not set foot in his homeland until 1994. The 26-year exile, and the loss of all relatives who lived in Rwanda during the Tutsi genocide, forever shaped his views on human



Photo Credit: Didrick Chirwa

Melchiade Ruberintwari, FHI 360, country representative for LINKAGES in Malawi

rights. “I learned about the importance of tolerance and good country leadership, and this has a direct impact on my current work of serving key populations in challenging situations,” he says.

As the country representative for LINKAGES in Malawi, Ruberintwari is charged with managing the project’s efforts to reach female sex workers, men who have sex with men, and transgender individuals in that country. “Members of key populations face social-cultural stigmatization, the criminalization of sexual relationships, plus harsh rogue and vagabond laws — all of which subject them to arrests, abuse, and the denial of health care,” he explains. “LINKAGES is trying to change that.”

What is LINKAGES doing in Malawi with key populations?

LINKAGES provides HIV prevention, care, and treatment services to key populations with the aim of reducing HIV transmission and improving the lives of those who are living with HIV. We do this work in partnership with the Malawi Ministry of Health and the National AIDS Commission. And we collaborate with local partners to implement the work — including civil society organizations, networks of key populations, and a variety of health facilities.

What are some of your tasks as a country representative for LINKAGES?

I must ensure that our systems, services, and budgets are in line to achieve our administrative and programmatic goals. In practice, this involves many different tasks: I supervise and provide technical guidance to the LINKAGES team on program activities, such as community-based outreach, peer education, and referrals for services (HIV, STIs, GBV, PMTCT, and FP); oversee the subawards to local organizations; ensure that the project achieves high-quality results; and I serve as the LINKAGES contact for interactions with USAID/Malawi, the Government of Malawi, the MOH, and our implementing partners.

What are the biggest challenges to reaching the project’s objectives in Malawi?

Despite the high HIV-prevalence rate among key populations in Malawi — more than 60% among females sex workers and about 17% among men who have sex with men — these are the very people who have limited access to comprehensive, high-quality services for sexual and reproductive health and HIV care and treatment. They are often hidden and hard to reach, so this is a big challenge for LINKAGES.

What excites you most about your work?

I am excited to serve populations that have been marginalized for so long. I am also excited by the involvement of the Ministry of Health and the National

LIFE FACTS

Expertise: Design and management of HIV-related health programs, strategic behavioral communication, clinical practice, and health education

Number of years working on HIV programs in Africa: 17

Professional achievements: Principal- or co-investigator of several studies in Africa, including household economic assessments, behavior surveillance surveys for key populations, and needs assessments for nutrition and HIV prevention; a member of several technical working groups, including HIV prevention, FP/RH, and OVC; and a former member of the National Strategic Plan Task Force in Rwanda

Country experience: Rwanda, Burundi, Tanzania, Kenya, Djibouti, DRC, Angola, Malawi

Languages: Kinyarwanda, English, French, Luganda, Kiswahili, and Kirundi

Family: Married father of two girls and a boy

Activities: Reading science books (especially on health issues), watching television news and Premier League football (a Manchester United fan)

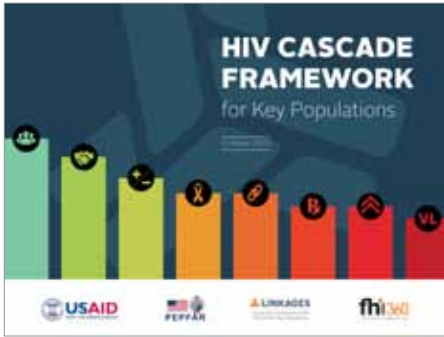
AIDS Commission in Malawi. These government bodies are helping us to implement LINKAGES by supporting the project’s start-up activities and reviewing the national health guidelines to address important issues and include services for key populations.

What is your one wish for key populations?

I would like to see the Government of Malawi fully engaged in establishing and implementing policies and initiatives that reduce the marginalization and stigmatization of key populations. These actions would help not only to increase key populations’ access to HIV prevention, care, and treatment services but also to ensure their human rights.

*By Michael Szpir, PhD
FHI 360*

NEW RESOURCES: POLICY AND PRACTICAL GUIDANCE



THE HIV CASCADE FRAMEWORK

<http://www.fhi360.org/sites/default/files/media/documents/linkages-hiv-cascade-framework-oct15.pdf>

The HIV continuum of prevention, care, and treatment (CoPCT) cascade provides a means for showing the numbers of people who are actually accessing services at each step of the continuum. *The HIV Cascade Framework* identifies leaks in the system, so that implementers can learn where, when, and how to intervene to break the cycle of HIV transmission and most efficiently target limited resources. This interactive document, produced by LINKAGES, provides program managers with step-by-step guidance on how to construct, analyze, and use the HIV cascade framework in their own programs to improve uptake of and retention in HIV services by key populations.

TRANSGENDER PEOPLE AND HIV POLICY BRIEF

<http://www.who.int/hiv/pub/transgender/transgender-hiv-policy/en/>

This technical brief summarizes essential information and World Health Organization recommendations for HIV prevention, diagnosis, treatment, and care among transgender populations. The brief is intended as a resource for governments, donors, and implementers. It summarizes the epidemiologic data and then consolidates recommendations pertaining to transgender people and HIV. It is informed by a values and preferences study of transgender people themselves, and it includes illustrative case examples. The brief concludes with a discussion of the gaps in evidence, suggested steps for filling those gaps, and links to additional key resources.



BLUEPRINT FOR THE PROVISION OF COMPREHENSIVE CARE FOR TRANS PEOPLE AND TRANS COMMUNITIES IN ASIA AND THE PACIFIC

<http://www.weareaptn.org/asia-pacific-trans-health-blueprint-in-action/>

The Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific (the Blueprint) was designed to strengthen and enhance the policy-related, clinical, and public health responses for trans people in Asia and the Pacific. The intended audience for the Blueprint is health providers, policymakers, governments, donors, trans organizations, and other civil society organizations. Collaboratively developed by the Asia Pacific Transgender Network, the United Nations Development Programme, and the USAID-funded Health Policy Project, the Blueprint provides an introduction to trans health; a summary of international human rights; an outline of the priority health and human rights issues for trans people in the region; clinical advice about supporting trans adults' health needs; advice for those working with trans and gender-nonconforming children and youth; and policy considerations to improve trans people's rights to health and gender recognition, and to ensure freedom from discrimination and violence.

NEW RESOURCES *continued*



IMPLEMENTING COMPREHENSIVE HIV AND STI PROGRAMMES WITH MEN WHO HAVE SEX WITH MEN: PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS

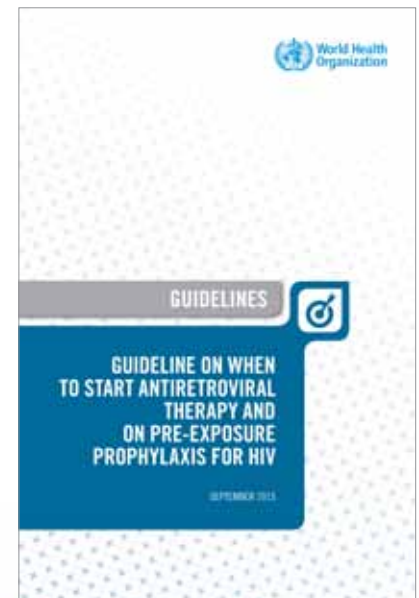
<http://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-men-who-have-sex-men>

This resource — developed by men who have sex with men, program managers, researchers, and development partners in cooperation with a coordinating group — contains guidance on implementing HIV and sexually transmitted infection programs among men who have sex with men. It is based on recommendations from the *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*, published in 2014 by the World Health Organization. Among other topics, this resource addresses community empowerment, violence, condom and lubricant programming, service delivery, and the use of information and communications technology in programming. The tool is designed for public health officials, program managers, nongovernmental organizations, and health workers. It may also be of interest to international funding agencies, policymakers, and advocates.

GUIDELINE ON WHEN TO START ANTIRETROVIRAL THERAPY AND ON PRE-EXPOSURE PROPHYLAXIS FOR HIV

<http://www.who.int/hiv/pub/guidelines/earlyrelease-arv/en/>

This early-release guideline from the World Health Organization provides two key recommendations that were developed during the process of revising 2013 guidelines on antiretroviral therapy (ART) and pre-exposure prophylaxis (PrEP). First, ART should be initiated in everyone living with HIV at any CD4 cell count. Second, the use of daily oral PrEP is recommended as a prevention choice for people at substantial risk of HIV infection as part of combination prevention approaches. By publishing these recommendations as soon as possible, WHO aims to help countries to anticipate their implications and begin the work needed to ensure that national standards of HIV prevention and treatment are keeping pace with important scientific developments. Fully revised guidelines will be available in 2016.



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