HEADLIGHT

BITE SIZE BRIEF

Understanding WHO's Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations

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HEADLIGHT Bite Size Briefs

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APCOM aims to increase access to important global and regional policies, strategic information and other high-level publications, including legal and policy analyses, research reports, and skills building tools by summarising information into short briefs using simple language. It is designed for use by community HIV and sexual health organisations and advocates working with men who have sex with men (MSM) and transgender people. [1]

This issue of Bite Size Briefs is a summary of the *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*, which was published by the World Health Organization (WHO) in July 2014. From here on, the publication will be referred to as "the Guidelines". If you wish to access the original document, you can find it in this link:
http://www.who.int/hiv/pub/guidelines/keypopulations/en/

APCOM closely coordinated with the WHO in developing this brief. WHO assisted in reviewing the document to ensure information relevant to MSM and transgender are not missed.

APCOM provided strategic input for these Guidelines from the perspective of MSM and transgender people. APCOM supports the greater dissemination and discussion of the Guidelines, and provides this Bite Size Brief so that MSM and transgender communities from the Asia Pacific can better understand the Guidelines and how it applies to their local context. Organizations should consider how each recommendation can be implemented in a way that is appropriate, accessible, effective and acceptable for their local situation.

At the end of this brief, we suggest some actions you can take, including discussing these Guidelines with your community, assessing how community empowerment and community based services can be improved, and translating this Bite Size Brief into your local language. You can also let us know your views about these Guidelines by participating in our survey at **https://www.surveymonkey.com/s/APCOMandWHO.**

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AFAO

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YVC

The recognition that young people from key populations are even more vulnerable than older cohorts to STIs, HIV and other sexual and reproductive health problems is of utmost importance since this pushes the discussion around self-stigma further. The mention of self-stigma and the staunch support to discuss this in the communities and the stakeholders in guidelines is very encouraging. As young MSM and transgender people aged 18 - 29 continue to report facing unique **self-issues, including intense self-stigma**, one of the sad reality is that many HIV - related programs have failed to integrate and address **self-stigma.**

On other note, as evidences indicate that young transgender are increasingly affected and remain an invisible population, the 2014 WHO Consolidated Guideline is a big leap as this further the need for a much intensive and extensive lens in looking at the issues of young transgender who are equally, and in some cases, increasingly vulnerable to HIV.

As the 2014 WHO Guidelines identifies adolescents as one of the key affected populations, the young people are given opportunity to advocate for the recommendations and ensure their implementation based on their needs and country contexts. Young people may now have evidence-based information to join in discussions on the rolling out of the guidelines and how this may effect existing interventions and programs. This discussion can also be an opportunity for communities working for young people to look at the guidelines at a much broader perspective and of how they can use it for other things such as resource mobilization, further research or studies.

YVC views WHO Consolidated Guidelines as a means to push for more services specifically for young key populations. Upon identifying that there is a lack of youth-friendly HIV-related health services for young MSM and TG in the region, YVC is producing a set of youth-friendly guidelines for health services providers at the country and community level, with inputs provided by our members during a consultation in November, 2013. YVC hopes that once used by the health services providers, the guidelines will increase youth access to health services in the region.

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GIVE US YOUR FEEDBACK

You can also let us know your views about these Guidelines by participating in our survey at

https://www.surveymonkey.com/s/APCOMandWHO

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I. INTRODUCTION

The Guidelines aim to support countries provide more effective and comprehensive HIV services for the key populations, including men who have sex with men (MSM) and transgender people and include discussion of specific issues relating to adolescent key poulations. Although, there is still a lack of evidence to support recommendation of PrEP to transgender women. In this brief we highlight the recommendations made in the Guidelines that are most relevant to MSM and transgender people.

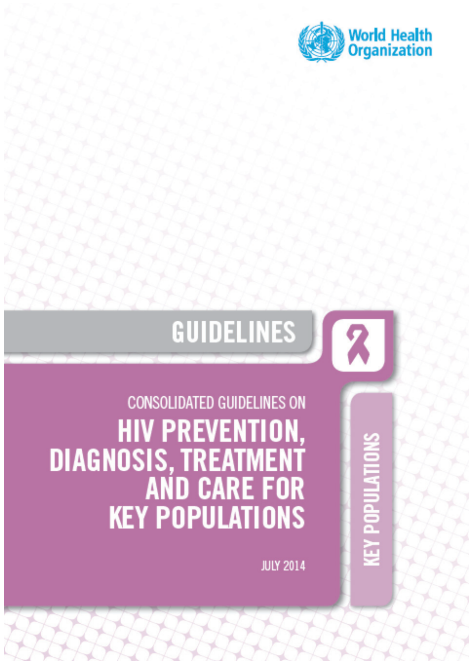
The Guidelines combine the common parts of previous WHO guidances and also introduce new guidance, for example, new recommendations on the use of pre-exposure prophylaxis (PrEP) as an additional prevention choice by MSM and transgender women. As a whole, the Guidelines provide a comprehensive package of "health sector interventions" and "critical enablers" recommendations needed for successful implementation of programmes. These guidelines also consider service delivery issues and provide guidance on decision-making, planning, and monitoring and evaluation.

"Health sector interventions" include interventions relating to HIV prevention, testing and counselling, treatment and care, prevention and management of coinfections and comorbidities, and sexual and reproductive health. These health sector interventions have greater impact when they are implemented along with the enabling factors. However, these health sector interventions should not be delayed just because the enabling environmental factors are missing or challenging to tackle, but efforts to address these where possible should also be considered at the same time.

"Critical enablers" are strategies that create enabling environments for improved HIV interventions and services. The critical enablers recommended in the Guidelines address the following major barriers:

- Legal barriers such as the criminalization of sexual relations between men, non-recognition of transgender people and their gender expression, and restrictive age of consent laws.
- Stigma and discrimination from families, communities, health workers, and law enforcement. This can result in poor quality and disrespectful services and delayed HIV testing, hiding positive serostatus, and poor uptake of HIV services.
- Lack of community empowerment, which leaves MSM and transgender people unaware of available services and the benefits of accessing them, their legal and human rights, and what to do if these rights are violated.
- Violence, including situations where violence is made "legitimate" through discriminatory or harsh laws, policing practices and cultural and social norms.

Successful critical enablers require different sectors, such as the health, justice, housing, welfare and labour sectors, working with each other. After assessing the local situation, countries should consider whether each recommendation can be implemented in a way that is appropriate, accessible, effective and acceptable for MSM and transgender people in their local context.



Cover page of "Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations" published by WHO. The original document is accessible from this link: ***http://www.who.int/hiv/pub/guidelines/keypopulations/en/***

II. HEALTH SECTOR INTERVENTIONS

All key populations

MSM

Transgender people

Adolescents from key populations

COMPREHENSIVE CONDOM AND LUBRICANT PROGRAMMING

MSM: Condoms and condom-compatible lubricants are recommended for anal sex. Adequate provision of lubricants needs to be emphasized.

Transgender people: Condoms and condom-compatible lubricants are recommended for anal sex. Adequate provision of lubricants for transgender women and transgender male who has sex with male needs emphasis.

Adolescents from key populations: Peer-led and outreach approaches may help to give out condoms and lubricants, increase knowledge, develop skills and empower adolescents to use condoms and lubricants correctly and consistently.

- Laws and law enforcement should support condom programming. Police should not harass individuals carrying condoms or use this as evidence to convict them of criminal activity.
- Campaigns should increase awareness of the benefits of condoms.
- Condoms with lubricants should be available for free from multiple sources that reach MSM and transgender people, particularly young MSM and transgender people.
- Condom-compatible lubricant should always be provided with condoms. Water or silicone based lubricants should be used with latex condoms; oil-based lubricants must not be used.
- Programmes should offer information and skills-building in negotiating condom use.

HARM REDUCTION FOR PEOPLE WHO INJECT DRUGS [2]

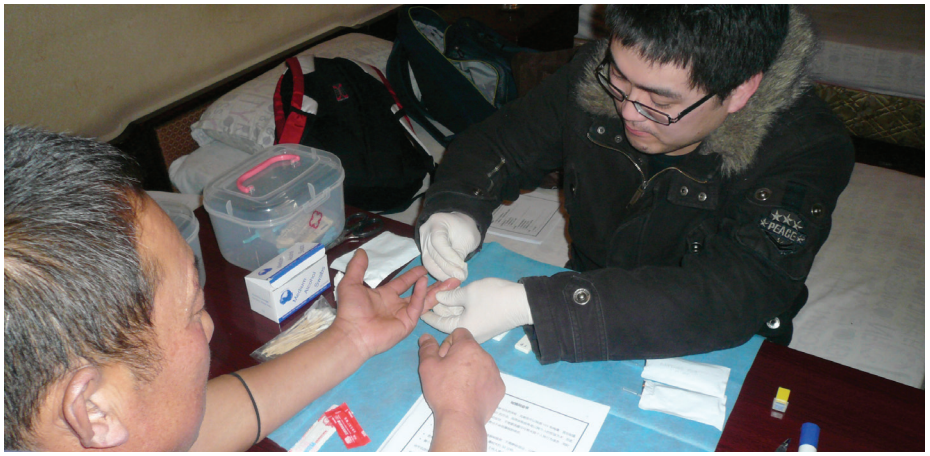
Transgender people: Transgender people who inject substances for gender affirmation should use sterile injecting equipment and practice safe injecting practices to reduce the risk of infection with bloodborne pathogens such as HIV, hepatitis B and hepatitis C.

BEHAVIOURAL INTERVENTIONS

MSM and Transgender people: The following strategies are recommended to increase safer sexual behaviours and uptake of HIV testing and counselling: targeted internet-based information, social marketing strategies, and sex venue-based outreach. There should be individual and community level behavioural interventions.

Adolescents from key populations: Skills based interactive and participatory, including online, mobile health, peer and outreach approaches, have proved acceptable to adolescents and have shown promise in some contexts.

- Interventions should focus on awareness of personal risk and risk reduction strategies.
- Behavioural interventions should encourage consistent condom use.



II. HEALTH SECTOR INTERVENTIONS
(continued)

PRE-EXPOSURE PROPHYLAXIS (PREP)

MSM: PrEP is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package.

Transgender people: Where HIV transmission occurs among transgender women who have sex with men and additional HIV prevention choices for them are needed, daily oral PrEP may be considered as a possible additional prevention choice within a comprehensive HIV prevention package.

(note here that because there is little experience of PrEP use in transgender women this recommendation is for pilot programmes and to support the great inclusion of transgender women in these programmes and further research on their values and preferences)

- Demonstration projects should show MSM how to take PrEP safely and effectively.
- PrEP should be part of a comprehensive set of HIV prevention interventions, which include unrestricted availability of condoms and lubricants, routine HIV testing, risk-reduction counselling and adherence coaching.
- When introducing PrEP, barriers and enablers to existing HIV prevention strategies in the local community should be assessed (see section 3 for examples of major barriers and critical enablers). Assessments should be made with local MSM organizations, advocates, providers, and researchers. Based on this assessment, a plan should be developed to address identified barriers and enhance facilitators over time.
- MSM should be offered the full range of evidence-based HIV prevention options to suit their specific circumstances. MSM should have the opportunity to choose PrEP if they feel it meets their HIV prevention needs. However the choice is theirs to make. The decision to use PrEP will be an individual one, based on lifestyle, preferences, sexual behaviour, experience with other prevention options and environment, and must always follow a discussion with a specialised and trained health worker. Additionally, the decision to use PrEP is likely time-bound: it is not likely to be for life but for only a period when a man feels at a higher risk of infection.

POST-EXPOSURE PROPHYLAXIS (PEP) [3]

All key populations: PEP should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.

- There should be HIV risk assessments and counselling specific to HIV and PEP.
- Adherence support is needed because completion rates for PEP are low.
- Comprehensive ongoing services should be available following PEP treatment.
- Offering PrEP after the completion of the 28 day PEP course could be considered for people who present with repeated high risk behaviour or for repeat courses of PEP.

II. HEALTH SECTOR INTERVENTIONS
(continued)

ANTI-RETROVIRAL TREATMENT (ART) [4]

All key populations:
- ART should be initiated as a priority for individuals with severe or advanced HIV clinical disease (WHO clinical stage 3 or 4) and individuals with CD4 counts of ≤350 cells/mm3.
- ART should be initiated in all individuals with HIV with CD4 counts between 350 and 500 cells/mm3 regardless of WHO clinical stage.
- ART should be initiated regardless of WHO clinical stage or CD4 count for:
  - individuals with HIV and active TB disease.
  - individuals coinfected with HIV and hepatitis B virus with evidence of severe chronic liver disease.
  - Partners with HIV in serodiscordant couples should be offered ART to reduce HIV transmission to uninfected partners.

Adolescents from key populations: Community based approaches and training of health care workers can contribute to treatment adherence and retention in care of adolescents living with HIV.

- ART should be combined with other interventions that reduce HIV risk practices and/or reduce the probability of HIV transmission, including male condoms, needle and syringe programmes, and voluntary medical male circumcision.

VOLUNTARY MALE MEDICAL CIRCUMCISION (VMMC)

MSM: VMMC is not recommended to prevent HIV transmission in sex between men, as evidence is lacking that VMMC is protective during receptive anal intercourse. MSM may still benefit from VMMC if they also engage in vaginal sex. MSM should not be excluded from VMMC programmes in the 14 priority counties in East and southern Africa if they wish to participate in these programmes

Adolescents from key populations: Countries with hyperendemic and generalized HIV epidemics and low prevalence of male circumcision should increase access to male circumcision services as a priority for adolescents and young men.

- Male circumcision only offers partial protection. Other services should be delivered such as providing information about the risks and benefits of VMMC, counselling on safer sex practices, access to HIV testing, condom promotion and provision, and management of STIs.

HIV TESTING AND COUNSELLING (HTC)

All key populations: Voluntary HTC should be routinely offered in both community and clinical settings. Community-based HTC should be linked to prevention, care and treatment services, and provider-initiated testing and counselling. Couples/partners should be offered voluntary HTC with support for mutual disclosure.

Adolescents from key populations: Accessible and acceptable HTC services must be available to adolescents and provided in ways that do not put them at risk. Countries are encouraged to examine their current consent policies. They may consider necessary revision to reduce age-related barriers to access and uptake of HTC and to linkages to prevention, treatment and care following testing. Young people should be able to obtain HTC without required parental or guardian consent or presence.
- HTC should be linked to prevention, treatment and care in all settings.
- Adolescents should be counselled about the potential benefits and risks of disclosure of their HIV status and empowered and supported to determine when, how and to whom to disclose.

- HTC must always be voluntary and free from coercion.
- Programmes should include rapid HIV diagnostic tests, continuous supply of test kits to prevent being out of stock, quality assurance systems at all levels, and access to HTC in prison systems. Testing should be allowed for all couples or partners.

II. HEALTH SECTOR INTERVENTIONS
(continued)

PREVENTION AND MANAGEMENT OF COINFECTIONS AND CO-MORBIDITIES

Tuberculosis: All key populations: Routine HIV testing should be offered to all people with presumptive and diagnosed TB. ART should be initiated as soon as possible, no later than 8 weeks after initiation of TB treatment. Alcohol dependence, active drug use and mental health disorders should not be used as reasons to withhold TB treatment.

- People living with HIV should be screened regularly using the WHO-recommended four TB symptom screening algorithm (current cough, fever, night sweats or weight loss). Screening should take place whenever there is an appointment with a health-care worker.
- Collaboration of TB and HIV programs, social services, drug treatment services and prison health services should work together in referrals and services.
- Health care workers (including community based persons) need training to provide TB and HIV care. They should know how to reduce occupational exposure to HIV and TB.

Hepatitis B (HBV): All key populations :
- Catch-up hepatitis B immunization strategies should be instituted in settings where infant immunization has not reached full coverage.
- People from key populations with HIV and HBV coinfection who have severe chronic liver disease should be offered ART with a tenofovir (TDF) and lamivudine (3TC) (or emtricitabine (FTC))-based regimen irrespective of CD4 count or WHO clinical stage.

Hepatitis C (HCV): [5] **All key populations:**
- HCV serology testing should be offered to individuals from populations with high HCV prevalence or who have a personal history of HCV risk exposure/behavior.
- An alcohol intake assessment is recommended for persons with HCV infection, followed by the offer of a behavioural alcohol reduction intervention for persons with moderate-to-high alcohol intake.
- Assessment for antiviral hepatitis C treatment of all adults and children with chronic HCV infection is recommended.
- WHO HCV guidelines provide detailed guidance on treatment and care

- Incentives to people for vaccination may increase uptake and completion of the HBV vaccination schedule. Even partial immunization gives some protection.
- Persons with inadequately treated HIV or with chronic HCV may have suppressed immune response. Standard HBV vaccine regimen may be better for them than the rapid regimen.
- People receiving ART and HCV drugs require close monitoring for possible drug interactions.

Mental Health: All key populations: Routine screening and management for mental health disorders (particularly depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimize health outcomes and improve adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.

Adolescents from key populations: Peer support groups and safe spaces can help improve self-esteem and address self-stigma. Individual and family counselling can address adolescents' mental health co-morbidities. The involvement of supportive parents or guardians can be beneficial, especially for those requiring ongoing treatment and care. It is important, however, to have the adolescent's express permission before contacting parents or care-givers.

Integrated and comprehensive services provide better communication between providers and patient-centered services. These services should also allow patients to be treated for multiple emotional and mental health issues.

II. HEALTH SECTOR INTERVENTIONS
(continued)

SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS

All key populations: Screening, diagnosis and treatment of STIs should be confidential and free from coercion, and patients must give informed consent for treatment. Periodic screening of people from key populations for asymptomatic STIs is recommended. In the absence of laboratory tests, symptomatic people from key populations should be managed based on their symptoms in line with national STI management guidelines.

Transgender people: Health-care providers should be sensitive to and knowledgeable about the specific health needs of transgender people. In particular, genital examination and specimen collection can be uncomfortable or upsetting whether or not the person has undergone genital reconstructive surgery.

- Screening, diagnosis and treatment of STIs in the same location should be offered routinely as part of comprehensive HIV prevention and care.
- Mainstream STI treatment services should be accessible and responsive to the needs of MSM and transgender people. In settings where they are largely marginalized, specific and targeted services should be considered, including outreach and peer support.
- Cervical screening and other SRH services should be provided to transgender men who retain female genitalia. Transgender men often miss out on these services because they may not seek them out or may be excluded from those services.
- Screening can be performed for anal cancer and its precursors.

CONTRACEPTIVE SERVICES [7]

All key populations: It is important that contraceptive services are free, voluntary and non-coercive.

Transgender people: It is important to counsel transgender women who use oral contraceptive pills for feminization about the higher risk of thrombotic events with ethinyl estradiol than with 17-beta estradiol. Consideration should be given to offering transgender male who has sex with male appropriate contraceptive options that do not lead to unwanted systemic feminization.

Adolescents from key populations: services should be provided for adolescents without parental and guardian authorization/notification.

- Health services may need to prioritize adolescents' immediate health needs, while being attentive to signs of vulnerability, abuse and exploitation. Appropriate and confidential referral, if and when requested by the adolescent, can provide linkage to other services and sectors for support.

III. CRITICAL ENABLERS

LAW AND POLICY

MSM: Countries should work toward developing policies and laws that decriminalize same-sex behaviours.

Transgender people: Countries should work toward developing policies and laws that decriminalize non-conforming gender identities and legal recognition for transgender people.

Adolescents from key populations: Countries are encouraged to examine their consent policies and revise them to reduce age-related barriers to HIV services and to empower providers to act in the best interest of the adolescent.

- Countries should remove the unjust application of law and regulations against MSM and transgender people, and develop non-detention alternatives to detaining same-sex activity.
- Access to justice and legal support should be improved. MSM and transgender people need to be able to report violations of their rights. Reports do not have to go directly to the police, for example, organizations can report on the behalf of MSM and transgender people.
- Access to health services and information should be improved so that MSM and transgender people can understand their right, needs, and the policies and legal issues that affect them.
- Law enforcement against human rights violations should be increased.

STIGMA AND DISCRIMINATION

All key population groups

- **Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence.**
- **Policy-makers, parliamentarians and other public health leaders should work together with CSO to monitor stigma, confront discrimination and change punitive legal and social norms.**
- **Health-care workers should receive training and sensitization to have the skills and understanding to provide services based on the right to health, confidentiality and non-discrimination.**

Adolescents from key populations

- **Services for adolescents from key populations should include psychosocial support, counselling, peer support groups and networks, to address self-stigma and discrimination. Providing counselling for parents and family – where appropriate and requested by the adolescent – may be important to support and help access to services, especially where parental consent is required.**
- **Health-care providers should ensure adolescents know their rights to confidentiality, health, protection and self-determination so that they can advocate for themselves and seek support.**
- **Services should provide developmentally appropriate, comprehensive information and education, focusing on skills-based risk reduction.**
- **Services should be safe spaces that increase protection from the effects of stigmas and discrimination, where adolescents can freely express their concerns, and where providers demonstrate patience, understanding, acceptance and knowledge about the choices and services available to the adolescent.**

- Health services should be made available, accessible and acceptable, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.
- Programmes need to have anti-stigma and anti-discrimination policies and codes of conduct.
- MSM and transgender people should be able to anonymously report incidents of stigma and discrimination.
- Services must be client–friendly, including being located where MSM and transgender people meet or transit.

III. CRITICAL ENABLERS
(continued)

LAW AND POLICY

All key populations: Countries should implement a package of interventions to enhance community empowerment. Legal literacy and legal services should be provided so that key populations know their rights and applicable laws and can receive support from the justice system when aggrieved.

MSM: Men's health groups and MSM organizations should be engaged because they are essential partners in providing comprehensive training on human sexuality and delivering services. They can help with interacting with members of sexually diverse communities, creating greater understanding of their emotional health and social needs and the cost of inaction against homophobia.

Transgender people: Transgender organizations are essential partners in delivering comprehensive training on human sexuality and gender expression. They can help with interacting with members of communities with diverse gender identities and expressions, creating greater understanding of their emotional health and social needs and the cost of inaction against transphobia.

Adolescents from key populations: Sexuality education programmes for adolescents, both in and outside of schools, should be scientifically accurate and comprehensive. They should include information on contraceptives, including how to use them and where to get them.

- Community empowerment can take many forms, such as the meaningful participation [8] of MSM and transgender people in designing, implementing and evaluating services.
- Programmes must consider the environments in which MSM and transgender people live.
- Programmes should evolve to meet the changing needs of MSM and transgender people.

VIOLENCE

All key populations: Violence should be prevented and addressed in partnership with key population-led organizations. All violence against people from key population groups should be monitored and reported, and redress mechanisms should be set up to provide justice.

- Health and other support services should be provided to all persons from key populations who experience violence. In particular, persons experiencing sexual violence should have timely access to comprehensive post-rape care in accordance with WHO guidelines.
- Law enforcement officials and health- and social-care providers need to be trained to recognize and uphold the human rights of key populations and to be held accountable if they violate these rights, including perpetration of violence.

- Environments should promote physical, sexual, and emotional well-being and safety.
- MSM and transgender people should be trained to understand human rights.

IV. SERVICE DELIVERY

Integration
- **Where there is a high HIV prevalence (≥5%) among TB patients, ART should be started for HIV-positive individuals with TB in TB treatment settings, with linkage to ongoing HIV care and ART.**
- **Where there is a high burden of HIV and TB, TB treatment should be provided for individuals with HIV in HIV care settings where TB diagnosis has also been made.**

WHO recommends integration of services between relevant services such as TB, SRH and drug dependence services. Integration helps to provide clients services at the same time and in the same location. Linkages allow information and referrals to be shared across settings and among providers.

Decentralisation
The following options should be considered for decentralization of ART initiation and maintenance:
- **Initiation of ART in hospitals, with maintenance of ART in peripheral health facilities.**
- **Initiation of ART and maintenance of ART in peripheral health facilities.**
- **Initiation of ART at peripheral health facilities, with maintenance at the community level between regular clinic visits (i.e. outside of health facilities, in settings such as outreach sites, health posts, home-based services or community-based organisations).**

Decentralisation means delivering services closer to the individual. It can provide safer, more private and more accessible service options, but it may not always be appropriate or acceptable. WHO recommends decentralisation of ART services specifically, but other services can also be considered.

Task shifting
- **Trained non-physician clinicians, midwives and nurses can initiate first-line ART.**
- **Trained non-physician clinicians, midwives and nurses can maintain ART.**
- **Trained and supervised community health workers can give ART between clinical visits.**

Task shifting involves redistributing tasks among health-care workers, community organisations and peer support workers so that the existing workforce can serve more people. Where appropriate, tasks can be moved from highly qualified workers to less qualified workers with shorter training.

COMMUNITY-BASED APPROACHES TO SERVICE DELIVERY

All key population groups: In all HIV epidemic settings, WHO recommends community-based HIV testing and counselling with linkage to prevention, care and treatment services for key populations in addition to provider-initiated testing and counseling.

Adolescents from key populations: Community-based approaches can improve treatment adherence and retention in care of adolescents living with HIV.

Community-based and community-led approaches can increase accessibility and acceptability for MSM and transgender people. Outreach and mobile services, drop-in centers and venue-based approaches can reach people who have limited access to health facilities. These approaches support decentralisation and critical linkages between the community and health facilities.

Peer interventions are an important way to deliver services and exchange information. Peers can also be role models and offer non-judgemental and respectful support that may add to reducing stigma, facilitating access to services and improving their acceptability.

V. DEVELOPING THE RESPONSE: THE DECISION MAKING, PLANNING AND MONITORING PROCESS

A response to HIV should be based on a 3-stage cycle: understanding the situation, planning and implementation, and monitoring and evaluation (M&E).
Ongoing development and planning of the response then informs the development of the next cycle.

UNDERSTANDING THE SITUATION

It is critical to understand local epidemic situations. This includes the characteristics of the local MSM and transgender population; the physical, social and political environments that influence risk and vulnerability; the needs of MSM and transgender people and any enablers or barriers to these needs; and health systems and community infrastructure. Things to consider include:

- Risks and needs must be examined locally. Local people must be consulted and involved.
- Safety and privacy must be considered when gathering information. If safety and privacy cannot be protected, collecting certain data, such as where people meet, should be avoided.
- Data should guide the response, but lack of data is not a reason to stop or not initiate a response to HIV among key populations.

PLANNING AND IMPLEMENTATION

When planning and implementing the response, countries should consider:

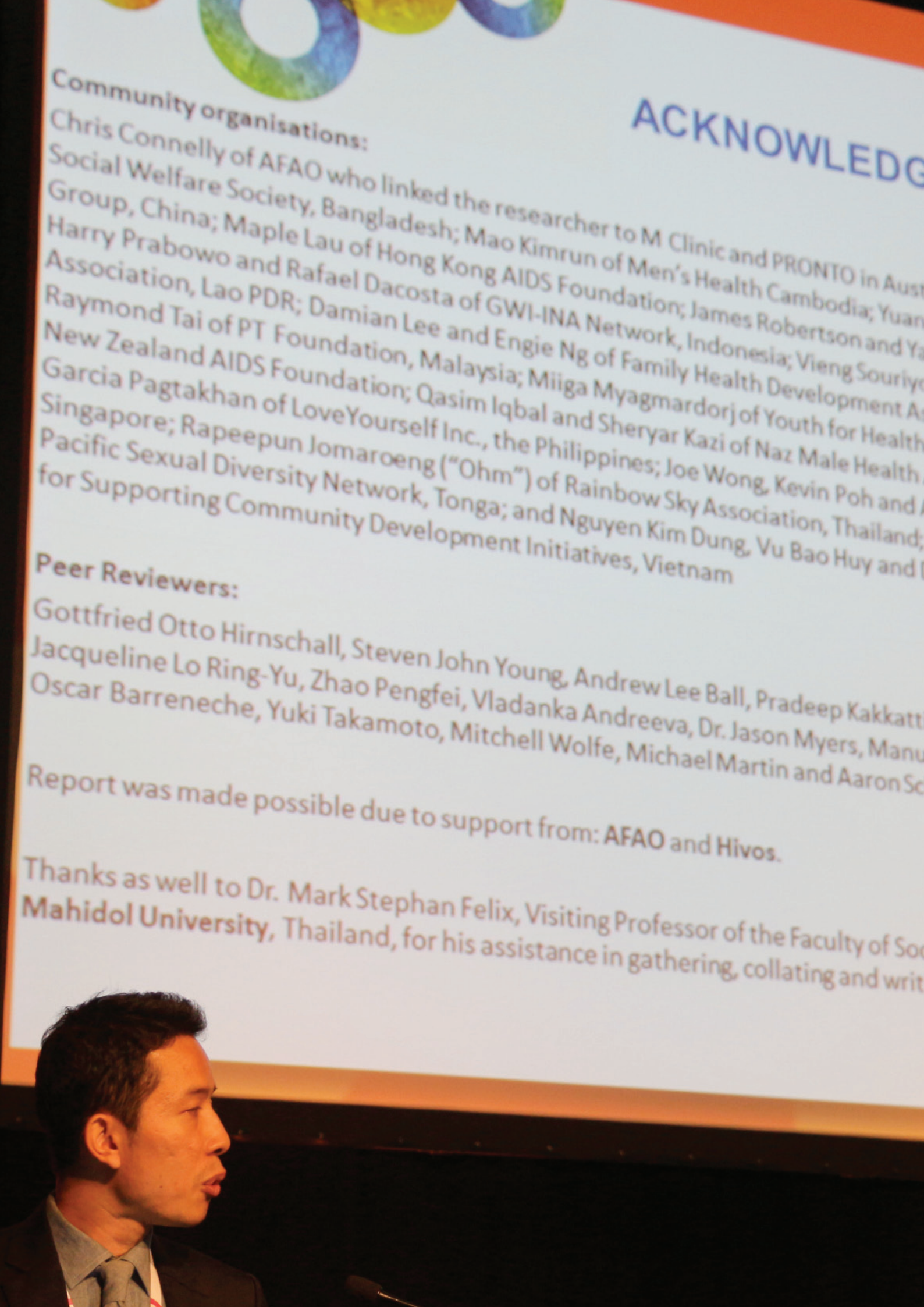
- Targeting: Which MSM and transgender sub-groups should be targeted?
  What legislation, policies and guidelines need to be developed or revised?
- Interventions: Which interventions need to be prioritized? What are the targets and timelines? How should services be decentralized and integrated?
  What are the best methods to deliver services?
  What are the roles and responsibilities of stakeholders?
- Resources: What resources and workers are available and required?
  How will workers be recruited and trained?
- M&E: What are the risks and vulnerabilities of the program? How might this be mitigated?

MONITORING AND EVALUATING THE RESPONSE

M&E systems are needed to assess both structural and health sector components of the HIV response. These systems need to be practical, not complicated, and collect current information. [9]

ONGOING PLANNING AND DEVELOPMENT OF THE RESPONSE

- Setting clear, achievable but ambitious targets is crucial.
- Assessments should use baseline assessments that measure the current response, interventions and environmental enablers and barriers.
- Estimating the costs of implementation is a key step in planning the roll-out. [10]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VI. HOW YOU CAN USE INFORMATION FROM THIS HEADLIGHT AND FROM THE GUIDELINES

You might be thinking about how community organizations and advocates working with MSM and transgender people can use the information in this brief. Here are some ideas for you to consider.

DISCUSS THE RECOMMENDATIONS IN THE GUIDELINES WITH YOUR COMMUNITIES – take the opportunity of any regular community meetings, peer outreach worker meetings, or even your organization's next annual general meeting to discuss the recommendations in the Guidelines with your community. You can discuss the acceptability and feasibility of these recommendations in your local context, and how they can be most appropriately implemented.

ASSESS WHETHER YOUR COUNTRY HAS PROGRAMMES OR PROJECTS THAT MEET THESE GUIDELINES – review any national strategic plans to see whether your country has a comprehensive set of programmes that include the health sector interventions and critical enablers recommended made in these Guidelines. Consider whether there are any gaps in these programmes, or whether any improvements can be made. You can also bring up these recommendations during country dialogues for the development of your country's concept note! Review whether these recommendations are included in proposed programs or in other proposals.

CONSIDER WHAT ROLE YOUR ORGANIZATION CAN PLAY IN IMPROVING COMMUNITY EMPOWERMENT AND COMMUNITY-BASED SERVICE DELIVERY – think about which services recommended in the Guidelines you can provide –for example providing condoms and lubrication, counselling and treatment services involving ART, PrEP and PEP, targeted outreach support services, linkages to MSM and transgender people, and advocacy for creating enabling environments. Position yourself or your organization as an important part of an integrated, decentralized, and convenient community-based and community-led response.

RAISE YOUR VIEWS WITH YOUR GOVERNMENT AND POLICY MAKERS – the Guidelines are addressed primarily to national HIV programme managers and other decision-makers responsible for health policies, programmes and services in prisons. Consider how you can focus your advocacy on these key decision makers.
How can APCOM help you with this?

PARTICIPATE IN OUR SURVEY – let us know your thoughts about the interventions recommended in the Guidelines, and how APCOM can speak on your behalf when we provide feedback on the Guidelines.

TRANSLATE THIS BRIEF INTO YOUR LOCAL LANGUAGE – either through your organization's staff, or by raising funds from country partners, you could develop a translation of this brief to make it even more accessible to community advocates.
If you do go ahead with translation, please let us know at APCOM!

We would also like to share translated versions through our networks.

REFERENCES

1. HEADLIGHTs are produced under the MSM and Transgender Networks Capacity Strengthening Initiative, a project implemented by APCOM in partnership with the Australia Federation of AIDS Organisations (AFAO), with funding from the Australian Department of Foreign Affairs and Trade (DFAT).

2. Further reading: WHO, UNAIDS, UNODC *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users* (http://www.who.int/hiv/pub/idu/targetsetting/en/)

3. The WHO PEP Guidelines will be updated in late 2014 for all key populations.

4. The 2013 WHO ARV Consolidated Guidelines will be periodically updated, with reconsideration of recommendations regarding CD4 count in 2015.

5. WHO HCV Guidelines provide detailed guidance on treatment and care. WHO is developing clinical guidance on HBV treatment and screening strategies for HBV and HCV. This guidance should be available in early 2015.

6. Full updating of WHO STI guidelines is underway and should be completed by the end of 2014.

7. Full updating of WHO contraception guidelines is currently underway and will be completed in 2015.

8. Meaningful participation means that key populations have an equal voice in how partnerships are managed and choose whether to participate, how they are represented, who represents them, and how they are engaged in the process.

9. WHO and UN partner agencies have M&E tools available such the *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, MSM and transgender people*, UNAIDS (http://unaids.org.cn/en/index/Document_view.asp?id=712). Others are currently in development.

10. Available tools include *Spectrum* (http://www.unaids.org/en/dataanalysis/datatools/spectrumepp2013/).

We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.

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Equity. Dignity. Social Justice.

ASIA PACIFIC COALITION ON **MALE SEXUAL HEALTH**

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