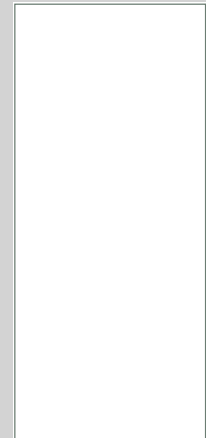


THE SOCIAL PROFILE OF AN EPIDEMIC

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HIV: THIRTY YEARS LATER IN THE AMERICAS

- **3.2 Million people with HIV**
 - 48% in N. America (1.5 M)
 - 45% in Latin America (1.4 M)
 - 8% in the Caribbean (240 K)
 - 57,500 under 15 years old
 - **Prevalence in Caribbean at 1%**
 - **Prevalence in Cuba at 0.1%, while**
 - **3.1% in Bahamas, 2.3% in Belize**
 - N. America & Latin America 0.5%
 - Panama, Honduras, Guatemala & El Salvador 0.8% - 0.9%

WHO IS AT THE EPICENTER OF THE EPIDEMIC?

- Not all the populations are equally affected
- Men have higher rates (3 to1)
- TG and MSM have been hardly hit
- Prevalence among MSM: 4 – 20%
- Prevalence among MtF TG: 30 -34%
- Moderate to high incidence rates
- 20-30% report bisexual behavior
- “Drivers” is a misnomer, a stigma
- Primarily and repeatedly impacted



MSM ARE AT THE EPICENTER OF THE EPIDEMIC

- Around 50% don't know their status
- Consistent condom use " low to moderate"
- For example, in NIC 19% only of MSM
- Less than 5% of resources for prevention among MSM
- Epidemic still in urban areas
- Multiple identities and behaviors
- Different contexts and belongings
 - Gay affirmation or closeted
 - Heterosexual identity or effeminacy



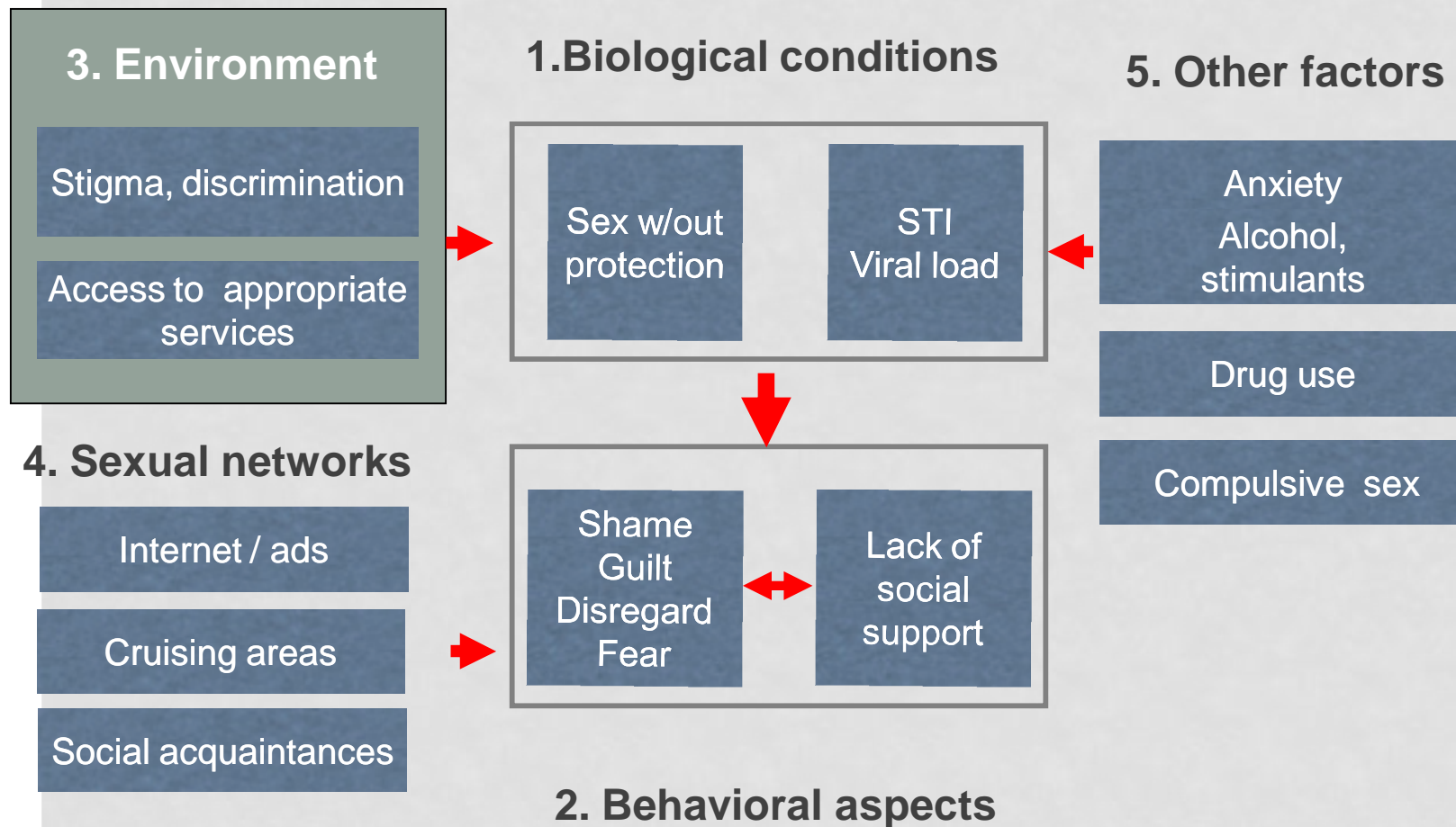
PREVALENCE OF HIV AMONG MSM IN MIDDLE AND LOW INCOME REGIONS (2007)

Number of Countries		Odds Ratios	95% Confidence Interval	MSM Prevalence
Region				
Latin America	15	33.3	(32.3-34.2)	16.1% (15.1-17.0)
Asia	7	18.7	(17.7-19.7)	11.4% (10.1-12.7)
Africa	4	3.8	(3.3-4.3)	13.0% (10.6-18.1)

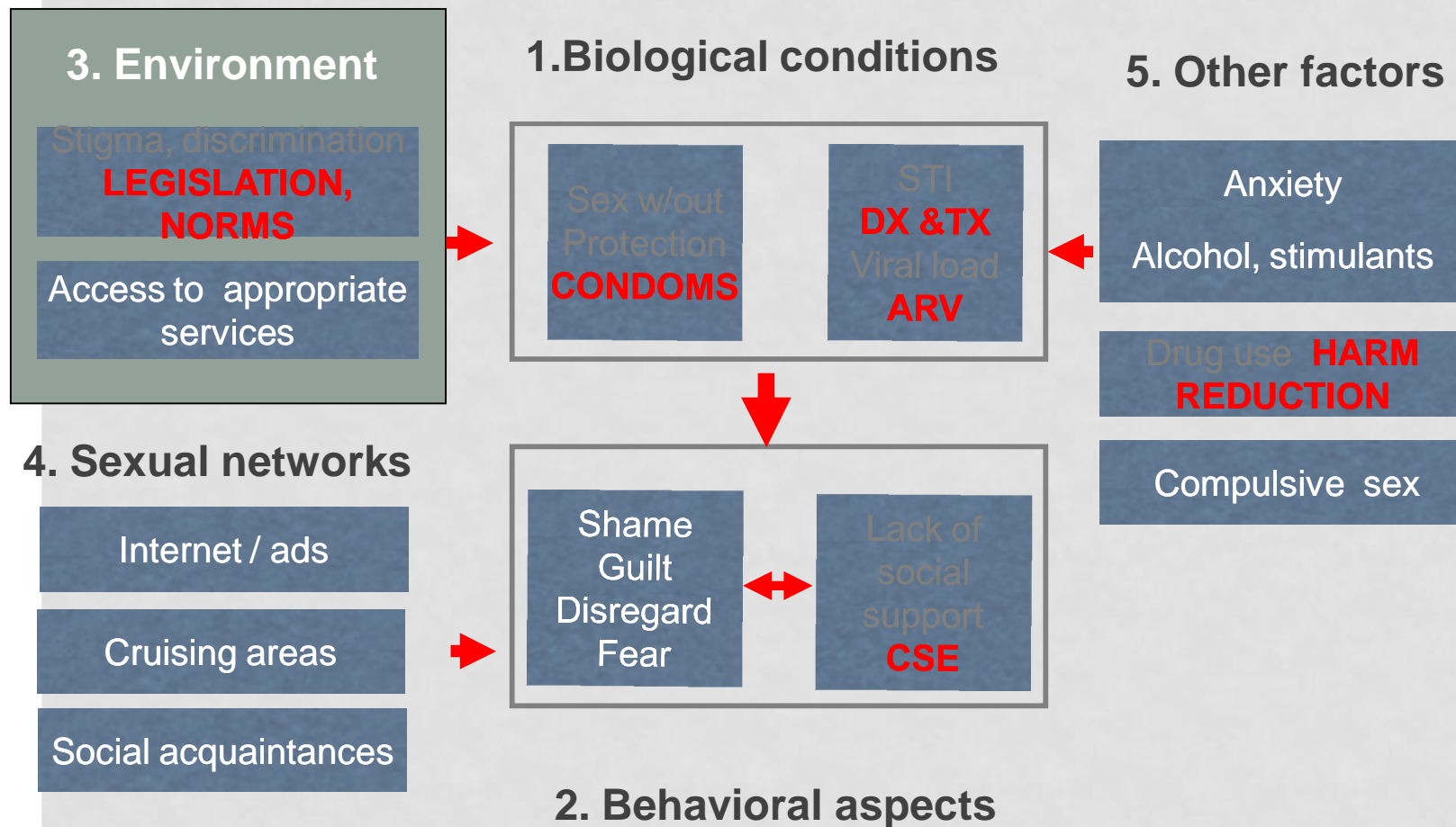
- MSM are at high risk for being HIV infected across the lower and middle income countries of Latin America, Asia, and Africa
- Even in generalized epidemics of Africa, MSM are still at significantly increased risk of HIV infection

Baral, S. et al. Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review, *PLoS Medicine*, 2007

FACTORS INVOLVED IN THE DYNAMICS OF TRANSMISSION AMONG MSM AND TG



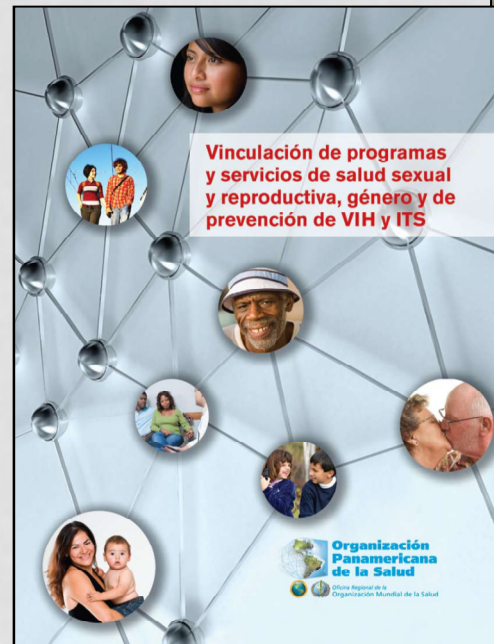
EXAMPLES OF INTERVENTIONS FOR HALTING HIV TRANSMISSION AMONG MSM AND TG



PAHO AND THE REGIONAL SEXUAL HEALTH AGENDA

In July, 2005, PAHO joined WAS at the 17th World Congress of Sexology and contributed to the development of a reference frame on Sexual Health: "Sexual Health for the Millennium.

During 2007 and 2008, PAHO convened a series of consultations with various stakeholders, among which UNFPA, UNICEF, UNAIDS, and WAS to design a strategy to articulate sexual and reproductive health (SRH) services with HIV/STI prevention and care efforts.



Declaración y documento técnico

Salud Sexual para el Milenio



PAHO AND THE REGIONAL SEXUAL HEALTH AGENDA

1. *Bring back the “S” to SRH, without forsaking the “R”;*
2. *Link programs by breaking “tubular” structures;*
3. *Tend to the needs of all through the life course;*
4. *Focus on prevention by addressing determinants of health and reducing vulnerabilities;*
5. *Provision of comprehensive services that see people as biological, psychological and social units, not as diseased organs;*
6. *Reduction in inequities to access;*
7. *Priority on most-at-risk and most-affected groups and populations.*



THE WHO GUIDELINES

- **Purpose**

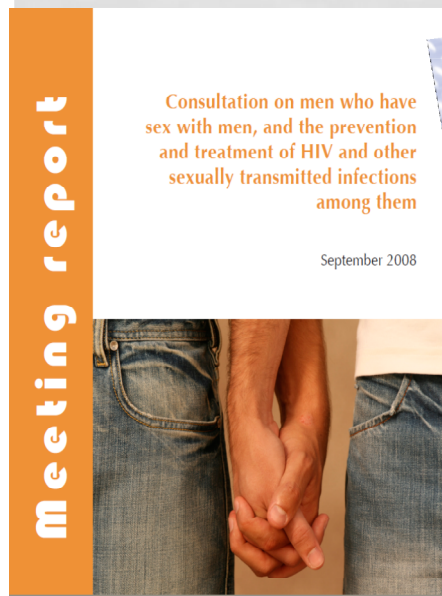
- Recommends a set of interventions for the prevention and treatment of HIV and other STI for MSM and transgender people

- **Target groups**

- National public health officials and managers (HIV/AIDS & STI)
- Non-government organizations, community-based organizations, affected communities
- Bi- and multilateral donors
- Global Fund for Fighting AIDS, TB and Malaria

THE ROAD TO THE GUIDELINES

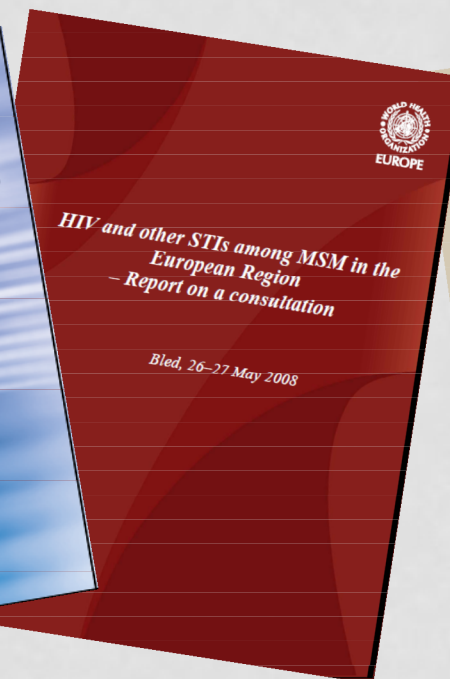
- Global WHO consultation (2008)
- Regional consultations, advocacy and tools
- UN Framework for Action 2009
- UNAIDS business case 2010-2011



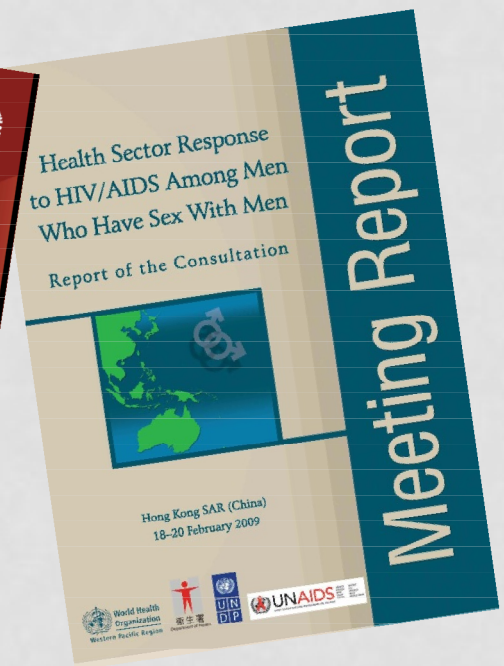
Global



Americas



Europe



Asia

PRINCIPLES

- Based on regional and country guidance
- Calls for a supportive environment and a human rights-based approach
- Builds on continued political advocacy
- Builds on partnerships and civil society involvement (affected community and people living with HIV)
- Recommendations covering biomedical, behavioural and structural interventions

METHODS OF GUIDELINES DEVELOPMENT

- WHO follows the GRADE approach to the development and review of recommendations.
- GRADE process requires consultation with different partners, including end-users of interventions.
- Global Forum on MSM & HIV (MSMGF) is conducting a study of values and preferences.
- A civil society consultation process (on-line and in presence: tomorrow) will seek feedback from community stakeholders.

DEVELOPMENT PROCESS

Prioritize Problems, establish panel, questions



Systematic Review



Evidence Summary



Relative importance of outcomes



Overall quality of evidence



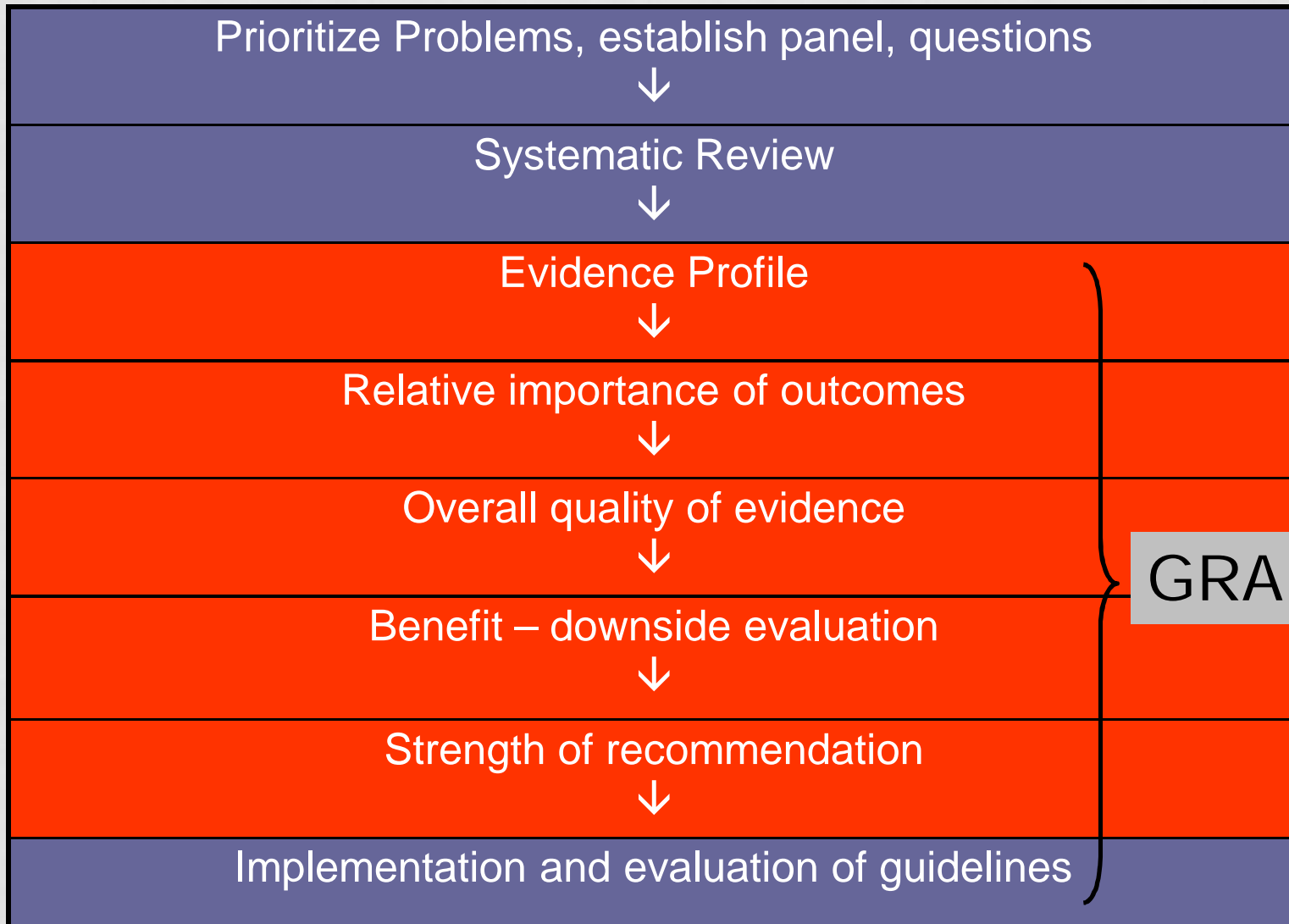
Benefits– harms evaluation



Strength of recommendation



Implementation and evaluation of guidelines



GRADE*

* Grades of Recommendation Assessment, Development and Evaluation

RECOMMENDATIONS

Good practices (2)

Individual sexual behaviour (2)

Testing and counselling (2)

Behavioural interventions and novel strategies of communication (5)

Mental health, harm reduction and male circumcision (4)

HIV treatment and care (2)

Sexually Transmitted Infections (4)