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# ASIA REGIONAL WORKSHOP ON HIV PROGRAMMING FOR MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDERED PERSONS (TG)

HIV Prevention, Care, and Treatment for MSM and TG:  
A Review of Evidence-Based Findings and Best Practices

August 28–30, 2012, Bangkok, Thailand

**AIDSTAR-One**  
AIDS SUPPORT AND TECHNICAL ASSISTANCE RESOURCES

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### **AIDS Support and Technical Assistance Resources Project**

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# ACRONYMS

amfAR	The Foundation for AIDS Research
ARV(s)	antiretroviral(s)
CBO	community-based organization
CDC	Centers for Disease Control and Prevention (U.S.)
EW	entertainment worker
GMT	gay, bisexual, other men who have sex with men, and transgender persons
HIV	human immunodeficiency virus
IBBS	integrated biological and behavioral surveillance
LGBT	lesbian, gay, bisexual, transgender
MARP(s)	most-at-risk population(s)
MSM	men who have sex with men
MSMGF	Global Forum on MSM & HIV
NGO	nongovernmental organization
OGAC	Office of the U.S. Global AIDS Coordinator
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PLHIV	person or people living with HIV
PrEP	pre-exposure prophylaxis
RC-NF	Robert Carr Network Fund
SOGI	sexual orientation and gender identity
STI(s)	sexually transmitted infection(s)
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development
USG	U.S. Government
TasP	treatment as prevention
TG	transgendered persons



# EXECUTIVE SUMMARY

## BACKGROUND

The U.S. Government (USG) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR) have demonstrated a strong commitment to addressing the global HIV epidemic and to reaching most-at-risk populations (MARPs), also increasingly referred to as key populations. In order to successfully impact the epidemic of HIV among these populations, access to a comprehensive package of integrated services must be provided for men who have sex with men (MSM) and transgendered persons (TG). The act of Congress reauthorizing PEPFAR (July 2008) provides support for appropriate HIV education programs targeted to prevent HIV transmission among MSM as well as evaluation of the effectiveness of prevention efforts among MSM (Lantos and Hyde 2008).

To support these goals as part of PEPFAR's comprehensive HIV prevention strategy, in May 2011, PEPFAR issued a Technical Guidance on Combination HIV Prevention document for MSM. This document responds directly to the urgent need to strengthen and expand HIV prevention for MSM and their partners and to improve the ability of MSM to access HIV care and treatment (PEPFAR 2011).

PEPFAR defines the core elements of a comprehensive package of HIV-prevention services for MSM and their partners to be:

- Community-based outreach
- Distribution of condoms and condom-compatible lubricants
- HIV counseling and testing
- Active linkage to health care and antiretroviral treatment
- Targeted information, education, and communication
- Sexually transmitted infection prevention, screening, and treatment (PEPFAR 2011).

This Asia regional technical workshop focused on enhancing the understanding of best practices in MSM programming that can be supported by USG funding in partnership with key stakeholders, and provided an opportunity for MSM and TG, advocates, program managers, government officials, donors, researchers, and others to pave the way to implementing improved HIV programs and services for these underserved populations.

## OBJECTIVES

The primary goals of the workshop included disseminating PEPFAR's 2011 *MSM Technical Guidance on Combination HIV Prevention* document, which describes the USG's comprehensive package of core services for MSM, and sharing state-of-the-art knowledge on relevant topics in HIV prevention, care, and treatment for MSM and TG. The Asia regional workshop is the second in a three-part series to focus on issues specific to HIV prevention, care, and treatment among MSM and TG in their respective regions.

Some 82 attendees from 19 Asian nations, the United States, Europe, and Australia participated in the Bangkok meeting. Participants presented information on program and research activities in their countries, as well as learned about recent advances and best practices in HIV prevention technologies. With 43 presentations, two interactive breakout sessions, five World Café Topic Discussions, and two site visits, participants shared their successes and challenges in program and advocacy; innovations in HIV program and implementation design; use of technology to build networks, capture data, and map the epidemic; and strategies to support and improve access to HIV services for MSM and TG.

## **OVERVIEW OF THE AGENDA**

Day One opened with an overview of the PEPFAR guidance and its implications for MSM programming in Asia, followed by a series of sessions examining efforts to strengthen gay male, other MSM, and TG communities across Asia. Four sessions totaling 13 presentations focused on a wide range of epidemiological, ethnographic, community, research, and human rights issues related to HIV and MSM and TG, as well as on the development of comprehensive packages of integrated HIV services for these populations. Perspectives on emerging research provided a critical update on the most recent research related to HIV prevention, care, and treatment activities for MSM and TG. A best practices guidance developed by The Foundation for AIDS Research (amfAR) aimed at conducting HIV research with gay, bisexual, other MSM, and transgender persons (GMT) in rights-constrained environments was shared. One session reviewed the minimum package of combination prevention interventions for MSM and TG in Asia and explored opportunities for scale-up in Thailand, Cambodia, India, and Ukraine. Another session looked at a human rights approach to addressing HIV among MSM, focusing on stigma, scaling up MSM and TG programs, and the importance of staying connected through MSM regional strategies.

Five sessions on Day Two (including 17 presentations with two special topic breakout sessions) covered a broad array of topics related to regional capacity building, challenges to integrated biological and behavioral surveillance (IBBS) and size estimation, social and contextual drivers of risk, and subnational implementation of integrated packages of services. The first session of Day Two included discussion of how regional networks in Thailand, Russia, and Nepal mobilize and share resources as they build capacity to support beneficiary-led programming. Discussion of country experiences in MSM sampling and population size estimation activities explored these data collection issues in China, Vietnam, and Bangladesh. Ethnographic approaches from Tajikistan and Bangladesh examined the social and contextual drivers of risk and identified many human rights issues, legal challenges, cultural and religious mores, and societal and structural barriers that hinder access to prevention, care, and treatment services for MSM and TG. Another session addressed delivery of an integrative package of services and subnational implementation for MSM and TG in Cambodia, India, Bangladesh, Burma, and Vietnam to understand the successes, challenges, and lessons learned. The final session of Day Two included two special topic breakout sessions. The first explored TG issues in HIV programming, focusing on successes, challenges, and key barriers in health service access in Thailand and India. The second examined MSM and drug use in the contexts of Russia and Vietnam.

Day Three included four sessions with 12 presentations. The first session addressed challenges and solutions related to scaling up of MSM and TG activities, from multi-city action plans to use of technology to reduce HIV prevalence and risk behavior among MSM and TG in countries in the region—specifically Thailand, India, and the Philippines. Another session focused on concrete recommendations for civil society actors, government officials, and other partners on building

sustainable program models, political structures, and financial mechanisms to reduce the impact of HIV among gay men, other MSM, and TG. The World Café session provided participants with the opportunity to meet in small groups to discuss strategies for piloting, implementing, or scaling up HIV programming related to five topics: 1) safety and security, 2) technology, 3) increasing access through integrated approaches among different subpopulations of MARPs/key populations, 4) enabling environments/legal frameworks and societal norms, and 5) understanding core and comprehensive packages. On Day Three, participants received updates on new and emerging funding opportunities through the U.S. Department of State and USAID. In addition, strategies for improving community engagement between PEPFAR country teams and MSM and TG communities were discussed. On the final day, concluding remarks by civil society representatives and the USG highlighted the diverse MSM and TG country perspectives shared from around the region.

To view individual presentations from each session, please visit: [www.aidstar-one.com/focus\\_areas/prevention/resources/technical\\_consultation\\_materials/msm\\_thailand](http://www.aidstar-one.com/focus_areas/prevention/resources/technical_consultation_materials/msm_thailand).

For a detailed agenda, see Appendix 1.

## CONCLUSIONS

The workshop provided a valuable platform for sharing perspectives, best practices, challenges, and lessons learned across all levels of HIV programming for MSM and TG, bringing activists and advocates, program managers, government officials, donors, researchers, and others together. Over the three days, a broad range of topics, issues, and innovations were addressed in research, programming, and advocacy for MSM and TG in Asia. Each of the 43 presentations prompted in-depth discussion and offered an important opportunity to share experiences and ideas from across Asia.

Several key themes emerged:

- Human rights programming is essential. Addressing and supporting human rights programming within the context of HIV programming is vital to delivering a comprehensive package of HIV services and meeting the needs of MSM and TG. Human rights violations against MSM and TG individuals have serious implications for health-seeking behavior. HIV programming must help tell the story of these violations and appeal to others, such as governments and communities, for support. The issue is not either human rights or health—it is both.
- Legal and structural interventions are crucial in fostering an enabling environment to provide comprehensive HIV services and reduce new HIV infections. Despite the existence of a basic comprehensive package of services, there is minimal country ownership and/or a country provision for HIV services. Governments need to be more engaged to support country programs and expand HIV coverage and services for MSM and TG.
- Community empowerment is critical in strengthening MSM and TG access to comprehensive health services, and government organizations, community stakeholders, advocates, and providers must work together to provide better access to health care.
- Better data and research methods are needed. New evidence for MSM and TG program planning, including size estimation studies and other methodologies, is imperative to fill information gaps and meet the needs of the MSM and TG communities. More research is needed on prevention methods, implementation, and operational issues to determine how to

best scale up these interventions. Researchers have a responsibility to respect, protect, and fulfill the human rights of MSM and TG and should involve MSM and TG at all stages of the research process. Researchers need to understand the importance of providing services across the continuum of care and ensure that, after diagnosis, MSM and TG also have access to care and treatment.

- Stronger linkages among outreach, empowerment, clinical services, and care are critical to strengthening service delivery; HIV testing is the critical entry point for all of these linkages.
- Transgender needs are understudied. More emphasis must be placed on understanding the HIV epidemic among TG and implementing TG-led programming to reach this marginalized population.

# DAY ONE PRESENTATIONS

## OPENING CEREMONY

The opening session provided a welcome and an overview of the workshop. OGAC set the stage for the three-day workshop by reviewing PEPFAR's five-year strategy as well as PEPFAR's *Technical Guidance on Combination HIV Prevention* for MSM. This guidance builds on effective evidence-based public health interventions and policies; supports a core package of services for MSM; supports laws, regulations, and policies that allow MSM to access appropriate and nondiscriminatory HIV prevention, care, and treatment; encourages work with national governments on MSM programs; and advises inclusion of MSM in national strategic planning processes and implementation of programs (PEPFAR 2011).

USAID emphasized the successes and strengths of the region and stressed that the tools and fortitude to win the fight against HIV are available. Both the will and the ability to close the HIV testing and treatment gap among MSM and TG exist. Many challenges remain, with access to life-saving treatment still low in the Asia region, but with promising opportunities ahead, an end to HIV is on the horizon.

The National AIDS Management Center of the Thailand Ministry of Health presented the *Thailand HIV Epidemic, National AIDS Strategy 2012-2016*, an ambitious vision to get to zero new HIV infections by 2016, with new HIV infections reduced by two-thirds and a rate of vertical transmission of HIV less than 2 percent.

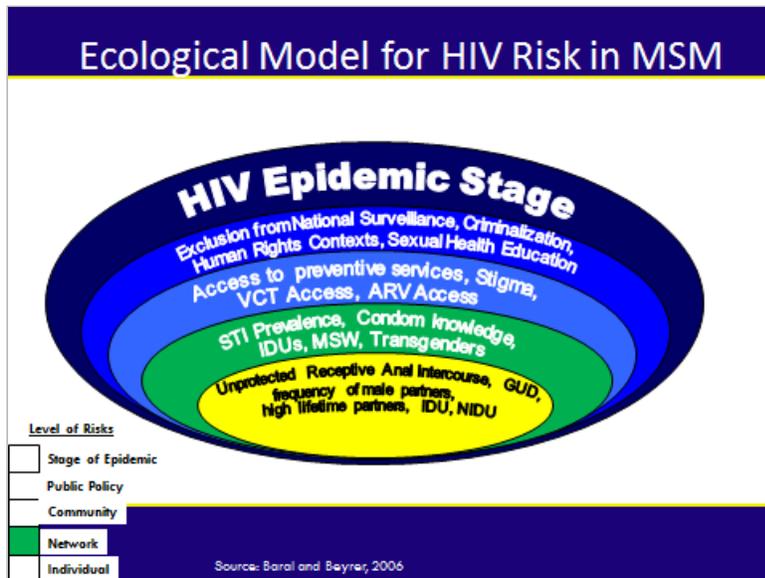
The United Nations Development Programme (UNDP) delivered the final opening remarks examining the elements needed to foster an enabling environment for addressing HIV among MSM and TG. Many challenges must be overcome, such as implementing legal and structural interventions, continuity of programs and services, supporting community-based organizations (CBOs) and nongovernmental organizations (NGOs) for MSM and TGs. Modeling predicts that changes to legal and policy environments for the general population could result in averting nearly two million new infections by 2025.

### Related presentations:

- [Dr. Tonia Poteat, Senior Advisor for Key Populations, Office of the Global AIDS Coordinator \(OGAC\)](#)
- [Dr. Petchsri Sirinirund, Director, National AIDS Management Center \(NAMC\), Thailand Ministry of Health](#)
- Michael Cassell, Senior Regional HIV Technical Advisor, USAID Regional Development Mission for Asia (presentation not available)
- [Clifton Cortez, Regional Practice Leader, HIV, Health, and Development, United Nations Development Program](#)

# SESSION I: CURRENT EPIDEMIOLOGY AND ETHNOGRAPHY AMONG MSM AND TG IN ASIA, INCLUDING EASTERN EUROPE AND CENTRAL ASIA

**Figure 1. Ecological Model for HIV Risk in MSM (Beyrer et al. 2012)**



The Blue Diamond Society in Nepal and the Department of Epidemiology, Rollins School of Public Health, Emory University (United States) examined the current epidemiology and state of knowledge for MSM and TG activities related to the HIV epidemic and access to services. Cultural contexts for sexual orientation and gender identities (SOGIs) suggest that the sociopolitical environment in Asia varies for MSM and TG people, ranging from the death penalty for same-sex behavior to full legal rights for all. Recent advances in the region include decriminalization of same-sex behavior in India and

legal recognition of a third gender in Nepal. Also, surveillance data indicate rising HIV prevalence among MSM throughout many countries in the region. Furthermore, it was presented that changing behavior through condom use and decreasing concurrent partnerships would not be enough to reduce the burden of HIV among MSM.

As part of the overview of MSM and TG in the Asia region, an ecological model for HIV risk among MSM was presented illustrating the levels of risk across the various stages of the epidemic from the individual, network, community, and public policy levels; see Figure 1.

Key themes throughout this session included the following:

- While concepts of sexuality and gender vary greatly by country context, the roots of homophobia and transphobia continue to rest in the devaluation of women. Addressing sexism (devaluation of females) is essential to addressing homophobia/transphobia.
- The biological basis of increased risk among MSM is the increased transmissibility of HIV during anal sex, as well as role versatility: being both insertive and receptive partner.

**“Epidemiology and modeling make it clear to us that behavioral interventions are necessary but insufficient to make changes in incidence.”**

—Dr. Patrick Sullivan

- HIV prevalence among male-to-female transgender people is understudied; however, where data exist, TG often face elevated risk compared to natal women and MSM. More research is needed on HIV among TG.
- HIV risk factors include individual-level and structural drivers of risk, including stigma, criminalization, and human rights violations.
- Behavior change communication alone is not enough to affect HIV among MSM and TG.

#### Related presentations:

- Sexual Orientation and Gender Identity (SOGI) in the Asian Context, Sunil Pant, Director, Blue Diamond Society (Nepal) (presentation not available)
- [Overview of HIV among MSM and TG in the Asia Region, Dr. Patrick Sullivan, Associate Professor, Department of Epidemiology, Rollins School of Public Health, Emory University \(United States\)](#)

## SESSION 2: INTRODUCTION TO AND COMMUNITY PERSPECTIVES ON EMERGING RESEARCH

Program examples highlighted recent and emergent research related to HIV prevention, care, and treatment for MSM and TG persons, including community perspectives and researcher responsibilities. Biomedical HIV prevention strategies use medical and public health approaches to block infection, decrease infectiousness, and reduce susceptibility. Biomedical prevention advances, such as pre-exposure prophylaxis, may present a critical turning point for responding to the epidemic among MSM. In places where access to treatment is already difficult, such barriers as finance, stigma, and discrimination must be addressed before scale-up of treatment as prevention is feasible. In addition, researchers have a responsibility to respect, protect, and fulfill the human rights of MSM and should involve MSM at all stages of the research process. Researchers need to understand the importance of providing services across the continuum of care and ensure that, after diagnosis, MSM and TG also have access to care and treatment.

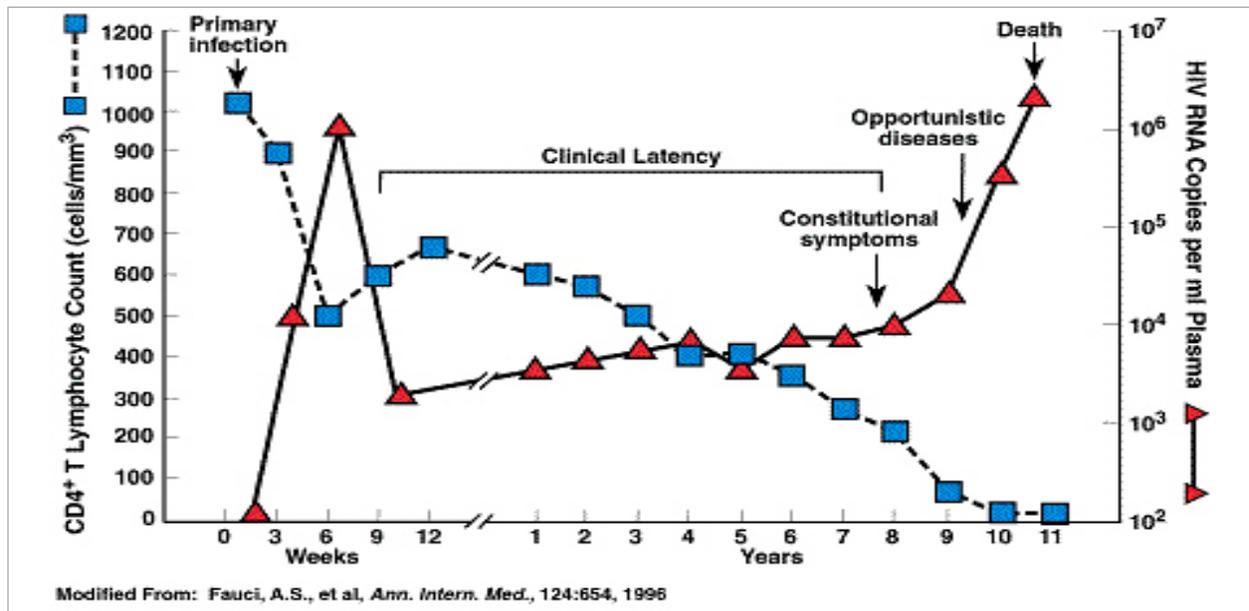
Key themes throughout this session included the following:

- Truvada taken as pre-exposure prophylaxis (PrEP) provides excellent protection against HIV and may work when taken intermittently; this is currently under study. Use of Truvada as a rectal microbicide is also under study.
- Inadequate information exists on the efficacy of PrEP or microbicides for neovaginal sex among TG.
- Community concerns about treatment as prevention (TasP) and PrEP include access to treatment, adherence, behavioral disinhibition, and the need to continue behavior change communication even as these biomedical interventions are scaled up.

- An important resource produced by amfAR, John Hopkins University, the International AIDS Vaccine Initiative, and UNDP, entitled “Respect, Protect, and Fulfill,” provides guidance in best practices for conducting HIV research with GMT in rights-constrained environments.
- Understanding the science of HIV among GMT communities is just as essential as community building and public policy. Community organizations and activists should seek to understand the science of the epidemic, while researchers and programmers should translate the science for these communities.

As part of the overview of emerging research in addressing HIV among MSM and TG and examining TasP, repression of viral replication and transmission during acute HIV infection was discussed. It was suggested that HIV infection is mostly acquired and transmitted during periods of increased sexual and viral activity (nonrandom mixing), as depicted in Figure 2.

**Figure 2. Typical Course of HIV Infection (Fauci et al. 1996)**



This session emphasized the need for more research on prevention methods, implementation, and operations to understand how to best scale up these interventions in ways that respect, protect, and fulfill the human rights of MSM and TG. Participants stressed the need to require researchers to continue the HIV services implemented even after the research study ends, so MSM and TG continue to have access to HIV services. If resources are limited and continued access to services cannot be rendered, then conducting research studies should be reconsidered, since the GMT communities are left without access to needed HIV services. Also, research findings are often only disseminated to other researchers and donors, and not to the community that participated in the study. These research findings need to be shared with the participants in the study. Therefore, establishing an information hub/portal and platform for information exchange may be helpful.

### Related presentations:

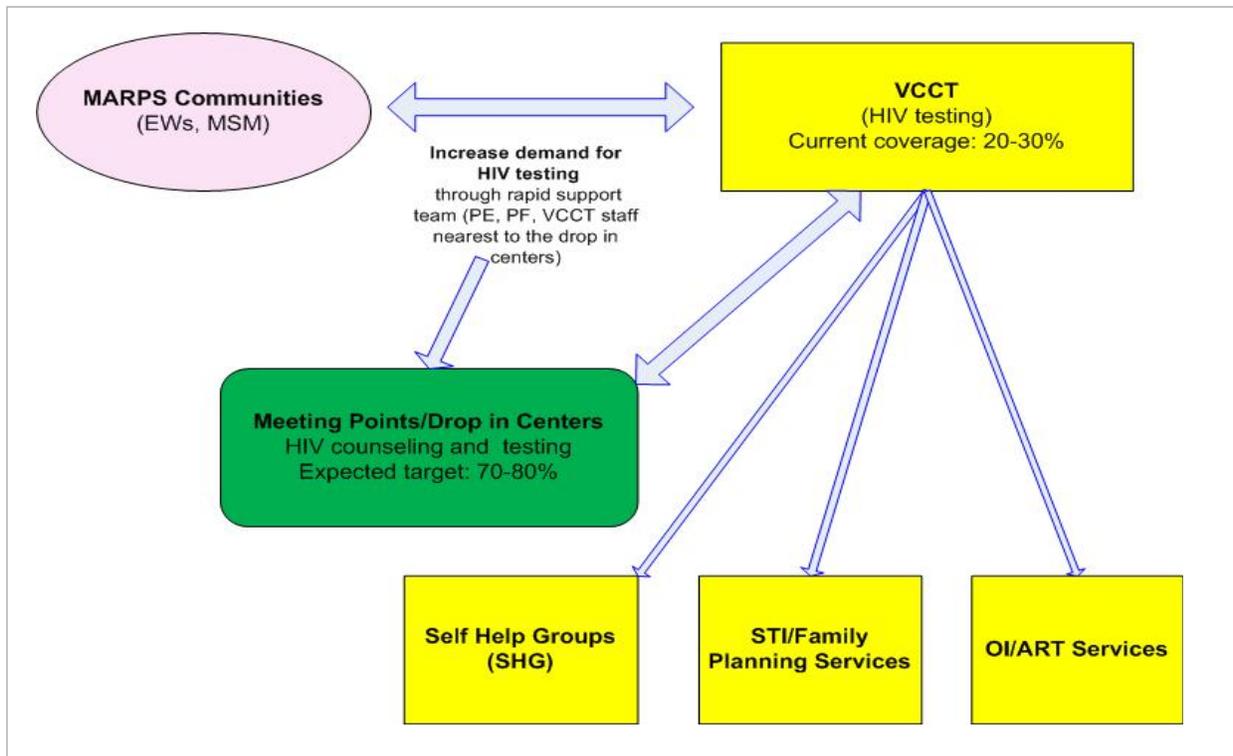
- [An Overview of Emerging Research in Addressing HIV among MSM and TG, Dr. Frits van Griensven, Professor, Division of Preventative Medicine and Public Health, School of Medicine, University of California, San Francisco/Thai Red Cross \(Thailand\)](#)
- Community Perspectives on Emerging Research in Addressing HIV among MSM and TG, Roman Dudnik, Secretariat, Eurasian Coalition on Men's Health (ECOM) (Russia) (presentation not available)
- [Respect, Protect, Fulfill: Community-Researcher Partnerships in GMT/HIV Research, Kent Klindera, Director, GMT Initiative, The Foundation for AIDS Research \(amfAR\) \(United States\)](#)

## **SESSION 3: IMPLEMENTATION OF A COMPREHENSIVE PACKAGE OF INTEGRATED SERVICES FOR MSM AND TG: COUNTRY EXPERIENCES**

The Asia region faces many challenges in providing MSM and TG access to integrated health services, although most countries have a package of services for MSM with various levels of government support. Thailand, Cambodia, India, and Ukraine offered varied insights and reviewed their minimum package of combination prevention interventions for MSM and TG, examining the epidemiology behind comprehensive HIV prevention services for MSM and TG, the sexual networks (especially those using drugs and hidden MSM), evidence, service delivery frameworks, best practices, and lessons learned for planning, measuring impact, and opportunities for scale-up.

In Cambodia, community and peer networks promote joining peer groups and HIV testing among entertainment workers (EWs) and MSM. Voluntary Confidential Counseling and Testing (VCCT) staff and MSM/EW meet at drop-in centers during peer meetings for HIV counseling and testing, as depicted in Figure 3.

**Figure 3. Community/Peer-Initiated Counseling and Testing**



Access the full presentation on Cambodia at: [www.aidstar-one.com/sites/default/files/8\\_Mean\\_28.pdf](http://www.aidstar-one.com/sites/default/files/8_Mean_28.pdf).

Key themes throughout this session included the following:

- To strengthen the gap from HIV testing and counseling to care and treatment, reliable referral systems need to be developed to track linkages between outreach and testing and between sexually transmitted infection (STI) clinics and HIV/antiretroviral (ARV) clinics to ensure that MSM and TG have access to all needed services.
- Community empowerment is critical in strengthening MSM and TG access to comprehensive health services, and government organizations, community stakeholders, advocates, and providers must work together to provide better access to health care.
- It is important to recognize that investments in HIV programming and community system strengthening efforts for sexual minorities need to expand to provide a comprehensive and holistic approach to meet the needs of MSM and TG.
- Client referrals do exist, but there is often no method for tracking referrals and no way of knowing if the referral has actually happened and the client has accessed the referred service. There needs to be a way to capture and measure referral data.

“Communities are 'critical enablers' of work with key populations. We can argue about what constitutes the most effective, least costly, and most easily implementable package of integrated services for MSM and transgenders, but without engaging and empowering these communities, none of it will matter.”

—James Robertson

## Recommendations:

- The existence of a basic comprehensive package of services for MSM varies widely among countries; some have minimal country ownership and/or country provision for HIV services. Governments need to be more engaged to support country programs and expand HIV coverage and services for MSM and TG.
- Robust project management, staff training, and capacity building are essential in building a comprehensive package of integrated services.
- Target mapping is critical for successful outreach to MSM and TG, including identifying living, working, and meeting points.
- Most MSM and TG programs for HIV receive the majority of funding and support from donor agencies and NGOs, and not from the country government. Governments need to be engaged to promote country ownership.

The country ownership model needs to be considered when working with CBOs. From the beginning, stakeholders need to be engaged at the local, government, and international levels. When program funding ends with the CBO or other donor, the relationship with the government needs to be strengthened, along with committed investment from the government. In addition, outreach, empowerment, clinical services, and care must be linked, with HIV testing serving as the critical entry point.

## Related presentations:

- [Thailand, Dr. Sumet Ongwandee, Director, Bureau of AIDS, TB, and STI, Department of Disease Control, Thailand Ministry of Health](#)
- [Cambodia, Dr. Mean Chhi Vun, Director, National Center for HIV/AIDS, Dermatology and STDs](#)
- [India, James Robertson, Country Director, International HIV/AIDS Alliance](#)
- [Ukraine, Myroslava Debelyuk, Technical Support Officer, International HIV/AIDS Alliance](#)

## **SESSION 4: FOSTERING AN ENABLING ENVIRONMENT: A HUMAN RIGHTS APPROACH TO ADDRESSING HIV AMONG MSM**

Human rights violations against lesbian, gay, bisexual, transgender (LGBT)/MSM individuals are rife and challenging to confront. Addressing and supporting human rights programming within the context of HIV programming is vital to delivering a comprehensive package of HIV services. Donors and their partners must be ready to politically and financially support human rights defenders from state and nonstate actors, if necessary, as well as assist in creative proactive strategies for community-based partners to reduce harm. To clarify the role of interventions for the LGBT communities and other human rights–based interventions and advocacy strategies in HIV efforts for MSM and TG individuals, concrete examples from Nepal, Armenia, Philippines, and China illustrated the importance of human rights–focused programming and implementation.

Key themes throughout this session included:

- Human rights violations against MSM and TG individuals have serious implications for health-seeking behavior. Being afraid of disclosing behavior to health care providers is a major barrier to reaching these individuals with comprehensive services. It is important that HIV-related programmers tell the story of these violations and appeal to others to lend support.
- Transgender needs are understudied and rarely supported throughout the region. More emphasis must be placed on understanding the HIV epidemic among TGs and implementing TG-led programming to reach this marginalized population.
- A focus on human rights can increase the impact of both programming and advocacy efforts.
- LGBT/MSM human rights issues are “cultural” and often interwoven into religion. Focusing on the public health agenda can help organizations work with cultural and religious issues, as well as same-sex behavior laws and other LGBT rights and concerns.
- The issue is not either human rights or health—it is both.

**Related presentations:**

- [From Stigma to Strength: Human Rights and HIV Program of Nepalese LGBTI and MSM, Sunil Pant, Blue Diamond Society \(Nepal\)](#)
- [Scaling up MSM/TG Portfolio in the Human Right Context through Regional and National Mechanisms, Karen Badalyan, President, We For Civil Equality \(WFCE\) \(Armenia\)](#)
- [Staying Connected: Regional strategies that have helped improve capacity and leadership among MSM and transgender people in East and Southeast Asia, Laurindo Garcia, Chief Executive, B-Change \(Philippines\)](#)
- [MSM and HIV: The Human Rights Agenda for China, Felicity Young, Regional Director, RTI \(China\)](#)

# DAY TWO PRESENTATIONS

## SESSION I: REGIONAL CAPACITY BUILDING: SUPPORTING BENEFICIARY-LED PROGRAMMING

Regional and subregional networks mobilize and share resources, build capacity and leadership, confront challenges, and foster an enabling environment for stronger country HIV prevention, care, and treatment efforts for MSM and TG. Inadequate human and financial resources, lack of policymaker and government buy-in, and lack of data and the ability to monitor and evaluate impact can hinder effective capacity building and progress, as well as access to HIV services for MSM and TG.

Regional networks (networks of countries) provide a forum to share resources, experiences, and tools, and serve as a platform for advocacy and leadership development. Some Asian countries cannot discuss human rights for MSM and TG due to laws and cultural mores. Regional networks can help address these issues and foster an enabling environment within the regional body, which can then have a cascading effect on individual countries within the region and potentially bring about positive change for MSM and TG activities in-country.

Tracking advocacy on resource allocations is a critical role of regional networks. As HIV prevention for MARPs has increased in the Asia region, HIV-positive MSM are now beginning to be included in regional networks. TG inclusion should happen over time. Also, combining health, HIV, and human rights for LGBT is critical to strengthening these networks and their capacity. The development of strong and large regional networks can facilitate the connections between government and civil society, and move the MSM and TG agenda related to the HIV response forward.

Regional networks can also help facilitate development of leadership in-country. Donor resource allocations that go directly to local NGOs to build their service capacity must be closely monitored, not only for HIV technical services, but also for sound organizational development and financial management.

This session also emphasized the importance of developing strategies to prepare MSM and TG programs as the Global Fund reclassifies some countries as “middle-income countries,” and ultimately cuts their budgets. Regional networks must become more financially sustainable so network members have resources available to survive, expand, and flourish.

### Related presentations:

- [Updates from Regional Approaches: Asia Pacific Coalition on Male Sexual Health \(APCOM\), Midnight Poonkasetwatana, Executive Director, APCOM \(Thailand\)](#)
- [Updates from the Regional Approaches: Purple Sky Network, Rapeepun Jommaroeng, Regional Network Coordinator, Purple Sky Network \(Thailand\)](#)
- [Updates from Regional Approaches: Eurasian Coalition on Male Health \(ECOM\), Roman Dudnik, ECOM \(Russia\)](#)

- [Mobilizing Regional Synergy for Improved National Response, Rajiv Dua, Regional Program Director, PSI \(Nepal\)](#)

## **SESSION 2: TECHNICAL APPROACHES AND CHALLENGES TO IBBS, SIZE ESTIMATION, AND MAPPING, INCLUDING COUNTRY EXAMPLES**

Strategic information on MSM and TG, such as survey data and size estimation, is crucial to inform the public health response to HIV in these populations and provide empirical data for advocacy purposes. However, general population surveys seldom include questions about MSM-related characteristics, and researchers are often discouraged from seeking data on this population due to its marginalized status. Consequently, available data likely underestimate the prevalence of MSM in a given country. To provide country experiences in MSM sampling and population size estimation activities, China, Vietnam, and Bangladesh examined approaches to estimating MSM population sizes, focusing on the factors associated with size estimation and identifying methodologies for scale-up purposes—from appropriate platforms to costs, operational issues, capacity of local staff, quality control, monitoring and evaluation, and beyond. The low social visibility of MSM and TG populations leads to challenges in collecting strategic information and in developing accurate sampling designs, estimating population sizes, and determining geographic distribution.

Key themes throughout this session included the following:

- Accurate MSM and TG size estimation exercises are necessary to inform policy, guide programming, and advocate for funding.
- No gold standard has been established; size estimation is an evolving science with a wide range of estimates within countries themselves and across the region.
- Stigma, choice of research method, inadequate community engagement or coverage, and other limitations and potential biases associated with size estimations may yield inaccurate, often too low estimates with negative funding implications.
- Addressing mobility is crucial for designing MSM and TG interventions, and the Internet and other web and mobile applications could be used to reach and quantify these populations.
- Triangulation of data is needed, using more than one survey of, for example, respondent-driven sampling to improve the accuracy of MSM and TG estimates and strengthening programs to reach more hidden MSM and TG populations. However, this approach could be costly and time consuming.

Many countries in the region are dealing with concentrated HIV epidemics with substantial diversity across geographical areas and populations. With access to better data, countries can set accurate targets for improved access to HIV prevention, care, and treatment for MSM and TG.

### **Related presentations:**

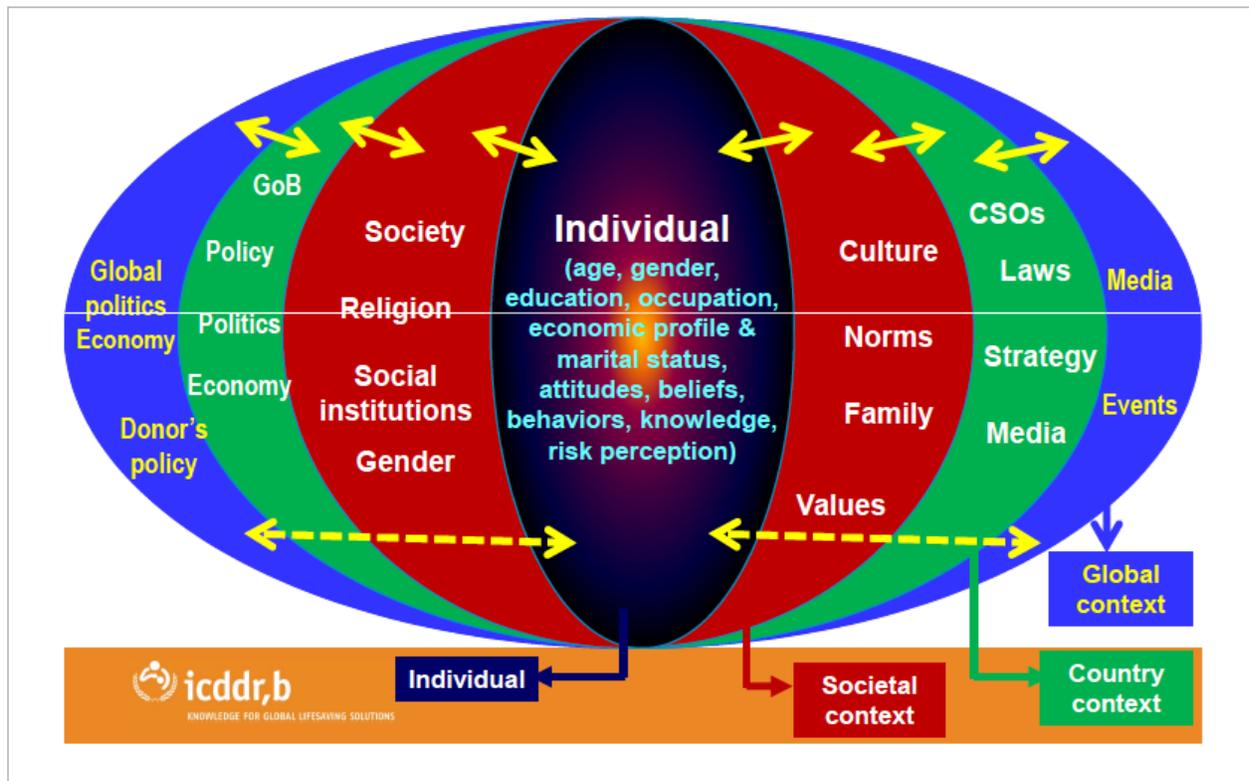
- [MSM Population Size Estimation in China, Guodong Mi, Chief Medical Officer, CDC \(China\)](#)
- [MSM Size Estimation and Surveillance in Vietnam, Patrick Nadol, Branch Chief, Strategic Information, CDC \(Vietnam\)](#)

- [Counting the Numbers of MSM and Hijra for Designing HIV Interventions: Bangladesh Experiences, Dr. Sharful Islam Khan, Project Director, RCC Project of the Global Fund, Center for HIV and AIDS, International Centre for Diarrheal Disease Research, Bangladesh \(ICDDR,B\) \(Bangladesh\)](#)

## SESSION 3: SOCIAL AND CONTEXTUAL DRIVERS OF RISK: AN ETHNOGRAPHIC APPROACH

Individuals and organizations that seek to meet the prevention, care, and treatment needs of MSM and TG in Asia confront many structural challenges and context-specific cultural mores around gender and sexuality, which impact behavior and access to HIV services. Social, cultural, and religious mores influence the laws, policies, and regulations in-country, as well as access and approaches to a comprehensive package of HIV services. Structural factors—sociocultural, economic, political, legal, and policy—influence vulnerability to HIV, which can go far beyond individual choices and behaviors, as illustrated in Figure 4.

**Figure 4. Conceptual Understanding of Structural Factors (Gupta et al., 2008)**



Representatives from Tajikistan and Bangladesh discussed their experiences in terms of providing prevention, care, and treatment for MSM and TG from the perspective of civil society and government, including how these challenges are addressed by stakeholders. In Tajikistan, religious practices within society, culture, and politics were identified as potential drivers of HIV risk. MSM who migrate out of the country are difficult to reach, and poverty, politics, and the return of cultural traditions and customs bar enforcement of the rights of MSM and other sexual minorities. In Bangladesh, drivers include stigma and discrimination, sociopolitical exclusion, criminalization in

country law (BPC 377), religious prohibitions against homosexuality in Islam, and judgmental attitudes about gender and sexual diversities outside normative boundaries.

Key themes throughout the session included the following:

- Behavior change models are largely addressed through individual-level prevention interventions, which miss the larger structural factors impacting risk.
- Structural barriers, such as stigma and discrimination, sociopolitical exclusion, criminalization, and religious prohibition, need to be addressed and overcome.
- MSM, LGBT, and hijra (a person who adopts a gender role that is neither male nor female) communities have legitimate rights, and the global HIV community must work to help them prevent HIV and other infections by promoting healthy lifestyles, improving morale, and supporting those who cannot independently realize their rights and legitimate interests.
- It is important to foster positive relationships with the media to raise awareness of the rights of MSM and TG and allow them to tell their stories in a compelling and positive way.

“We need to work not only for sexual safety, our efforts must improve the quality of their [hijra] life, and to ensure their rights to life and survival. We should not forget that genital protection has no meaning if their life remains unprotected.”

—Workshop participant

#### Related presentations:

- [The Impact of Cultural Features on the Behavior and the Spread of HIV and STIs among MSM and GBT Community in the Republic of Tajikistan, Kiromiddin Gulov, Director, “Equal Opportunities” \(Tajikistan\)](#)
- [Structural Barriers to HIV Interventions with MSM and Transgender: Evidence from Bangladesh, Dr. Sharful Islam Khan, RCC Project of the Global Fund, Center for HIV and AIDS, International Centre for Diarrheal Disease Research, Bangladesh \(ICDDR,B\) \(Bangladesh\)](#)

## SESSION 4: DELIVERING AN INTEGRATIVE PACKAGE OF SERVICES: SUBNATIONAL IMPLEMENTATION

Cambodia, India, Bangladesh, Burma, and Vietnam presented their country experiences and compelling successes, challenges, and lessons learned in implementing an integrated package of services for MSM and TG. Four components for HIV programs within these settings are essential to delivering an integrated package of services, including 1) community engagement and capacity development; 2) access to commodities and services, including condoms and lubricants, ARVs, and HIV testing; 3) same-day care and treatment services, including drop-in centers with social activities; and 4) enabling environments.

As these countries strive for universal access to HIV prevention, care, and treatment, many factors must be addressed, such as changing the mindset of government stakeholders about MSM and TG,

addressing the sexual health of youth, implementing an MSM or TG peer-based approach, fostering strong relationships with the media, and using social media outlets and technology effectively. Local-level advocacy must occur to support smooth implementation of programming and to emphasize that HIV prevention does not work well unless health and human rights are integrated.

Challenges include:

- Uncertainty about the size of the MSM population and the magnitude of the HIV epidemic in some contexts
- The dual stigma of sexual orientation/behavior and HIV infection
- Lack of an evidence base for interventions, such as the minimum coverage needed to slow down the epidemic
- Ensuring human rights for MSM and TG
- Organizational and technical capacity of CBOs, NGOs, and the health sector
- Building and expanding policy and advocacy issues with policymakers and, in many countries, engaging in more dialogue on discriminatory laws with government leaders to move the MSM and TG agenda forward, and delivering an integrated package of HIV services.

Key discussion points that enriched this session included the underdevelopment of mental health services and screenings for MSM and TG.

#### **Related presentations:**

- [Cambodia: Choub Sok Chamreun, Deputy Director in Charge of Technical Support and Best Practices, Khmer HIV/AIDS NGOs Alliance \(KHANA\)](#)
- [India: Ernest Noronha, Programme Officer, HIV and Development UNDP India](#)
- [Bangladesh: Shale Ahmed, Executive Director, Bandu Welfare Society](#)
- [Burma: Anne Lancelot, Director, Targeted Outreach Program/PSI Myanmar](#)
- [Vietnam: Donn Colby, Director of Prevention and Clinical Research, Harvard Medical School AIDS Initiative in Vietnam \(HAIVN\)](#)

## **TWO CONCURRENT SPECIAL TOPIC BREAKOUT SESSIONS**

### **BREAKOUT SESSION I: TRANSGENDER ISSUES IN HIV PROGRAMMING**

The idea of sisterhood is important in the TG community, and community-based and -led interventions should work within this context to not only provide a health and human rights component, but also support empowerment aspects including self-esteem enhancement and leadership development.

A comprehensive TG-led approach is crucial in not only providing and promoting uptake of services, but also in the development of an enabling environment. This would foster health and

human rights in which individuals, communities, and organizations can participate, design, and implement research, guidance, treatment, care, and support for TG populations.

Wrap-around services should include community empowerment (leadership development and human rights fulfillment) and capacity building (budgeting, financial and language literacy, vocational skills) and TG-specific interests and issues (sex reassignment and cosmetic surgery advice and referrals).

### **Recommendations:**

- Active involvement and leadership development of the TG community in all aspects of project design, management, and evaluation are crucial.
- TG should be well represented not as placeholders but as the people who are the most skilled at providing TG services, outreach, education, and support. Social events are a way of increasing visibility of TG in their own communities and also a means for increasing self-esteem and community pride among TG.
- Epidemiological research is needed to design community-friendly interventions.
- Training and supporting TG leaders to help them manage, implement, and direct HIV prevention, treatment, and care is critical.
- A community-led response can help make a powerful impact through a strong referral system, facilitating treatment and care, employing TG health professionals, and incorporating human rights and community empowerment.
- Community-friendly policies are needed to safeguard social, legal, and human rights for equitable access.
- When working in hierarchical structures, such as hijra communities, identify leaders who are of high rank and influence, give them an advisory position, invite them to attend TG events, and involve them in mapping exercises.

### **Related presentations:**

- [TG Programming: Successes and Challenges, Thitiyanun Nakpor, Drop-in Center Manager, Sisters/PSI Thailand \(Thailand\)](#)
- [Key Barriers in Health Service Access among Transgender and Hijra Communities in India, Abhina Aher, Programme Manager, India HIV/AIDS Alliance \(India\)](#)

## **BREAKOUT SESSION 2: MSM AND DRUG USE**

A broad range of interventions can help reduce HIV incidence and prevalence among MSM and TG. Successful interventions need to include substance abuse and drug treatment services as part of the program. Drug use can differ from country to country and depends on local traditions, religion, and access to various types of drugs. In the Central Asia region and Russia, injecting drug use is common, with about 9 percent of MSM reporting that they have injected drugs. In Vietnam, Bangladesh, China, and Thailand, methamphetamines, known as “crystals,” and inhalants, also called “rush,” are used more by MSM, and DU, including injecting drugs, seems to be higher among sex workers and TG.

**Challenges:**

- Lack of knowledge on drug use among MSM across implementers.
- Little data on HIV and STI prevalence among MSM who use drugs.
- Lack of information on poly-drug use (different types of emerging drugs, party drugs) and on possible protective or enabling impacts on risk behaviors.

**Strategies and interventions:**

- Incorporate elements of harm reduction into MSM-targeted programs.
- Train staff of drug use-targeted projects on specifics of MSM risk behaviors, and vice versa.
- Train medical and service providers on specifics of MSM needs and behaviors, as well as specifics of drug use needs and behaviors.
- Create information campaigns aimed at reduction of drug use among the general population and MSM in particular.
- Develop tailored interventions targeted at people who use specific drugs or who practice risky behaviors (e.g., use drugs before sex).
- Address drug use within couples (couples counseling for drug users and their male partners).

**Related presentation:**

- [MSM and Drug Use in Russia, Olga Samoylova, Senior Manager, PSI \(Russia\)](#)

**SITE VISITS**

Attendees signed up to participate in one of two site visit excursions that were organized by the workshop planning committee. Participants visited the Silom Community Clinic and the SWING Foundation; for more information, see Appendix 2.



# DAY THREE PRESENTATIONS

## SESSION I: SCALING UP TO ACHIEVE IMPACT: A REVIEW OF COVERAGE AND OPPORTUNITIES

Scaling up MSM and TG activities to achieve reductions in HIV seroprevalence and risk behavior and improved health-seeking behavior among MSM and TG across the region poses many challenges. A multicity MSM and TG Initiative brought together six cities across Asia—Bangkok, Thailand; Chengdu, China; Ho Chi Minh City, Vietnam; Yangon, Myanmar; Manila, Philippines; and Jakarta, Indonesia—with Hong Kong as the host city, to consider their current capacities to scale up HIV responses for MSM and TG by interpreting and applying the Comprehensive Package of Services for MSM framework, to implement at the city level. The overall goal of the initiative was to contribute to the scale-up of effective, comprehensive, and rights-based responses, as well as explore city-level HIV prevention efforts, available resources, epidemiological data, and MSM and TG population size estimations. City scans—looking for new ideas and practices locally—were conducted to identify the policy contexts and multisector collaborations, along with human capacity, knowledge, and skills available in each city, as well as document local ideas for overcoming challenges and barriers. For more information on the MSM and TG Multi-City HIV Initiative, visit [www.asia-pacific.undp.org/practices/hivaids/documents/msmtg\\_multi\\_city/](http://www.asia-pacific.undp.org/practices/hivaids/documents/msmtg_multi_city/).

The AVAHAN/Bridge Project addressed scale-up of activities in India, focusing on a package of prevention interventions for MARPs and working with government to “saturate” coverage of MARPs. Recommendations for scale-up include the development of a Common Minimum Program: a set of programmatic operating and technical standards, key project milestones, a common vision, and a project management framework.

Community mobilization is also an essential component of HIV programs. In addition, “micro-planning” informed outreach data and made peer educators the managers of their own system and program. The creation of low-literacy tools developed for peer outreach workers to record data and monitor work, as well as training to manage outreach and achieve targets, can help expand activities and improve scale-up practices.

Since social media and mobile technology are contributing to political change, such as the Arab Spring, disaster risk reduction (typhoon early warning text messaging), and governance (e-payments, court processing, election information), why not use it to reach MARPs, including MSM and TG? By promoting MSM and TG interventions in this digital age, web and mobile technologies have become an integral part of scaling up. The use of technology provides access to MSM and TG through another communications channel that can impact social change by building social networks, partnerships, research, and training, and can bring together the public sector, the private sector, and civil society. Using the Internet—since it is highly accessible for many people—is a cost-effective way to provide health information to MSM and TG and achieve scale-up by reaching a large audience. Social networks and mobile technology provide a platform for social connectivity for millions of people. For many, it’s the most private way to access the Internet and enables discussion on topics that may be too sensitive for conventional media channels. These networks create a

participatory space where monitoring, evaluation, and alignment of tech-based interventions can take place among multiple stakeholders and engage an MSM and TG response.

**Related presentations:**

- [Multicity Action Plan, Scott Berry, Executive Director, The HIV Foundation \(Thailand\), presented by Cameron Wolf, USAID](#)
- [AVAHAN/Bridge Project, Virupax Ranebennur, Senior Program Manager FHI360/India, Avahan \(India\)](#)
- [Using Technology, Laurindo Garcia, B-Change \(Philippines\)](#)

## **SESSION 2: FINDING SOLUTIONS TO FINANCIAL AND POLITICAL SUSTAINABILITY**

Insights and concrete recommendations were offered for civil society actors, government representatives, and other development partners on building sustainable program models, political structures, and financial mechanisms to reduce the spread and impact of HIV among GMT. At a time when incidence data suggest rapidly increasing epidemics among MSM in the Asia-Pacific and Eastern Europe/Central Asia regions, across-the-board funding from international donors is decreasing. PEPFAR has played a major role in support to date, and will continue to support the HIV response. The Global Fund remains committed to MSM programming, although possibly at a reduced rate, with more emphasis on country ownership. Also, effective partnerships between MSM-led civil society movements and governments are possible (as in the case of Hong Kong).

**Key findings/recommendations:**

- PEPFAR, the Global Fund, and other major donors are not necessarily “following the epidemic.” Even where major investments have been made, they rarely reach the actual community programming level to affect MSM and TG populations. More emphasis needs to be placed on resource tracking and holding governments and donors accountable.
- To be sustainable, small donors need to do more advocacy as they invest in evidence-gathering and scale-up interventions that work.
- Strong partnerships between MSM- and TG-led civil society organizations and government are possible. Financial support should be given to civil society groups to be able to explore such partnerships.
- Donors are shifting to country ownership strategies, which is a healthy move toward sustainable development. However, both donors and MSM and TG advocates must pay extra attention to ensure key affected populations are included in the strategies and to fully support community organizations as partners in the delivery of HIV services for these populations.

**Related presentations:**

- [Achieving an AIDS-Free Generation for Gay Men and Other MSM: Financing and Implementation of HIV Programs Targeting Gay Men and Other MSM, Kent Klindera, amfAR \(United States\)](#)

- [Building Partnerships Between Civil Society and Government for a Sustainable Political Commitment to MSM HIV Prevention and Care, Loretta Wong, Advisor, AIDS Concern; Alternate Board Member, Developing Country NGO Delegation to the Global Fund Board \(Hong Kong\)](#)
- [The Future of Funding, Don Baxter, Board Member, Global Fund \(Australia\)](#)

## **WORLD CAFÉ TOPIC DISCUSSIONS**

Five MSM- and TG-related topics were explored concurrently at the World Café. Participants met in small groups around a topic of interest to discuss strategies for piloting, implementing, or scaling up programming on that topic.

### **Topic I: Safety and Security**

This compelling discussion explored human rights violations that threaten MSM and TG working on HIV issues in right-constrained environments, as well as ways in which donors, implementing partners, government officials, and the LGBT community can work together to reduce harm.

#### **Key themes discussed:**

- Human rights violations against MSM and TG individuals exist and are extremely challenging to confront.
- PEPFAR and its implementers need to be ready to politically and financially support human rights defenders from state and nonstate actors, if necessary.
- MSM and TG programs need to focus on community building among MSM and TG individuals and advocates, making sure the health agenda matches the needs of the community, as well as including LGBT rights in general human rights and progressive movements.

#### **Key findings:**

- Lack of TG recognition by government increases risk for TG when they deal with police and other government personnel; it is a denial of existence that increases risks.
- Working with some government agencies can be challenging at times, such as ministries of justice in countries that criminalize same-sex behavior. But other agencies, such as ministries of health, can be supportive.
- Homosexuality is often equated with pedophilia.
- At times, MSM and TG community members are not necessarily behind campaigns targeted to them (e.g., they feel comfortable in the shadows and do not want programming/advocacy on their behalf).
- Some donors appear to be ashamed of MSM and TG efforts, often masking them as “MARPs programming.”

#### **Recommendations:**

- Non-LGBT allies need to be identified and engaged to work within a progressive human rights agenda and defend LGBT rights as human rights.

- PEPFAR collaborates with many USG agencies to build and strengthen democracy, human rights, and labor throughout the world, and these relationships could be further strengthened to help leverage more support for MSM and TG programming.
- Legal support is crucial to programming to help inform MSM and TG individuals of their rights and ways to exercise them.
- More media advocacy is important to inform media practitioners and help them report truthfully on MSM and TG issues.
- Government structures and multilateral treaties that defend human rights do exist and need to be used.
- Staff, volunteers, and members of MSM and TG organizations in rights-constrained environments need security training so they can remain active yet avoid harm.

## **Topic 2: Technology**

Various modes of technology—from basic Internet and texting to use of tablet computers and e-documents—can help promote health and self-confidence about SOGI. Crowdsourcing was also mentioned as an innovative way to collect MSM and TG information.

### **Key themes discussed:**

- Challenges in overcoming perceptions around electronic data security and the level of privacy and security of a person’s medical data were outlined, such as the relative security of paper records versus electronic records.
- Current monitoring and evaluation indicators are not updated routinely enough to include electronically generated indicators or data, and often, electronically generated data are not given the same weight as other indicators currently in use.

### **Recommendations:**

- Advocate for technology in face-to-face meetings with stakeholders so everyone understands its importance and relevance, and then build capacity from decision makers to users themselves on how to use technology appropriately.
- View technology as a practical way to enable retention of MSM and TG clients, from customization of client services to greater efficiencies between service providers and patients.
- Provide video-based interactive counseling as a way to communicate, support, and reach MSM and TG.
- Store electronic medical records on chips to be retained by clients so they can easily have their up-to-date medical records on hand.
- Develop an electronic referral and tracking system that includes electronic partner notification.
- Encourage all attendees to engage with the PEPFAR Technical Working Group on mHealth (or mobile health) to stay abreast of the most cutting-edge uses of mobile health technology.

### **Topic 3: Increasing Access Through Integrated Approaches Among Different Subpopulations of MARPs/Key Populations**

In an environment of limited resources, participants explored the advantages and disadvantages of different models of integration as it relates to the community and government services. Regardless of how many different types of models exist, service uptake by MSM and TG populations is low. Segmentation by population, city size, the concentration of MARPs within cities, and other factors need to be considered to increase access to services. In larger cities where the density of MSM, female sex workers, or TG is high, stand-alone services for these subpopulations may be necessary so they can be adequately served, whereas in a smaller town or in a clinical setting, where the number of MSM or TG is low, a more integrated approach to multiple MARPs may be adequate. The discussion group explored approaches, such as co-locating offices; sharing clinical providers, commodities, and so on; and discussing stand-alone/segmentation of specific key populations of MARPs and the need to address specific care and support services for HIV-positive MSM and TG, who are not always well served by people living with HIV (PLHIV) groups in the general population.

#### **Key themes discussed:**

- General population programs do not adequately and sufficiently address the needs of key populations, such as MSM and TG, especially in HIV prevention, care and support, and treatment.
- Subpopulation ownership and empowerment are critical to the functioning and integration of approaches at the government or community level and to the ultimate success of HIV programming for MARPs.
- There is a need for hybrid and collaborative approaches to capacity building and technical assistance for different types of model integration at the community and government levels; both need to be included in developing HIV approaches.

#### **Recommendations:**

- Government ownership of HIV programming for MARPs needs to increase, with greater commitment to providing access to high-quality services for key populations and including them in the design, development, and delivery of HIV services—especially since government takes on the responsibility of increasing domestic spending for the HIV response.
- HIV-positive MARPs are not participating in care groups for PLHIV; therefore, more MARP-specific care and services are needed.
- Better data are needed to understand the integration successes and failures of these different models, including barriers to uptake of HIV services and assessment of risk behaviors.

**“To promote legal change, we must work to increase engagement of the enablers, and support all levels of the law enforcement community.”**

**—Michael Calabria**

### **Topic 4: Enabling Environments: Legal Frameworks and Societal Norms**

This group explored ways to improve the enabling environment for MSM and TG via legal and policy reform and planning in government and the community. The group also discussed the

meaning of an enabling environment, focusing on levels of stigma and discrimination and how they impact MSM and TG.

### **Key themes discussed:**

- Community members often feel that outreach workers working in the community are not necessarily there to help, but rather to recruit more MSM or TG. More education on MSM and TG and better approaches to outreach must be integrated at the community level.
- Community police often view possession of condoms as a reason to arrest MSM or TG persons, not understanding that condom use is an effective method of protecting one's self and sexual partners from HIV.
- Discrimination across the region is broad and complex, with the worst discrimination being self-discrimination among MSM and TG.
- Three types of enablers were identified: 1) public health providers; 2) communities, both in the larger society as well as MSM and TG; and 3) legal authorities who can curb discrimination and create opportunities and programs for MSM and TG communities.

### **Recommendations:**

- Working with stigma and discrimination from a human rights perspective is important, but strategically, it may be easier and more efficient to frame these barriers as a health issue and not a human rights issue. This approach is less confrontational and perhaps easier for governments and the broader community to approach.
- More advocates are essential to fostering an enabling environment.
- Policymakers working with target groups and larger communities need to implement a multi-sectoral approach, including participation by the appropriate ministries, parliament members, councils of ministers, and others to increase understanding of the needs of MSM and TG.
- MSM and TG networks must be strengthened and expand to build momentum and influence; currently, many are small or nascent and tend to dissolve over financial or power struggle issues.

### **Topic 5: Core and Comprehensive Packages**

PEPFAR supports the implementation of a comprehensive package of services for MSM and TG. Participants learned about the criteria used by countries in the region to develop a core package of services for HIV prevention, care, and treatment for MARPs. Given the current environment of limited and declining resources, it is important to determine what really is “enough” to achieve an impact on the HIV epidemic. The discussion group identified the “three zeroes” as goals: 1) zero new infections, 2) zero HIV-related deaths, and 3) zero stigma and discrimination.

PEPFAR defines the core elements of a comprehensive package of HIV-prevention services for MSM and their partners to be:

- Community-based outreach
- Distribution of condoms and condom-compatible lubricants
- HIV counseling and testing

- Active linkage to health care and ARV treatment
- Targeted information, education, and communication
- STI prevention, screening, and treatment (PEPFAR 2011).

**Key themes discussed:**

- Saturation is key—figure out how to help communities close the gaps between testing and treatment.
- Develop effective strategic integration of services and build on existing community structures and networks.
- Outreach is very important, and technology must be used to mobilize communities and create demand for MARPs services.

**Recommendations:**

- Strategic and efficient integration of all services is needed to provide maximum impact within a resource-constrained environment.
- Outreach needs to be targeted to incentivize MSM and TG to identify themselves and to provide an opportunity for access to HIV prevention, care, and treatment services, as well as community support.

**EMERGING OPPORTUNITIES**

The USG’s commitment to human rights for LGBT in the United States and abroad was expressed. New funding opportunities are available through the U.S. Department of State, as well as through PEPFAR and USAID. Strategies for improved engagement between PEPFAR country teams and MSM and TG communities were discussed, along with ways to use funding to strengthen current programs and institute new approaches and models.

The U.S. Department of State Bureau of Democracy, Human Rights, and Labor (DRL) has established an LGBT Taskforce and produced an LGBT Toolkit to support embassy personnel to promote and protect the human rights of LGBT people and those who advocate on their behalf. To support this effort, the U.S. Foreign Assistance Strategy for LGBT Human Rights addresses leadership, nondiscrimination in USG contracting and grant making, human rights protection, mainstreaming LGBT community support across USAID, and country coordination.

Also, the U.S. Department of State Global Equality Fund was launched by Secretary of State Hillary Clinton in December 2011 to support programs that advance the human rights of LGBT persons around the world. The Fund is a collaborative effort bridging multiple offices, with the objective of empowering LGBT persons to live freely and without discrimination. Included in this fund are post-emergency response mechanisms, such as the LGBT Human Rights Defenders Fund, Global Human Rights Defenders Fund, Justice Defenders Program, and Lifeline Embattled CSOs Assistance Fund. For more information, visit [www.state.gov/globalequality/](http://www.state.gov/globalequality/).

The Center of Excellence on Democracy, Human Rights, and Governance (DCHA/DRG) Human Rights Fund within USAID’s Bureau of Democracy, Governance, and Humanitarian Assistance supports priority countries whose USAID Missions are already implementing human rights activities or where significant human rights problems exist. During the first year (fiscal year 2011), funding

was made available to a group of 11 priority countries; however, in future years, all USAID missions will be invited to apply.

The Key Populations Challenge Fund was established to provide one-time “stimulus” funding and improved programming for key populations and to challenge countries to leverage other funds. In addition, the Key Populations Implementation Science Fund was established to answer scientific questions that will improve HIV prevention, care, and treatment for key populations and can support multi-year research projects. The Robert Carr Network Fund (RC-NF) supports civil society organizations whose work includes HIV programming. Multiple donors, including the USG, support the RC-NF, which in turn supports the regional and global networks to do grassroots work.

Improving community engagement with PEPFAR can also support community funding efforts. Community groups, host governments, and the USG should be engaged with each other. Community groups should be aware of their public health and development networks in-country, know about funding opportunities and USG requirements, consider mechanisms to contract local or international NGOs for service, and understand the parameters of USAID Forward—to change the way the USAID does business, with new partnerships, an emphasis on innovation, and a relentless focus on results—and procurement reform.

#### **Related presentations:**

- [LGBT Small Grants, Billy Pick, USAID \(United States\)](#)
- Key Populations Challenge Fund and Implementation Science Fund, Tonia Poteat, OGAC (United States) (presentation not available)
- Improving Community Engagement with PEPFAR, Christian Fung, Director of Programs, MSM Global Forum (United States) (presentation not available)

## **CLOSING REMARKS**

Roshan Mahato (Federation of Sexuality and Gender Minorities Nepal), Michael Cassell (USAID), and Tonia Poteat (OGAC) closed the three-day workshop by highlighting the diverse MSM and TG country perspectives shared by all participants in attendance from the region. This workshop provided a greater understanding of the best practices related to HIV prevention, care, and treatment for MSM and TG; a comprehensive review of the evidence-based and innovative approaches leading to sustainability in addressing the HIV epidemic; and a greater awareness that one cannot look at HIV services for MSM and TG from only a human rights perspective or only a health perspective—both are needed.

“Our goal for this workshop was to enhance our understanding of the best practices for MSM HIV programming, as well as identify options that can be supported by USG funds—I will take these important ideas and recommendations forward to OGAC. I encourage you to work together, collaborate, and use the expertise in your region to move the MSM HIV prevention and treatment agenda forward.”

—Tonia Poteat

# CONCLUSION

This engaging and innovative three-day workshop engendered a rich discussion on evidence-based and strategic information on the prevention, care, and treatment needs of MSM and TG through informative lectures and interactive discussions. This workshop provided participants with the knowledge and tools needed to enhance their ability to set targets for, monitor, and evaluate programmatic efforts targeting MSM and TG at national and subnational levels, as well as an opportunity to share country experiences, provide feedback about best practices and challenges of MSM and TG programming, and develop collaborative relationships among stakeholders across the region.

Among the many compelling topics discussed, several were of central importance and weaved into many discussions throughout the three days:

- Human rights programming is essential. Addressing and supporting human rights programming within the context of HIV programming is vital to delivering a comprehensive package of HIV services and meeting the needs of MSM and TG. Human rights violations against MSM and TG individuals have serious implications for health-seeking behavior. HIV programming must help tell the story of these violations and appeal to others, such as governments and communities, for support. The issue is not either human rights or health—it is both.
- Legal and structural interventions are crucial in fostering an enabling environment to provide comprehensive HIV services and reduce new HIV infections. Despite the existence of a basic comprehensive package of services, there is minimal country ownership and/or a country provision for HIV services. Governments need to be more engaged to support country programs and expand HIV coverage and services for MSM and TG.
- Community empowerment is critical in strengthening MSM and TG access to comprehensive health services, and government organizations, community stakeholders, advocates, and providers must work together to provide better access to health care.
- Better data and research methods are needed. New evidence for MSM and TG program planning, including size estimation studies and other methodologies, is imperative to fill information gaps and meet the needs of the MSM and TG communities. More research is needed on prevention methods, implementation, and operational issues to determine how to best scale up these interventions. Researchers have a responsibility to respect, protect, and fulfill the human rights of MSM and TG and should involve MSM and TG at all stages of the research process. Researchers need to understand the importance of providing services across the continuum of care and ensure that, after diagnosis, MSM and TG also have access to care and treatment.
- Stronger linkages among outreach, empowerment, clinical services, and care are critical to strengthening service delivery; HIV testing is the critical entry point for all of these linkages.
- Transgender needs are understudied. More emphasis must be placed on understanding the HIV epidemic among TG and implementing TG-led programming to reach this marginalized population.



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## **APPENDIX I**

# **WORKSHOP AGENDA**

**Regional Workshops on HIV Prevention among Men  
who have Sex with Men (MSM) and Transgendered  
Persons (TG)**

**HIV Prevention, Care, and Treatment for MSM and TG: A  
Review of Evidence-based Findings and Best Practices**

**August 28-30, 2012  
Bangkok, Thailand**

## The Regional Workshops

The regional workshop series is presented by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Office of the Global AIDS Coordinator (OGAC), with additional support from the Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID), with support from PEPFAR's Key Populations and Gender Technical Working Groups.

These workshops provide a forum for the dissemination of the 2011 MSM Technical Guidance for combination prevention for men who have sex with men (MSM) as well as state-of-the-art knowledge on relevant topics in HIV prevention among MSM and TG for community, civil society, practitioners, health service managers, and government. The Asia regional workshop is the second in a two-part series, with the first in Johannesburg, South Africa, that focuses on issues specific to HIV prevention, care, and treatment among MSM in their respective regions. This workshop has been convened by a program committee headed by Dr. Tonia Poteat, Senior Advisor for Key Populations, OGAC.

The workshop objectives are:

1. Provide workshop participants with up-to-date, evidence-based, strategic information on the prevention, care, and treatment needs of MSM through lecture and interactive formats (e.g., practicum, breakout sessions):
  - a. Overview of the 2011 PEPFAR MSM Technical Guidance describing the comprehensive package of core interventions for MSM, with attention to regional application of the guidance.
  - b. Current status, best practices, lessons learned, and impact of HIV prevention programs for MSM; topics will highlight coverage, access, linkages, and quality of intervention components.
  - c. Current status, best practices, lessons learned, and effectiveness of HIV treatment services (antiretroviral therapy) for HIV-positive MSM, including attention to availability, accessibility, quality, and coverage, as well as adherence, support, and retention to antiretroviral therapy.
2. Provide workshop participants with the knowledge and tools to enhance their ability to set targets for, monitor, and evaluate programmatic efforts targeting MSM at national and sub-national levels. This will be accomplished, at least in part, through the facilitation of group exercises that allow country teams to work together to set tentative targets for MSM prevention programming.
3. Provide workshop participants with the opportunity to share country experiences, provide feedback about best practices and challenges of MSM programming, and develop collaborative relationships among stakeholders in various countries.
4. Provide workshop participants with the opportunity to identify: 1) technical assistance needs related to the implementation, monitoring, and evaluation of comprehensive HIV prevention, care, and treatment services for MSM, and 2) sources for technical assistance, including both headquarters and field resources.

## **Welcome Message**

On behalf of the organizing committee, we would like to welcome you to this first regional Workshop on HIV Prevention, Care and Treatment for MSM. We are focusing on some of the most challenging areas that drive the HIV epidemic and hope to be successful in shaping our response to it. Our distinguished panel of speakers will address difficult but relevant issues for HIV prevention, care and treatment for MSM in the Asian context. We hope that you will participate actively in the discussions and enjoy the next 3 days in Bangkok.

### **Organizing Committee**

Tonia Poteat  
Billy Pick  
Gaston Djomand  
Wolfgang Hladik  
Cameron Wolf  
Abu Abdul-Quader  
Michael Calabria  
Andrea Halverson

Gillian Anderson  
Betsie Frei  
Darrin Adams  
Michael Cassell  
Repsina Chintalova-Dallas  
Richard Poole  
Diana Prieto  
Erin Broekhuysen

Nisha Gupta  
Lisa Carrier  
Pankaja Panda  
Panus Nanakorn  
ThuVan Dinh  
Abu Abdul-Quader  
Sasha Mital  
Mitchell Wolfe

### **Advisors to the Organizing Committee**

George Ayala  
Kent Klindera  
Don Baxter

Krista Lauer  
Owen Ryan  
Christian Fung

Chris Collins

## Workshop-at-a-Glance

<b>Tuesday, August 28, 2012</b>	
<b>7:30 – 9:00</b>	<b>Registration</b>
<b>9:00 – 9:30</b>	<b>Opening Ceremony</b>
<b>9:30 – 10:30</b>	<b>Current Epidemiology and Ethnography among MSM &amp; TG in Asia, Including Eastern Europe &amp; Central Asia</b>
<b>10:30 -11:00</b>	<b>Break</b>
<b>11:00 – 12:00</b>	<b>Introduction to and Community Perspectives on Emerging Research</b>
<b>12:00 – 13:00</b>	<b>Lunch</b>
<b>13:00 – 14:30</b>	<b>Implementation of a Comprehensive Package of Integrated Services for MSM &amp; TG: Country Experiences</b>
<b>14:30 – 15:00</b>	<b>Break</b>
<b>15:00 – 16:30</b>	<b>Fostering an Enabling Environment: A Human Rights Approach to Addressing HIV among MSM</b>
<b>17:00 – 19:00</b>	<b>Light Reception</b>

**Wednesday, August 29, 2012**

<b>8:30 – 9:00</b>	<b>Synthesis of Day 1: Objectives of Day 2</b>
<b>9:00 – 10:15</b>	<b>Regional Capacity Building: Supporting Beneficiary-led Programming</b>
<b>10:15 – 10:30</b>	<b>Break</b>
<b>10:30 – 11:45</b>	<b>Technical Approaches and Challenges to IBBS, Size Estimation, Mapping, Include Country Examples</b>
<b>11:45 – 12:30</b>	<b>Social and Contextual Drivers of Risk: An Ethnographic Approach</b>
<b>12:30 – 13:30</b>	<b>Lunch</b>
<b>13:30 – 15:30</b>	<b>Delivering an Integrated Package of Services: Subnational Implementation</b>
<b>15:30 – 15:45</b>	<b>Break</b>
<b>15:45 – 17:00</b>	<b>Special Topics:</b> <ul style="list-style-type: none"><li>- <b>Transgender Issues in HIV Programming</b></li><li>- <b>MSM and Drug Use</b></li></ul>
<b>17:15</b>	<b>Site Visits</b>

**Thursday, August 30, 2012**

<b>9:00 – 9:30</b>	<b>Synthesis of Day 2: Objectives of Day 3</b>
<b>9:30 – 10:30</b>	<b>Scaling Up to Achieve Impact: A Review of Coverage and Opportunities</b>
<b>10:30 – 10:45</b>	<b>Break</b>
<b>10:45 – 12:00</b>	<b>Finding Solutions for Financial and Political Sustainability</b>
<b>12:00 – 13:00</b>	<b>Lunch</b>
<b>13:00 – 14:30</b>	<b>World Café (Breakout)</b>
<b>14:30 – 15:00</b>	<b>World Café Report-outs</b>
<b>15:00 – 15:15</b>	<b>Break</b>
<b>15:15 – 16:30</b>	<b>Emerging Opportunities</b>
<b>16:30 – 17:00</b>	<b>Closing Session</b>

**HIV Prevention, Care and Treatment for Men who have Sex with Men in Asia:  
A Review of Evidence-Based Findings and Best Practices**

<b>Tuesday, August 28, 2012</b>	
<b>9:00 – 9:30</b>	<p><b>Opening Ceremony</b> <i>Star 29, 29<sup>th</sup> floor</i></p> <p><b>Welcome</b> Dr. Tonia Poteat, Senior Advisor for Key Populations, Office of Global AIDS Coordinator (OGAC), 10 minutes</p> <p>Dr. Petchsri Sirinirund, Director, National AIDS Management Center (NAMC), Thailand Ministry of Health, 5 minutes</p> <p>Michael Cassell, Senior Regional HIV Technical Advisor, USAID Regional Development Mission for Asia, 5 minutes</p> <p>Clifton Cortez, Regional Practice Leader, HIV, Health, and Development, United Nations Development Program, 5 minutes</p>
<b>9:30 – 10:30</b>	<p><b>Current Epidemiology and Ethnography among MSM &amp; TG in Asia, Including Eastern Europe &amp; Central Asia</b> <i>Star 29, 29<sup>th</sup> floor</i></p> <p>Moderator: Tonia Poteat, OGAC (USA)</p> <p><b>Sexual Orientation and Gender Identity (SOGI) in the Asian context</b>, Sunil Pant, Director, Blue Diamond Society (Nepal), 20 minutes</p> <p><b>Overview of HIV among MSM and TG in the Asia Region</b>, Dr. Patrick Sullivan, Associate Professor, Department of Epidemiology, Rollins School of Public Health, Emory University (USA), 20 minutes</p> <p><b>Q&amp;A</b>, 20 minutes</p> <p><b>OBJECTIVE:</b> This session will provide an update on the current epidemiology of HIV and provide highlights of cultural contexts for sexual orientation and gender identities in the region.</p>
<b>10:30 – 11:00</b>	<p><b>Break</b> <i>Star 29, 29<sup>th</sup> floor</i></p>
<b>11:00 – 12:00</b>	<p><b>Introduction to and Community Perspectives on Emerging Research</b> <i>Star 29, 29<sup>th</sup> floor</i></p> <p>Moderator: Tonia Poteat, OGAC (USA)</p> <p><b>An Overview of Emerging Research in Addressing HIV among MSM &amp; TG</b>, Dr. Frits van Griensven, Professor, Division of Preventative Medicine and Public Health, School of Medicine, University of California, San Francisco/Thai Red Cross (Thailand), 15 minutes</p>

	<p><b>Community Perspectives on Emerging Research in Addressing HIV among MSM &amp; TG</b>, Roman Dudnik, Secretariat, Eurasian Coalition on Men's Health (ECOM) (Russia), 15 minutes</p> <p><b>Respect, Protect, Fulfill: Community-Researcher Partnerships in GMT/HIV Research</b>, Kent Klindera, Director, GMT Initiative, The Foundation for AIDS Research (amfAR) (USA), 10 minutes</p> <p><b>Q&amp;A</b>, 20 minutes</p> <p><b>OBJECTIVE:</b> This session will provide an update on the most recent and emergent research related to HIV prevention, care, and treatment for MSM and TG persons, including community perspectives and researcher responsibilities.</p>
<b>12:00 – 13:00</b>	<p><b>Lunch</b> <i>London I-III, 2<sup>nd</sup> floor</i></p>
<b>13:00 – 14:30</b>	<p><b>Implementation of a Comprehensive Package of Integrated Services for MSM &amp; TG: Country Experiences</b> <i>Room Star 29, 29<sup>th</sup> floor</i></p> <p>Moderator: Gaston Djomand, Medical Officer, Centers for Disease Control and Prevention (USA)</p> <p><i>Four country presentations of implementation efforts and challenges:</i></p> <p><b>Thailand</b>, Dr. Sumet Ongwandee, Director, Bureau of AIDS, TB, and STI, Department of Disease Control, Thailand Ministry of Health, 15 minutes</p> <p><b>Cambodia</b>, Dr. Mean Chhi Vun, Director, National Center for HIV/AIDS, Dermatology and STDs, 15 minutes</p> <p><b>India</b>, James Robertson, Country Director, International HIV/AIDS Alliance, 15 minutes</p> <p><b>Ukraine</b>, Myroslava Debelyuk, Technical Support Officer, International HIV/AIDS Alliance, 15 minutes</p> <p><b>Q&amp;A</b>, 30 minutes</p> <p><b>OBJECTIVE:</b> To review the minimum package of combination prevention interventions for MSM in Asia and explore opportunities for scale-up.</p>
<b>14:30 – 15:00</b>	<p><b>Break</b> <i>Atheneum 7, 6<sup>th</sup> floor</i></p>

<p><b>15:00 – 16:30</b></p>	<p><b>Fostering an Enabling Environment: A Human Rights Approach to Addressing HIV among MSM</b> <i>Star 29, 29<sup>th</sup> floor</i></p> <p>Moderator: Kent Klindera, amfAR (USA)</p> <p><b>From Stigma to Strength: Human Rights and HIV Program of Nepalese LGBTI and MSM</b>, Sunil Pant, Blue Diamond Society (Nepal), 15 minutes</p> <p><b>Scaling up MSM/TG Portfolio in the Human Right Context through Regional and National Mechanisms</b>, Karen Badalyan, President, We For Civil Equality (WFCE) (Armenia), 15 minutes</p> <p><b>Staying Connected: Regional strategies that have helped improve capacity and leadership among MSM and transgender people in East and Southeast Asia</b>, Laurindo Garcia, Chief Executive, B-Change (Philippines), 15 minutes</p> <p><b>MSM &amp; HIV: The Human Rights Agenda for China</b>, Felicity Young, Regional Director, RTI (China), 15 minutes</p> <p><b>Q&amp;A</b>, 30 minutes</p> <p><b>OBJECTIVE:</b> To clarify the role of lesbian, gay, bisexual, transgender (LGBT) and other human rights-based interventions and advocacy strategies in HIV efforts for gay men, other MSM, and transgender individuals. This session will offer concrete examples of human rights-focused programming that is being implemented, as well as recommendations for the support of human rights-focused programming.</p>
<p><b>17:00 – 19:00</b></p>	<p><b>Light Reception</b> <i>The View, 4<sup>th</sup> floor</i></p>

**Wednesday, August 29, 2012**

**8:30 – Synthesis of Day 1: Objectives of Day 2**  
**9:00** Cameron Wolf, Senior HIV/AIDS Advisor for MARPS, USAID (USA)  
*Star 29, 29<sup>th</sup> floor*

**9:00 – Regional Capacity Building: Supporting Beneficiary-led Programming**  
**10:15** *Star 29, 29<sup>th</sup> floor*

Moderator: Cameron Wolf, USAID (USA)

**Updates from Regional Approaches: Asia Pacific Coalition on Male Sexual Health (APCOM)**, Midnight Poonkasetwatana, Executive Director, APCOM (Thailand), 15 minutes

**Updates from the Regional Approaches: Purple Sky Network**, Rapeepun Jommaroeng, Regional Network Coordinator, Purple Sky Network (Thailand), 15 minutes

**Updates from Regional Approaches: Eurasian Coalition on Male Health (ECOM)**, Roman Dudnik, ECOM (Russia), 15 minutes

**Mobilizing Regional Synergy for Improved National Response**, Rajiv Dua, Regional Program Director, PSI (Nepal), 15 minutes

**Q&A**, 15 minutes

**OBJECTIVE:** Participants will understand how regional networks mobilize and share resources, build capacity and leadership, confront challenges, and foster an enabling environment for stronger country HIV prevention, care, and treatment efforts for MSM and TG.

**10:15 – Break**  
**10:30** *Star 29, 29<sup>th</sup> floor*

**10:30 – Technical Approaches and Challenges to IBBS, Size Estimation, and Mapping, Including Country Examples**  
**11:45** *Star 29, 29<sup>th</sup> floor*

Moderator: Wolfgang Hladik, Population Surveillance Team Lead, U.S. Centers for Disease Control and Prevention (USA)

**MSM Size Estimation in China**, Guodong Mi, Chief Medical Officer, Center for Disease Control Global AIDS Program (China), 15 minutes

**MSM Size Estimation and Surveillance in Vietnam**, Patrick Nadol, Branch Chief, Strategic Information, CDC (Vietnam), 15 minutes

**Counting the numbers of MSM and Hijra for designing HIV interventions: Bangladesh experiences**, Dr. Sharful Islam Khan, Project Director, RCC Project of the Global Fund, Center for HIV and AIDS, icddr,b (Bangladesh), 15 minutes

**Q&A**, 30 minutes

**OBJECTIVE:** To provide country experiences in MSM sampling and population size estimation activities.

**11:45 – Social and Contextual Drivers of Risk: An Ethnographic Approach**

**12:30** *Star 29, 29<sup>th</sup> floor*

Moderator: Gillian Anderson, Public Health Analyst, U.S. Centers for Disease Control and Prevention (USA)

**The Impact of Cultural Features on the Behavior and the Spread of HIV and STIs among MSM and GBT Community in the Republic of Tajikistan**, Kiromiddin Gulov, Director, “Equal Opportunities” (Tajikistan), 15 minutes

**Structural Barriers to HIV Interventions with MSM and Transgender: Evidence from Bangladesh**, Dr. Sharful Islam Khan, RCC Project of the Global Fund, Center for HIV and AIDS, icddr,b (Bangladesh), 15 minutes

**Q&A**, 15 minutes

**OBJECTIVE:** To review context specific cultural mores around gender and sexuality and how these facilitate behavior and impact access to prevention and treatment services.

**12:30 – Lunch**

**13:30** *London I-III, 2<sup>nd</sup> floor*

**13:30 – Delivering an Integrative Package of Services: Subnational Implementation**

**15:30** *Star 29, 29<sup>th</sup> floor*

Moderator: Billy Pick, Senior Asia Regional Technical Advisor, USAID (USA)

**Cambodia:** Choub Sok Chamreun, Deputy Director in Charge of Technical Support and Best Practices, Khmer HIV/AIDS NGOs Alliance (KHANA), 15 minutes

**India:** Ernest Noronha, Programme Officer, HIV and Development UNDP India, 15 minutes

**Bangladesh:** Shale Ahmed, Executive Director, Bandu Welfare Society, 15 minutes

**Burma:** Anne Lancelot, Director, Targeted Outreach Program/PSI Myanmar, 15 minutes

**Vietnam:** Donn Colby, Director of Prevention and Clinical Research, Harvard Medical School AIDS Initiative in Vietnam (HAIVN), 15 minutes

**Q&A**, 45 minutes

**OBJECTIVE:** To understand the successes, challenges and lessons learned when implementing an Integrated package of services for MSM/TG based upon the experiences in 5 countries in the region.

**15:30 – Break**

**15:45** *Atheneum 7, 6<sup>th</sup> floor*

**15:45 – Special Topics, *Select from below***

**17:00**

**Breakout Room 1: Transgender Issues in HIV Programming**

*Atheneum 2+3, 6<sup>th</sup> floor*

Facilitator: Tonia Poteat, OGAC (USA)

- **TG Programming: Successes and Challenges**, Thitiyanun Nakpor, Drop-in Center Manager, Sisters/PSI Thailand (Thailand)
- **Key Barriers in Health Service Access among Transgender and Hijra Communities in India**, Abhina Aher, Programme Manager, India HIV/AIDS Alliance (India)

**Breakout Room 2: MSM and Drug Use**

*Atheneum 4+5, 6<sup>th</sup> floor*

Facilitator: Nisha Gupta, Chief, HIV Prevention Branch, Centers for Disease Control and Prevention (CDC/Vietnam)

- **MSM and Drug Use in Russia**, Olga Samoylova, Senior Manager, PSI (Russia)

**17:15 Site Visits**

**Thursday, August 30, 2012**

**9:00 – Synthesis of Day 2: Objectives of Day 3**

**9:30** Speaker: Billy Pick, USAID (USA)  
*Star 29, 29<sup>th</sup> floor*

**9:30 – Scaling Up to Achieve Impact: A Review of Coverage and Opportunities**

**10:30** *Star 29, 29<sup>th</sup> floor*

Moderator: Billy Pick, USAID (USA)

**Multicity Action Plan**, Scott Berry, Executive Director, The HIV Foundation (Thailand), presented by Cameron Wolf, USAID, 15 minutes

**Avahan/Bridge Project**, Virupax Ranebennur, Senior Program Manager FHI360/India, Avahan (India), 15 minutes

**Using Technology**, Laurindo Garcia, B-Change (Philippines), 15 minutes

**Q&A**, 15 minutes

**OBJECTIVE:** This session will address challenges and possible solutions related to Scaling Up MSM/TG activities in order to achieve reduction in HIV seroprevalence and risk behavior among MSM in countries in the region.

**10:30 – Break**

**10:45** *Star 29, 29<sup>th</sup> floor*

**10:45 – Finding Solutions to Financial and Political Sustainability**

**12:00** *Star 29, 29<sup>th</sup> floor*

Moderator: Kent Klindera, amfAR (USA)

**Achieving an AIDS-Free Generation for Gay Men and Other MSM: Financing and Implementation of HIV Programs Targeting Gay Men and Other MSM**, Kent Klindera, amfAR (USA), 15 minutes

**Building Partnership Between Civil Society and Government for a Sustainable Political Commitment to MSM HIV Prevention and Care**, Loretta Wong, Advisor, AIDS Concern; Alternate Board Member, Developing Country NGO Delegation to the Global Fund Board (Hong Kong), 15 minutes

**The Future of Funding**, Don Baxter, Board Member, Global Fund (Australia), 15 minutes

**Q&A**, 30 minutes

**OBJECTIVE:** To offer insight and concrete recommendations for civil society actors, government representatives, and other development partners on building sustainable program models, political structures, and financial mechanisms to reduce the spread and impact of HIV among gay men, other MSM, and transgender individuals.

<b>12:00 –</b>	<b>Lunch</b>
<b>13:00</b>	<i>London I-III, 2<sup>nd</sup> floor</i>
<b>13:00 –</b>	<b>World Café</b>
<b>14:30</b>	<i>Star 29, 29<sup>th</sup> floor; Atheneum 2+3, Atheneum 4+5, Atheneum 6, 6<sup>th</sup> floor</i>
	<b>OBJECTIVE:</b> This session provides participants with the opportunity to meet in smaller groups around a topic of interest to discuss strategies for piloting, implementing, or scaling up programming on that topic.
<b>14:30 –</b>	<b>World Café Report-Outs</b>
<b>15:00</b>	<i>Star 29, 29<sup>th</sup> floor</i>
<b>15:00 –</b>	<b>Break</b>
<b>15:15</b>	<i>Atheneum 7, 6<sup>th</sup> floor</i>
<b>15:15 –</b>	<b>Emerging Opportunities</b>
<b>16:30</b>	<i>Star 29, 29<sup>th</sup> floor</i>
	Moderator: Michael Calabria, Regional Team Lead for Asia, Office of the Global AIDS Coordinator (USA)
	<b>LGBT Small Grants</b> , Billy Pick, USAID (USA), 15 minutes
	<b>Key Populations Challenge Fund and Implementation Science Fund</b> , Tonia Poteat, OGAC (USA), 15 minutes
	<b>Improving Community Engagement with PEPFAR</b> , Christian Fung, Director of Programs, MSM Global Forum (USA), 15 minutes
	<b>Q&amp;A</b> , 30 minutes
	<b>OBJECTIVE:</b> This session will update participants on new funding opportunities available through the U.S. State Department as well as through PEPFAR. In light of these new opportunities, strategies for improved engagement between PEPFAR country teams and MSM/TG communities will be discussed.
<b>16:30 –</b>	<b>Closing Session</b>
<b>17:00</b>	<i>Star 29, 29<sup>th</sup> floor</i>
	Moderator: Tonia Poteat, OGAC (USA)
	<b>Remarks from Community Representative:</b> Roshan Mahato, National Coordinator: Federation for Sexual and Gender Minorities, Nepal (FSGMN) and President, Sexual and Gender Minority Student Forum, Nepal (SGMSFN) (Nepal), 10 minutes
	<b>Remarks from OGAC on Next Steps</b> , Tonia Poteat, OGAC (USA), 10 minutes
	<b>Remarks from PEPFAR Asia Regional Program</b> , Mitchell Wolfe, Director, Centers for Disease Control and Prevention (CDC) Thailand/Asia Regional Office (Thailand), 10 minutes



## APPENDIX 2

# SITE VISITS

## SILOM COMMUNITY CLINIC

The first site visits brought 17 workshop participants to the Silom Community Clinic, the venue for the Bangkok MSM Cohort Study, an HIV Prevention Trials Network (HPTN) and Microbicide Trials Network (MTN) approved clinical research site, venue for the HPTN-067 (Phase II trial of intermittent pre-exposure prophylaxis among MSM) and MTN-017 (Phase II trial of the safety and acceptability of oral and rectal formulations of tenofovir among MSM) trials, and the venue for several other clinical, epidemiological, and laboratory studies.

The clinic is embedded in a medical facility to facilitate anonymous access of study participants and to guarantee the presence of medical support and back-up facilities. It is located in the Central Business District, in close proximity to many MSM and transgender entertainment venues, with convenient access to public transport and parking facilities.

Silom Community Clinic has an excellent community image and is widely known for its MSM-friendly approach, its supportive and understanding staff, and its efforts to halt the continuing spread of HIV among Thai MSM through research. The clinic started operations in October 2005 and has successfully engaged the community members in HIV prevention research. The ongoing Bangkok MSM Cohort Study began in April 2006, with approximately 1,774 MSM enrolled to date. This preparatory study has shown that MSM in Bangkok can be enrolled in research; they have excellent follow-up rates (currently 75 percent are in active follow-up). HIV incidence among MSM in Bangkok is high (annualized overall HIV incidence density: 6 per 100 person-years), as is HIV prevalence (approximately 22 percent at baseline). The clinic has well-educated, motivated, and meticulous staff working in a very welcoming environment.

Silom Community Clinic provides ample opportunities for the evaluation of biomedical interventions, such as HIV chemoprophylaxis and vaccines, and other public health interventions for MSM, such as hepatitis B, and possibly hepatitis C, preventive vaccines, evaluation of hepatitis B and influenza A vaccination for HIV-positive men, antiretroviral therapy TasP (test and treat), and phase IV demonstration projects of PrEP and test and treat for high-risk (methamphetamine using and non-using) young MSM.

To access more information about the Silom Community Clinic, visit the following website:

[www.aidstar-one.com/focus\\_areas/hiv\\_testing\\_and\\_counseling/resources/case\\_study\\_series/silom\\_clinic](http://www.aidstar-one.com/focus_areas/hiv_testing_and_counseling/resources/case_study_series/silom_clinic).

## SWING FOUNDATION

The second site visit brought 17 workshop participants to the Service Workers in Group (SWING) Foundation, registered as a foundation in September 2004 to provide HIV prevention, care, and support activities to male and female service workers in Bangkok, Pattaya, and Samui. SWING's

main drop-in center is located in the Patpong area of Bangkok, with other drop-in centers located in the Suttisan district of Bangkok, Pattaya in Chonburi Province, and Samui Island in Suratthani province. The drop-in centers provide a range of activities, enabling service workers to stop by for conversation or to eat, use the Internet, prepare for the evening, or take part in STI- and HIV-related awareness games and sessions on understanding human rights.

SWING's drop-in centers provide a welcoming environment for its members. The drop-in centers serve as resource centers where community members can search for educational information about the health of service workers and social aspects of their lives. Educational opportunities for service workers, including English language classes and nonformal education, are also provided, as well as vocational training. These opportunities help increase members' self-confidence and respect for the community by allowing them the chance to change their lives and develop their potential.

SWING is a center for service workers of any gender that aims to provide education opportunities and promote good physical, emotional, and mental health to protect service workers from disease, particularly HIV and other STIs.

With support from the U.S. Agency for International Development Regional Development Mission for Asia, SWING has been providing community-based voluntary counseling and testing with same-day results for MSM in Pattaya. This has encouraged increased access under the national health scheme to early treatment for people who test positive for HIV.

SWING collaborates with government agencies, NGOs, civil society, and the private sector to ensure that services are appropriate to meet the real needs of service workers, with the objective of improving the quality of service workers' lives.

Learn more about the SWING Foundation at: [www.swingthailand.org/](http://www.swingthailand.org/).

For more information, please visit [aidstar-one.com](http://aidstar-one.com).

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