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HIV Prevention for Chinese Men Who Have Sex with Men

针对中国男男性行为者的艾滋病预防

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MSM in China 中国的男男性行为者人群

- MSM estimated to account for 2-4% of sexually active male population (roughly 20-30 million)¹
估计站在整个性活跃男性人群的2-4% (20-30百万)
- Account for 11% of all PLHA in China
整个艾滋病感染者人群的11%
- Recent increases in homosexual transmission
最近几年，通过同性性行为的感染率不断的上升
 - 12.2% of the estimated 50,000 new HIV infections in 2007²
2007年5万新传播的病例估计有12.2%是同性性行为传播的
- 2007 survey in Kunming estimated HIV prevalence of 10% among MSM (YNCDC)
云南疾控中心2007年开展的研究估计当地MSM人群感染率已达到10%





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Risk Factors 风险因素

- Proportions of unprotected anal intercourse (UAI) were as high as 70%, and much more likely among regular partners³⁻⁵
该人群的无保护肛交发生率在某些地方达到70%，而且研究证明固定性伴之间的安全套使用率更低
- Multiple and overlapping male and female partners⁶⁻⁷
多数和同时的性伴侣
- High and increasing prevalence of STIs⁸
越来越高的性病感染率
- Low rates of STI/HIV screening⁹⁻¹⁰
性病/艾滋病病毒检测的使用率较低

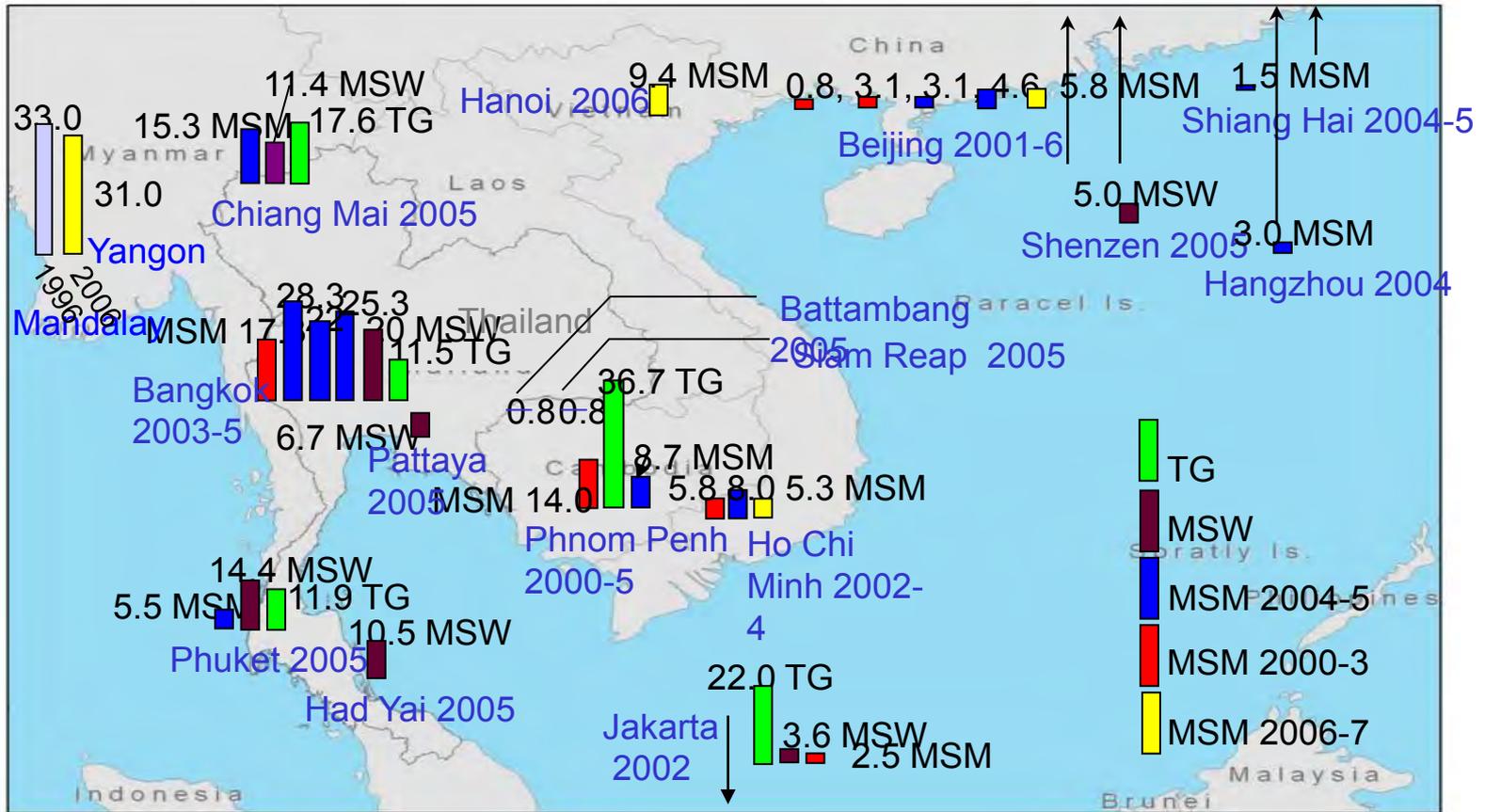




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HIV prevalence among MSM in Asia

亚洲区域的M S M人群艾滋病感染率



Van Griensven. Sources: NBC, 2006; UNAIDS, 2006b, 2006b; FHI, 2006a, 2006b; Choi, 2003; MAP, 2005; van Griensven, 2005; MMWR, 2006; Ma, 2006, NCHADS, 2006.

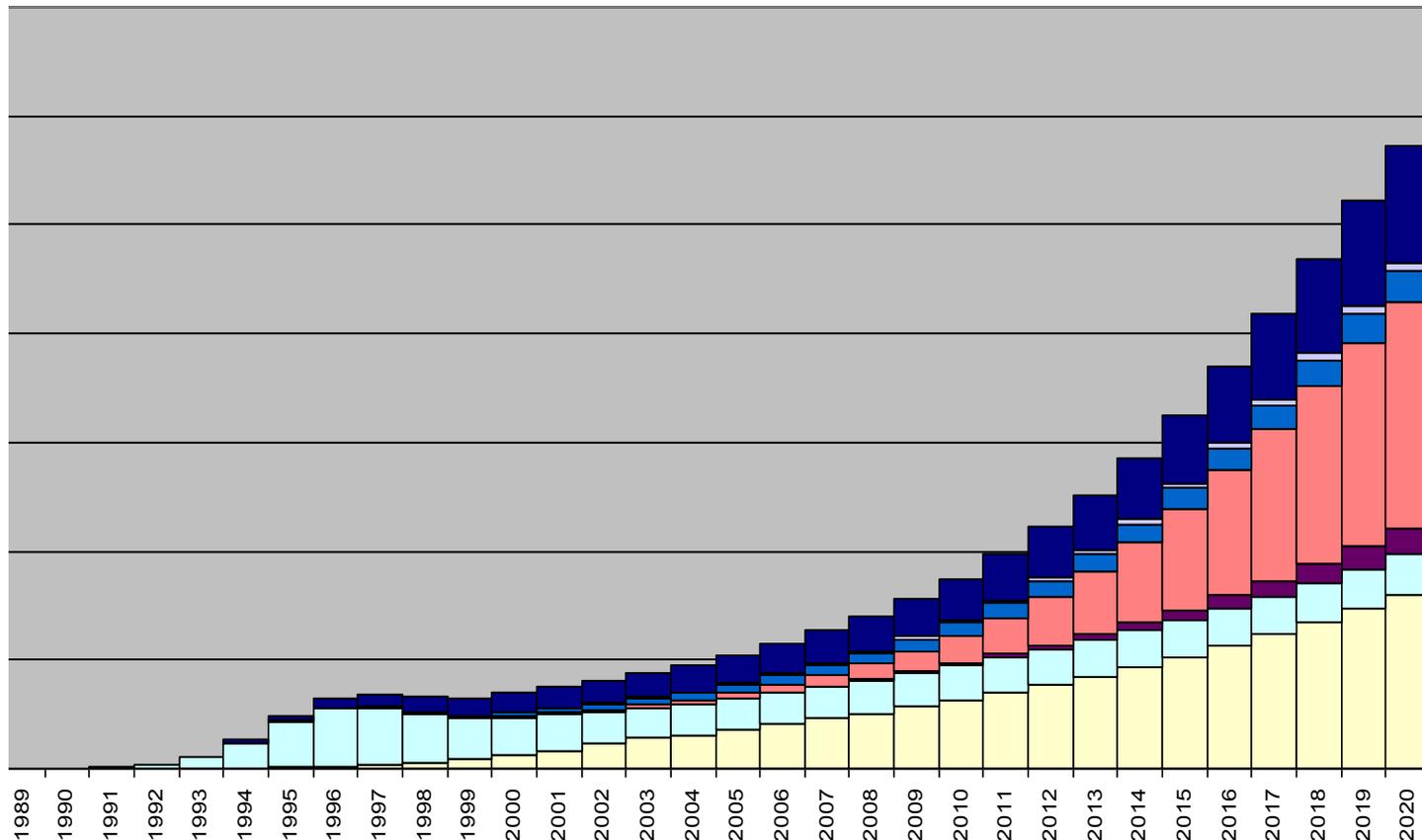




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• **A² data suggest that if current trends continue, MSM incidence will outstrip all other risk groups by 2020**

A²项目：如果没什么改变，到2020年MSM人群的艾滋病发病率会超过所有其他的高危人群

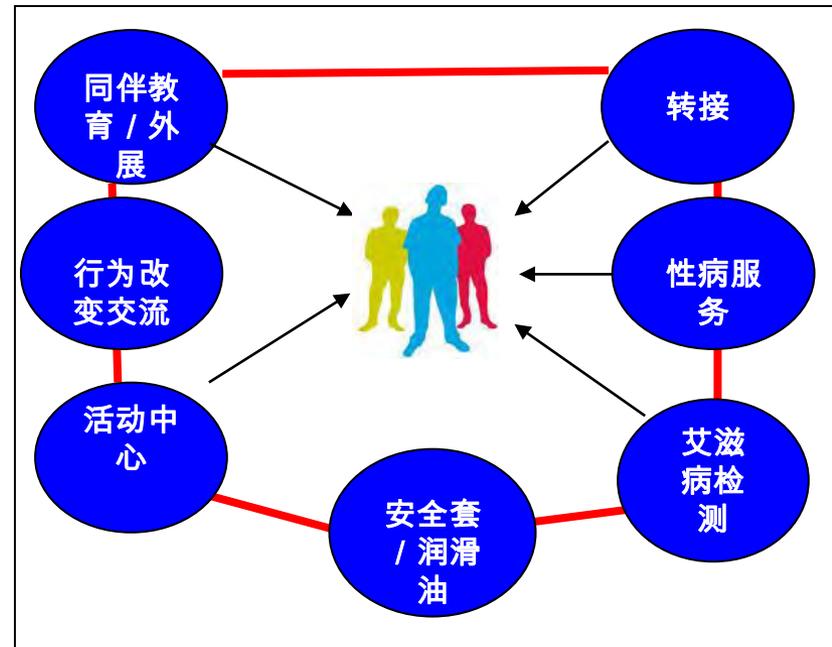




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Kunming Spring Rain MSM Workgroup: A Comprehensive Prevention Package for MSM 昆明春雨MSM工作组 为MSM提供综合性预防

- A comprehensive package of services
综合服务包
- Targets highest risk populations
以最高危人群为主
- Avert the maximum number of infections
避免最多的感染
- Recognizes the importance an enabling environment
创造支持性环境





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Community-based intervention model 以社区为基础的干预模式



- Ten trained, full-time peer educators
10位受到培训，专任同伴教员
- Regular outreach in bars, parks, public toilets and bathhouses
定期在酒吧，公园，公厕，浴室进行外展活动
- Drop-in center with regular “edutainment,” thematic educational sessions and telephone hotline counseling
通过活动中心定期开展“娱乐教育，”主题小组活动，热线咨询
- Referral to MSM-friendly HIV/STI clinical services
STI/VCT转介服务

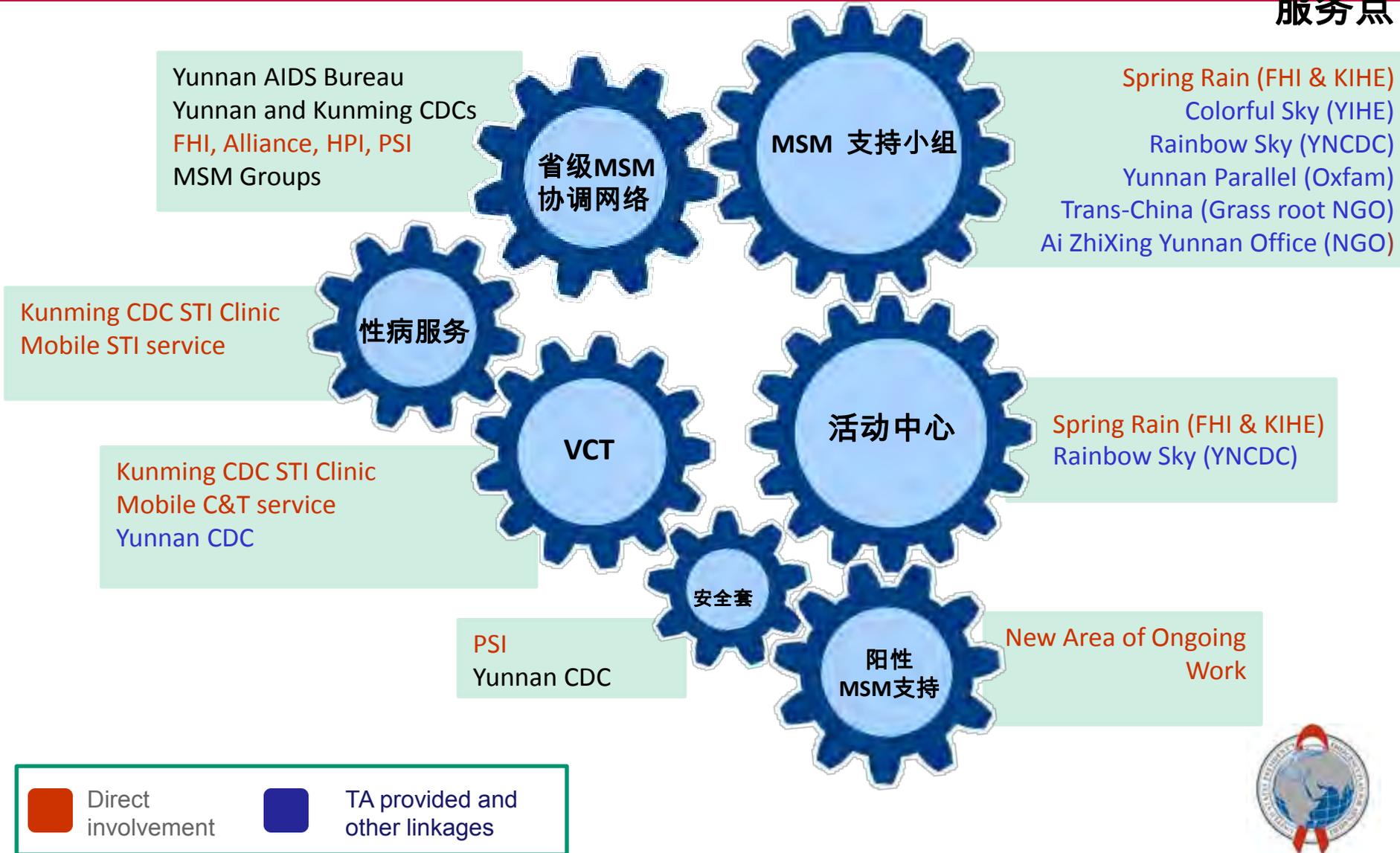




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CPP model and its Linkages to Local Response: Services for MSM in Kunming

综合性预防模式而当地机构之间的连接：昆明市的MSM服务点

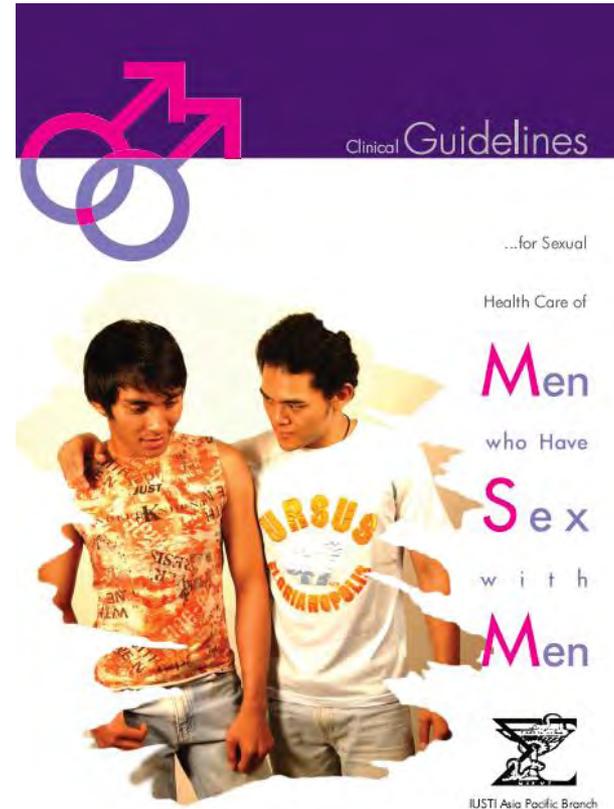




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Technical support by FHI and other USAID CAs 家庭健康国际和其他美发署伙伴机构提供的技术支持

- Healthcare provider training
医务人员的培训
- MSM-specific guidelines and SOPs
对MSM人群提供服务的指南和操作方法
- Community mobilization and advocacy conducted in partnership with other USAID CAs
与美发署合作进行社区动员和政策倡导的活动





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Project Outputs 项目过程产出

- From Oct 2008 to September 2009, reached/served in Kunming:
2008年10月到2009年9月在昆明覆盖的人数:
 - Strategic Behavior Communications: 4,644 MSM
行为改变交流
 - STI service: 1,101 MSM
性病服务
 - VCT service: 405 MSM
艾滋病自愿咨询检测
- Roughly 9% of those covered by the project were tested for HIV and know their results
整个覆盖人数的9%接受艾滋病检测而知道他们的结果
- Total loss to follow-up for VCT was 20%, compared to the national average of 28%
整个艾滋病检测过程中的落实占20%,对比全国家平均的28%





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Lessons Learned 经验教训

- It's not what you know
不仅是您知道些什么
 - High levels of knowledge but low rates of condom use
艾滋病知识的饶率比较高，可是安全套的使用率很低
- You can build it, but they might not come
提供服务并不证明有人想要
 - Supply must be paired with demand
须要把供给和需求结合
- Health, for many, is a means to an end, and not itself the primary goal
对于许多人来说，健康本身不是目标，只是实现目标的手段
 - Responses should target the wider needs of the community
我们的应对须要更多以社区的需求与希望为主





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On-Going Challenges 持续性的挑战

- Using new technologies to reach hidden populations
如何利用新的技术手段覆盖较难以接触到的人群
- Addressing structural barriers to health-seeking behaviors
减少保健服务系统方面的障碍
- Reducing stigma
减少歧视和耻辱





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“We Are Together” Community Driven Campaign “我们和你在一起”宣传运动

- November 2009 to April 2010 in Kunming.
2009年11月到2010年4月在昆明
- Goal to increase uptake of MSM-friendly STI screenings and VCT.
目标为提高性病和艾滋病检测服务的使用率
- Community mobilization events, as well as radio broadcasts and a dedicated campaign Web site.
社区动员活动，电台宣传和网络外展

你
VCT
了吗?
免费 安全 保密

艾滋病的自愿咨询检测
早检测、早接受国家免费的抗病毒药物

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