ASIA REGIONAL CONSULTATION ON

MSM

HIV CARE AND SUPPORT

MEETING REPORT

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FOREWORD

The word "crisis" is so overused and yet it is difficult to use any other word or phrase to describe the state of the HIV epidemic among men who have sex with men and transgender persons. Some three decades into the global AIDS response, the epidemic's spread among these long marginalized and neglected populations is rapidly escalating and currently represents a major source of new infections in many countries in Asia. The burden from this growing and complex challenge constitutes an extraordinary crisis for governments and communities, for health systems and service providers – a crisis that cuts across public health, politics and the socio-cultural matrix.

Within the Asia region, this unfolding crisis brought together governments, civil society including community activists, donors (notably USAID), other development partners, and UN agencies (particularly UNDP, WHO, UNAIDS and UNESCO) to increase access to treatment, care and support, and create synergies with other initiatives being undertaken.

This extraordinary mobilization paved the way for the "Asia Regional Consultation on MSM HIV/AIDS Care and Support" which was convened by USAID, USCDC and the UNDP in partnership with WHO, UNAIDS, Asia Pacific Network of Positive People (APN+), and the Asia Pacific Coalition on Male Sexual Health (APCOM). A steering committee from these and other regional organizations guided the development of the agenda and content. Participants from communities and governments reiterated that the partnership between communities and the health sector remains key to improving access to treatment, care and support by promoting male sexual health; generating and analyzing strategic information; and supporting health systems free of stigma and discrimination, thereby helping guarantee sustainability of these efforts.

It is against this background that the present document was developed. It articulates the leadership and contribution that the communities and the health sector in partnership with donors and the UN system can provide to respond to the HIV crises among men who have sex with men and transgender persons in the region. This supporting document was conceived as a joint collaboration between USAID and the UNDP, in partnership with Family Health International (FHI).

In essence, this meeting report:

- **describes the priority health sector interventions recommended to achieve universal access for the prevention, treatment, care and support of HIV and sexually transmitted infections among MSM within the broader male sexual health agenda;**
- **summarizes key policy and technical recommendations developed by participants related to each priority health sector intervention;**
- **guides the selection and prioritization of interventions for HIV treatment, care and support; and**
- **directs readers to key resources containing the best available information on the health sector response to HIV among MSM.**

There is an adage that with the danger of crisis comes an opportunity. It is hoped that the outcomes of this meeting will provide valuable guidance for communities and the health sector to increase care and support for men who have sex with men and transgender people living with HIV in Asia and the Pacific – thereby assisting countries in achieving Millennium Development Goals pertaining to HIV/AIDS and strengthening public health as a whole.

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We would like to express our gratitude to Consultation Steering Committee members who played a significant role in shaping and guiding the content of the meeting: Addy Chen, Asia Pacific Network of People Living with HIV/AIDS (APN+); Ana Coghlan, Pact; Aranya Ngamwong, Family Health International (FHI); Brad Otto, Burnet Institute; Cameron Wolf, USAID; Chitlada Utaipaiboon, US Centers for Disease Control and Prevention (USCDC); Christian Fung, USAID; Clifton Cortez, USAID; Cristina Garces, FHI; David Dobrowolski, Pact; Edmund Settle, UNDP; Elden Chamberlain, International HIV/AIDS Alliance; Felicity Young, Health Policy Initiative (HPI); Fiona Barr, International HIV/AIDS Alliance; Frits van Griensven, USCDC; Geoff Manthey, UNAIDS; Habib Rahman, Population Services International (PSI) Myanmar; Jan van Wijngaarden, United Nations Educational, Scientific and Cultural Organization (UNESCO); John Palen, USAID; Jonathan Davitte, USAID; Kevin Frost, amfAR; Kimberly Green, FHI; Kritsiam Arayawongchai, FHI; Massimo Ghidinelli, World Health Organization, Western Pacific Regional Office (WHO WPRO); Michelle McConnell, USCDC; Panus Na Nakorn, USAID; Philippe Girault, FHI; Ruxy Lazerescu, PACT; Sam Beever, Australian Agency for International Development (AusAID); Shiba Phirulatpam, APN+ and Shivananda Khan, Asia Pacific Coalition on Male Sexual Health (APCOM).

We are grateful to Paul Causey for his superb facilitation of the meeting. Appreciation is also due to the co-chairs, group work facilitators and presenters who volunteered their time and expertise to the meeting.

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Our appreciation goes to meeting rapporteurs and report writers, Teresa O'Shannassy and jonathan Davitte; Kimberly Green and Paul Causey for extensive review and edits to the report; Cristina Garces, Cameron Wolf, Edmund Settle and meeting participants for their reviews, and Anne Graebner for the final edit.

This meeting would not have take place without the deep commitment from meeting sponsors to increase access to care, support and treatment for men who have sex with men across the region. They are: APCOM, APN+, The Association of Southeast Asian Nations (ASEAN), AusAID, FHI, UNAIDS, UNDP, USAID, USCDC and WHO WPRO.

Finally, we would like to thank the donors of this meeting: USAID: Cameron Wolf, Clifton Cortez and Christian Fung; UNDP Asia Pacific Regional Center: Edmund Settle; AusAID: Sam Beever and FHI: Tony Bondurant and Cristina Garces. We also thank AIDSTAR-II managed by Management Sciences for Health (MSH), John Berman and Curtis Feather for coordinating the additional USAID/Washington contribution to the meeting.

ACRONYMS AND ABBREVIATIONS

APCOM	Asian Pacific Coalition of Male Sexual Health
APN+	Asia Regional Network of People Living with HIV/AIDS
ART	Antiretroviral therapy
ASEAN	Association of Southeast Asian Nations
BCC	Behavior change communication
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
CHBC	Community and home-based care
CoPCT	Continuum of prevention, care and treatment
CST	Care, support and treatment
DIC	Drop-in centre
GIPA	Greater involvement of people living with HIV/AIDS
M&E	Monitoring and evaluation
MARP	Most-at-risk populations
MOPH	Ministry of Public Health of Thailand
MSM	Men who have sex with men
NGO	Non-governmental organization
OI	Opportunistic infections
PACT	Pact, Inc.
PLHIV	People living with HIV
RETA	Resource estimation tool for advocacy
SOP	Standard operating procedure
STI	Sexually transmitted infection
TG	Transgender (person)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
USAID	United States Agency for International Development
US CDC	U.S. Centers for Disease Control
VCT	Voluntary counseling and testing
WHO	World Health Organization
WHO/WPRO	World Health Organization Western Pacific Regional Office

EXECUTIVE SUMMARY

Men who have sex with men (MSM) in Asia and the Pacific are facing a severe and rapidly growing HIV epidemic. MSM in Asia are 19 times more likely to be infected with HIV than the general population.[1] High HIV prevalence among MSM has been reported throughout multiple recent studies in the region: 8.7% in Cambodia, 7.8% in Vietnam, 5.6% in Lao PDR, and 30.8% in Thailand.[2] Sentinel surveillance in India showed the HIV prevalence to be greater than 15% in nine districts. High levels of HIV prevalence have also been documented among MSM in China, Indonesia, Bangladesh, Nepal, and the Philippines.

Despite the evidence, most countries in Asia and the Pacific spend less than 1% of their annual HIV budgets on programs that target MSM.[3] Funding is channeled towards HIV prevention among MSM only, leaving very little resources to provide MSM with or refer them to critical care, support and treatment (CST) services. A 2008 mapping of donor funding for MSM-specific HIV programs in the Greater Mekong Sub-region* revealed that about two-thirds of identified MSM programs and projects deliver prevention services, while only 22% deliver care and support and 7% treatment services.[4]

Recognizing the crucial need to scale up the provision of CST services for MSM, the United States Agency for International Development (USAID) and the United Nations Development Programme (UNDP) co-hosted the first Asia Regional Consultation on MSM HIV/AIDS Care and Support in Bangkok, Thailand in November 2009. This three-day meeting comprised over 90 participants representing donors, policy makers, implementing partners, and community members. It was convened to develop next steps and recommendations on CST services for MSM throughout Asia and the Pacific. The meeting aimed to:

1. Raise awareness of key opportunities and challenges related to MSM uptake of HIV testing and counseling, and enrolment and retention in community-based HIV care and support services.
2. Share experiences and lessons learned regarding community-based services aiming to enhance access to HIV testing and counseling, care, support, and existing treatment services among MSM sub-populations within the region.
3. Identify promising practices, key principles, and technical and programmatic roles and responsibilities of community and public providers in the delivery of an integrated continuum of care for MSM living with HIV.

The information shared by the Asia Regional Consultation on MSM HIV/AIDS Care and Support will support governments, donors, people living with HIV (PLHIV) groups, MSM communities, and international and local organizations to plan for, fund, and scale-up MSM-focused and MSM-friendly CST services. Discussions following plenary presentations and during group work sessions showed progress in community level mobilization, opportunities for the use of innovative outreach methodologies including the use of technology, and the immediate need for increased advocacy efforts. However, significant gaps remain at all levels, from policy to implementation, which must be addressed to effectively extend access to MSM-friendly and focused HIV CST services.

The Asia Regional Consultation on MSM HIV/AIDS Care and Support is an outcome of a process to establish a regional framework defining the key elements of a comprehensive response to HIV among MSM and transgender persons (TGs) in the Asia Pacific Region. Along with UNDP and USAID, this regional process has been supported by WHO, UNESCO, UNAIDS, the Association of South East Asian Nations (ASEAN), Asia Pacific Coalition on Male Sexual Health (APCOM) and Family Health International. It has involved government sector and community representatives from over 20 countries.

* The Greater Mekong Subregion includes Cambodia, Lao People's Democratic Republic (PDR), Burma, Thailand, Vietnam, and the People's Republic of China (Guangxi and Yunnan Provinces).[4]

DEFINITION OF MSM

The term "men who have sex with men" has been used in a variety of contexts with different meanings. For the purpose of the consultation and this report, the MSM definition used by the Asia Pacific Coalition on Male Sexual Health (APCOM) was adopted:

> **[MSM] is an inclusive public health term used to define the sexual behaviors of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular 'community'. The words 'man' and 'sex' are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place.**[5]

While TGs–those born male who appear as or consider themselves a member of the opposite sex or indeed a third gender–often fall within the scope of the term "MSM", the uniqueness of this group requires special attention. The needs of the TG community were highlighted throughout this Regional Consultation in presentations, dialogues and through the involvement of TG members in group discussions and development of strategies. TGs in Asia often identify themselves in local indigenous terms (i.e. waria in Indonesia or kathoey in Thailand) rather than as MSM.

ASIA REGIONAL CONSULTATION ON MSM HIV/AIDS CARE AND SUPPORT

The three-day meeting focused on sharing latest evidence, promising practices and lessons learned relating to MSM HIV care and support services. The plenary sessions consisted of eight key topics followed by questions and interactive discussions. The topics were:

1. MSM care and support needs, gaps and opportunities in Asia;
2. HIV counseling and testing
3. Community-based care models
4. Integrating community care into clinical care services
5. Positive health within the context of care and support;
6. Addressing barriers to care: advancing strategies to promote retention in care;
7. Addressing barriers to care: reaching the hard to reach
8. Key data issues for planning MSM care and support

Daily group work sessions enabled participants to generate the MSM care and support recommendations included in this document. These work group sessions provided participants with an invaluable opportunity to look beyond the barriers to care, and start identifying practical ways to address the gaps and overcome the obstacles to providing a comprehensive package of interventions for MSM. These plenary presentations are included in this report after the recommendations.

STRATEGIES AND RECOMMENDATIONS

Following presentations, participants were divided into groups to formulate care and support strategies. Each participant was asked to serve as members in two different topic groups. Recommendations were compiled into programmatic recommendations, addressing short-term and long-term goals for programming/service delivery, research/data needs, and the facilitation of enabling environments. The strategies and recommendations presented in the following sections are the synthesized results.

SUMMARY OF RECOMMENDATIONS

- **INTEGRATE CARE AND SUPPORT SERVICES INTO EXISTING MSM PREVENTION PROGRAMS** – Many MSM prevention programs are already providing adhoc care and support services, but need training, funding and recognition of their work. MSM prevention providers are often trusted and reach large numbers of MSM. Grafting care services into these programs can be less costly and more effective than establishing new services
- **COMMUNITY CARE CAPACITY BUILDING** – Since care and support services are relatively new to MSM programs, they need guidance and training in what constitutes essential care and support and how to deliver key services to different MSM sub-populations
- **NO ONE SIZE FITS ALL** – There is significant diversity in MSM populations and an important way to promote greater access to care is to incorporate a range of services from home-based care to interactive internet-based programs
- **ENSURE POSITIVE MSM LEAD THE WAY** – Donors, governments, MSM program managers and others need to foster positive MSM leadership in developing and designing services for those living with HIV
- **MITIGATE STIGMA AND DISCRIMINATION** – Negative attitudes towards MSM and PLHIV are entrenched and complicated to address. However, there are a number of examples of local efforts which have built empathy in health care workers, government leaders and others. Governments and donors need to prioritize funding and technical support to programs in this area
- **INNOVATE HIV TESTING AND COUNSELING** – Traditional HIV testing and counseling approaches do not appear to be widely effective in encouraging testing uptake among MSM. Increased use of mobile rapid testing in MSM hot spots, testing promotion through the internet and other strategies need to be employed
- **MSM-FRIENDLY VERSUS MSM-FOCUSED CLINICAL SERVICES** – To maximize access to MSM-sensitive HIV clinical care a two-fold approach can be applied: provide general HIV clinics with combined sensitization and clinical training, particularly where there are significant MSM populations; and develop MSM specific clinical services
- **CLINICAL SCREENING, CARE AND TREATMENT TOOLS ARE NEEDED** – Clear clinical screening tools, standard operating procedures and job aids for MSM HIV CST are not available and should be developed to facilitate better quality clinical care for MSM
- **UNPACKING AND APPLYING POSITIVE HEALTH** – The new term "positive health" (from positive health, dignity and prevention) includes support to PLHIV to care for themselves, have a healthy and active sex life and protect themselves and others from HIV. But how to operationalize positive health is not yet clear. Guidance and training in positive health is required for PLHIV and providers
- **USING THE INTERNET** – An increasing segment of MSM are using the internet to cruise. Continuing to integrate HIV testing and counseling and HIV care information on the web is critical to reaching MSM who would otherwise not access care information and services
- **ADVOCATE FOR BETTER HUMAN PAPILLOMA VIRUS AND HEPATITIS B AND C SCREENING AND TREATMENT** – MSM are disproportionately affected by anal cancer and highly affected by hepatitis B and C; however screening and CST services are very limited in the region. Regional organizations, donors and governments must make this a priority and ensure services are put in place
- **MENTAL HEALTH CARE NEEDED** – Studies and empirical evidence in the region indicate high levels of depression, anxiety, suicidal ideation, addiction and post-traumatic stress disorder among positive MSM. Existing and newly established services need to incorporate mental health screening, counseling, treatment and referrals to best respond to this highly under-addressed need

- **PALLIATIVE CARE, A MISSING ELEMENT** – While antiretroviral therapy (ART) access is increasing, only 37% of PLHIV in need are accessing it in the region and empirical evidence suggests the percentage of positive MSM on ART is even lower.[6] Management of pain, other symptoms, mental health, social and spiritual needs should be integrated into care services for MSM from diagnosis to death
- **FAMILY-FOCUSED APPROACH** – Often male and female partners are left out of care services and face caregiving on their own. Programs should incorporate training and support for partners and spouses.
- **GOVERNMENTS ARE KEY** – Governments play a central and essential role in defining how CST services are delivered to MSM. They need to be supported in developing guidelines, standard operating procedures and training to ensure quality care delivery
- **ASSESS AND MEASURE** – Rapid needs assessments to best tailor service design are critical. But once services are initiated, programs need support with developing concise and clear monitoring and evaluation (M&E) systems to measure their work
- **TEST AND EVALUATE MODELS** – Donors and governments need to encourage and fund evaluation of different models of care for MSM, since very little is known about what works in this area

DETAILED RECOMMENDATIONS

HIV COUNSELING AND TESTING

The first point of entry into care is for HIV positive MSM to know their status. Significant barriers prevent MSM in Asia from accessing voluntary counseling and testing (VCT) services throughout the region. HIV testing uptake among MSM remains low in most countries. One of the most significant barriers to testing services is the pervasive fear of stigma and discrimination from families, communities, health care personnel, and other MSM.

RECOMMENDATIONS

- Increase provision/availability of free HIV rapid testing
- Expand access to free HIV testing and counsling through mobile MSM VCT services
- Improve confidentiality and provision of anonymous tests targeted to MSM
- Develop creative and convincing strategies that detail the benefits of early testing; emphasizing early entry into care and treatment with significantly better physical and psychological health outcomes as well as improved survival rates
- Encourage development of "MSM-friendly" VCT services through sensitization training for providers and meetings between service providers and MSM community organizations
- Integrate general health services into those offering VCT to improve acceptability and uptake (e.g. measurement of blood pressure, height, weight)
- Increase/strengthen referrals and linkage from VCT to other MSM CST services
    - Referral systems between VCT and public/private health services are not adequate to ensure uptake. Positive, supportive relationships between each of these partners in combination with the follow up of clients after VCT is necessary to encourage both VCT and CST service uptake
- Capacity building of MSM peer outreach workers and peer educators in the areas of outreach, communication, and referral skills
    - Peer outreach workers are often trained in prevention but not in CST. In order to better articulate the benefits of VCT, peers need to be trained in CST basics and have materials available (e.g. pamphlets, resource guides) to provide to MSM peers

COMMUNITY-BASED CARE AND SUPPORT FOR HIV POSITIVE MSM

There is a growing number of community and home-based care focused MSM programs in the region. However, few have received adequate funding, training and support to enable them to provide better quality care and to link with facility-based care and treatment services.

RECOMMENDATIONS

- Understand the needs of the MSM communities
    - Needs assessments, focus group discussions, and other related methods are needed to help guide the implementation of community care programs for positive MSM
- Integrate community care and support services within existing MSM prevention focused programs
    - Many prevention focused MSM programs are extending into care due to the needs and high prevalence in the region. This integration can be better supported through assisting non-governmental organizations (NGOs) and community-based organizations (CBOs) in determining within their structure how to incorporate care and support services and what services will need referral relationships
    - Examples include developing positive MSM support groups, offering positive living counseling and general care and treatment education to positive MSM
- Promote family-centered care
    - Ensure services are provided to not only MSM with HIV but also where required to their families (however identified), friends and lovers
- Ensure meaningful involvement of MSM community members at all levels
    - Involve MSM not only in community care delivery but also in facility-based care
    - Redefine family. Many MSM are isolated from their biological families. When these men become sick, it is often MSM peers who are best positioned and best able to provide care and support
    - Community and home-based care programs should partner with local AIDS councils, organizations, and other groups to ensure long term sustainability
- Actively lobby donors to address the current lack of funding for MSM care and support services
    - As more funding becomes available for MSM care and support services, community care organizations need to be prepared to actively engage new donors to support a scale up of existing services or the establishment of new services

POSITIVE HEALTH

Positive health includes support to PLHIV to care for themselves, have a healthy and active sex life and protect themselves and others from HIV. The Positive Health meeting held in August 2009 by Asia Regional Network of People Living with HIV/AIDS (APN+) represents a significant stride towards determining the principles and components of positive health and a shift away from the focus on HIV transmission to a holistic interpretation of health and well-being. Determination of the key principles and scope of positive health needs to be translated into programmatic action to serve the growing HIV positive MSM community.

RECOMMENDATIONS

- Clarify the definition and scope of positive health in the context of MSM CST
    - Standardized information is lacking regarding the definition and scope of positive health within the context of CST for MSM
    - Questions that must be addressed include who and where positive health programming should be delivered, what services should be offered and what outcomes should be expected from positive health programming
    - Clear outcome measurement will allow programmatic comparison for quality assurance and quality improvement

- Positive health messaging needs to focus on the benefit to the positive individual, not on the benefits for the community
    - Develop education tools and strategies regarding the risks and impact of STIs on HIV positive MSM and the potential to acquire drug resistant HIV strains from other partners. This can encourage positive MSM to take sexual precautions with all partners for their own benefit, and also for the benefit of their partners
    - Positive health cannot focus solely on issues regarding sexual health. It includes psychological, psychosocial, and socioeconomic issues which impact upon on clinical care
- Sensitization and dialogue with health care workers and the broader MSM community to the needs of positive MSM in the context of positive health
    - Many health care providers expect positive MSM either are not or should not be engaging in continued sexual relationships. Health care providers need to be prepared to facilitate positive MSM in pursuing healthy sexual relationships. This can be done through the encouragement of safe sexual practices, continued STI screening, and education about HIV transmission between positive individuals
    - Placement of MSM community members within the facilities and clinics can facilitate linkages into community positive health programming. This placement can also assist health providers in supplying the needed services for positive MSM
- Need for discussion and education on how to manage HIV risk reduction in the context of HIV-related sexual dysfunction
    - Develop education materials and peer and health care worker training on the psychological and biomedical impacts of erectile dysfunction and delayed ejaculation. These issues can cause significant suffering and reduce consistent condom use

STRENGTHENING LINKAGES BETWEEN COMMUNITY-BASED MSM CARE AND SUPPORT AND FACILITY-BASED SERVICES

The importance of strong linkages between community-based MSM care and support programs and facility-based services was emphasized throughout the meeting. Unfortunately, weak linkages result in reduced follow up in the period between diagnosis and initiation of ART. This in turn results in poor health and psychosocial outcomes for MSM including lower adherence rates, increased risk taking behavior and a higher risk of morbidity/mortality.

RECOMMENDATIONS

- Foster improved coordination between MSM-focused and MSM-friendly service providers including development of services directories and formal referral relationships
    - Use clinic and community-based case managers. Train and utilize MSM peers and others as case managers to actively assist positive MSM to access CST services once diagnosed
    - All MSM programs need to seek out referral relationships with general population CST and then work to sensitize these services regarding MSM needs
    - Map current MSM-specific and MSM-sensitive community care services for the creation of a comprehensive directory of services. This directory can serve as a critical tool for health service providers and community care providers. It can also help identify gaps in community and health care services for the MSM populations in the local area
- Maintain a list of MSM-friendly providers (social services, clinical, and psychological)
- Demonstrate innovative models of community-based and facility-based MSM service integration

- Train and support MSM as service providers in clinical care settings
    - AIDS Care China has begun implementing the establishment of a "low-profile" HIV positive MSM peer educator team within the ART clinics
    - The Thailand Ministry of Public Health (MOPH) and the U.S. Centers for Disease Control (US CDC) collaboration employs positive MSM peers to serve clinical service providers as well as the MSM community. They assist clinical service providers in case management, counseling, safe sex education, and general health education. The positive MSM peers serve the community through promotion and uptake of VCT services to MSM with unknown HIV status, providing behavior change communication (BCC) encouraging safe sex practices, basic counseling, and general health education

INNOVATION AND USE OF TECHNOLOGY TO INCREASE SERVICE ACCESS FOR MSM

Current outreach programs are reaching only a fraction of MSM populations through Asia and the Pacific. These programs often reach only the most visible MSM populations, neglecting to access groups such as married MSM, young MSM, and high-risk MSM who use only digital services to find sexual partners. The online "venue" for MSM is larger than all physical venues combined. Use of the internet throughout Asia is growing at an astounding rate. The number of internet users in Asia has grown 475% from 2000 to 2008.[7] In China, three consecutive respondent driven surveys from 2004-2006 reported that approximately 35% of the respondents met sexual partners through the internet.[8] Technologies such as websites, instant messaging, and mobile text messaging provide a degree of anonymity for the user and are a useful means to access many hard to reach MSM.

RECOMMENDATIONS

- Perform formative assessment prior to implementation of MSM service provision through technology media
    - Three fundamental issues must be addressed: what technology people are using, what technology is most appropriate for service provision, and what technology is most effective
- Use technology to provide information to unlimited audiences in real time
    - Virtual services often do not have a cap on the number of MSM they can reach with information and potential linkages to non-virtual services
    - Persons trying to manage STIs could use a text message service to get information on treatment, the most effective medications for a particular STI, and when and where to seek a medical professional
    - There is potential to make appointments in clinics with doctors who are MSM-sensitive, and determine availability of medications such as antiretroviral drugs, hours of operation and doctors on duty
- Harness ability to develop highly specific, targeted messages for multiple MSM sub-groups
    - Specific information about disclosure to female partners for married MSM can be provided in a private, home setting
    - TGs can access information about hormone therapies as well as sexual reassignment surgeries
    - The possibilities of these kinds of highly tailored services provided through technology media are limitless
- Feedback mechanisms are easily developed; build monitoring and evaluation into every MSM program utilizing technology
    - The potential for real-time, continuous feedback from clients; monitoring and evaluation tools can be built into electronic programs that provide real-time user statistics, instant trend charts, and much more

- Information gained through these mechanisms can provide constant evaluation of the services being provided, recommendations for improvements of the services, and instantly identify problems in service delivery/implementation

ENABLING ENVIRONMENTS: ADVOCACY AND POLICY CHANGE

To mitigate the epidemic among MSM, governments and donors need to commit the right level of resources to MSM programming. Creating enabling environments through advocacy and policy change is a critical step to ensure MSM CST programming receives adequate attention and funding. The overarching recommendation for creating enabling environments for MSM advocacy and policy change is to engage the "Greater Involvement of People Living with HIV/AIDS" (GIPA) at all levels.

RECOMMENDATIONS

- MSM advocacy focused on policy implementation and enforcement
    - Widespread policies discouraging stigma and discrimination of MSM are lacking
    - In areas where policies do exist, communities must be made aware of them and learn how to appropriately enforce them
    - Donors need stigma and discrimination policies. Funded organizations should have anti-discrimination policies in place or be defunded
- Provide cost effective arguments for intervention and early treatment for MSM
    - Tools such as the Resource Estimation Tool for Advocacy (RETA) must be expanded to estimate resource needs for the Comprehensive Package of Services, including CST
    - Through evidence-based advocacy, community advocates can ensure appropriate allocation of funding for MSM programming by demonstrating arguments showing the benefits of early interventions and treatment for MSM with HIV
- Engage with universities and medical/health training institutes to reduce provider stigma and discrimination by inclusion of MSM sensitivity training within curriculums

RESEARCH AND DATA NEEDS

RECOMMENDATIONS

- Use consistent MSM population estimation approaches
- Integrate MSM CST needs assessments (including gap analysis) into program design
    - Identify gaps in service coverage through local, national and regional mapping of MSM-specific or friendly services in a region
- Conduct formative research specific to care seeking behaviors of MSM, especially on barriers to access CST services
    - Information surrounding the sources of stigma and discrimination that impede MSM CST access can help programs adequately reduce barriers to accessing CST services and contribute to advocacy efforts
- Conduct operations research to determine MSM CST best practices
    - Operations research on what has worked and what has not worked in reaching MSM for VCT and CST is needed for program planning and implementation, and to improve existing services
    - Compilation of evidence-based, best practices can serve as a crucial tool for MSM CST implementers and as advocacy for donors and policy change

- Use standardized methods of measuring impact of CST services to provide better means for comparison between programs for quality assurance/quality improvement

- Assessment of health care provider attitudes towards MSM populations and capacity to serve MSM populations
  - Little information is available on the attitudes of health care providers towards MSM populations, and their capacity to serve them
  - Health care providers may already be sensitive to MSM issues, but lack the tools and knowledge to serve MSM clients. Identifying the tools and knowledge required can allow MSM organizations to provide the training necessary to facilitate increases in MSM-friendly health care service providers

CROSS CUTTING ISSUES

- Access to care will improve only when stigma and discrimination are reduced.
- GIPA positive MSM must play a leading role in shaping and implementing MSM-focused and MSM-friendly services
- There is an urgent need to:
  - Fund and scale-up efforts to minimize stigma and discrimination in health care settings and among HIV negative and positive MSM
  - Develop and integrate training and sensitization of policy makers and HIV health care workers in the needs of MSM
  - Create or adapt clinical and community-based assessment tools and standard operating procedures which better address and monitor the needs of MSM.

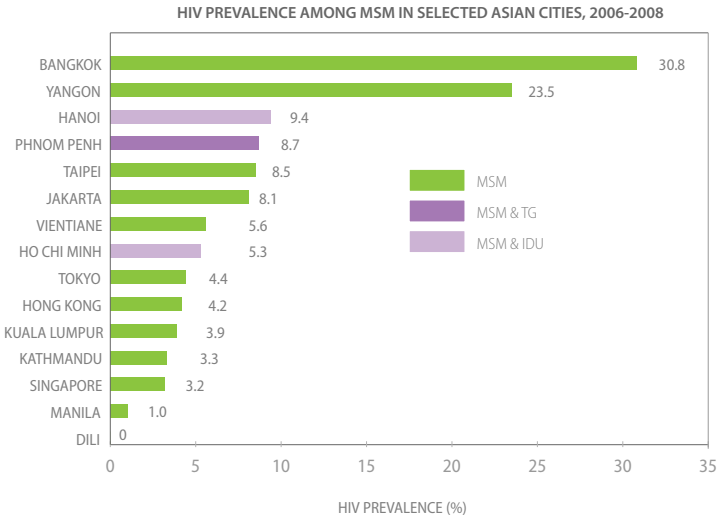
PLENARY PRESENTATIONS

MSM CARE AND SUPPORT NEEDS, GAPS, AND OPPORTUNITIES IN ASIA

HIV INFECTION AMONG MSM IN ASIA: EPIDEMIOLOGY UPDATE

Frits van Griensven, Thailand Ministry of Public Health (MoPH) – U.S. Centers for Disease Control and Prevention Collaboration

- HIV prevalence is increasingly widespread among MSM throughout Asia with new data continuing to support the need for immediate and intensive interventions targeting MSM
- HIV is rapidly increasing among MSM in India and China



- Some plateaus have occurred in Singapore and Hong Kong
- Drug use (such as methamphetamines) among MSM may be fueling the HIV epidemic
- Bangkok cohort study showed significant HIV incidence among 18-22 year-old MSM with continued high rates of infection over time
- Data from Thailand show that the combination of critical social factors, including drug and alcohol use, social isolation, suicidal ideation, coerced sex, and selling sex are associated with higher rates of unprotected sex and HIV
- There is little success with biomedical prevention interventions, such as pre-exposure prophylaxis and/or vaccines for MSM

CONTINUUM OF PREVENTION TO CARE AMONG MSM AND TG IN ASIA

Kimberly Green, Asia Regional Technical Advisor, FHI

- Limited data is available on CST services for MSM in Asia and the Pacific
- Immediate need to identify what is meant by care and support for MSM; and create/strengthen linkages from prevention to CST services
- Factors contributing to MSM having poor access to and retention in care, lower ART adherence rates, a higher risk of morbidity/mortality and a greater risk taking behavior must be identified and addressed.
- Translate continuum of prevention to care and treatment (CoPCT) from general population services into models specific to the needs of MSM
- Conduct formative research to assess what services are needed and how they should be delivered; evaluate service models to better understand what works
- Continue advocacy and support for governments and donors to develop guidance and funds for CST services for MSM

WHAT DO WE MEAN BY **CARE AND SUPPORT?**
ILLUSTRATIVE SERVICES INCLUDE:

1. **PSYCHOSOCIAL:** COUNSELING SERVICES AND SUPPORT GROUPS; MENTAL HEALTH CARE; SPIRITUAL SUPPORT; REDUCTION OF STIGMA AND DISCRIMINATION; POSITIVE LIVING
2. **PHYSICAL:** PREVENTION AND TREATMENT OF OIS/TB AND STIS; ROUTINE ANAL PAP SMEAR; VACCINES; PALLIATIVE CARE: SYMPTOM CONTROL AND PAIN MANAGEMENT++; TREATMENT ADHERENCE SUPPORT AND SIDE EFFECT MNGT; NUTRITION; HORMONES, SURGERY; POSITIVE HEALTH, DIGNITY AND PREVENTION
3. **SOCIAL AND ECONOMIC:** SOCIAL PROTECTION (EG FREE OR SUBSIDIZED HEALTHCARE); INCOME GENERATION AND EMPLOYMENT OPPORTUNITIES, FOOD SECURITY
4. **HUMAN RIGHTS AND LEGAL:** ACCESS TO LEGAL AID, PROTECTION FROM VIOLENCE AND REDRESS; RIGHTS-BASED APPROACH AND RIGHTS ADVOCACY TRAINING
5. **PARTNERS, FAMILY & COMMUNITY:** PSYCHOSOCIAL (INCLUDING BEREAVEMENT SUPPORT), PREVENTION, SOCIO-ECONOMIC, LEGAL SUPPORT, ETC

TREATMENT, CARE, AND SUPPORT FOR HIV-POSITIVE MSM IN THE REGION

Andrew Tan, Executive Committee, Malaysian AIDS Council/APN+ and APCOM

- MSM are not a uniform group or an isolated social minority
- Diverse sexualities and identities of MSM mean that prevention messages and care needs of MSM vary

- Positive MSM face dual issues of belonging to two highly stigmatized groups: MSM and PLHIV
- Engaging the positive MSM community is one of the most effective means of creating an enabling environment
- MSM have diverse issues and face unique challenges, from diagnosis to treatment. They require specific strategies to support them

HIV COUNSELING AND TESTING: A GATEWAY OR BARRIER TO CARE AMONG MSM?

HIV COUNSELING AND TESTING: A GATEWAY OR BARRIER TO CARE AMONG MSM – THE EXPERIENCE FROM "SISTERS" PROGRAM IN PATTAYA

Thissadee Sawangying, Population Services International Thailand

- The "Sisters" program in Pattaya initially focused on prevention services for TGs, but has encountered an immediate need to offer and/or link to care and support services as more TG test HIV positive
- The unique needs of TGs require specific services that target and appropriately support this sub-population at all levels within the CoPCT
- The structure of the referral system between VCT and public/private health services is not enough to ensure uptake. Positive, supportive relationships between each of these partners in combination with client follow up after VCT is necessary
- There is a lack of tools and knowledge relating to the implementation of CST services for HIV positive TGs
- We must address the needs of HIV positive TG who are not ready for ART

COMMUNITY-BASED VCT FOR CHINESE MSM

Matt Avery, Technical Officer, FHI China

- The Green City Rainbow drop-in-center (DIC) offers on-site counseling and blood collection, physical examination, and laboratory testing for STIs. Green City Rainbow uses full-time peer educators and volunteers to promote referral to services at the DIC.
- Stigma is countered from within the MSM community through division of medical services and interaction with MSM peers/community members
- MSM are more willing to attend a general health service than an HIV testing center
- A mix of MSM and non-MSM is essential in improving service acceptability
- The use of peer-based and internet promotion, and fixed and mobile services, has resulted in an increased uptake of VCT
- Service provision must be paired with demand generation through multiple channels
- Choice of staff is critical – counselors/doctors must be willing to engage with the client community

MALE SEXUAL HEALTH INTERVENTION IN HANOI, VIETNAM

Bui Xuan Ha, Light House Club – STD/HIV/AIDS Prevention Center, Vietnam

- The "Light House Club" in Hanoi, Vietnam employs peer outreach and education at cruising areas and entertainment establishments; provides STI, risk reduction, psychosocial counseling, and group communication within its drop-in center; and has identified and established an MSM-friendly health services network
- MSM-friendly health services networks can help address many of the barriers to VCT uptake
- MSM friendly health services networks can encourage MSM-friendly health/VCT services through regular updates and meetings with service providers and MSM community organizations and also through sensitization training for providers
- Free services are often seen as being of low quality or lacking confidentiality
- Methods such as incentives can be used to address lack of transportation to VCT sites
- Coupling of physical services with internet services can facilitate demand generation

COMMUNITY-BASED CARE MODELS: PROGRAM EXPERIENCES AND LESSONS LEARNED

HUMAN DEVELOPMENT FOUNDATION (MERCY CENTER): WE STAND TOGETHER WITH THE POOR

Apiwat Kwankaew, Human Development Foundation, Mercy Centre, Thailand

- Mercy Centre started its peer support group and community and home-based care (CHBC) program in 2004. It offers CHBC across multiple most-at-risk populations (MARPs) and non-MARPs PLHIV, rather than just focusing on service provision for MSM
- It is important to use community members in service provision. The best support for HIV positive MSM comes from other HIV positive MSM
- There is a need for services beyond health. Services relating to poverty, family and community are also important
- Quality services should understand the needs of the community.Focus on what the community wants, not what the organization believes the community needs
- Incorporate advocacy into services delivery to influence local and national policy

HOME AND COMMUNITY-BASED CARE FOR WARIA IN SURABAYA CITY, EAST JAVA, INDONESIA: PERWAKOS'S EXPERIENCE

Purnomo Tri Wahyudi Perwakos, Indonesia

- Perwakos is primarily focused on providing prevention, care, and support for Waria (transgenders), and engages peer educators to provide home-visits, HIV prevention counseling and to facilitate access to health services
- The Waria community needs intense and immediate care and support services; however, peer workers need training and resources to provide these services
- Strong relationships between community-based organizations and local health services are very important for successful referral. In addition, linkages should be made with local social welfare agencies to help address non-health related issues
- Strategies are needed to address the highly mobile nature of this population and to increase the rate of return for HIV test results following VCT

MSM CARE AND SUPPORT IN NEPAL

Manisha Dhakal, Blue Diamond Society, Nepal

- Blue Diamond Society provides accommodation, coordinates CD4 counts and ART services with the government hospital, STI/opportunistic infection (OI) treatment, home-based care, legal services, and skills development training for MSM. Most of the staff are MSM community members
- Programming must be community-led and community-driven to be successful
- Solid linkages with health service providers are critical to provide a successful service
- Community organizations must actively search for and continuously lobby different donors to address lack of funding for MSM care and support services
- Meaningful involvement of community members is necessary at all levels of board and management

INTEGRATING COMMUNITY CARE INTO CLINICAL CARE SERVICES

PRIORITY HIV AND SEXUAL HEALTH INTERVENTIONS IN THE HEALTH SECTOR FOR MSM AND TGS IN THE ASIA PACIFIC REGION

Massimo N Ghidinelli, Regional Advisor, HIV/AIDS and STI, WHO/WPRO

- WHO is currently developing guidance on priority interventions for the health sector to meet the HIV and sexual health needs of MSM in the region
- A WHO document to be released in early 2010 will combine all recommended interventions for MSM populations. It will encompass the five strategic directions identified by WHO for the health sector's contribution to universal access to prevention, care and treatment services for HIV and relate them specifically to MSM and TGs
- The document will serve as a key tool for advocacy, linking the fight against stigma and discrimination with the provision of services

LINKING COMMUNITY-BASED MSM AND TG SERVICES WITH HIV CLINICAL CARE IN HO CHI MINH CITY, VIETNAM

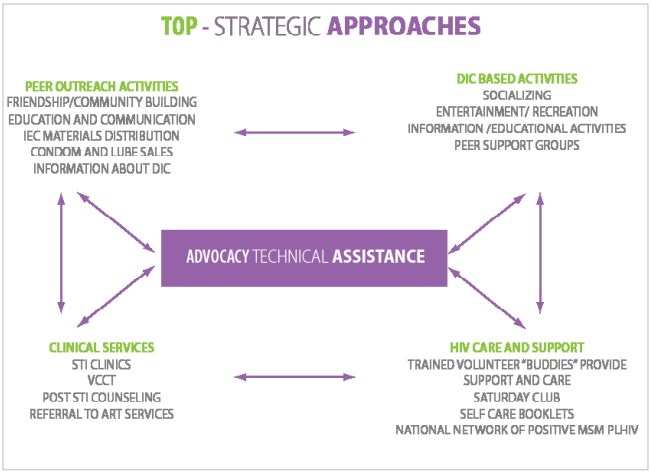
Tat Buu, Blue Sky Club/Binh Thanh Clinic, Vietnam

- The Blue Sky Club MSM program is located in a Community Care and Counseling Center (Binh Thanh Clinic), a comprehensive "one-stop shop" used by MARPs. This co-location facilitates access to community home-based care, palliative care, as well as OI treatment and ART
- Co-location of MSM programs within community care centers can facilitate and encourage referrals to a broad array of services
- Working closely with local health providers is an effective means of reducing stigma and discrimination against MSM
- MSM specific clinics can discourage some MSM from seeking services at the sites. Provision must be made to make effective referrals for these men

TARGETED OUTREACH PROGRAM (TOP)

Habibur Rahman, PSI, Myanmar

- Low coverage of services for MSM in Myanmar led to the creation of the Targeted Outreach Program. It initially focused on outreach and counseling services, but eventually implemented clinical and VCT services. The TOP program combines and complements its peer outreach activities with DIC-based activities, clinical services, and HIV care and support services



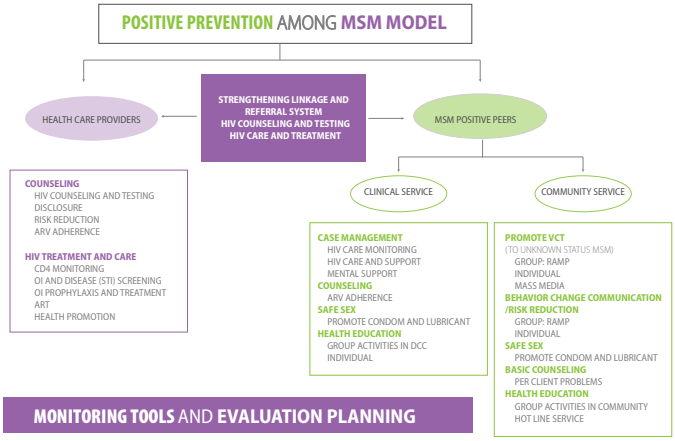
- High numbers of MSM and HIV positive MSM community members serving as staff encourage TOP's success in reaching MSM clients
- The MSM community may identify doctors and other health staff who are already sensitive to MSM issues
- There is a need to strengthen not only national networks of MSM, but also national networks of HIV positive MSM

POSITIVE HEALTH WITHIN THE CONTEXT OF CARE AND SUPPORT

ADDRESSING BARRIERS TO CARE: POSITIVE PREVENTION WITHIN THE CONTEXT OF CARE AND SUPPORT

Chitlada Utaipiboon, M.D., Thailand MOPH-U.S. CDC Collaboration (TUC)

- The TUC will support sites in four provinces. It will use positive MSM peers to drive the positive health program that seeks to increase early access to HIV CST services and promote risk reduction among positive MSM



- MSM positive peers assist clinical service providers in case management, counseling, safe sex education, and general health education. They also serve the community through promoting the uptake of VCT services, safer sex counseling, and general health education
- Linkages to national HIV CST programs are important and enhance the potential for a national scale-up
- HIV care providers must be engaged to create ownership and linkages between service departments

- To increase MSM-friendly services, providers must be sensitized to sexual diversity and increase their knowledge of MSM sexual behavior and anal STIs
- Organizational development, in addition to knowledge and skills, is necessary to increase MSM peer capacity for long term sustainability

SUPPORTING COMMUNITY ACTION ON AIDS IN INDIA

Yadavendra Singh, International HIV/AIDS Alliance, India

- This pilot program currently covers six states in India. It was initiated in September 2009 and focuses on building the capacity of civil societies, advanced service delivery through quality services and linkages, and influencing policy and advocacy agenda
- The services offered at these pilot sites include mental health counseling, nutrition counseling, adherence counseling, positive living advice, support in emergencies and destitution, support groups, condom distribution, and DICs; and link with other services
- Female partners and families of MSM must be included in any intervention
- While sensitization of health providers is very important to encourage uptake of services, sensitization of the MSM community itself is necessary to discourage peers discriminating against MSM with HIV
- Community ownership of programs can be integral to their success. The MSM community itself is often best placed to respond to the needs of the MSM community

POSITIVE PREVENTION IN THE PHILIPPINES*

Eddy Razon, Pinoy Plus Association, Philippines

- The positive health program engages peer volunteers to provide counseling, health promotion and education, advocacy, as well as referrals to community-based prevention and care organizations.
- Positive MSM continue high risk sexual behaviors
- Before a peer volunteer is sent into the field, he should be able to cope with his HIV status and sexual orientation
- There is potential for many service beneficiaries to be service providers as long as they are given adequate capacity building
- The lack of research on CST services for MSM means there is also a lack of standard guidelines, skills and capacity building packages

POSITIVE HEALTH AND SEXUALITY: MSM AND TGS – MEETING THE CHALLENGES

Kathleen Casey, Regional Senior Technical Officer, FHI (presented by Siroat Jittjang, Technical Officer, FHI)

- The message commonly conveyed in positive health is that positive individuals need to focus on prevention, not for themselves, but because it is their responsibility to the community. However, this approach has not been shown to be effective
- FHI's three-pronged approach to positive health includes integration into clinical settings, home-based care, and support of PLHIV initiatives and community leadership
- Discussion and education is needed on how to manage HIV risk reduction in the context of HIV-related sexual dysfunction
- Improve health worker skills in realistic partner disclosure support that fits the context of MSM
- Need for HIV-linked drug and alcohol programs that include support for non-injecting drug and alcohol users who are MSM sensitive

* At the Asia regional Positive Health meeting in August 2009, the APN+ Board unanimously decided to use the term 'Positive Health' rather than the global terms 'Positive Health, Dignity and Prevention' in the Asia-Pacific region.

ADDRESSING BARRIERS TO CARE: ADVANCING STRATEGIES TO PROMOTE RETENTION IN CARE

SILOM COMMUNITY CLINIC: RESEARCH AND SERVICES FOR MSM

Supaporn Chiakummao, Silom Clinic, Thailand

- The Silom community clinic offers HIV care, treatment and prevention services to MSM.
- MSM service clinics should be conveniently located and operate at times that will best serve the MSM community
- Virtual methods, such as e-cards, can encourage partner disclosure
- MSM clinics can facilitate uptake of ART services by establishing a clear channel from the clinic to infectious disease doctors and nurses at the government hospitals
- Support groups should encourage confidentiality within the group as well as address issues related to diversity (e.g. cultural, religious, socioeconomic)

NEW STRATEGIES TO PROMOTE RETENTION IN CARE

Jay Liu, AIDS Care China

- AIDS Care China covers four HIV hard-hit provinces in Southern and Central China with a nationally recognized care and support model based in ART clinics (Red Ribbon Center Model). AIDS Care China has implemented new strategies to serve MSM. These include the establishment of a "low-profile" MSM PLHIV peer educator team within the Red Ribbon Center model, but will additionally create close relationships with local NGOs providing MSM services
- Resource integration and linkages are lacking among MSM service providers in China
- Services are often numbers driven, focusing more on how many persons are served rather than on the quality of services being delivered
- Aim to discourage stigma and discrimination by creating a referral system for HIV positive MSM to general ART services that does not label clients as MSM

CAMBODIA EXPERIENCE IN CONTINUUM OF PREVENTION TO CARE AND TREATMENT FOR MSM

Dr. Lan Vanseng, National Center for HIV/AIDS, Dermatology and STI Control (NCHADS), Cambodia

- The Cambodian government is leading the development of standard operating procedures (SOPs) for MARPs (including MSM) and will adapt the SOP on CoPCT based on the achievements of the MSM demonstration project
- It is not known how many MSM access VCT, OI treatment, ART, and how many HIV positive MSM are in Cambodia
- There is little communication/coordination between CBOs and health care providers so it is difficult to determine if MSM are accessing health care services
- Government support provides a positive framework for MSM implementing partners to work within.
- National strategy can help support universal implementation of quality CoPCT models for MSM
- Coordination through various groups and mechanisms is needed at all levels: local, regional and national

ADDRESSING BARRIERS TO CARE: REACHING THE HARD TO REACH – USE OF TECHNOLOGY AND OTHER APPROACHES TO ENCOURAGE MSM UPTAKE OF SERVICES

LINKED IN: WHAT WE KNOW: THE USE OF TECHNOLOGY TO REACH THE HARD TO REACH

Jonathan Davitte, USAID, Washington

- Increasing numbers of MSM use the internet to find sexual partners
- Virtual services access a wide array of MSM, especially more hidden MSM populations such as married/bisexual MSM
- Studies have shown that virtual services can provide effective counseling, BCC, and increase uptake of non-virtual MSM services
- Virtual services provide anonymity of hidden MSM populations while delivering HIV education services

REACHING THE HARD TO REACH: USE OF TECHNOLOGY AND OTHER APPROACHES TO ENCOURAGE MSM UPTAKE OF SERVICE IN INDONESIA

Erlian Rista Aditya, FHI, Indonesia

- The "It's My Life" community-based website caters to the primary needs of the Indonesian MSM population. It allows members to interact, communicate, and commune without having to expose their identity. Among other features it provides frequently updated information, consultation and referral, online risk assessment, and a comprehensive list of STI/VCT/CST services in each of the targeted cities
- Multiple channels can provide virtual MSM services: websites, internet chatting, SMS gateways, and hotlines
- Potential exists to provide a diversity of updated information, education, and services through virtual media
- These services reach large numbers of MSM, and do so for a significant period of time

NEW FRONTIERS: INTERNET/HIV/MSM

Stuart Koe, CEO and Founder, Fridae.com

- Internet is often the primary channel for meeting men for sex
- Online venue for MSM is larger than all physical venues combined
- Internet is only one component of what should be integrated into campaigns targeting high-risk MSM populations
- Potential exists for quick, inexpensive research that can reach large numbers of respondents

KEY DATA ISSUES FOR PLANNING MSM CARE AND SUPPORT: RESEARCH NEEDS, GAPS AND OPPORTUNITIES

SCOPING EXERCISE: COMPREHENSIVE APPROACHES TO ADDRESS HIV AMONG MSM IN ASIA AND THE PACIFIC

David Lowe, Consultant, AusAID/Health Resource Facility (HRF)

- To feed into the development of a comprehensive approach to addressing HIV among MSM in Asia and the Pacific, AusAID undertook a scoping exercise in six focus countries including Burma, Cambodia, Indonesia, Papua New Guinea, the Philippines, and Vietnam.
- Existing MSM programs focused mostly on HIV prevention for negative MSM, with insufficient focus on positive health, and limited attention to the HIV CST needs of positive MSM
- Linkages with CST services were mostly achieved by referral with little follow up and interactive linkages
- Current approaches to MSM service provision are not working. There is a need to identify new strategies and approaches to increase MSM utilization of HIV services

COMMUNITY-BASED MONITORING AND EVALUATION CAPACITY BUILDING INITIATIVE

David Dobrowolski, Country Representative, GMR Regional Coordinator, PACT

- Pact's mandate is to build capacity of community-based organizations.[9] An important component of this work involves developing monitoring and evaluation (M&E) systems which CBOs implement and own. Planning these systems involves identification of M&E stakeholders, development of program logic model, identification of M&E questions, indicators, and data collection methods
- Capacity building of CBOs should complement the development of M&E systems, implemented and owned by CBOs
- M&E capacity building must integrate elements of planning, data collection, data analysis, communication, and use of results

ENOUGH IS ENOUGH, BUT HOW MUCH IS ENOUGH? RETA: (RESOURCE ESTIMATION TOOL FOR ADVOCACY)

Brad Otto, Research Triangle Institute (RTI) and Burnet Institute

- The RETA tool was built to assure appropriate allocation of funding for MSM programming, improve the evidence base for advocacy, ensure that community advocates understand money flows, and estimate the resources needed to scale up HIV prevention programming for MSM over a 5 year period. The RETA tool will quantify how much funding is available for MSM prevention programs and how much is needed to scale up coverage of the comprehensive package of services
- There is minimal financial investment in interventions to address HIV risk among MSM in Asia
- Competition for funding remains strong. Tools such as RETA can serve as important advocacy components, providing evidence to support MSM program funding requests
- RETA or a similar tool needs to be expanded to estimate resource needs for the Comprehensive Package of Services, including CST
- More research is needed on sexual networks and sexual behaviors driving the epidemic among MSM to better target resource intensive interventions

ACCESS TO TREATMENT AND CARE AMONG POSITIVE MSM AND TG IN THE REGION

Addy Chen, APN+ pos MSM Working Group

- The APN+ Access to Treatment Research for HIV positive MSM comprised 17 focus group discussions, 897 questionnaires spanning 6 countries including India, Myanmar, Singapore, Malaysia, Nepal, and Indonesia.
- HIV positive MSM face significant barriers to access CST services
- Health care providers deny services to large numbers of MSM
- Human rights violations are common among positive MSM

CLOSING **STATEMENTS**

MSM prevention, treatment, care, and support services must be scaled up now. Existing programs are providing services to only a fraction of positive MSM in need of care.

Efforts have to be made to translate general PLHIV continuum of care models into models that will work for the MSM in varying contexts. General HIV care services do not effectively cover the range of services necessary to provide comprehensive care to MSM. A range of models is needed to increase access among diverse MSM populations.

APPENDIX A: **PARTICIPANTS AND PARTICIPATING ORGANIZATIONS**

OVER 90 participants attended the meeting representing a diversity of key community, national and regional partners and experts in MSM programming and care and support. Representatives from national governments in the region, U.S. Agency for International Development (USAID), U.S. Centers for Disease Control and Prevention (US-CDC), United Nations Development Programme (UNDP), Joint United Nations Program on HIV/AIDS (UNAIDS), World Health Organization (WHO), Asia Regional Network of People Living with HIV/AIDS (APN+), the Asia Pacific Coalition on Male Sexual Health (APCOM), Family Health International (FHI), PACT, International HIV/AIDS Alliance, Population Services International (PSI), amFAR, Seven Sisters, Association of Southeast Asian Nations (ASEAN), Gates Foundation, Clinton HIV/AIDS Initiative and other development partners worked together over the course of three days to identify challenges and opportunities to improve MSM care, support and treatment services in Asia. In total, fourteen countries were represented including: Australia, Cambodia, China, India, Indonesia, Laos PDR, Myanmar, Nepal, The Philippines, Russia, Singapore, Thailand, United States of America and Vietnam.

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