



**Ensuring Universal Access to Comprehensive HIV Services
for MSM in Asia and the Pacific:
Determining Operations Research Priorities to Improve HIV
Prevention, Treatment, Care, and Support for MSM**



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Overview

Sharing Results of :

- ✓ Update from MSM Initiative
- ✓ Ensuring Universal Access to Comprehensive HIV Services for MSM in Asia and the Pacific



What is the Goal?

Improved health and well-being for gay men, MSM and transgenders

- ☀ **Universal access to HIV services: prevention, treatment and care**
- ☀ **Decline in the number of MSM acquiring HIV through sex and drug use**
- ☀ **Reduced burden of STIs**
- ☀ **Prolonged health and quality of life for MSM with HIV**



Program Update

- ✓ Provided over **\$1.6 million** in small grant awards (\$15,000-\$40,000) to 64 organizations in 46 countries in 5 regions
 - Securing funding to frontline groups in need (seen success – replication; scale-up; greater networking)
 - Building capacity of those groups to receive/spend funds strategically
 - Utilizing streamlined grant making mechanisms
 - Utilizing peer review process/regional networking



MSM Awards



Community Awards Asia-Pacific Round 1&2

❖ Focus on comprehensive services

- Developing HIV protocols to include MSM (Thai Red Cross)
- Reaching positive MSM in Myanmar (withheld) and Nepal (Blue Diamond Society)

❖ Focus on behavior change

- Social support and personal identities (China, APLA)
- Sexual Health Diaries (Thailand, SWING)

❖ Focus on capacity-building of CBOs

- Skills development on Research Methods and Strategic Planning for CBOs (Samoa, Pacific Sexual Diversity Network)
- Participatory Governance Structures; Advocacy Skills with local governments (scale-up through UNDP Funding), (Philippines, TLF-SHARE Collective)



Community Awards Asia-Pacific Round 3

- ❖ **Latest Asia-Pacific Round (awarded October 09)**
 - **112 Applications from 22 countries for single or joint awards of \$15,000 - \$30,000 each**
 - **Over \$2.2 million in total requests**
 - **Total amount awarded for rounds 1-3 US\$470,000.00 (projected)**
 - **20 Organizations have received awards**



What We Know

- **Significant HIV epidemics now exist among populations of MSM in many parts of Asia and the Pacific.**
- **Current statistics likely describe only a fraction of MSM at risk for HIV.**
- **Despite these alarming estimates, rates of HIV infection among MSM in Asia and the Pacific have largely been hidden. MSM have not been a focus of sentinel surveillance programs.**



What We Know

- **Hundreds of small and medium-sized programs in Asia and the Pacific are now trying to reach MSM with HIV interventions.**
- **However, most MSM are not being reached by HIV programming.**



What We Need to Know

- Nongovernmental organizations (NGOs) support MSM programs in several countries in Asia but there is little information about how to assist them in scaling up.
- There is also little information about the most appropriate package of interventions to offer in each setting and to each sub-population.
- Long-term progress against HIV across the diverse populations of MSM can only be achieved if there is a clear understanding about *how* to reach MSM who are most at risk for HIV and AIDS, what sort of information they would respond to, and the kinds of services they would need and use.



Current Models

1) *Increase MSM-friendliness of mainstream clinics (private and/or public)*

- + Can be more anonymous**
- + Usually employ MSM as staff or ‘expert patients,’ creating a stronger community connection**
- + Often diagnose and treat HIV/STIs in the same session**
- Requires substantial resources; often limited to urban centers**
- Continued attitudinal barriers among staff can exist; at times lack of linkage between different functions**
- Can leave out clients who lack official paperwork (e.g. migrants)**



Current Models

2) *Take clinical services to MSM communities (mobile clinics; mini-clinics within community-based NGOs)*

- + Greater access to clients; greater trust**
- + Better success in empowering clients to get tested or seek treatment**
- + Greater linkages to additional prevention and support services**
- Rely on social marketing or demand creation strategies**
- Suffer from loss to follow-up, especially when external treatment services are needed**
- Confidentiality and quality of care concerns are increased**



Current Models

3) *Link VCT programs to operations research*

- + high quality; confidentiality observed
- + resources to provide quality care (e.g. rapid testing)
- + often hire MSM as staff or 'expert patients'
- + good linkages to community-based MSM NGOs
- See small numbers of clients
- Some programs tend to recruit patients of higher education or social status
- Clinics often positioned outside local health infrastructure



Current Models

- 4) *Integrate MSM into a general MARPs approach***
- + take into account clients belonging to multiple populations (e.g. MSM + CSW; MSM + IDU)
 - + offer 'one-stop shop' approach
 - + high quality services; confidentiality observed
 - can face discrimination because of social stigma of MARPs, risking alienation of clients
 - clinics often positioned outside local health infrastructure



Key Findings

- ✓ **Many models exist; need to be analyzed and tested to identify best practices to be scaled-up**
- ✓ **Effective models likely to include a combination of approaches that allow for:**
 - ❖ **Prevention-based outreach**
 - ❖ **VCT/ treatment/ palliative care/ other clinical services**
 - ❖ **Community support**
 - ❖ **Advocacy**
- ✓ **Community-based advocates and groups must be engaged to have *ownership* of programs**
- ✓ **Working closely with local or state health infrastructure(s) seems to lead to greater success**



Initial Recommendations for Establishing an Operations Research Agenda

- **Map currently available services**
- **Develop alternate intervention models**
- **Conduct regional consultations with key stakeholders**
- **Assess logistical factors for implementing programs and bring them to scale**
- **Determine potential opportunities for international and regional collaboration**
- **Develop standards and guidelines**
- **Address funding considerations**



Key Questions That Need to Be Addressed

- **What is the optimal spectrum of services that support HIV prevention and care among MSM?**
- **What are the best strategies to engage diverse populations of MSM?**
- **What are the best ways to track service delivery, utilization of services by MSM, and the effects of services?**
- **What is required to establish and disseminate an MSM-specific standard(s) of care?**



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Thank You



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