

# Men who have sex with men and transgender populations Multi-City Initiative

Bangkok  
Chengdu  
Ho Chi Minh City  
Jakarta  
Manila  
Yangon

City Scans and Action Planning Meeting  
Hong Kong, 7-9 December, 2010



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# **Men who have sex with men and transgender populations**

## **Multi-City Initiative**

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<b>Chengdu</b>	<b>Manila</b>
<b>Ho Chi Minh City</b>	<b>Yangon</b>

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## Foreword

HIV epidemics among men who have sex with men (MSM) and transgender persons (TG) in Asia have reached unprecedented levels. The Commission on AIDS in Asia predicts that by 2020 the majority of new cases of HIV in Asia will be among MSM and transgender persons. Alarmingly, this is already the case in some of the cities included in this MSM and TG Multi-City HIV Initiative.

It is timely that the focus of this Initiative is on cities where large numbers of people are moving for work and education and where anonymity enables more open expression of sexuality and gender identity. We know that the mounting epidemics of HIV among MSM and transgender persons in Asia are most acute in urban settings. The Multi-City HIV Initiative has provided an invaluable mechanism to bring together city officials, leaders from MSM and transgender communities and the private sector to share experiences and strategies across borders. This is exactly the kind of forum that can turn guidance and ideas into real action to reduce new HIV infections, reduce stigma and discrimination towards MSM and transgender persons, and increase access to treatment for those living with HIV. By focusing our efforts in this way we can make a great impact.

In building a more effective response to HIV epidemics among MSM and transgender persons we have huge challenges on our hands, but we can build on our successes.

There are a diverse range of MSM and transgender persons, including those 'hidden' populations who are not reached by existing, traditional behavioral interventions. Effective public health is about reaching people where they live, work, socialize and study. We need to develop our capacity to be creative by thinking outside the box in developing and delivering behavior change messaging that will reach a significantly greater number of MSM and transgender persons.

In our approach to behavior change we need to think about both reducing risk behavior and improving health seeking behavior. The MSM and TG Multi-City HIV Initiative provides an important opportunity for promoting better links between public health prevention programs and care, support and treatment services, while increasing coordination with community programs and private sector health services.

MSM and transgender persons will continue to underuse health services if they do not feel safe because of concerns over confidentiality and stigma and discrimination. We need to build on the significant advances made by the health sector in recent years in developing friendly and clinically appropriate services for MSM and transgender persons.

One of the most important things identified during the reviews of services and activities in the six cities that are a part of this Initiative is that progress in the HIV response among MSM and transgender persons is routinely hampered by the existence of restrictive legal environments and policies, selective enforcement practices and the lack of communication or coordination between local health and law enforcement officials. Collectively these challenges serve as barriers to innovation and hamper scale up of HIV prevention and care efforts. This tells us that the challenge of preventing HIV infection among MSM and transgender persons is not just a technical problem but also a political problem. The enabling environment is a critical element of an effective response. In the words of the United Nations Secretary General, Ban Ki-moon, "effective national programs do not punish people; they protect them".

The MSM and TG Multi-City HIV Initiative has enabled the development of new partnerships and the strengthening of existing ones at the city level, working together to ensure impact and stronger results. To scale up the response we will need to continue to work together with an emphasis on equal partnerships and staying the course. It is also important to remember that programs must be inclusive of communities and those living with HIV. MSM and transgender persons, including those living with HIV, must be involved in the design, implementation and monitoring of programs from start to finish.

Regional fora such as the Hong Kong Action Planning Meeting provide an excellent opportunity to share our experiences, learn what is working, identify gaps, catalyze innovation and start to foster a new generation of leaders. This MSM and TG Multi-City HIV Initiative provides a vital opportunity to build on the momentum for an effective response to HIV among MSM and transgender persons in Asia.

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## Acronyms

AI	appreciative inquiry
APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of People Living with HIV and AIDS
APTN	Asia Pacific Transgender Network
ART	anti-retroviral treatment
ASEAN	Association of South East Asian Nations
BCC	behavior change communication
BMA	Bangkok Metropolitan Administration
BRO	Bangkok Rainbow Organization
CBO	community based organization
EE	entertainment establishments
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLBT	gay, lesbian, bisexual and transgender people
GWL-INA	Indonesian National Network of Gay, Waria and Lelaki
HCPI	HIV Corporation Program for Indonesia
HTC	HIV testing and counseling
IBBS	integrated bio-behavioral survey
ICT	information communication technology
IEC	information, education and communication
MAPRs	most at risk populations
M&E	monitoring and evaluation
MNMN	Myanmar National MSM Network
MSM	men who have sex with men
NGO	non-government organization
PITC	provider initiated testing and counseling
PLHIV	people living with HIV
PNAC	Philippines National AIDS Council
POZ	POZ Home Center
PSN	Purple Sky Network
RETA	Resource Estimation Tool for Advocacy
RSAT	Rainbow Sky Association of Thailand
STI	sexually transmitted infection
SWING	Service Workers in Group Foundation
TG	transgender persons
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USAID HPI	United States Agency for International Development Health Policy Initiative
VCT	voluntary counseling and testing
WHO/WPRO	World Health Organization/Western Pacific Regional Office
WHO/SEARO	World Health Organization/South East Asia Regional Office



## Definition of men who have sex with men and transgender persons

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

*Men who have sex with men is an inclusive public health term used to define the sexual behaviors of 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.*

While transgender persons often fall within the scope of the term MSM, the uniqueness of this group requires special attention:

*Transgender persons are individuals whose gender identity and/or expression of their gender differs from social norms related to their gender of birth. The term transgender persons describes a wide range of identities, roles and experiences which can vary considerably from one culture to another. Transgender persons in Asia often identify themselves in local indigenous terms (for example, waria in Indonesia and kathoey in Thailand).*



# Contents

<b>Acknowledgements</b>	<b>iv</b>
<b>Foreword</b>	<b>vi</b>
Acronyms	viii
Definition of men who have sex with men and transgender persons	ix
<b>Executive summary</b>	<b>xii</b>
<b>Section 1: Outline of the MSM and TG Multi-City HIV Initiative</b>	<b>1</b>
Epidemiology of HIV infection among MSM and transgender persons in Asia	1
The strengthened regional response	1
Rationale for the MSM and TG Multi-City HIV Initiative	3
Key steps for the MSM and TG Multi-City HIV Initiative	4
<b>Section 2: Setting the scene for action planning</b>	<b>6</b>
Hong Kong's experience: Critical success factors in the HIV response	6
Singapore's experience: Critical success factors in the HIV response	7
Key issues in planning effective city responses	8
World Café small groups	9
<b>Section 3: City scans</b>	<b>13</b>
Bangkok	13
Chengdu	14
Ho Chi Minh City	14
Jakarta	15
Manila	16
Yangon	17
Action planning and implementation	18
<b>Annexes</b>	<b>19</b>
Annex 1: Overview of city action plans	19
Annex 2: Timelines for implementation of city action plans and the regional partner's plan	20
Annex 3: City action plans	25
Annex 4: Regional partner's plans	35
Annex 5: Methodology for the city scans	37
Annex 6: Background report: Synthesis of lessons learned in six city scans	40
Annex 7: World Café methodology	46
Annex 8: Agenda – Action Planning Meeting	48
Annex 9: Action Planning Meeting participants	51
Annex 10: References and resources list	57

## Executive summary

In response to the alarming growth in HIV prevalence among men who have sex with men (MSM) and transgender persons (TG) in Asia, a broad coalition of United Nations partners, the United States Agency for International Development (USAID) and its cooperating agencies, national AIDS programs, city governments and MSM and transgender community-based organizations joined together in a unique partnership called the MSM and TG Multi-City HIV Initiative. The overall goal of the Initiative is to contribute to the scale up of effective, comprehensive and rights-based HIV responses for MSM and transgender persons in the six cities: Bangkok (Thailand), Chengdu (China), Ho Chi Minh City (HCMC) (Viet Nam), Jakarta (Indonesia), Manila (Philippines) and Yangon (Myanmar). The focus on these large cities recognizes that it is in urban locations where HIV infection among MSM and transgender persons is concentrated.

Implementation of the MSM and TG Multi-City Initiative is made up of five phases:

1. Developing the methodology for the city scans and training of local consultants.
2. Scanning and analyzing the response to HIV in MSM and transgender persons in each of the six cities, with a focus on identifying promising practices and strategies.
3. Synthesizing lessons learned and promising strategies from the city scans.
4. Bringing the six cities together in December 2010 in a regional Action Planning Meeting where each of the cities developed their own action plan, building upon the learning from the scans.
5. Implementing the action plans in 2011.

This report provides an outline of the rationale and approach taken by the MSM and TG Multi-City HIV Initiative, including key issues and lessons emerging from the city scans and a summary of the key inputs at the Action Planning Meeting in Hong Kong. Most importantly, the report contains the action plans developed by each of the cities and details of how regional partners will support implementation of these plans.

Hong Kong and Singapore took on the role of resource cities during the Action Planning Meeting by sharing critical success factors in their responses to HIV among MSM and transgender persons. Key features of the response by both these cities were strong collaboration between city governments, NGOs, MSM and transgender communities and the private sector, the development of innovative approaches to prevention and the promotion of HIV testing, linked to care and treatment.

A key conclusion arising from the meeting is that strengthening the ability of health systems to respond effectively to concentrated epidemics in stigmatized and marginalized populations requires public, private and community sector engagement to address fears or unwillingness to use government services.

An inspiring feature of the Action Planning Meeting was the willingness of the cities to learn from both the resource cities and each other. Good practice from one city was adopted by other cities in their action plans. And throughout the meeting there was sharing of experience and advice given on how to implement innovative activities and offers of ongoing technical assistance following the meeting.

The action plans indicate that city delegations were mindful of the comprehensive package of services needed for an effective response. This is reflected in the development of activities tailored to addressing the priority needs for each city. Strategic information has been used well by the cities in identifying priorities upon which actions are based. For example, a number of plans identified reaching young MSM and transgender persons as a priority in response to incidence data showing high rates of infection. Actions are also based on previously identified issues, confirmed by the city scans, such as the need to significantly increase MSM and transgender person's uptake of HIV counseling and testing and STI services.

The city action plans are focused on concrete steps to build on existing programs. Indeed, not all actions are new activities. This reflects a practical and realistic approach which increases the likelihood of successful implementation. The action plans reflect a logical foundation in that one activity leads to the next. For example, Yangon planned to finalize the formation of the National MSM Network. Following this, Network members will receive advocacy training which will in turn be used in relationship building with local government and the public health sector. All of the plans addressed technical assistance needs with a particular focus on skills development.

A feature of the plans is smart use of existing resources. For example, in Chengdu, the staff of the STI clinic will be used to provide outreach services at the sauna. Similarly, all city plans considered existing services and resources available to support their actions.

Actions are mainly evidence based, with some innovation. For example, in Chengdu a pilot of rapid oral testing for HIV is planned to be conducted by a CBO. There is also recognition of the need to modernize aspects of the response. For example, the HCMC, Jakarta and Manila action plans focused on how to better use information communication technologies (ICT) such as internet-based platforms as part of a reinvigorated approach to enhance the scale and scope of behavior change communication initiatives. Communication and use of social networking and ICT features highly in the action plans. There is a commitment to communicating more effectively, including to those currently not being reached by programs. It has been recognized that communication is a complex area that requires its own specialized technical support.

The action plans have a strong focus on comprehensive and integrated approaches to prevention which signal a move away from a disease-centric to a person-centric and more holistic approach.

Overall the plans have a stronger emphasis on HIV testing and a comparatively lesser emphasis on care and treatment. This perhaps reflects the key role testing plays as the entry point to care and treatment. However, with high HIV prevalence rates, increasing numbers of HIV positive MSM and transgender persons will need to access care and treatment services and cities need to be prepared for this.

A number of the activities are specifically about improving collaboration and coordination and all activities involve enhanced coordination and collaboration, often between a wide range of partners, and especially with city governments. The need for improved collaboration with police was a strong feature of city scans and presentations at the Action Planning Meeting. Actions in this area have been planned by a number of cities.

The central involvement of MSM and transgender communities in owning and delivering the response to HIV is evident in all plans. Good examples of this are the active engagement of Bangkok MSM and transgender person's organizations in the development of the Bangkok Metropolitan Administration's next AIDS strategy and the development of the Myanmar National MSM Network.

A recurring theme of the Action Planning Meeting was that coverage and intensity of effort are essential for impact, coupled with targeting of those most at risk in venues and places where risk activities most commonly occur. To do this successfully, close collaboration between national and city governments, MSM, CBOs, transgender CBOs, and the private sector is needed.

Implementation of the city action plans will significantly strengthen the response of each city and help to contain the HIV epidemics among MSM and transgender persons which are currently out of control.



## Section 1: Outline of the MSM and TG Multi-City HIV Initiative

### Epidemiology of HIV infection among MSM and transgender persons in Asia<sup>1</sup>

HIV is now widespread among men who have sex with men (MSM) and transgender (TG) persons throughout Asia. (Definitions of MSM and transgender persons are on page vi.) The most recently available data from the six cities shows alarmingly high rates of HIV:

- Yangon: in 2007 HIV prevalence among MSM in the HSS survey was 23.5%. In the 2009 survey, prevalence was 12.5%. A wider sample of MSM was surveyed in 2009 which may explain the lower prevalence. Intensifying prevention efforts needs to be continued.
- Jakarta: HIV prevalence among MSM in Jakarta increased four-fold from 2% in 2003 to 8.1% in 2007. Over the same period, HIV prevalence among transgender persons increased from 25% to 34%.
- Bangkok: HIV prevalence in cross-sectional surveys of MSM increased rapidly from 17% in 2003 to 31% in 2010. HIV prevalence among MSM attending the Silom Community Clinic increased from 25% in 2005 to 35% in 2010. HIV incidence in the MSM Cohort Study averaged 6% over the last four years. Incidence was highest among young MSM aged 18-21, with 30% becoming HIV infected over 4 years.
- Ho Chi Minh City (HCMC): HIV prevalence among MSM almost tripled between 2006 and 2009, rising from 5.3% to 14.8%. Over the same period HIV prevalence among Hanoi MSM increased from 9.4% to 17.3%. These rapid increases in HIV prevalence are similar to the Bangkok pattern.
- Chengdu: in 2007 HIV prevalence among MSM in Chengdu was 9.1%. The Chinese data confirms the experiences in other cities that shows that HIV epidemics among MSM can grow very quickly.
- Philippines: reported cases of HIV among MSM have been skyrocketing. Newly reported HIV and AIDS cases among MSM more than quadrupled between 2006 and 2009. MSM accounted for approximately 70% of all new HIV case reports in 2008-2009.

Developed Asia (Hong Kong, Singapore, Taiwan and Japan): following rapid increases in newly diagnosed HIV infection among MSM, commencing in the early 2000's, there has been a leveling-off in new HIV case reports in recent years.

In Asia, the odds of MSM having HIV infection is 18.7 times that of someone in the general population. The Asian Epidemic Model projects that unless effective prevention measures are intensified, by 2020 around half (46%) of new infections in Asia will be among MSM, up from 13% in 2008.

### Advances in bio-medical research

Bio-medical prevention trials are showing promising results. The CAPRISA vaginal microbicide gel study found that HIV infection was 39% lower in women who used tenofovir gel during sexual intercourse.<sup>2</sup> Money needs to be invested in the development and testing of rectal microbicide gels.

The iPrEx trial demonstrated that Truvada™, combined with a comprehensive package of prevention services, had an efficacy of 44% in preventing HIV infection among MSM, although adherence to the medication was a concern.<sup>3</sup> For participants who adhered to daily dosing, efficacy was much higher. Additional research is needed on intermittent dosing, use of different ARVs, combination use of oral and topical products, and biological and behavioral safety. Guidance is needed on how to operationalize the findings from this research.

### The strengthened regional response

A notable feature of the response to HIV in Asia in recent years has been a significant strengthening of regional collaboration to address the alarming HIV epidemics among MSM and transgender persons.

1 This sub-section is based on a presentation at the Action Planning Meeting by Dr Frits van Griensven, Thailand Ministry of Public Health – US Centres for Disease Control and Prevention Collaboration.

2 [www.sciencexpress.org](http://www.sciencexpress.org) 20 July, 2010.

3 New England Journal of Medicine, online November 23, 2010.

## Regional and sub-regional networks

The Asia Pacific Coalition on Male Sexual Health (APCOM) was formed in 2007 as a direct outcome of the *Consultation on Male Sexual Health and HIV in Asia and the Pacific*, also known as *Risks and Responsibilities*, held in New Delhi in 2006. APCOM is a coalition of governments, UN partners, donors, technical assistance agencies, non-government and community based organizations and networks that are directly working to address HIV among MSM and transgender persons. APCOM's main purposes are to advocate for increased investment in HIV services for MSM and transgender persons and to promote the principles of good practice through effective networking and sharing of lessons learned.

The Asia Pacific Transgender Network (APTN) was formed in late 2009 to champion health, legal and social rights on a region-wide basis.

The Asia Pacific Network of People Living with HIV and AIDS (APN+) MSM Working Group has been active in skills building and undertaking regional level studies on treatment access and mapping of services for the purposes of advocacy related to the needs of positive MSM.

Sub-regional MSM and transgender networks now cover all parts of east and south east Asia in which the MSM and TG Multi-City HIV Initiative is operating. They are the Purple Sky Network, (covering the greater Mekong sub-region), the Insular Southeast Asia Network, the China Male Tongzhi Sexual Health Forum and the Developed Asia Network.

## Regional fora and publications

In early 2009, the World Health Organization's Western Pacific Regional Office (WHO/WPRO) led a regional consultation in Hong Kong on *Health Sector Responses to HIV among MSM* in collaboration with UNDP and the Hong Kong Department of Health. The consultation reached consensus on the role of the health sector and identified areas where its response needed to be strengthened. In mid-2009 the United Nations Development Programme (UNDP) and the Association of South East Asian Nations (ASEAN), in partnership with other agencies, convened a regional consultation in Bangkok tasked with defining a *Comprehensive Package of Services to Reduce HIV among MSM and TG Populations in Asia and the Pacific*. This regional framework covers the continuum of prevention, treatment and care services, supported by an enabling environment and informed by strategic information. Based on the comprehensive framework, WHO developed guidance detailing the *Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia-Pacific Region (2010)*. This groundbreaking publication defines the HIV and STI-related health sector interventions needed by MSM and transgender persons in the areas of prevention, care support and treatment.

In late 2009, USAID and UNDP, in collaboration with a broad range of partners, convened a regional *Consultation on MSM HIV Care and Support*. The meeting was held in recognition of the need to scale up HIV care, support and treatment services for MSM and transgender persons. The meeting provided valuable technical and programmatic guidance on the delivery of an integrated continuum of services from prevention interventions to care and treatment for MSM and transgender persons living with HIV.

In May 2010, UNDP and APCOM, in collaboration with the Center for Comparative and Public Law at the University of Hong Kong, hosted a *High level dialogue on punitive laws, human rights and HIV prevention among men who have sex with men in the Asia Pacific Region*. The meeting and publication of the same name drew high level policy attention to the impact of punitive laws and human rights abuses on effective HIV responses among MSM and transgender persons.

Subsequently, in July 2010, UNDP released the publication *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action*, detailing how punitive laws, policies and practices negatively impact on comprehensive HIV responses.

In late 2010, WHO's South-East Asia Regional Office (SEARO) issued the publication *HIV/AIDS among men who have sex with men and transgender populations in South East Asia. The current situation and national responses*. This is an important advocacy document for the nine countries surveyed.

The regional work of the UN, USAID and APCOM and the regional consultations outlined above have brought together a broad range of partners to develop policy and programmatic guidance, share experiences and lessons learned and to strengthen advocacy for urgently needed scale up. The MSM and TG Multi-City Initiative was the next significant regional collaboration effort.



## Rationale for the MSM and TG Multi-City HIV Initiative

This Initiative brings together six cities across Asia to consider their current capacities and potential for scaling up HIV responses for MSM and transgender persons. The Initiative supports the six cities in interpreting and applying the *Comprehensive Package of Services* framework, endorsed by the 2009 Bangkok regional consultation, at the local implementation level of the city. The overall goal of the Initiative is to contribute to the scale up of effective, comprehensive and rights-based HIV responses for MSM and transgender persons in the six cities and in other parts of Asia. The objectives of the Initiative are to:

1. Explore city level HIV prevention efforts, available resources, epidemiological data and MSM and transgender population size estimations.
2. Use the available data to assess gaps in the HIV response in each city using the comprehensive package of services for MSM and transgender persons.
3. Inform and facilitate strategic planning for each city during the Hong Kong Action Planning Meeting.

### The six cities

The six cities included in the Initiative are Bangkok (Thailand), Chengdu (China), Ho Chi Minh City (Viet Nam), Jakarta (Indonesia), Manila (Philippines) and Yangon (Myanmar). These cities were selected based on a combination of city population size, trends in HIV prevalence among MSM and transgender persons, availability of existing resources and/or the existence of a response involving government working with civil society. These cities represent a spectrum of HIV prevalence among MSM, different types of HIV responses, and variation in the size and visibility of the MSM and transgender populations.

### Why focus on cities?

In those countries where cross-sectional studies of HIV prevalence amongst MSM have been conducted in multiple locations, there has been significant variation in HIV prevalence between sites. HIV prevalence has generally been higher in the largest cities in the country. This demonstrates that there is no one single HIV epidemic among MSM across the country, but rather a number of localized epidemics which are likely to be linked. Increased mobility within countries may result in HIV transmission spreading from MSM in one city (especially a country's largest city) to MSM in other cities. All of the above points to the need to accord high priority to combating HIV epidemics among MSM in large cities with established HIV epidemics and where the risk of HIV transmission is highest.

It is also possible that travel by MSM within the region is a factor contributing to the spread of HIV. For example, it is known that significant numbers of MSM visit major cities in the region for business and leisure and have sex with male sex workers and non-commercial male partners.

In addition, the needs of cities are often overlooked by national planning bodies. However, with the trend towards decentralization, cities often have the authority to plan and fund localized responses, consistent with national strategies.

### A focus on HIV prevention including behavior change communication

In order to address the alarming rise in HIV cases among MSM and transgender persons it is necessary to focus on both risk reduction and improving health seeking behavior. A key focus of the city scans and analysis and subsequent action planning was HIV prevention, including behavior change communication (BCC) programming. BCC encompasses a range of strategies that include health messaging using mass media, targeted media and conversations carried out by peer educators or other behavior change agents. BCC strategies using mass and targeted media have the potential to reach large numbers of MSM and transgender persons by utilizing media such as billboards, television, radio, print, and information communications technology, including the internet and mobile telephony. However, most BCC work in the region is restricted to small group and one-to-one peer education and targeting of more visible MSM and transgender persons. Reducing HIV transmission among MSM and transgender populations requires reaching much higher numbers and will require multiple methods including use of mass and targeted media to reach a broader range of MSM and TG.

A view among HIV practitioners is that a key barrier to scaling up work in this area is lack of knowledge and experience by local health authorities and implementation partners in utilizing mass media for BCC. However, there are a number of examples at provincial and national levels of utilization of broader health promotion social marketing campaigns and health messaging to extend the reach of HIV prevention services to MSM and transgender persons.<sup>4</sup> These examples provide potential case studies that can assist local leaders and practitioners in large cities to better understand how to scale up through coordination with a range of systems and sectors.

## Key steps for the MSM and TG Multi-City HIV Initiative

The first phase of the Initiative consisted of four key activities:

1. Developing the methodology for the city scans and recruiting and training local consultants to conduct the scans.
2. Scanning and analyzing the response to HIV in MSM and transgender populations in each of the six cities.
3. Synthesizing of the city scans to identify lessons learned and promising strategies.
4. Bringing the six cities together in a regional meeting to develop an action plan for each city.

## Six city scans and analysis

To ensure practical and actionable outcomes from the Action Planning Meeting, scans were undertaken in each of the six cities before the Hong Kong meeting to gather information, identify promising practices, organizations and individuals and assist local leaders to identify next steps for city scale up of HIV-related responses for MSM and transgender persons.

The objectives of the city scans were to:

1. Document the potential within each of the six cities for the scale up of a comprehensive, rights-based HIV response among MSM and transgender persons using the key components of the Comprehensive Response to HIV Services for MSM and Transgender Persons in Asia Pacific – (a) prevention, (b) care, support and treatment, (c) enabling environment and (d) strategic information.
2. Identify the policy and political contexts and potential and existing multi-sector collaborations, along with human capacity - knowledge and skills - available in each city.
3. Document local ideas for overcoming challenges and barriers within the six cities for the scale up of rights-based responses.
4. Highlight examples of innovative HIV-related services for MSM and transgender persons, those involving partnerships between government departments and civil society associations and institutions and those involving collaboration with the private sector.
5. Provide an opportunity to describe good and innovative practices to key leaders in the region and to consider their implications in the local context.
6. Facilitate local action plans for scale up of HIV responses among MSM and transgender persons in the six cities.

The scans were conducted by local consultants working in close collaboration with a core group of stakeholders, including national AIDS programs, municipal governments, MSM and transgender networks and working groups, CBOs, the private sector, donors, UN agencies, INGOs and other technical assistance agencies. A standard methodology for how to conduct the scans was developed and the local consultant from each city attended a two-day training session in Bangkok on how to apply the methodology. This promoted consistency in the way each city scan was conducted. The methodology included a desk review of information detailing the local response and meetings of key stakeholders to identify previous and current HIV interventions for MSM and transgender persons, using an appreciative inquiry approach. Limitations for the city scans identified by the local consultants were the time available in which to conduct the scan (generally one week), lack of availability of some stakeholders and the local political context. The city scans took place in September and October, 2010.

<sup>4</sup> See the following internet pages for examples of these types of campaigns:  
<http://regionalcentrebangkok.undp.or.th/practices/hivaid/Publications.html>  
[http://www.fhi.org/en/CountryProfiles/Indonesia/res\\_ItsMyLife\\_MSM\\_Indonesia.htm](http://www.fhi.org/en/CountryProfiles/Indonesia/res_ItsMyLife_MSM_Indonesia.htm)  
[http://www.fhi.org/en/CountryProfiles/Thailand/res\\_msmthailand.htm](http://www.fhi.org/en/CountryProfiles/Thailand/res_msmthailand.htm)

Data from the city scans was compiled and analyzed in city-specific reports which served as working documents for city delegations at the Hong Kong Action Planning Meeting.

*For more details on the methodology used for the city scans see Annex 5.*

## **Synthesis of city scans**

The city reports were summarized into a six-page analytical document which identified lessons learned and promising strategies. This document was distributed to all city delegates prior to the Action Planning Meeting in Hong Kong and informed the city level planning undertaken at that meeting.

*The synthesis report is in Annex 6.*

## **Action Planning Meeting**

Key stakeholders identified through the city-level scans and the local consultants were invited to participate in the Action Planning Meeting, held in early December, 2010 in Hong Kong. The objectives of the meeting were to:

1. Review the results of the city scans.
2. Identify successful strategies that have been implemented for HIV prevention, care, support and treatment for MSM and transgender persons and the extent to which they have been successful. (Successful strategies were defined by their impact on perception of risk and actual behavior change. This was measured by an increase in condom use, changes in risky behavior, use of key services - for example, VCT, STI, care and support and ART services - and stabilizing new cases of HIV and slowing of HIV prevalence.)
3. Reach consensus on strategic behavior change strategies and prioritize common actions for inclusion in each of the six city action plans.
4. Develop 12 month action plans for each of the six cities.

Emphasis was placed on development of realistic and achievable action plans to complement and build upon existing city and/or national plans rather than the development of parallel work plans. This means that the action plans developed as part of this Initiative were not intended to be comprehensive. Accordingly, the actions formulated at the Hong Kong meeting do not necessarily reflect the highest priorities for each city as existing plans may contain higher priorities.

To maximize integration into each city's ongoing response, actions were intended to be consistent with the types of activities that could be funded as part of the city response (for example, by governments, the Global Fund and donors).

Representatives from Hong Kong and Singapore participated in the Action Planning Meeting as resource cities to share information on critical success factors in their HIV responses for MSM and transgender persons, with a particular emphasis on an integrated approach achieved through a partnership involving government, MSM and transgender communities and the private sector.

In addition to delegates from the six cities, the Action Planning Meeting involved bilateral donors, UN agencies, other international technical assistance agencies and regional networks that work on MSM and transgender issues. These regional partners met in their own group while the cities were developing their action plans. The purpose of this was for the regional partners to:

1. Share information on the current focus and strategic directions of their work relating to MSM and transgender persons.
2. Outline their specific planned HIV work for MSM and transgender persons in the coming 12 months.
3. Detail the technical support they can provide to the six cities in the next 12 months and beyond.
4. Develop strategies for engaging other development partners in HIV-related work for MSM and transgender persons.

*An overview of the action plans developed by each city is in Annex 1. Timelines for the implementation of city action plans and the regional partner's plan are in Annex 2. The city action plans are in Annex 3 and the regional partners' plans are in Annex 4. The agenda for the Action Planning Meeting is in Annex 8. A list of participants is in Annex 9.*

## Section 2: Setting the scene for action planning

This section of the report is based on plenary presentations, interactive panel sessions and small group work at the Action Planning Meeting that preceded the planning work undertaken by each of the city delegations. It provides information that was used by the delegates from the six cities in developing their action plans.

### Hong Kong's experience: Critical success factors in the HIV response

*Dr Francis Wong, Hong Kong Department of Health*

*Chun-yam Chau, The Boys' and Girls' Clubs Association of Hong Kong*

*David, owner of gay saunas*

#### Background

In 2005, HIV case report data indicated a rising HIV epidemic among MSM in Hong Kong. At that time, relatively little was known about HIV among MSM in Hong Kong. However, it was known that MSM were made up by diverse sub-populations and that condom use and HIV testing rates were both low. There were only two NGOs conducting HIV programs for MSM and there was no designated funding. The need for an enhanced prevention effort targeting MSM was clear. Both the government and NGOs considered close collaboration with MSM in developing and implementing a response as essential.

#### Concerted efforts: Government

Lobbying for policy support for an enhanced response to HIV and MSM was undertaken internally within government and by NGOs. Data analysis in Tim Brown's 2006 consultancy report, *Living on the Edge*, informed the recommendation of the government's Advisory Council on AIDS to make HIV prevention among MSM Hong Kong's top HIV priority.

Seroprevalence and behavioral surveillance among MSM was enhanced through regular surveys.

Strategic funding for MSM programs was made available through the AIDS Trust, which is Hong Kong's major funder of HIV work by small NGOs.

Capacity building of government and NGO staff was undertaken to ensure all services were MSM sensitive and gay friendly.

Collaboration between NGOs and MSM was strengthened and a MSM Working Group was formed with representatives from government, NGOs and MSM communities.

HIV prevention initiatives have included a designated MSM hotline, a designated gay website and social marketing campaigns through saunas, bars and gay-friendly venues.

#### Concerted efforts: NGOs

Hong Kong's NGOs play a bridging role between the government and communities. Governments need NGOs to understand what is happening within communities and to undertake programs, while NGOs need the technical, policy and financial support of government. Hong Kong NGOs see themselves as not just service providers but also as proactive advocates for effective responses, based on their understanding of community needs. Collaboration has gone beyond the usual top down model where governments lead and NGOs follow to a more equal and dynamic partnership.

The NGO response took-off in 2007 as a result of special project funding that was made available to support the development of a response by small NGOs.

The Hong Kong response has recognized the multiple and diverse identities among MSM. Currently, Hong Kong has eight NGOs working with different MSM groupings or 'communities'. There has been a good record of coordination and collaboration between these NGOs.

Hong Kong NGOs are providing a platform for all to work together to create a gay positive enabling environment for healthy and vibrant communities.

## Concerted efforts: Sauna owner

The sauna owner stated that the mission of gay sauna owners is to provide a safe and clean environment for men to have enjoyable sex. Promoting safer sex makes good business sense as it keeps clients healthy, therefore enabling a sustainable business. From this perspective sauna owners share with the government and NGOs the common objective of preventing HIV transmission.

From a business perspective, customers must come first. Business owners need to be concerned about the sensitivities and vulnerabilities of gay customers, especially in relation to how they view governments.

Free condoms and lubricant provided by the Health Department are made easily available in all parts of the sauna. This is accompanied by posters promoting safer sex. An NGO provides anonymous HIV and STI testing. Surveillance and research activities are conducted with sauna customers.

Overall, government, NGOs and gay businesses are working in harmony on HIV prevention as part of a win-win situation.

## Singapore's experience: Critical success factors in the HIV response

*Laurindo Garcia, Fridae.com*

*Donovan Lo, Action for AIDS*

*Roy Ngerng, Health Promotion Board*

### Enabling environments

In 2007, a study tour by government and MSM organizations to Sydney, Australia found that cooperation between NGOs and health authorities was the key to their success in prevention of HIV among MSM. This learning helped foster a coordinated response by government and MSM communities in Singapore.

The annual Pink Dot – ‘*supporting the freedom to love*’ event - <http://pinkdotsg.blogspot.com/> - is a community led initiative addressing discrimination against gays, lesbians, bisexuals and transgender people (GLBT). It brings together large numbers of pink clad GLBT, their friends and families in a park to form one big pink dot. Social media is used extensively to promote the event, which also attracts the attention of mainstream media. The non-confrontational nature of *Pink Dot* makes it suitable for Singapore and other Asian cities. The event has proved popular, with participation increasing from 2,500 in 2009 (the first year) to over 4,000 in 2010.

### Developing relationships and building a coordinated response

The Ministry of Health and the Health Promotion Board work closely with NGOs in the development of HIV programs for MSM. Collective leadership is in evidence through the MSM Working Committee which includes representatives from government and NGOs. The Committee developed a five-year framework (2008-2012) to coordinate programs to reduce HIV among MSM.

MSM Program Planning Think Tanks are conducted every quarter to:

- use evidence to inform program planning;
- develop collaborative MSM programs; and
- forge and strengthen partnerships.

### Innovative prevention

Program development is based on a health promotion approach. MSM programs were re-oriented away from a disease-centric approach to a person-centric approach. A life cycle approach is taken, focusing gay men on key events common in their lives such as coming out, first sex, first boyfriend and new sex partner. Messaging is focused on issues unique to each of the key events in the life cycle and is positive, accepting and non-judgmental. All programs are targeted and address issues relevant to the needs of MSM with diverse identities, using the life cycle approach and through activities that resonate with the lives of MSM.

Evidence is gathered through surveys such as the condom use survey in saunas and surveys and observation studies in gay pubs and nightclubs.

A coordinated approach is taken to prevention programming, with all stakeholders on-board.

A feature of Singapore's approach has been the building of relationships between NGOs and gay business owners in a respectful and coordinated manner, rather than in a top-down way.

Awareness and education programming includes outreach to nightspots, sex on premises venues and working through the media. A feature of outreach is partnership with venues. For example, clubs and pubs place their logos on condom packets to give them ownership.

Fridae.com has successfully piloted free distribution of branded condoms and lubricant using the internet.

HIV testing is available in venues and is promoted through an annual three month HIV testing project starting in November, an annual HIV testing day in June and other testing campaigns involving business owners and a well-known model. Fridae.com's 'know your status' profile for its social network users also encourages HIV testing.

Psychosocial support for GLBT people is provided by a CBO which integrates safer sex education into its broader work on sexual identity, self-esteem and mental health.

## Results

The number of MSM clients attending the anonymous testing site increased by 94% between 2005 and 2009. HIV prevalence among MSM at this clinic dropped from 4.8% in 2005 to 2.8% in 2009. Venue based testing of MSM over the last three years has also shown a reduction in HIV prevalence.

The take home message is that a coordinated response between government, community and businesses gets results. This is demonstrated by the decrease in HIV prevalence among Singaporean MSM.

## Key issues in planning effective city responses

An interactive discussion was held between meeting participants and a panel of experts on how to plan for effective HIV responses for MSM and transgender persons. Panel members were:

- *Addy Chen, APN+*
- *Elden Chamberlain, USAID's AIDSTAR-Two project; International HIV/AIDS Alliance*
- *Habib Rahman, PSI Myanmar*
- *Loretta Wong, AIDS Concern, Hong Kong*
- *Siroat (Ken) Jittjang, FHI Asia Pacific Regional Office*

Key points made during the discussion were:

## Coordination and relationships

HIV prevention programs for MSM and transgender persons will only be successful if they can be scaled up to reach significantly greater numbers than is currently the case. This will only be achieved with the full and active involvement of national and city governments. Forums that bring governments and MSM CBOs together are essential.

CBOs need to establish productive and sustainable relationships with governments through good communication, using both formal and informal channels. Be strategic in your approach. Know who is sitting in which positions; what are their functions; what they can and cannot do; what they are willing to do and are not prepared to do? Be persistent. Keep talking.

The relationship between governments and CBOs needs to be seen as a collaboration, with each learning from the other. This can be facilitated by creating a friendly environment between governments and CBOs where each sees the other as friends, rather than always taking an advocacy approach which can be seen as adversarial.

## Innovative prevention

There is a need to frame messages so that they resonate with the broader interests and lives of different groups of MSM and transgender persons. This means dealing with their whole lives rather than taking a narrow approach.

Given the diversity among MSM and transgender persons, a range of prevention messages are needed. Targeting identity can be too rigid and limiting. Targeting behaviors is a broader and more flexible approach. However, behavioral messaging need to be sensitive to the needs of different identities (for example, transgender sensitive).

Involvement of HIV positive MSM and transgender persons in all aspects of programming, including prevention programming, is essential. More activities targeting positive MSM and transgender persons are needed.

## Testing linked to care and treatment

There is no one single model of service delivery suitable for all MSM. Some will want to use services that specialize in meeting the needs of MSM and/or transgender persons while others will want to use mainstream services. Mainstream services have the advantage of being available on a more widespread geographic basis. Feeling safe is key to whether MSM and transgender persons will use services. In Myanmar, experience has demonstrated that where there are MSM doctors the uptake rate for STI and HIV testing is significantly higher. This includes the appropriate screening, diagnosis and treatment of anal STIs which is often ignored by mainstream services. Efforts need to be made to find local doctors who are MSM and MSM friendly.

Many MSM are more comfortable talking with peer MSM counselors rather than professional counselors. Use of peer counselors will result in a higher HIV testing uptake rate.

Integration of CBO programs and clinical services in the one site removes the need for referral and overcomes the problem of loss to follow-up. Integration can be promoted by bringing together CBOs and clinical service providers at the planning stage.

## Enabling environment

The most important factor in ensuring a program's success is that it be run and managed by the community. The community needs to be involved in all aspects of the program and programs need to be comprehensive.

Leadership training for MSM and transgender persons is needed. Empowerment of positive MSM and transgender leaders can be advanced by use of role models and pairing with a mentor.

There is a lack of services for and visibility of MSM and transgender persons living with HIV. The lack of visibility reflects the stigma and discrimination faced by people living with HIV (PLHIV).

## Strategic information

To deal with the crisis of HIV among MSM and transgender persons, better advocacy by NGOs and CBOS is needed, based on evidence of what interventions work.

## World Café small groups

The Action Planning Meeting divided into small groups, each with a mix of participants from different cities. The small groups answered three questions as a foundation for developing city action plans:

1. What causes the rapid rise in HIV infection among MSM and transgender persons?
2. What are the needs of MSM and transgender persons living with HIV?
3. Which strategy from the other cities is the most promising for your city?

World Café methodology was used to encourage experience sharing between cities in small groups and to empower less dominant individuals to participate more fully and express their thoughts comfortably.

*The methodology for the World Café small groups is outlined in Annex 7.*

The following is an overview of the responses by all small groups.

## **What causes the rapid rise in HIV among MSM and transgender persons?**

### *Factors increasing risk or vulnerability*

- Lack of knowledge by MSM, especially young MSM, about personal risk and the severity of HIV epidemics among MSM, which is related to low program coverage levels.
- An increased number of sex partners and a low level of condom use.
- Use of the internet makes it much easier for MSM to meet and have sex more often.
- Rapid economic development and the growth in mass media is associated with more liberal attitudes towards sex and sexuality.
- Misconceptions among some MSM about effective prevention methods.
- Condoms are seen as getting in the way of intimacy and relationship building.
- Lack of condom use because of power imbalances in relationships.
- Use of condoms by sex workers with non-paying customers is low.
- Poor self-esteem increases risk behavior.
- Recreational drug use reduces capacity to negotiate safe sex and increases risk behavior.

### *Programmatic limitations*

- Insufficient coverage and intensity of HIV services to make an impact.
- Message fatigue means MSM and transgender persons are not listening.
- HIV prevention services are often generic rather than being tailored to the needs and interests of MSM and transgender persons.
- Programs in the wrong place where prevalence and risk is not high.
- Sex workers in some cities do not have good access to condoms and are not empowered to negotiate condom use with clients.
- The quality of HIV and sex education in schools is poor.

### *Testing linked to care and treatment*

- Low utilization rates for STI and VCT services. Many people who are infected do not know their status so may be transmitting HIV.
- STI services are often clinically inappropriate for MSM and not always comprehensive (e.g. condoms not available).
- A limited number of public sector services sensitized to the needs of MSM and transgender persons.

### *Enabling environment*

- Stigma and discrimination drives MSM and transgender persons underground making them more difficult to reach.
- The needs of MSM and transgender persons receive insufficient attention from governments and are accorded lesser priority than other populations.
- Possession of condoms can be used by police as evidence of sex work or the existence of a sex establishment.
- Social exclusion of transgender persons pushes them into sex work where they are subject to coercion and violence, with limited bargaining power on condom use.



## What are the needs of MSM and transgender persons living with HIV?

### *Innovative prevention*

- Positive health programs.

### *Testing linked to care and treatment*

- A comprehensive range of linked services to meet varying care, support and treatment needs over time.
- More services specializing in meeting the care, support and treatment needs of MSM and transgender persons living with HIV.
- The need to feel safe when accessing services – more MSM and transgender friendly mainstream care, support and treatment services
- One common CD4 eligibility criteria for ART within cities with more than one government.
- Sufficient ART to meet demand.
- Advice for transgender PLHIV on the interaction of hormones and ART.
- Psychosocial support for PLHIV and their partners and families.

### *Enabling environment*

- Greater involvement of MSM in all aspects of program design, delivery, monitoring and evaluation.
- Help in dealing with double or triple stigma (for example, being MSM, HIV positive and a sex worker).
- Better social protection in areas such as livelihood development, access to insurance, housing, health care costs, employment and economic support.
- Capacity building in life skills and income generation.

## Which strategy from the other cities is the most promising for your city?

### *Coordination and relationships*

- Achieving an effective partnership between governments and CBOs is the key to achieving scale.
- Collaboration between governments, NGOs and the private sector as in Hong Kong and Singapore.
- The Hong Kong Government's support for building civil society coalitions
- Good working relationships between public health and law enforcement officials.
- Development of public-private partnerships for service delivery.
- MSM national networks.

### *Innovative prevention*

- Hong Kong's and Singapore's NGO programs, particularly their community engagement, innovation and communication strategies.
- Police engagement in prevention programs.
- Taking a holistic, person centric approach to the needs of MSM and transgender persons rather than a disease centric or purely risk behavior focus.
- Time and effort given to good program design, branding and communication strategies.
- A range of targeted prevention messages for different groups of MSM and transgender persons.

- Consulting with the community on how messages will be developed and delivered.
- National campaign days.
- Use of the internet, mobile phones and social networking for broader reach.
- TV shows, including series.
- Use of famous people.
- Expanded distribution and availability of condoms (e.g. in saunas and to guest houses and restaurants).

### ***Testing linked to care and treatment***

- Models for expanding VCT and STI access including mobile services, clinics in CBO drop-in-centers and rapid testing.
- MSM and transgender friendly clinics.
- Replication in public health systems of Bangkok's Silom Community Clinic, an HIV and STI clinic with a research focus catering specifically to the needs of MSM.

### ***Enabling environment***

- Effective advocacy to city governments.
- Allocation of specific resources to ensure services for transgender persons are provided.
- The Singapore Pink Dot campaign.
- Dealing with religious prejudices.

## Section 3: City scans

The appreciative inquiry approach taken in the city scans was used to identify a set of 'peak activities' for each city which stakeholders agreed on by consensus. Peak activities are examples of interesting practice that can be used to 'breathe new life' into HIV responses or which bring to light effective or innovative approaches and partnerships. Peak activities include those for which there are surprising results, exceeding expectations.

During city scans stakeholders also reached consensus on 'provocative statements' which are visions that are difficult to achieve but that would add value to a city's response. Provocative statements are intended to challenge more effective responses.

Delegations from each of the six cities were encouraged to learn from the peak activities and provocative statements developed by other cities and take account of these in their action planning. This section of the report contains the peak activities and provocative statements for each of the six cities.

The methodology used in the city scans is described in Annex 5. The reports of each of the city scans were analyzed for lessons learned and a short synthesis report produced to inform planning at the Hong Kong meeting. The synthesis report is reproduced in Annex 6.

### Bangkok

*Prempreeda Pramroj Na Ayutthaya, Bangkok Consultant*

#### Peak activities

- **A cable TV and online MSM BCC mini-series** involving a unique collaboration between the private sector, government and MSM groups (Love Audition).
- **Community-led case coordination** to prevent MSM and transgender persons living with HIV from falling through the gaps between community and hospital services (Three Hearts Program).
- **Distributing of low cost condoms** to MSM and transgender sex workers (SWING's Revolving Condom Fund).
- **Specialized VCT and STI services** for MSM and transgender persons (Silom Community Clinic).
- **Fusing social, commercial and health activities** for GLBT members through Bangkok Rainbow's membership card program.
- **Advocating for structural changes in saunas and sex venues** in collaboration with government and police, to increase access to condoms and lubricant.
- **Building community and shared responsibility between MSM** and transgender persons; informing about HIV and STI prevention; and minimizing discrimination against PLHIV in MSM networks through the Life skills camps for MSM and transgender persons.

#### Provocative statements

- Public consciousness of sexual health can be created by HIV messaging using advertising in the mainstream media. This can reach MSM who are not currently reached by programs.
- Priority needs to be given to use of new technologies to communicate sexual health and behavior change messages to MSM and transgender persons.
- Structural policy changes will help to stop HIV transmission in gay saunas and other venues by making condoms and lubricant more readily available and ensuring police cooperation.
- Friendly and appropriate health services for transgender persons need to be scaled up.
- The Bangkok Metropolitan Administration (BMA) and the Thai Government need to give priority to establishing HIV programs that respond to MSM and transgender community needs.
- Governments, NGOs and MSM and transgender communities need to plan together for next steps during 2011.
- Outreach and in-reach services to clinics and hospitals should be supported as ways of improving health seeking behavior by MSM and transgender persons.

## Chengdu

Yu Fei, Liaison Officer, Chengdu Gay Care Organization

### Peak activities

- **Good strategic information** from integrated bio-behavioral surveys of HIV and STI prevalence in MSM and related behaviors, including data on HIV prevalence and condom use rates among the MSM clients of different types of venues.
- **Good cooperation between government and MSM CBOs:** a three-pronged working mechanism made up of the municipal and district CDCs, medical services and six MSM CBOs has been established. This has fostered a cross-disciplinary team for HIV prevention and control among MSM, drawing on each partner's strengths.
- **Establishment of a network of services by collaborating partners:** consisting of behavioral interventions (outreach, peer education and internet); a designated STI clinic for MSM; referral to VCT from MSM venues; HIV counseling and testing through an MSM CBO; and collaborative PLHIV management by CDCs and CBOs.
- **Intervention coverage doubled:** from 11% to 25% between 2009 and 2010. Over the same period consistent condom use increased by 8% to 40%.
- **ARV coverage for MSM increased:** to 57% in 2010, an increase of 15% over the previous year.

### Provocative statements

- Human resources, capacity and funding all need to be increased.
- Coverage of interventions needs to be increased significantly, especially for behavioral interventions and HIV testing.
- The quality of treatment and care services for PLHIV needs to be improved.
- The frequency and effectiveness of supervision needs to be improved.
- The effectiveness of interventions needs to be evaluated.

## Ho Chi Minh City

Thuan Nguyen, HCMC Consultant

### Peak activities

- **Coordination by the HCMC Provincial AIDS Committee:** including multi-sectoral coordination, has strengthened the quality and effectiveness of interventions. The committee has provided strong support for HIV initiatives for MSM and transgender persons.
- **A mobile outreach BCC, STI treatment and VCT service for MARPs,** including MSM, that has been adapted over the years to more effectively meet client needs (**Companion Van**).
- **Professional and vocational skills training** for female sex workers, MSM and transgender persons (Moving Ahead Project).
- **Male sex worker** HIV and STI prevention project (LIFE Male Sex Work Center).
- **An integrated model of prevention, care and support** for MSM which uses structural interventions in entertainment establishments, including provision of VCT in saunas (MSM Blue Sky Project).
- **A legal clinic** for MARPs, including MSM.
- **Condom and lubricant distribution and social marketing** by PSI.
- **Coordination and support for a range of web sites for MSM** in Viet Nam, including the provision of online counseling and information by the **Nam-Man web site**.

## Provocative statements

- Stronger advocacy is needed aimed at achieving greater leadership and political commitment for programs for MSM and transgender persons from the People's Committee and the Fatherland Front.
- HCMC will finalize its five year plan for MSM and transgender persons and strengthen coordination.
- Strategic information need strengthening, especially size estimation, and data on the needs and vulnerability of MSM living with HIV, MSM using drugs and transgender persons.
- Stigma and discrimination needs to be reduced using available tools and resources.
- Friendly and accessible services for MSM and transgender persons, including those living with HIV, need to be expanded by integration with existing government services.
- Services for MSM and transgender PLHIV and those using drugs, including mental health services, need expanding.
- Structural interventions which have the full engagement of entertainment establishment owners and the private sector to reach most at risk MSM need to be scaled up.
- Capacity building efforts based on existing collaborative mechanisms need to be continued, focusing on service delivery and the capacity of CBOs.

## Jakarta

*Tono Permana Muhamad, Jakarta Consultant*

### Peak activities

- **An organization that successfully changed its role** to include HIV prevention services for MSM and transgender persons (LPA Karya Bhakti).
- **A partnership between the sauna and a CBO** to ensure customers have access to condoms and lubricant (9M Sauna).
- **Cultural awareness and community building** through the Q Film Festival.
- **Delivery of HIV information, support and referral** to MSM and transgender persons by a gay and lesbian CBO (Arus Pelangi).
- **Provision of a range of prevention, care and support services, including linking services** to the places where men meet for sex (e.g. mobile clinics, outreach) by YIM, an MSM community service organization.
- **Provision of shelter and hospice care** to transgender persons living with HIV by YSS, a waria organization.
- **Provision of sexual health services, specialized to the needs of MSM and transgender persons** which involve them in the delivery of clinical services, by medical champions at the Jakarta Planned Parenthood Association Sexual Health Clinic.

## Provocative statements

- Scaling up programs for young MSM and transgender persons is urgent given the increasing number of new HIV cases among these groups.
- Partnerships between government, community based organizations and international development partners should be increased, based on programs, not projects.
- Sustained comprehensive programs are a must and governments and Global Fund mechanisms should involve MSM and transgender communities in the whole HIV response in Indonesia (including in Jakarta).
- Consolidation among community based organizations should be supported and they should be provided with technical assistance to engage in advocacy work.
- Communication and coordination between stakeholders and community based organizations should be strengthened.

- Sensitization for health providers on male-to-male sexual behavior is a priority for Jakarta.
- Financial support for positive transgender persons and MSM (especially for those who are poor) is a priority for Jakarta.
- Involve universities in Jakarta to reach youth on campus to increase sexual health knowledge.
- Use varied media such as movies to disseminate information on HIV issues and human rights.
- Develop communication messages to change the mindset that always associates MSM and transgender persons with HIV infection.
- Male to male sexual behavior in prison and other closed settings is totally neglected and should get more attention.

## Manila

*Mikael Navarro, Manila Consultant*

### Peak activities

- **A forum for entertainment venue owners, health officials and the police** has the potential to minimize barriers to the distribution of condoms in sex venues (ACHIEVE).
- **Promotion of HIV testing by MSM and provision of peer support and education on internet social networking sites** by the AIDS Society of the Philippines Cyberspace Peer Educators Initiative.
- **An advocacy campaign** to rally the LGBT community against a decision which banned a gay rights political party from running in the 2009 national elections ('I am not immoral').
- **A series of innovative online marketing strategies** to promote a mobile VCT service (Take the Test Campaign).
- **Use of trained peer educators** by UNICEF's most-at-risk Young People's Initiative.
- **An online 'lifestyle' magazine** on living with and being affected by HIV (**Positivism**).
- **Integrated community-to-clinic initiatives** to increase use of VCT and STI services by MSM and transgender persons.

### Provocative statements

- The police and other government agencies need to collectively contribute to HIV prevention. Given the devolved nature of the police, this necessitates the involvement of local government.
- Problematic interpretation of the law by enforcers results in harassment of MSM and transgender persons. There is a need to address stigma and discrimination alongside efforts in policy work.
- Poor understanding of HIV is indicative of the poor understanding that MSM and transgender persons have about health in general.
- Considering the stigma and discrimination faced by MSM and transgender persons, psychosocial support is virtually absent. There is a need for a resource directory identifying services for counseling, psychosocial and legal support.
- MSM and transgender persons should not be treated as one homogenous group. Interventions need to be tailored to the diverse needs and characteristics of MSM and transgender persons.
- Most peer counselors receive limited training and supervision, making effectiveness an issue.
- Scaling up should not be merely based on access. Comprehensiveness should also be considered. Determination of effectiveness is crucial in identifying interventions for scale up.
- A national BCC strategy needs to be developed, conscious of the characteristics of the various MSM and transgender populations.

## Yangon

*Kyaw Myint, Yangon Consultant*

### Peak activities

- Contact with harder to reach MSM in Yangon through a social networking site (Myanmar Gay Education website).
- **An annual transgender fashion event** building support for transgender persons in the general community and building alliances with the private sector (Healthy Living Helping Society).
- **Integrated prevention, treatment, care and support** for MSM and transgender persons (PSI's TOP Program)
- **Technical assistance and funding** to non-registered, small MSM and transgender community groups by the International HIV/AIDS Alliance.
- **Strong links between networks of MSM and MSF's clinical services** developed by MSF Holland's MSM BCC program.
- Ongoing dialogue between local police stations and HIV service organizations to encourage condom use (MDM Police Force Engagement Project).
- **A review of IEC materials** for MSM and transgender persons in preparation for receiving funding to produce IEC and BCC materials under the Global Fund round 9 grant (Burnet Institute Myanmar)

### Provocative statements

- A Technical Support Group for MSM and transgender persons is needed to take a leading role in advocating, networking and providing effective technical support to all players engaged in the comprehensive HIV response for MSM and transgender persons.
- MSM and transgender communities and leaders need to develop their capacity to take decision making roles in the HIV response.
- Strategic information, including size estimation of MSM and transgender populations, is needed to have evidence informed, effective programs.
- High level policy and decision making bodies need to be informed of gaps in the HIV response for MSM and transgender populations and the importance of involvement of MSM and transgender persons in service provision to ensure user-friendly services.
- The health sector needs to provide services which are friendly to MSM and transgender persons.
- The awareness of the general community on the positive contribution of MSM and transgender persons to society needs raising so as to reduce stigma.
- All HIV positive MSM and transgender persons who need ART must have access to it through MSM and transgender friendly health care services along with other assistance such as nutrition and home-based care.
- Local self-help groups for MSM and transgender persons need to advocate to donors on innovate approaches to funding to circumvent challenges in receiving direct funding from international agencies.
- Funding allocations for HIV-related programs for MSM and TG persons should be fair and proportionate compared to funding for other target groups such as sex workers and drug users.
- A National MSM Network needs to be formed through collaboration and support from all technical working group member organizations.
- National MSM and transgender network initiative groups and networks should participate in community system strengthening exercises.

## Action planning and implementation

Annexes 1 - 4 contains the details of the action plans for each city that were developed by the city delegations at the Hong Kong meeting, plus the regional partner's support plan. Implementation of the action plans will take place during 2011. Technical assistance to support implementation will be provided by regional partners. Reporting on progress will take place using national monitoring and evaluation systems and at regional fora such as ICAAP 10. Consideration will be given to expanding the Initiative, if successful, to additional cities in Asia.

Also, following the Action Planning Meeting, UNDP and USAID will carry out an in-depth analysis of the six city scan reports. This analysis will identify areas for advocacy and action planning support.

While acknowledging the significant progress made and positive findings from this innovative regional initiative to foster collective efforts for HIV interventions among MSM and transgender persons, there were also limitations in the process. During the six city scan exercise, the methodology used was able to quickly identify the positive and innovative practices in each of the six cities. However, the overall challenges or gaps in the current responses may not have been fully identified. The action plans developed by the six cities for the next twelve months are prioritized based on local needs, while city wide responses will need to be guided by more strategic information at a later stage. Additional advocacy efforts will need to be in place in order to operationalize the action plans, with full participation by city government officials, including representatives from the police.



### Annex 1: Overview of city action plans

#### Bangkok

**Action 1:** Active engagement of MSM and transgender communities in the development of the Bangkok Metropolitan Administration's Strategic AIDS Plan 2012-2016.

**Action 2:** Scale up police and military education and coordination with MSM and transgender communities.

**Action 3:** Scale up of young MSM HIV-life skills program.

**Action 4:** Scale up community care and support for MSM and transgender persons.

**Action 5:** Develop training of trainers course on MSM and transgender-related issues.

#### Chengdu

**Action 1:** Implement comprehensive HIV prevention services in gay bath houses.

**Action 2:** Provide a pilot rapid oral HIV testing service through a CBO.

**Action 3:** Establish a coordination mechanism among MSM CBOs.

#### Ho Chi Minh City

**Action 1:** Convene a city consensus meeting.

**Action 2:** Advocate for a 100% condom program at entertainment establishments.

**Action 3:** Develop internet-based interventions to reach young and hidden gays and young transgender persons for risk assessment and referral to counseling and VCT.

#### Jakarta

**Action 1:** Developing health services that are MSM and transgender friendly.

**Action 2:** Targeted multi-media campaign to promote high quality health services.

**Action 3:** Strengthen the positive prevention program.

#### Manila

**Action 1:** Execute and launch a communication strategy.

**Action 2:** Promote and build up social networks; promote and refer to offline services.

**Action 3:** Conduct learning sessions on sexuality, health and life skills.

**Action 4:** Conduct mobile HIV counseling and testing activities.

#### Yangon

**Action 1:** Myanmar National MSM Network (MNMN) action planning meeting.

**Action 2:** Socializing and relationship building with local government and the public health sector.

**Action 3:** Undertake a survey of services provided for MSM and transgender persons and publish a services directory booklet.

**Action 4:** Training in advocacy for MNMN members.

## Annex 2: Timelines for implementation of city action plans and the regional partner's plan

	Quarter 1 - 2011	Quarter 2 - 2011	Quarter 3 - 2011	Quarter 4 - 2011
<b>Bangkok</b>	<p><b>Action 1:</b> Active engagement of MSM and transgender communities in the development of BMA's Strategic AIDS Plan 2012-16</p> <p><b>Action 2:</b> Scale up police and military education and coordination with MSM and transgender communities</p> <p><b>Action 3:</b> Scale up young MSM HIV-life skills program</p> <p><b>Action 4:</b> Scale up community care and support for MSM and transgender persons</p> <p><b>Action 5:</b> Develop ToT course on MSM and transgender-related issues</p>	<p>January: Review current BMA Strategic AIDS Plan</p> <p>Increase number of HIV trainers for police and military</p> <p>Develop pilot project and adjust teachers attitudes</p> <p>Engagement of BMA hospitals</p> <p>Trainees identified and trained</p> <p>January - February: Build capacity and develop supportive environment</p> <p>March: Provide services in bath houses</p> <p>January: Build primary capacity and develop procedures</p> <p>February - March: Promote and provide testing service</p> <p>Initiate and set up the committee</p> <p>Meeting convened</p> <p>Conduct advocacy at city level</p>	<p>April: Draft of BMA Strategic AIDS Plan 2012-16 is available</p> <p>Increase number of HIV trainers for police and military</p> <p>Develop pilot project and adjust teachers attitudes</p> <p>Engagement of BMA hospitals</p> <p>Trainees identified and trained</p> <p>Provide services in bath houses</p> <p>Promote and provide testing service</p> <p>Initiate and set up the committee</p> <p>Conduct advocacy at community level and monitor implementation</p> <p>Set up a network of collaborators at entertainment establishments</p>	<p>September: BMA Strategic AIDS Plan finalized</p> <p>Increase coverage of cadets receiving HIV training</p> <p>Teachers help prepare students for training</p> <p>Engagement of BMA hospitals</p> <p>Trainees identified and trained</p> <p>Provide services in bath houses</p> <p>Promote and provide testing service</p> <p>Communication and negotiation with the government</p> <p>Conduct advocacy and monitor implementation</p> <p>Provide condom and water based lubricant at entertainment establishments, particularly massage places</p>
<b>Chengdu</b>	<p><b>Action 1:</b> Implement comprehensive HIV prevention services in gay bath houses</p> <p><b>Action 2:</b> Provide a rapid oral HIV testing service through a CBO</p> <p><b>Action 3:</b> Establish a coordination mechanism among MSM CBOs</p>	<p>January - February: Build capacity and develop supportive environment</p> <p>March: Provide services in bath houses</p> <p>January: Build primary capacity and develop procedures</p> <p>February - March: Promote and provide testing service</p> <p>Initiate and set up the committee</p> <p>Meeting convened</p> <p>Conduct advocacy at city level</p> <p>Advocate for 100% condom program at entertainment establishments</p>	<p>Provide services in bath houses</p> <p>Promote and provide testing service</p> <p>Communication and negotiation with the government</p> <p>Conduct advocacy and monitor implementation</p> <p>Provide condom and water based lubricant at entertainment establishments, particularly massage places</p>	<p>Provide services in bath houses</p> <p>Promote and provide testing service</p> <p>Communication and negotiation with the government</p> <p>Conduct advocacy and monitor implementation</p> <p>Provide condom and water based lubricant at entertainment establishments, particularly massage places</p>
<b>Ho Chi Minh City</b>	<p><b>Action 1:</b> Convene a city consensus meeting (1 day)</p> <p><b>Action 2:</b> Advocate for 100% condom program at entertainment establishments</p>	<p>Initiate and set up the committee</p> <p>Meeting convened</p> <p>Conduct advocacy at city level</p> <p>Advocate for 100% condom program at entertainment establishments</p>	<p>Communication and negotiation with the government</p> <p>Conduct advocacy and monitor implementation</p> <p>Provide condom and water based lubricant at entertainment establishments, particularly massage places</p>	<p>Communication and negotiation with the government</p> <p>Conduct advocacy and monitor implementation</p> <p>Provide condom and water based lubricant at entertainment establishments, particularly massage places</p>

Action	Quarter 1 - 2011	Quarter 2 - 2011	Quarter 3 - 2011	Quarter 4 - 2011
<p><b>Action 3:</b> Develop internet-based interventions to reach young and hidden gays and young transgender persons for risk assessment and referral to counseling and VCT</p>	<p>Recruit 6 new peer educators to work online as MSM website moderators</p> <p>Provide training for 6 new peer educators: knowledge on HIV, skills to communicate online, to talk with clients and understand their risky behaviors and refer them to VCT and STIs services (Half day training every three months)</p> <p>Apply unique identification code and review reporting system to record referral cases to VCT made by peer educators working online</p>	<p>Six new peer educators provide communication and counseling online</p> <p>Keep track of number of MSM who will be referred by peer educators working online</p> <p>Invite MSM website moderators (i.e. peer educators working online) to regular coordination meetings</p> <p>Provide half day quarterly refresher training for the six peer educators working online where they will share experience on how to deal with difficult cases</p>	<p>Six new peer educators provide communication and counseling online</p> <p>Keep track of number of MSM who will be referred by peer educators working online</p> <p>Invite MSM website moderators to regular coordination meetings</p> <p>Invite staff and peer educators from Hong Kong and Singapore to HCOM to share experience as part of refresher training</p>	<p>Six new peer educators provide communication and counseling online</p> <p>Keep track of number of MSM who will be referred by peer educators working online</p> <p>Invite MSM website moderators to regular coordination meetings</p> <p>Provide half day quarterly refresher training for the six peer educators working online where they will share experience on how to deal with difficult cases</p>
<p><b>Action 1:</b> Developing health services that are MSM and transgender friendly</p> <p><b>Action 2:</b> Targeted multi-media campaign to promote high quality health services</p> <p><b>Action 3:</b> Strengthen the positive prevention program</p>	<p>Release decree by Governor</p> <p>February - March: Brainstorm and plan</p> <p>February: Plan and prepare</p> <p>March: Conduct trial</p>	<p>Develop training module</p> <p>April: Launch campaign</p> <p>April - June: Run campaign</p> <p>Conduct trial</p>	<p>Conduct training of health services</p> <p>Run campaign</p> <p>Implement full program</p>	<p>Conduct training of health services</p> <p>Run campaign</p> <p>Implement full program</p>
<p><b>Action 1:</b> Execute and launch a communication strategy</p> <p><b>Action 2:</b> Promote and build up social networks; promote and refer to offline services</p> <p><b>Action 3:</b> Conduct learning sessions on sexuality, health and life skills</p> <p><b>Action 4:</b> Conduct mobile HIV counseling and testing activities</p>	<p>February: Circulate and endorse communication strategy</p> <p>March: Launch communication strategy thematic</p> <p>February - March: Plan and prepare</p> <p>February - March: Plan and prepare</p> <p>February - March: Plan and prepare</p>	<p>May: Full public launch</p> <p>May - June: Implement communications strategy</p> <p>April: Online outreach activities branded with the initiative</p> <p>May - June: Implement the initiative</p> <p>April: Community outreach and learning sessions branded with the initiative</p> <p>May - June: Conduct outreach and learning sessions</p> <p>April: Community outreach and learning sessions branded with the initiative</p> <p>May - June: Conduct mobile HIV counseling and testing</p>	<p>Implement full program</p> <p>Implement communications strategy</p> <p>Implement the initiative</p> <p>Conduct outreach and learning sessions</p> <p>Conduct mobile HIV counseling and testing</p>	<p>Implement full program</p> <p>Implement communications strategy</p> <p>Implement the initiative</p> <p>Conduct outreach and learning sessions</p> <p>Conduct mobile HIV counseling and testing</p>

	<b>Action</b>	<b>Quarter 1 - 2011</b>	<b>Quarter 2 - 2011</b>	<b>Quarter 3 - 2011</b>	<b>Quarter 4 - 2011</b>
<b>Yangon</b>	<p><b>Action 1:</b> Action planning meeting to establish Myanmar National MSM Network (MNMN)</p> <p><b>Action 2:</b> Socializing and relationship building with local government and public health sector</p> <p><b>Action 3:</b> Undertake a survey on services provided for MSM and transgender persons and publish a services directory booklet</p> <p><b>Action 4:</b> Training in advocacy for MNMN members</p>	<p>December 2010: Hold meeting</p> <p>MNMN assigns focal persons</p>	<p>MNMN recognized by government</p> <p>Government officials and MNMN members attend each other's meetings</p> <p>June: Initiate data collection by MNMN surveys</p>	<p>Government officials and MNMN members attend each other's meetings</p> <p>July: Complete collection of information</p> <p>August – September: Develop MSM services directory booklet</p>	<p>Government officials and MNMN members attend each other's meetings</p> <p>October: Launch MSM services directory booklet</p>
<b>Regional partner's action plan timelines</b>					
<b>FHI Regional Office</b>	Convene a meeting of the MSM and TG Multi-City Initiative Steering Committee to review Action Planning Meeting outcomes and determine next steps	January			
<b>Bangkok: FHI and Pact</b>	Support meetings between city delegations and relevant national and city level partners to report back and follow up on the outcomes of the Action Planning Meeting:	By end of March			
<b>Chengdu: UNAIDS and WHO</b>	- Development of the agenda				
<b>HCMC: UNAIDS, USAID/VN-AIDSTAR and Harvard AIDS Initiative</b>	- Facilitating the involvement of national partners including the national AIDS program and relevant sectors				
<b>Jakarta: FHI and RTI</b>	- Supporting the review of city action plans in the context of existing city or national strategic and operational plans				
<b>Manila: UNDP</b>	Support CBO staff exchanges within and between countries (innovative prevention focus), including the resource cities of Singapore and Hong Kong	Ongoing	Ongoing	Ongoing	Ongoing
<b>Yangon: PSI, Alliance and WHO</b>	Facilitate city exchanges within and between countries, focused on the enabling environment	Ongoing	Ongoing	Ongoing	Ongoing

	<b>Action</b>	<b>Quarter 1 - 2011</b>	<b>Quarter 2 - 2011</b>	<b>Quarter 3 - 2011</b>	<b>Quarter 4 - 2011</b>
<b>All regional partners</b>	Support for improved commodities procurement (for example, removing duties on imported condoms and lubricant)	Ongoing	Ongoing	Ongoing	Ongoing
<b>All regional partners</b>	Develop the advocacy capacity of MSM and transgender CBOs	Ongoing	Ongoing	Ongoing	Ongoing
<b>All regional partners</b>	Support for stigma reduction activities	Ongoing	Ongoing	Ongoing	Ongoing
<b>All regional partners</b>	Identify M&E indicators in support of city responses	Ongoing	Ongoing	Ongoing	Ongoing
<b>All UN agencies</b>	Use the convening power of regional partners to convene meetings with city officials, including police and law enforcement agencies	Ongoing	Ongoing	Ongoing	Ongoing
<b>WHO</b>	Develop an M&E target setting guide		Develop guide		
<b>WHO, SEARO and WPRO</b>	Support roll-out of the WHO guidelines for MSM and transgender persons		Support guidelines roll-out		
	Support replication of good models of 'friendly' health care for MSM and transgender persons in the six cities	Ongoing	Ongoing	Ongoing	Ongoing
<b>UNDP and UNAIDS</b>	Facilitate inter-country sharing of strategic information	Ongoing	Ongoing	Ongoing	Ongoing
<b>UNDP and USAID</b>	Support Review of the Multi-City Initiative at ICAAP 10 in Busan			August	
<b>UNDP, UNAIDS with APTN</b>	Conduct a literature review of initiatives for transgender persons		Conduct literature review		
<b>UNAIDS RST</b>	Facilitate greater engagement by the Global Fund on MSM and transgender person's issues		By end of June		
<b>UNAIDS RST</b>	Consolidate all strategic information relating to MSM and transgender persons at the city level	By end of January			
<b>UNAIDS RST</b>	Determine where in the region the 200 new HIV infections per day among MSM and transgender persons are occurring to enable better targeting of advocacy and programming		Determine locations of incident cases		

	<b>Action</b>	<b>Quarter 1 - 2011</b>	<b>Quarter 2 - 2011</b>	<b>Quarter 3 - 2011</b>	<b>Quarter 4 - 2011</b>
<b>UNAIDS RST and WHO</b>	Use the Asian Epidemic Model to develop better MSM and transgender population size estimates		Develop population size estimations		
<b>UNAIDS RST and USAID</b>	Review of previous evaluations of projects in the region for MSM and transgender persons to identify what has and has not worked			Conduct review	
<b>APN+, PSN and Pact</b>	Support and provide opportunities for greater involvement of youth in ongoing leadership initiatives	Ongoing	Ongoing	Ongoing	Ongoing
<b>RTI</b>	Support APCOM's submission to the Global Commission on HIV and the Law's Regional Dialogue	By 20 December, 2010			
<b>RTI</b>	Train cities in the use of the Resource Estimation Tool for Advocacy	Chengdu: January Jakarta: to be determined			
<b>Pact Thailand</b>	Capacity development for the Asia Pacific Transgender Network and their Secretariat through exchanges, tools and other support	Ongoing	Ongoing	Ongoing	Ongoing
	Develop community based M&E curricula			Develop curricula	
	Support PositiveVoices.net to include additional languages	By the end of March			
<b>AIDSTAR</b>	Apply the lessons learned from USAID's AIDSTAR MARPs and health systems strengthening project		Apply lessons learned		

## Annex 3: City action plans

### Bangkok action plan

Action 1: Active engagement of MSM and transgender communities in the development of BMA's Strategic AIDS Plan 2012-2016						
Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs
MSM and transgender communities and sub-populations BMA's technical team	BMA: coordinates development of the strategic plan MSM & transgender CBOs: mobilize and provide technical inputs	January 2011: Review of current plan April 2011: Development of the strategic plan — draft is available September 2011: Strategic plan is finalized	MSM and transgender communities represented in all stages of developing the plan Plan finalized	BMA's regular budget	National Strategic Plan	Technical support for the process or plan development and analysis will be sought from NAC/MOPH, UN agencies and FHI
						Coordination and relationships Strategic information

Action 2: Scale up police and military education and coordination with MSM and transgender communities						
Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs
Police cadets	SWING expands its existing program	Quarters 1 – 2: Increase the number of trainers Quarters 3 – 4: Increase coverage of cadets receiving training	Greater number of training classes Partnership relationship established with policing authorities	SWING's trainers and training materials	BMA's AIDS strategic plan	Technical support to be sought from the Foundation for AIDS Rights
						Coordination and relationships Innovative prevention Enabling environment

<b>Action 3: Scale up young MSM HIV-life skills program</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
Male high school students	BMA contacts schools and holds orientation meetings CBOs (RSAT, Poz, BRO, SWING) conduct training	Quarters 1 – 2: Pilot project: Adjust teachers' attitudes Quarter 3: Teachers help prepare students for training Quarters 3 – 4: Training programs for young MSM	Teachers gain understanding Students learn HIV prevention and life skills	Existing materials from CBOs Trainers from CBOs	BMA's HIV Strategic Plan Thailand's HIV National Strategic Plan	Technical support to be sought from FHI, USAID, RSAT and Pact
						Coordination and relationships Innovative prevention

<b>Action 4: Scale up community care and support for MSM and transgender persons</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
Positive MSM and transgender persons, including male sex workers and transgender sex workers	BMA coordinates with hospitals Poz conducts group support	Quarters 2 – 3: Engagement of BMA hospitals	Develop MSM friendly services with partner hospitals Services tailored to the needs of male sex workers and transgender sex workers Increase number of hospitals engaged (5 hospitals and 3 health centers) Increase coverage of target groups	BMA POZ's materials POZ's volunteers	BMA's AIDS Strategic Plan	Technical support to be sought from APMG, Pact, FHI, TUC, and WHO
						Testing linked to care and treatment





<b>Action 2: Provide a pilot rapid oral HIV testing service through a CBO</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
MSM attending one CBO service site	<ol style="list-style-type: none"> <li>Promotion through volunteers and gay websites</li> <li>Capacity building provided by CDC and the Alliance</li> <li>Rapid test procedures developed by CDC and CBO</li> <li>Counseling and rapid testing provided by MSM counselors</li> <li>Referral of HIV+ to CDC for confirmatory testing by MSM counselors</li> </ol>	<p>Month 1: Primary capacity building and development of procedures</p> <p>Months 2-12: Promotion and provision of testing service</p>	<ol style="list-style-type: none"> <li>Develop procedures for use of rapid oral HIV testing of MSM</li> <li>Train 15 counselors</li> <li>Counsel and test 1500 persons</li> </ol>	International HIV/AIDS Alliance	<p>Linkage: National Strategy</p> <p>Rationale: Scale up coverage of HIV testing</p>	<ol style="list-style-type: none"> <li>Development of specific operational procedures</li> <li>Assessment of the pilot in China</li> <li>Advocacy for replication in China</li> </ol>
						Testing linked to care and treatment

<b>Action 3: Establish a coordination mechanism among MSM CBOs</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
MSM CBOs in Chengdu	<ol style="list-style-type: none"> <li>CBOs set up a 'CBOs Coordination Committee'</li> <li>The committee establishes a communications mechanism among the MSM CBOs</li> <li>The committee communicates and negotiates with the government</li> </ol>	<p>Months 1-6: Initiate and set up the committee</p> <p>Months 7-12: Communication and negotiation with the government</p>	<ol style="list-style-type: none"> <li>Establish the 'CBOs Coordination Committee' (over 10 CBOs)</li> <li>Develop a vision, goals, terms of reference and modes of operation</li> <li>Two internal communication meetings in the next 12 months</li> <li>One negotiation meeting with government in the next 12 months</li> </ol>	Government financial support Global Fund	<p>Linkage: National strategy</p> <p>Rationale: Promote the participation of CBOs/NGOs</p>	<p>Information about the operation of successful CBO coordination mechanisms</p>
						Coordination and relationship



## Jakarta action plan

### Action 1: Developing health services that are MSM and transgender friendly

Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs	Key themes (Synthesis report)
For all gay men, waria and other MSM in Jakarta	Governor: release decree Provincial AIDS Commission: fund and facilitate training CBOs: provide resource persons for the workshop FHI and HIV Corporation Program for Indonesia (HCPI): trainers	January – December 2011: Training held in July (funding available in July from provincial budget)	Quality improved in five Department of Health sexual health and VCT services	Provincial Department of Health: existing health services Provincial budget FHI and HCPI: training module and facilitator	Global Fund Ministry of Health Department of Health	Provincial Department of Health and FHI: STI training module HCPI: Sexual health training module	Testing linked to care and treatment

### Action 2: Targeted multi-media campaign to promote high quality health services

Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs	Key themes (Synthesis report)
For all gaymen, waria and other MSM in Jakarta	Qmunity: design campaign and material CBOs and NGOs: are resources for the campaign Provincial AIDS Commission: funding AusAID: funding	February – March 2011: Brainstorming & planning April 2011: Campaign launched April – December 2011: Run campaign	More people from the target group access counselling and testing services	Provincial AIDS Commission Provincial government: budget FHI: technical support HCPI: funding GFATM AusAID and Indonesian National Network of Gays, Waria and Lelaki (GWL-INA) Qmunity: technical resources	Global Fund Provincial AIDS Commission GWL-INA CBOs websites and other existing websites	PAC: official support, media liaison and police approval FHI : web based campaign Qmunity: design and placement	Innovative prevention Testing linked to care and treatment

<b>Action 3: Strengthen the positive prevention program</b>							
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>	<b>Key themes (Synthesis report)</b>
For all gay men, waria and other MSM who go to VCT in five centres in Jakarta and test positive	Support groups, Positive Rainbow, Srikandi Urip and G-Support: on going support Care, support and treatment services: on going support	February 2011 : preparation March 2011: trial run July 2011 : full operation	Positive gay, waria and lelaki understand and implement positive prevention	Department of Health: (existing health services) Department of Social Welfare Provincial government: budget FHI and HCPI GFATM	GFATM CBOs and Support Group Department of Health	FHI: Module, standard operating procedures and ongoing technical support Spiritia Foundation: support group networking	Innovative prevention Testing linked to care and treatment

### Manila action plan

<b>Action 1: Execute and launch a communication strategy</b>							
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>	<b>Key themes (Synthesis report)</b>
Online, offline cross-promotional targets and respective networks and members	Coordination team to formulate and initiate buy-ins Philippines National AIDS Council (PNAC) to endorse Positivism to help in creating 'brand' ASP to delegate online personnel	Week 4, February 2011: Communication strategy circulated and endorsed Week 4, March 2011: Communication strategy thematic launched Week 3, May 2011: Full public launch	Management structure for the initiative created and functional	Online social networking tools and partner sites Positivism creatives ASP, ACHIEVE, TLF SHARE projects PNAC Secretariat operations	PNAC local response assistance Global Fund round 6 grant LSF FGHR	Communications strategists for creative direction	Innovative prevention

<b>Action 2: Promote and build up social networks: promote and refer to offline services</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
At-birth males; early to late 20s, preferably users of online and offline MSM channels and venues	Coordination team to ensure online promotional partners Cross-linking partners to publish promotional materials ASP to delegate online personnel QCSAC to ensure SAMACKA	Week 1, April 2011: online outreach activities branded with the initiative	New contacts with MSM and transgender persons established for the initiative	Partner sites resources SAMACKA resources ASP and QC-SHCs projects PNAC 'ex-deal' proposals	PNAC partnership building Global Fund round 6 grant LSF FGHR	BCC and social marketing materials production  Innovative prevention Testing linked to care and treatment

<b>Action 3: Conduct learning sessions on sexuality, health and life skills</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
Established network users and their 'down-lines' and referrals from mobile VCT services	TLF SHARE and other community based programs to provide group sessions MSM organizations, groups and clans to host sessions QC-SHCs for STI services Private professionals network for other services (to be determined) DSWD and PPA groups for TCS referrals	Week 1, April 2011: community outreach and learning sessions branded with the initiative	MSM and transgender persons accessing learning and other sexuality and health support services, including HIV prevention	Partner organizations and professionals' resources MSM groups' member resources TLF SHARE, PPA project QC-SHCs, DSWD operations	Global Fund round 6 grant FGHR UNDP	Innovative prevention Testing linked to care and treatment

<b>Action 4: Conduct mobile HIV counseling and testing activities</b>						
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>
Established network users and their 'down-lines' and referrals from learning sessions	QCSAC and SAMACKA to ensure venues QC SHCs, ASP to provide logistics and conduct service	Week 1, April 2011: community outreach and learning sessions branded with the initiative	MSM and transgender persons access counseling and testing for HIV, including receiving test results	QC-SHCs operations ASP project SAMACKA members resources	Global Fund round 6 grant QCSAC strategic plan	Testing linked to care and treatment

## Yangon action plan

### Action 1: Myanmar National MSM Network (MNMN) action planning meeting (Planning meeting to establish Myanmar National MSM Network -MNMN)

Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs	Key themes (Synthesis report)
MSM community leaders and representatives (nationwide)	MSM Technical Working Group: Technical role MNMN Core Working Group: Facilitation & implementation role DFID funded Pyo Pin: Capacity Building Program	Meeting held by end of December 2010	Ground work laid for formation of MNMN and the following developed: vision, mission, objectives, strategic directions & structure	1. Funding: Australian Federation of AIDS Organizations 2. Human: - MNMN TWG - Pyo Pin Capacity Building Program	National Strategic Plan	Online references & guidelines Inputs for agenda development	Coordination and relationships Strategic information

### Action 2: Socializing and relationship building with local government and the public health sector

Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs	Key themes (Synthesis report)
Local Government Public health sector (Department of Health, National AIDS Program, Yangon STD Team) UN agencies, INGOs, NGOs	MNMN EC assigned focal persons UN agencies to link with local government and public health sector	Ongoing	MNMN receives government recognition Government officials attend MNMN TWG meetings Network members invited to government organized meetings	Funding: UNFPA, UNDP, UNAIDS and Pyo Pin Capacity Building Program	National Strategic Plan	Not applicable	Coordination and relationships Enabling environment

### Action 3: Undertake a survey on services provided for MSM and transgender persons and publish a services directory booklet

Targets	Roles	Timelines	Outcomes	Resources for implementation	Linkages and rationale	Technical support needs	Key themes (Synthesis report)
MSM and transgender groups in Yangon	Surveyors assigned by MNMN Each MSM and transgender organization will provide information on their services	Information collected by end July 2011	MSM services directory booklet developed	Funding: UNFPA Human resources: - TWG - MNMN members	GFATM	Not applicable	Innovative prevention Testing linked to care and treatment Strategic information

<b>Action 4: Training in advocacy for MNMN members</b>							
<b>Targets</b>	<b>Roles</b>	<b>Timelines</b>	<b>Outcomes</b>	<b>Resources for implementation</b>	<b>Linkages and rationale</b>	<b>Technical support needs</b>	<b>Key themes (Synthesis report)</b>
20 MNMN members	National consultant: Resources MNMN: Organize members	Training conducted in February 2011	Twenty MNMN members trained in advocacy skills	Funding: amFAR Human resources: -Regional & national consultants -TWG	GFATM	Regional technical resource person to lead the training	Enabling environment Strategic information



## Annex 4: Regional partner's plans

At the same time the six cities were developing their action plans, regional partners met to determine how they could support implementation by the cities. The regional partners meeting was made up of multilateral agencies (ASEAN and UN agencies), a Global Fund representative, a bilateral donor (USAID), a number of international technical assistance agencies and the regional MSM network (ACPOM).

Two categories of support were identified by regional partners:

- solid commitments; and
- ideas for further discussion and development.

As the city and regional partners meetings were concurrent, the regional partners were not aware of the content of the city action plans. The areas of technical support identified by the regional partners should therefore be regarded as preliminary and will be further defined in response to the city action plans.

The regional partners identified resource agencies present in each country to provide initial follow up on the meeting outputs and to provide support to the city focal points who have been nominated by each of the six cities as the first point of contact. These agencies (listed below) are the initial point/s of contact for city focal points to move the agenda from the Action Planning Meeting back to the city level. Other agencies are encouraged to provide technical support to the cities as action plans are implemented. The resource agencies identified to provide initial support are:

- **Bangkok:** FHI and Pact
- **Chengdu:** UNAIDS and WHO
- **HCMC:** UNAIDS, USAID/Vietnam, USAID's AIDSTAR Two project and the Harvard AIDS Initiative
- **Jakarta:** FHI and RTI
- **Manila:** UNDP
- **Yangon:** PSI, the Alliance and WHO

The regional partners grouped the technical support they are able to offer around the five themes identified in the synthesis report.

### Coordination and relationships commitments

- Convene a meeting of the regional Steering Committee overseeing the MSM and TG Multi-City Initiative to review the outcomes of the Action Planning Meeting and decide on next steps. (*Convened by FHI by the end of January, 2011*).
- Support meetings between city delegations and relevant national and city level partners to report back and follow up on the outcomes of the Action Planning Meeting. Specific areas of support will be development of the agenda, facilitating the involvement of national partners, including the national AIDS program and relevant sectors, and supporting the review of city action plans developed in Hong Kong within the context of existing city or national strategic and operational plans. (*Resource agencies (see above) by the end of the first quarter in 2011.*)

### Innovative prevention ideas

- Support CBO staff exchanges within and between countries, including the resource cities of Singapore and Hong Kong.
- Capacity development for the Asia Pacific Transgender Network and their Secretariat through exchanges, tools and other support (*Pact, ongoing*).
- Support for improved commodities procurement. For example, removing duties on imported condoms and lubricant.

## Testing linked to care and treatment ideas

- Support PositiveVoices.net to include additional languages (*USAID support through Pact by end of quarter 1, 2011*).
- Support roll-out of the forthcoming WHO *Technical guidelines for the prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people* - (by quarter 2, 2011).
- Support replication of good models of 'friendly' health care for MSM and transgender persons in the six cities.

## Enabling environment commitments

- Support APCOM's submission to the Global Commission on HIV and the Law's Regional Dialogue (*USAID HPI by 20 December, 2010*).
- Facilitate greater engagement by the Global Fund on MSM and transgender person's issues (*UNAIDS RST by end of quarter 2, 2011*).
- Support and provide opportunities for greater involvement of youth in ongoing leadership initiatives (*USAID support to APN+, PSN and Pact*).
- Support review of the MSM and TG Multi-City Initiative at ICAAP 10 in Busan (*UNDP and USAID, August, 2011*).
- Develop the advocacy capacity of MSM and transgender CBOs.
- Facilitate city exchanges within and between countries, focused on the enabling environment.
- Use the convening power of regional partners to support the convening of meetings with city officials, including police and law enforcement agencies.
- Support stigma reduction initiatives (*quarters 2 and 3, 2011*).

## Strategic information commitments

- Consolidate all strategic information relating to MSM and transgender persons at the city level (*UNAIDS RST by end January, 2011*).
- Strengthen monitoring and evaluation systems in support of city responses in three areas: 1) indicators identified (*ongoing*); 2) community based M&E curricula available (*Pact by quarter 3, 2011*); 3) target setting guide developed (*WHO by quarter 2, 2011*).
- Use the Asian Epidemic Model to develop better MSM and transgender population size estimates (*UNAIDS RST and WHO by quarter 2, 2011*).
- Apply the lessons learned from USAID's AIDSTAR Two project on MARPs and health systems strengthening (*USAID's AIDSTAR Two by quarter 2, 2011*).
- Determine where in the region the 200 new HIV infections per day among MSM and transgender persons are occurring to enable better targeting of advocacy and programming (*UNAIDS RST by quarter 2, 2011*).
- Facilitate inter-country sharing of strategic information (*UNDP and UNAIDS in 2011*).
- Review of previous evaluations of HIV projects in the region for MSM and transgender persons to identify what has and has not worked (*UNAIDS and USAID by quarter 3, 2011*).
- Train cities in use of the Resource Estimation Tool for Advocacy (RETA) (*USAID HPI: Chengdu, January, 2011; Jakarta, to be determined*).
- Conduct a literature review of initiatives for transgender persons (*UNDP and UNAIDS with APTN by quarter 2, 2011*).

## Annex 5: Methodology for the city scans

This annex provides an overview of the methodology that was used for the city scans. To ensure practical and actionable outcomes from the Hong Kong Action Planning Meeting, scans were undertaken in each of the six cities (Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Manila and Yangon) before the meeting.

### Aim of the city scans

The aim of the city scans was to increase leadership commitment to the scaling up of MSM and transgender persons HIV programming by reporting on HIV initiatives and examining the goals and challenges of MSM and transgender persons.

### Objectives of the city scans

The objectives of the city scans were to:

1. Document the potential within each of the six cities for the scale up of a comprehensive, rights-based HIV response among MSM and transgender persons using the key components of the Comprehensive Response to HIV Services for MSM and Transgender Persons in Asia Pacific – (a) prevention, (b) care, support and treatment, (c) enabling environment and (d) strategic information.
2. Identify the policy and political contexts and potential and existing multi-sector collaborations, along with human capacity - knowledge and skills - available in each city.
3. Document local ideas for overcoming challenges and barriers within the six cities for the scale up of rights-based responses. Highlight examples of innovative HIV-related services for MSM and transgender persons, those involving partnerships between government departments and civil society associations and institutions and those involving collaboration with the private sector.
4. Provide an opportunity to describe good and innovative practices to key leaders in the region and to consider their implications in the local context.
5. Facilitate local action plans for scale up of HIV responses among MSM and transgender persons in the six cities.

### Who conducted the city scans?

The scans were conducted by local consultants working in close collaboration with a core group of stakeholders, including national AIDS programs, city governments, MSM and transgender networks and working groups, CBOs, the private sector, UN agencies and other technical assistance agencies. The city scans took place in September and October 2010.

### Overview of the city scan process

There were five key processes in conducting the city scans:

1. Development of the methodology for the city scans followed by the development of an *Implementation Guide* and tools for use by local consultants in conducting the city scans.
2. Recruitment of a local consultant in each city and training them in how to conduct the scan.
3. Field support for the local consultants in the conduct of the city scan.
4. Written reports detailing the results of each city scan.
5. Analysis of each of the city reports to identify lessons learned and promising strategies.

The standard methodology and the two-day training session in Bangkok for the local consultants on how to apply the methodology promoted consistency in the way each city scan was conducted.

The scan was not formal research, rapid assessment or an attempt to evaluate the effectiveness of HIV services at the city level. Nor was it an attempt to comprehensively document everything happening in each city relating HIV programming for MSM and transgender persons. The goal was to stimulate discussion among key stakeholders

about what they thought was working well and how to scale up promising practices.

Through appreciative inquiry a set of 'peak activities' were identified in each city. Peak activities are examples of interesting practice that can be used to 'breathe new life' into HIV responses or which bring to light effective and/or innovative approaches and partnerships. Peak activities include those for which there are surprising results, exceeding expectations.

Stakeholders also reached consensus on 'provocative statements' which are intended to challenge more effective programmatic responses. Provocative statements are commitments that are difficult to achieve but that would add value to a city's response.

In the majority of cities the time available to undertake each city scan was equivalent to five-days work.

## Appreciative inquiry

A conceptual framework applied in the scans was appreciative inquiry (AI). AI was used for the development of questions for key informants on previous and current HIV interventions for MSM and transgender persons.

AI promotes the idea that the way questions are asked is centrally important to determining the answers gained. AI inquirers look for the best of what is. They ask questions that seek to find promising practices, no matter how small and informal they may be. AI focuses participants on how to apply these positive experiences in the future through replication, possibly on a larger scale.

AI attempts to gain access to the ideas that key informants have about what type of world would be best. AI does not preclude engaging with criticism or problem identification, but avoids 'negative' criticism. 'Positive' criticism is, however, promoted by encouraging participants to identify strategies that could help resolve gaps and difficulties in the future. The AI approach contends that a problem-oriented focus of review and inquiry reduces the possibility of generating new images of social reality that might help transcend current social forms. In other words, this approach recreates the 'problem' it purports to be attempting to solve.

- The city scans used the *EnCompass Model* of AI which articulates four conceptual steps in the investigation process including:
- *inquiry* (determining the best of what is);
- *imagining* (a process of dialogue about the possibilities for a positive vision);
- *innovating* (determining how things 'should' be); and
- *designing* (determining implications for implementing innovation).

## Conducting the city scans – step 1: Orientation meeting

A city level orientation meeting was held in each of the six cities as the first significant activity in the scan. In these meetings the city consultant sought information about the local HIV context for MSM and transgender persons and support for and participation in the scan from important partners. The orientation meetings also identified peak activities for follow-up investigation by the city consultant at step 2. The meetings were convened by UNAIDS or the designated United Nations MSM focal point. Participants usually included city governments, the national AIDS program, civil society organizations, the private sector, health services, MSM and transgender networks and individual MSM and transgender persons.

## Conducting the city scans – step 2: Field interviews

Individual field interviews and site visits were the second significant step in the city scans. This step was designed to gather information on peak activities identified at the orientation meeting and to search for other innovative, interesting or promising activities, skilled people and evidence of effectiveness to assist the city's HIV partners to plan for scale up.

## Conducting the city scans – step 3: Vision meeting

The vision meeting was the third step for each of the city scans. It brought together people who had participated in steps one and two of the scan to begin thinking together about how best to scale up HIV responses for and with MSM and transgender persons in each city. Participants at the vision meeting developed and agreed upon the provocative statements which challenged them to respond more effectively.

### Key stakeholders and technical advisors

- **Technical coordination of the six city scan:** Scott Berry from the AIDS Project Management Group Asia Pacific was the Technical Coordinator for the six city scan, under contract to UNDP. He was responsible for overall coordination of the city scans, including training and technical support for the local city consultants. Technical leadership was provided by Edmund Settle, HIV Policy Specialist in UNDP's Asia Pacific Regional Center, Bangkok.
- **Local city consultants:** were responsible for undertaking the city scans and producing the written report of the scan for their city.
- **UNAIDS or UNDP country office focal points:** assisted with coordination of city interviews and meetings.
- **City or national government focal points:** ensured the involvement of government officials and agencies in the scan and at the Hong Kong action planning meeting.

### Reference Guide

A *Reference Guide* was produced in draft form providing details of the methodology for the scans and the report of each city scan. The draft was used to assist city delegations in the Hong Kong Action Planning Meeting refer to the peak activities and provocative statements identified by other city scans. Information collected during the Hong Kong meeting will be used to expand the *Reference Guide* prior to publication.

## Annex 6: Background report: Synthesis of lessons learned in six city scans

### Introduction

This report is a synthesis of lessons learned through a process known as the *Review of Comprehensive Responses to HIV Among Men Who Have Sex With Men And Transgender Populations In Six Cities*. Local community-based consultants, working with UN focal points, involved local and national government, civil society, community organizations and private businesses concerned with HIV among men who have sex with men and transgender populations. The process followed methodologies that included appreciative inquiry and desk reviews and provided a city scan and analysis of the situation in each of the six Asia mega-cities.

This is not a stand-alone document. It is a working document designed to feedback key themes and findings from the first phase of this program to all of the 6 city delegations who will attend the Action Planning Meeting in Hong Kong on 7-9 December 2010. This report describes the consistencies between what is being done in each city, some examples for all to aspire to, and some pitfalls to avoid. The delegates from each of the six cities will draw conclusions and develop recommendations in that meeting.

### 1. Coordination and Relationships

The City Scans indicate that HIV is best addressed when there is good coordination at a city level. There are benefits in having the health, community, administration, police and legal sectors all working together. Some cities report that this is difficult, but improvements are occurring.

Working together across sectors is reported to be a new experience for most people. Some report that effective National AIDS Councils or Committees, National Strategic Plans on HIV and national policies can help. However, much policy making and health budgeting is now devolved to provinces or districts. Hence, there is a need to bring to life the policy making groups at a city level, help them to understand the national strategies and policies, and take multi-sectoral decisions together.

Some City Scans note that encouragement has come from national policy makers in all sectors, education sessions run by city based community groups, and assistance with compiling and analyzing strategic information. International NGOs have often helped to start the process, either with technical support, advocacy or some funding. Local community groups report that they value city government support, especially in capacity building: "The government agencies have played an important role with their supportive attitude, and have been helpful with their supervision and advice". Some cities have developed their own city plans for men who have sex with men.

The City Scans demonstrate that city policy makers are most helpful when they play a role of coordination, not control. Coordination works best when there are good personal relationships, not just committee meetings. There are problems to solve, not rivalries to overcome. Formal policies are less important over time than personal relationships, though one may lead to the other. Listening to other sectors is as important as advocating to them. Some cities reported that situations had improved following capacity building for communication across sectors. It is relatively new for police to talk with gay organizations, or for health administrators to talk with police.

### Networks and representation

Sometimes there are representatives of men who have sex with men on National AIDS Councils, Global Fund Country Coordinating Mechanisms or National Treatment Working Groups. Some countries have national MSM Networks, Consultation Meetings, Sexual Transmission Working Groups or Technical Groups.

### Charismatic individuals

City Scans note that particular individuals have often helped to improve situations and promote discussion. These "Champions of HIV prevention" differ in each city. They include health policy makers, community sector advocates, health services staff and celebrities. Some high ranking government or health officials have attended community functions. This helps the rest of the community to understand the importance of work with men who have sex with men and transgender populations.

## 2. Innovative Prevention

All cities are using many methods of prevention. No cities report using all methods outlined in the Comprehensive Package. None reach all men who have sex with men.

### A balance between serious and fun messaging and interaction

Published materials often include catchy wording to engage readers, high quality visual material, and a mix of information about HIV and other health and personal matters. This is consistent with what is now known about health promotion. Many education events include different components to engage audiences. But sometimes what is “fun” for men who have sex with men is “offensive” to others. There needs to be a balance between fun and serious messaging and interaction. Policy makers, police and mass media need help to understand this. Some cities have moved from initial tensions around this issue to clear resolutions. Yangon now has clear rules of engagement. Ho Chi Minh City and Chengdu health leaders help explain to others how health promotion works. Some programs use positive role models who promote dignity and respect for men who have sex with men. They do this to counter the stigma in other public discussions about male to male sex.

### Outreach and peer education

Peer education occurs in all cities, but there are not standard approaches or evaluation methods. “Situation cards” are produced for outreach workers in one city to provide answers to frequently asked questions. Some cities provide outreach workers with identity cards signed by senior police, to show to local police when they are questioned about their activities.

### Information and interactive education

Cities use mobile theatre, going to where men meet, and street theatre at large community events. Many programs use storytelling, drama or songs. Some of these folk arts have come from rural cultures to the cities as people move. Some cities have film nights and film festivals with associated HIV education.

Events are sometimes called “edutainment”, and are often followed by serious interactive discussions. Community groups invite medical staff or people living with HIV to follow performances with question and answer sessions. Others use song competitions, game shows, quizzes, meetings with local actors, exhibitions, debates, comic books, and distribution of raincoats, key chains, clocks or shirts as prizes. No cities indicate how often these occur or how many men they reach.

Phone hotlines are used to provide counseling and referrals. They provide advice about HIV, legal issues or more general issues.

### Internet

There are many examples of use of the internet. No two cities are doing the same things. Use of the internet has grown quickly (e.g. Yangon describes “Planting a seed which grows into a big shady tree”). Different cities report the internet’s advantages. It can reach many people who other programs cannot reach; include relevant issues on sex between men as part of websites targeting broader populations; provide participants with social contact as well as information and referrals about HIV; include HIV content on other websites; involve experts from community and health sectors to provide advice.

Internet counseling and advice can be one-off or long term depending on resources available. Manila has counseling by trained “chatters”. Some cities have chat rooms for men who are HIV positive. Websites are linked to fashion contests, film festivals and community education. They also link HIV with other issues such as legal and human rights. Bangkok has used the internet to screen television dramas which are interactive with fan clubs, focus groups and community input.

No cities yet report attempts to reach the many people who now use hand held devices and use these for very private and confidential access to all sorts of personal networks and information.

## **Condoms in prevention**

HIV prevention requires distribution and discussion of condoms. Some cities have linked entertainment venues with condom companies to enable purchase or distribution of low priced condoms and lubricant, or to set up revolving funds. In many places condoms are not on sale at night and lubricants are hard to find. Many people will not buy condoms from pharmacies because they are embarrassed to do so, but they will buy them from bars when they are on sale.

## **Linking education with counseling and testing**

Some community or health sector groups provide voluntary counseling or testing on site at places where outreach takes place or in venues such as saunas. This can occur late at night or on Sundays, when most clinics are closed.

## **Linking education needs of HIV positive and HIV negative men**

Many examples of this were reported. Many men will never know that they are HIV positive until they seek a test. Education can assist with motivation and information about testing. Some cities have “Positive prevention” workshops, “Gender and HIV workshops” or health camps. Diverse programs attract men who don’t identify as gay, transgender people and women whose male partners have sex with other men.

## **Transgender programs limited by stigma and discrimination**

The City Scans show that prevention for transgender populations is severely hindered by stigma and discrimination. Some cities don’t report on any successful prevention or treatment programs for transgender people. Others note that these programs must address wider issues and help create safe spaces for transgender people to meet and support one another.

Use of mass media to back up focused community events

Some cities report that mass media can be hostile to men who have sex with men. No cities report discussion of safe sex in the mass media, yet this is the only way to reach all men.

## **Community criticism**

The City Scans indicate that initiatives for men who have sex with men sometimes attract the interest of police, the media or religious groups which are hostile to sex between men. Policy makers need to be aware that this will happen and be ready to respond to criticism.

## **Men in detention**

The City Scans noted that there are still challenges in working on prevention of HIV for men who have sex with men in prisons and rehabilitation centers.



### 3. Testing Linked to Care and Treatment

All six cities report innovation in testing linked to care and treatment. Every city has something useful to share.

#### Continuum

Cities report linking of communities with clinics, using “outreach” and “in-reach” activities. Community groups promote counseling and testing. These are sometimes provided in public settings, sometimes using mobile vans. Clinics can provide ongoing counseling and regular contact. Specialized clinics are sometimes run by community groups. Drop in centers are sometimes run by health departments. Specialized clinics for HIV have had to learn about the special needs of risk groups. Some provide internships for staff of other clinics. Community groups come to clinics to provide information sessions, extended training, or community counselors.

Initiatives to make clinics friendlier include discussion sessions with people living with HIV, links with internet sites or theatre, and community programs to let people know that the clinics are friendly places. The “Companion van” in Ho Chi Minh City has this name to emphasize that it is a safe space.

Good relationships between service providers and community groups have helped. Cross referrals take place between hospitals and community organizations. One partnership between an HIV Positive support group and a local government has led to provision of treatment at low cost.

#### Overcoming problems with staff attitudes

Some people avoid attending clinics because they fear negative attitudes of staff. Some staff are now well trained and understand the needs of client groups, but the client groups don't always know this. The concepts of “voluntary”, “private” and “confidential” are new for many people who are potential clients. Education and promotion can explain these terms and build confidence in services.

Community groups are involved in training of health sector staff. They report that this requires support and direction from district health authorities. The Life Centre community group in Ho Chi Minh City trained health workers to become “Champions of the Life Centre”.

#### Different needs for different types of men who have sex with men

Some clinics, for example in Yangon, say that “Building a sense of belonging” is important. They use the term “Safe space” to talk about what they provide for a client group often stigmatized elsewhere. Some services for this “risk group” have learnt from the experience of services for other “risk groups”. One specialized clinic has now after eight years been integrated into a more general clinic. There are no evaluations of the different outcomes of specialized or general clinics.

Outreach services are improved when there is planned cooperation and “hands off” agreements with police. These must be negotiated locally.

#### Personal relationships and personal support

In Bangkok, “experienced people with HIV” have strong relationships with service providers, become involved in services and help new clients. A community group in Chengdu provides counseling and testing in non-medical venues, with approval of the city's Centre for Disease Control. Some clinics aim to meet the broader sexual health concerns of men who have sex with men and transgender people.

#### Special needs of people who are HIV Positive

For those who receive HIV positive test results, new needs arise. Some programs aim to support men immediately from when they receive an HIV positive result. This often involves community sector staff or volunteers being invited into the clinics as partners in support. For most clients the news that they are infected with HIV is unexpected, and their understanding is minimal. Some programs support clients to understand their results, trust the care providers, and maintain contact with the services. Volunteers provide weekend support, drop in centers, cultural events and other services. Some accompany clients attending clinics for the first time.

One community project in Ho Chi Minh City ensures that clients understand what will happen in a clinic. They explain the services, confidentiality, how diagnosis occurs, what results mean, and how support will be provided. In a clinic in Bangkok, an HIV positive result triggers a session with a Clinical Nurse Coordinator. They provide support with partner notification, seeking social security support, and how to talk with families. They will take phone calls from families if requested. This has led to confidence in the service and an increase in the number of teenage clients. A community group in Chengdu has a “first person follow up system”, in which the first counselor a client sees follows up and checks on all their treatment and support needs. Clinics associated with community groups report huge improvements in client follow-up.

## 4. Enabling Environment

### Stigma and discrimination

City Scans show that educators and service providers need to have permission, time and resources to address stigma and discrimination, which prevent public discussion of HIV. They affect individuals’ self-esteem and their ability to speak openly to health service providers or even peer educators.

Transgender initiatives in all Six City Scans report far more problems with stigma, discrimination and human rights abuses. They report that transgender people have few places to turn to for assistance and may be turned away from mainstream welfare, medical, legal and other services.

People with HIV also experience stigma and discrimination. Bangkok noted that stigma results in people with HIV “being afraid to disclose their HIV status among friends and sexual networks”. Rejection, isolation and loneliness are the result. There is a “silence” about living with HIV.

Some reports are more optimistic. Chengdu reports that the media is supportive, the local government adopts “a friendly attitude towards gays”, the general public is more accepting of gays, and the self-acceptance level of gays is higher. A legal support group in Jakarta suggests the need for “Male sexual diversity education” and “Gender education” for health services staff.

### Laws and Police Practices

Every one of the City Scans noted problems arising from laws and police practices. The most common example is that condoms are used as “evidence that sex work is taking place” or “evidence that this venue allows people to have sex”. This was not reported in Yangon or Chengdu, so other cities may want to ask them how this was changed.

Many laws about other issues are used to stop prevention of HIV. These include laws about sex between men, which is legal in five of the six cities, but not always approved by local police. Laws about sex work are often vague, so police consider that all male to male sex is a form of sex work, or say the presence of condoms means that sex work is happening. Laws and regulations on “pubic scandals”, “social evils” or “social order” are used to stop HIV education. Pornography laws are used to prohibit the distribution of educational materials. Laws about vagrancy and loitering are used as a way of forcing people to provide money or sexual favors to police. The lack of safe spaces for men to meet in some cities means they have to meet in lanes or parks.

### Four questions for all six cities to consider

1. Is it legal to use condoms anywhere other than at home?
2. Is it legal to produce and disseminate explicit information on how safe sex can occur between men?
3. Are there safe places where men can go to meet, or to have safe sex outside their homes but away from the public gaze?
4. Are the city police aware of the answers to these questions and are their policing practices consistent with supportive laws which enable HIV prevention?

If the answer to any single one of these questions is “No” then HIV prevention will fail.

## How do changes come about?

Building an enabling environment for prevention and treatment requires developing supportive law enforcement practice. There have been discussion sessions with police, training sessions for police on HIV, health and welfare, police invitations to community meetings, and a toolkit on HIV for police. Understanding sometimes grows from allowing space for the police to talk about issues from their perspective.

## Laws against discrimination

There are laws in some countries to stop discrimination against people on the basis of whether they have HIV, or appear to be in a risk group. Some cities promote discussion about these laws amongst police and city officials, to ensure they are well understood.

## Devolution of laws to local administrations

In some cities, decisions on laws about sex work or public morality are taken at a city level. Some local policies were reported to be out of line with national laws, constitutions or AIDS strategies.

## Funding, and involvement of the private sector

All six cities report programs funded in different ways. No city reported the use of a single budgeting or costing forum, or a monitoring system that includes information about all sources of funding, where the money is spent and what gaps remain. Some initiatives are funded entirely by the private sector or community groups, with HIV included as an add-on to existing internet sites, entertainment events or radio programs. Many initiatives involve volunteers. This helps reduce costs, and also involves many men in discussions about health and HIV.

## 5. Strategic Information

The City Scans reported very little about how strategic information is collected or used. This may be because the City Scans did not aim to focus on research. Cities have expanded surveillance, but there were few reports of Operational Research to improve program reach, quality or relevance. Even cities that have multi-sectoral governance forums, such as Provincial AIDS Committees, did not report discussions in which monitoring and evaluation results were considered in making new policies or developing new programs.

Knowledge alone doesn't change behavior. However, some reports indicate that many men don't even have basic knowledge about HIV and sex between men. There were some reports on the size of different sub-populations. These are essential to estimate the extent of program reach, yet there is no consistent way in which cities are doing this. Some people expressed concern that their own programs are only reaching men of a certain class or education. No cities evaluate exactly what men are reached. Only one city, Manila, mentioned concern about men who identify as heterosexual.

## Next Steps

This synthesis report of the city scans offers the strategic directions for each of the cities' delegations to use in action planning at the "Action Planning Meeting of MSM and Transgender Populations Multi-City HIV Initiative" in Hong Kong. Each city delegation will consider these themes in the context of their specific needs and environment as they draw conclusions and develop recommendations for action. Over the ensuing 12 months, implementation of the action plans will be reported upon and consideration given to expanding the program, if successful, in additional cities in Asia and the Pacific.

Following the Hong Kong Action Planning Meeting, UNDP and USAID will carry out a comprehensive analysis of the 6 City Scan Reports. This analysis will be utilized to develop an in-depth analyses of municipal responses and identify areas for advocacy and action planning support.

## Annex 7: World Café methodology

### Objective

To encourage small group discussion among delegates who may not normally talk with each other in order to share experiences between the six cities.

### Format

A total of 10 tables, each with a facilitator and a note taker and about six city delegates (from 2-3 cities at each table), will discuss the following three questions in three 20-minute rounds:

- Round 1 – **“What causes the rapid rise in HIV among MSM and transgender persons?”**
- Round 2 – **“What are the needs of MSM and transgender persons living with HIV?”**
- Round 3 – **“Which strategy from the other cities is the most promising for your city? Why?”**

City delegates are free to choose tables and are encouraged to mix with delegates from other cities. Each table is limited to only 10 participants, including facilitator, note taker and 2-3 language assistants. After each round, delegates are asked to move to another table. To maximize mixing between cities, delegates from one table should move to a number of different tables.

### Language

English will be used. For non-English speaking city delegates, language assistants who are non-city delegates with bi/multi-lingual abilities will be assigned to accompany these delegates to provide translation as they do the three rounds of discussion.

### Roles and Responsibilities

Role	Responsibilities
Facilitator	<ul style="list-style-type: none"><li>• Encourage city delegates to share their thoughts</li><li>• Ensure discussion stays focused on the question for each of the three rounds</li><li>• Do NOT express your own opinion</li><li>• Keep track of time (20 minutes for each session)</li><li>• Ensure all cities at the table get a chance to provide input. If some delegates are not feeling comfortable expressing their opinion in public they can write down their thoughts in English on flip chart paper provided on the table.</li><li>• Be sensitive to non-English speaking delegates who will need time for translation</li><li>• Report back to the plenary (5 minutes)</li></ul>
Note taker	<ul style="list-style-type: none"><li>• Capture key issues, comments and questions expressed by each city delegate, (include which city said what), using the notes template – see next page</li><li>• Do NOT participate in the discussion</li><li>• Pass notes to the meeting facilitator</li></ul>
Language assistant	<ul style="list-style-type: none"><li>• Accompany city delegates as they go around the tables during each round</li><li>• Provide two-way translation for the city delegates</li><li>• Do NOT express your own opinion</li></ul>

## World Café table notes template *(to be filled in by the table note-taker)*

(1) What causes the rapid rise in HIV among MSM and transgender persons? *(Including which city said what)*

(2) What are the needs of MSM and transgender persons living with HIV? *(Including which city said what)*

(3) Which strategy from the other cities is the most promising for your city? Why? *(Including which city said what)*

**Table number:**

**Note taker's name:**

**Facilitator's name:**

**Brief additional comments:**

*(use back of sheet if needed)*

## Annex 8: Agenda – Action Planning Meeting

### Day 1 – Tuesday, 07 December

Time	Topic	Presenter(s)
07.45 – 08.45	<i>Registration</i>	
08.45 – 09.00	<ul style="list-style-type: none"> <li>Welcome and opening statements</li> <li>Recognition of meeting attendees</li> </ul>	<ul style="list-style-type: none"> <li>Dr. PY Lam, JP, Director of Health, Department of Health, Hong Kong Government</li> <li>Mr. Steve Krause, Director, Regional Support Team Asia-Pacific, Joint United Nations Programme on HIV/AIDS (UNAIDS)</li> <li>Mr. Clifton Cortez, Practice Leader, HIV, Health and Development, Asia Pacific Regional Center, United Nations Development Programme (UNDP)</li> <li>Dr. Cameron Wolf, Senior Regional HIV/AIDS Technical Advisor, Regional Development Mission/Asia, United States Agency for International Development (USAID)</li> <li>Mr. Shivananda Khan, OBE, Chair, Asia Pacific Coalition on Male Sexual Health (APCOM)</li> <li>Peter Mok and Paul Causey, Facilitators</li> </ul>
09.00 – 09.20	<i>Group photographs</i>	
<b>Session One:</b> <b>State of HIV among MSM and Transgender populations</b> <b>Chaired by Shivananda Khan OBE</b>		
09.20 – 10.30	<ul style="list-style-type: none"> <li>The Regional situation</li> <li>Health sector response</li> <li>Promising strategies among the six cities</li> </ul>	<ul style="list-style-type: none"> <li>Dr. Frits van Griensven, USCDC</li> <li>Dr. Zhao Pengfei, WHO-WPRO</li> <li>Scott Berry, UNDP (APMG) with Bruce Parnell, USAID HPI (Burnet)</li> </ul>
10.30 – 11.00	<i>Tea Break</i>	
<b>Session Two:</b> <b>City Scans - Response to HIV among MSM and transgender persons in the 6 cities</b> <b>Introduced by Scott Berry</b>		
11.00 – 12.15	<ul style="list-style-type: none"> <li>Bangkok, Thailand</li> <li>Chengdu, China</li> <li>Ho Chi Minh City, Vietnam</li> <li>Jakarta, Indonesia</li> <li>Manila, Philippines</li> <li>Yangon, Myanmar</li> </ul>	<ul style="list-style-type: none"> <li>Prempreeda Pramoj Na Ayutthaya, City Consultant for Bangkok</li> <li>Yu Fei, on behalf of the Chengdu City Delegation</li> <li>Nguyen Anh Thuan, City Consultant for Ho Chi Minh City</li> <li>Tono Permana Muhamad, City Consultant for Jakarta</li> <li>Mikael Navarro, City Consultant for Manila</li> <li>Kyaw Myint, City Consultant for Yangon</li> </ul>
12.15 – 13.15	<i>Lunch</i>	
<b>Session Three:</b> <b>The Hong Kong &amp; Singapore Experiences – critical success factors</b>		
13.15 – 14.00	<ul style="list-style-type: none"> <li>For Hong Kong SAR</li> <li>For Singapore</li> </ul>	<ul style="list-style-type: none"> <li>Dr Francis Wong (Department of Health, Hong Kong)</li> <li>Chun-yam Chau (The Boys' and Girls' Clubs Association of Hong Kong)</li> <li>David (Gay sauna operator)</li> <li>Roy Ngerng (Health Promotion Board)</li> <li>Donovan Lo (Action for AIDS)</li> <li>Laurindo Garcia (Fridae)</li> </ul>

<b>Session Four:</b>		
<b>"Talk of the Town" TV Show</b>		
14.00 – 15.30	<ul style="list-style-type: none"> <li>This week - live from Hong Kong, it's "All you need to know about HIV programming for MSM and transgender persons"</li> <li>Guest starring these famous experts:</li> </ul>	<ul style="list-style-type: none"> <li>Your hosts: Peter &amp; Paul</li> <li>Addy Chen, APN+</li> <li>Elden Chamberlain, USAID'S AIDSTAR Two project (International HIV/AIDS Alliance)</li> <li>Habib Rahman, PSI Myanmar</li> <li>Loretta Wong, AIDS Concern, Hong Kong</li> <li>Siroat (Ken) Jittjang, FHI Asia Pacific Regional Office</li> <li>And YOU!</li> </ul>
15.30 – 16.00	Tea Break	
<b>Session Five:</b>		
<b>Introduction/Review of Action Planning\</b>		
16.00 – 16.45	<ul style="list-style-type: none"> <li>Action Planning Primer</li> <li>Planning template(s)</li> </ul>	<ul style="list-style-type: none"> <li>Elden Chamberlain, USAID's AIDSTAR Two project (International HIV/AIDS Alliance)</li> </ul>

## Day 2 – Wednesday, 08 December

Time	Topic	Presenter(s)
09.00 – 09.15	<i>Re-cap of Day One</i>	<ul style="list-style-type: none"> <li>David Lowe, Rapporteur</li> </ul>
<b>Session Six:</b>		
<b>World Café</b>		
09.15 – 10.30	<ul style="list-style-type: none"> <li>Round One</li> <li>Round Two</li> <li>Round Three</li> </ul>	<ul style="list-style-type: none"> <li>What causes the rapid rise in HIV among MSM and transgender persons?</li> <li>What are the needs of MSM and transgender persons living with HIV?</li> <li>Which strategy from other cities is most promising to your own city? Why?</li> </ul>
10.30 – 11.00	<i>Tea Break</i>	
11.00 – 12.30	<ul style="list-style-type: none"> <li>Table reports</li> </ul>	<ul style="list-style-type: none"> <li>Table representatives for each of 10 tables</li> </ul>
12.30 – 13.30	<i>Lunch</i>	
<b>Session Seven:</b>		
<b>Action Planning</b>		
13.30 – 13.45	<ul style="list-style-type: none"> <li>World Café summary</li> <li>Action Planning</li> </ul>	<ul style="list-style-type: none"> <li>David Dobrowolski (Pact) with Brad Otto and Bruce Parnell (both USAID HPI (Burnet))</li> <li>6 City delegations in breakout</li> <li>Regional Partners Working Group</li> </ul>
15.00 – 15.30	<i>Tea Break (Each group on your own: "Up to you.")</i>	
15.30 – 17.00	<ul style="list-style-type: none"> <li>Action Planning (continues)</li> </ul>	<ul style="list-style-type: none"> <li>6 City delegations in breakout</li> <li>Regional Partners Working Group</li> </ul>

## Day 3 – Thursday, 09 December

Time	Topic	Presenter(s)
09.00 – 09.15	<i>Re-cap of Day Two</i>	<ul style="list-style-type: none"> <li>David Lowe, Rapporteur</li> </ul>
<b>Session Seven – Part Two:</b>		
<b>Action Planning finish up</b>		
09.15 – 10.45	<ul style="list-style-type: none"> <li>Action Planning – finish up</li> </ul>	<ul style="list-style-type: none"> <li>6 City delegations in breakout</li> <li>Regional Partners Working Group (if needed)</li> </ul>
10.45 – 11.15	<i>Tea Break</i>	
<b>Session Seven – Part Three:</b>		
<b>Action Planning results</b>		
11.15 – 12.45	<ul style="list-style-type: none"> <li>City action plans sharing – 3 of 6 cities</li> </ul>	<ul style="list-style-type: none"> <li>3 of 6 City delegations</li> </ul>
12.45 – 13.45	<i>Lunch</i>	
13.45 – 15.15	<ul style="list-style-type: none"> <li>City action plans sharing – 3 of 6 cities</li> </ul>	<ul style="list-style-type: none"> <li>3 of 6 City delegations</li> </ul>
15.15 – 15.45	<i>Tea Break</i>	
15.45 – 16.00	<ul style="list-style-type: none"> <li>Regional partners working group sharing</li> </ul>	<ul style="list-style-type: none"> <li>Regional partners representative</li> </ul>
16.00 – 16.15	<ul style="list-style-type: none"> <li>Action plans summary</li> </ul>	<ul style="list-style-type: none"> <li>David Lowe, Rapporteur</li> </ul>
<b>Session Eight:</b>		
<b>Into the future ...</b>		
16.15 – 16.45	<ul style="list-style-type: none"> <li>Wrap up and closing remarks</li> </ul>	<ul style="list-style-type: none"> <li>Edmund Settle HIV Policy Specialist UNDP Asia Pacific Regional Centre</li> <li>Dr Cameron Wolf Senior Regional Technical Advisor SAID/Regional Development Mission Asia</li> <li>Dr Tsang Ho Fai Controller, Center for Health Promotion Department of Health Government of the Hong Kong Special Administrative Region</li> </ul>



## Annex 9: Action Planning Meeting participants

### Delegates from the six cities

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## Annex 10: References and resources list

This annex lists the references for publications that were provided in hard copy or on a flash drive to participants in the Action Planning Meeting.

### Country specific publications

#### City level scanning reports

Bangkok city-level scanning report 2010.

Ho Chi Minh City city-level scanning report 2010.

Jakarta city-level scanning report 2010.

Manila city-level scanning report 2010.

Yangon city-level scanning report 2010.

#### Country snapshots (produced by UNAIDS and APCOM)

China MSM country snapshot. August 2010. Version 2.1.

Indonesia MSM country snapshot. August 2010. Version 2.1.

Myanmar MSM country snapshot. August 2010. Version 2.1.

Philippines MSM country snapshot. August 2010. Version 2.1.

Thailand MSM country snapshot. August 2010. Version 2.1.

Viet Nam MSM country snapshot. August 2010. Version 2.1.

MSM Country Snapshots – References for each of the above country snapshots are available at [www.apcom.org/snapshots2010.html](http://www.apcom.org/snapshots2010.html)

#### Indonesia

National AIDS Commission, Republic of Indonesia, Integrated biological-behavioral surveillance among most-at-risk groups in Indonesia, 2007. Surveillance highlights MSM. 2007.

National AIDS Commission, Republic of Indonesia, Integrated biological-behavioral surveillance among most-at-risk groups in Indonesia, 2007. Surveillance highlights Waria. 2007.

National AIDS Commission, Gap analysis of current prevention and sexual health/HIV care service provision for MSM. 2010.

HIV prevention among MSM in Indonesia: A communication strategy review. 2010.

#### Viet Nam

Lowe D and Pham Vu T, Rapid situation and response assessment of HIV and AIDS programs for men who have sex with men in Viet Nam. 2010.

UNAIDS Viet Nam, USAID and the Institute for Social Development Studies, Understanding and reducing stigma related to men who have sex with men and HIV. Toolkit for action. 2010.

### Publications by organization

#### Asia Pacific Coalition on Male Sexual Health - APCOM

Addressing the needs of young men who have sex with men. Policy brief No 4, August 2010.

It all starts here: Estimating the size of populations of men who have sex with men and transgender people. Policy brief No 3, March 2010.

Mapping transgender groups, organizations and networks in South Asia. 2008.

MSM in Asia and the Pacific: Critical HIV research for better decision making. Policy brief No 2, June 2008.

Organizational mapping project of HIV/AIDS groups for MSM and transgenders in developed Asia. 2010.

Organizational mapping project of HIV/AIDS groups for MSM and transgenders in insular Southeast Asia. 2010.

Report on mapping of MSM groups, organizations and networks in South Asia. 2008.

Scaling up HIV programming for men who have sex with men – the experience in Asia and the Pacific. 2008.

### **Asia Pacific Network of People Living with HIV and AIDS - APN+**

Treatment access for positive MSM in the Asia Pacific. 2010.

### **Asian-Pacific Resource and Research Center for Women**

Transgender people's access to sexual health and rights: A study of law and policy in 12 Asian countries. 2010.

### **FHI**

Scaling up the continuum of care for people living with HIV in Asia and the Pacific. A toolkit for implementers. 2007.

Summary report of key findings and program recommendations from HIV MSM program evaluations (Bangladesh, Indonesia and Nepal).

### **FHI/Pact**

Hellman H, Parnell B, and Dobrowolski D, Good governance for an expanded community response. Adapted from: Governance module for an expanded and comprehensive response to the HIV/AIDS epidemic, FHI, 2004, unpublished manuscript, adapted by Pact Thailand, 2010.

### **Global Forum on MSM and HIV**

HIV prevention with MSM. Balancing evidence with rights-based principles of practice. A policy brief. 2010.

Social discrimination against men who have sex with men. Implications for HIV policy and programs. 2010.

### **Hivos and World AIDS Campaign**

Report. Regional youth MSM and transgender consultation meeting. Bangkok, 2010.

### **Pact**

Advancing community care and support for HIV-positive men who have sex with men and transgendered individuals in Thailand. Technical assistance report. 2010.

Guidelines for coordinating partnering and programming processes for a PCM or city/district's comprehensive community response to HIV/AIDS for men who have sex with men and transgenders in Asia-Pacific region. (Draft) May, 2010.

Inquiry into community care and support for HIV positive MSM in Bangkok. 2009.

### **United States Agency for International Development - USAID**

Consultation on MSM HIV Care and Support. Meeting Report. 2009.

### **USAID Health Policy Initiative Greater Mekong Region and China**

Investing in HIV Prevention for men who have sex with men: Averting a 'perfect storm'. Regional Policy Brief No 1, 30 September 2009.

Men who have sex with men and transgender populations Multi-City HIV Initiative. Background report: Synthesis of lessons learned in six cities. 2010.

Men who have sex with men: Challenges and recommendations in estimating resource needs to scale up HIV prevention services in the Greater Mekong Region and China (Yunnan and Guangxi Provinces). September 30, 2009.

RETA – The Resource Estimation Tool for Advocacy. 2010.



## **Yogyakarta principles**

Hivos, An activists guide to the Yogyakarta Principles on the application of international human rights law in relation to sexual orientation and gender identity. 2007.

Oey K and Pelangi A, What to do with the Yogyakarta Principles. 2009.

O'Flaherty M and Fisher J, Sexual orientation, gender identity and international human rights law: Contextualizing the Yogyakarta Principles. *Human Rights Law Review*, 2008; 8 (2): 207-248.

The Yogyakarta Principles. Principles on the application of international human rights law in relation to sexual orientation and gender identity. 2007.

Williams G and O'Flaherty M, Jurisprudential annotations to the Yogyakarta Principles

## **United Nations publications**

### **Joint United Nations Program on HIV/AIDS - UNAIDS**

Evidence to action HIV and AIDS Data Hub for Asia-Pacific. [www.aidsdatahub.org/](http://www.aidsdatahub.org/)

Global Report. UNAIDS Report on the Global AIDS Epidemic. 2010.

Operational guidelines for monitoring and evaluation of HIV prevention for men who have sex with men. 2010.

Outlook. Treatment 2.0 Is this the future of treatment? 2010.

The role of religious leaders in the HIV and AIDS response. Seminar proceedings. January 2010. (with the Ministry of Religious Affairs of the Republic of Indonesia).

UNAIDS action framework: Universal access for men who have sex with men and transgender people. 2009.

### **United Nations Development Program - UNDP**

Developing a comprehensive package of services to reduce HIV among men who have sex with men (MSM) and transgender (TG) populations in Asia and the Pacific. Regional Consensus Meeting. 2009.

Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action. 2010.

Men who have sex with men and transgender populations Multi-City HIV Initiative. UNDP support concept note. 2010.

Overcoming legal barriers to comprehensive prevention among men who have sex with men and transgender people in Asia and the Pacific. 9th International Congress on AIDS in Asia and the Pacific. Symposium Report. August 2009.

Punitive laws, human rights and HIV prevention among men who have sex with men in Asia Pacific. High level dialogue report. International Day Against Homophobia. May 17, 2010.

Reference Guide. Six cities scanning initiative (draft). 2010.

UNDP China Arts and Media Initiative. Innovative Approaches 2010.

UNDP China: Positive Talks Innovative Approaches 2010.

### **World Health Organization - WHO**

Male latex condom: Specification, prequalification and guidelines for procurement, 2010.

South-East Asia Regional Office, HIV/AIDS among men who have sex with men and transgender populations in South East Asia. The current situation and national responses. 2010.

Western Pacific Regional Office, Health sector response to HIV/AIDS among men who have sex with men. Report of the consultation. 18-20 February 2009, Hong Kong SAR (China). 2009.

South-East Asia and Western Pacific Regions, Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region. 2010

Towards Universal Access. Scaling up priority HIV/AIDS interventions in the health sector. Progress Report 2010.

## Conference papers

Jensen H, Giulano A, Palefsky J, et. al. Quadrivalent HPV vaccine efficacy against HPV 6/11/16/18 infection and disease in men. XVIII International AIDS Conference, July 18-23 2010. Vienna. Abstract THLBB101.

Montaner J, Wood E, Kerr T, et. al. Association of expanded HAART coverage with a decrease in new HIV diagnoses, particularly among injection drug users in British Columbia, Canada. 17th Conference on Retroviruses and Opportunistic Infections, September, 2010. Paper #88LB.

## Journal articles

### Enabling environment

Feng Y, Wu Z, Detels R, Evolution of men who have sex with men community and experienced stigma among men who have sex with men in Chengdu, China. *Journal of Acquired Immune Deficiency Syndromes*, 2010; 53: S98-S103.

### Epidemiology

Baker J, Plankey M, Josayma Y, et. al. The prevalence of rectal, urethral, and pharyngeal *neisseria gonorrhoeae* and *chlamydia trachomatis* among asymptomatic men who have sex with men in a prospective cohort in Washington DC. *AIDS Patient Care and STDs*, 2009; 23 (8): 585-588.

Detels R, English P, Visscher BR, et. al. Seroconversion, sexual activity, and condom use among 2915 HIV seronegative men followed up to 2 years. *Journal of Acquired Immune Deficiency Syndromes*, 1989; 2 (1): 77-83.

Di Franceisco W, Ostrow DG and Chmiel JS, Sexual adventurism, high-risk behavior, and human immunodeficiency virus-1 seroconversion among the Chicago MACS-CCS Cohort, 1984 to 1992: A case control study. *Sexually Transmitted Diseases*, 1996; 23 (6): 453-460.

Jin F, Crawford J, Prestage GP, et. al. Unprotected anal intercourse, risk reduction behaviors, and subsequent HIV infection in a cohort of homosexual men. *AIDS*, 2009; 23: 243-252.

Morineau G, Nugrahini N, Riono P, et. al. Sexual risk taking, STI and HIV prevalence among men who have sex with men in six Indonesia cities. *AIDS Behavior*, published online: 30 July, 2009. doi 10.1007/s10461-009-9590-6.

Prabawanti C, Bollen L, Palupy R, et. al. HIV, sexually transmitted infections and risk behavior among transgenders in Indonesia. *AIDS Behavior*, published online: 1 September 2010. doi 10.1007/s10461-010-9790-0.

Toledo CA, Varangrat A, Wimolsate W, et. al. Examining HIV infection among male sex workers in Bangkok, Thailand: A comparison of participants recruited at entertainment and street venues. *AIDS Education and Prevention*, 2010; 22 (4): 299-311.

van Griensven, F and de Lind van Wijngaarden, J, A review of the epidemiology of HIV infection and prevention responses among MSM in Asia. *AIDS*, 2010; 24 (suppl 3): S30-40.

### HIV testing

Dilley JW, Woods WJ, Sabatino J, et. al. Changing sexual behavior among gay male repeat testers for HIV. *Journal of Acquired Immune Deficiency Syndromes*, 2002; 30: 177-186.

Huebner DM, Binson D, Dilworth SE, et. al. Rapid vs standard HIV testing in bathhouses: What is gained and lost? *AIDS Behavior*, 2010; 14:688-696.

Huebner DM, Binson D, Woods WJ, et. al. Bathhouse-based voluntary counseling and testing is feasible and shows preliminary evidence of effectiveness. *Journal of Acquired Immune Deficiency Syndromes*, 2006; 43 (2): 239-246.

McOwen A, Gilleece Y, Chislett L, et. al. Can targeted HIV testing campaigns alter health-seeking behavior? *AIDS Care*, 2002; 14 (3): 385-390.

West-Ojo T, Samala R, Griffen A, et. al. Expanded HIV testing and trends in diagnosis of HIV infection – District of Colombia, 2004-2008. *Morbidity and Mortality Weekly Report*, 2010; 59 (24): 737-741.

Wimonsate W, Naorat S, Varangrat A, et. al. Factors associated with HIV testing history and returning for HIV test results among men who have sex with men in Thailand. *AIDS Behavior*, published online: 10 July 2010. doi 10.1007/s10461-010-9755-3.

## Prevention

Amirkhanian Y, Kelly J, Kabakchieva E, et. al. A randomized social network HIV prevention trial with young men who have sex with men in Russia and Bulgaria. *AIDS*, 2005; 19: 1897-1905.

Carballo-Dieguez A, Dolezal C, Leu, C et. al. A randomized controlled trial to test an HIV-prevention intervention for Latino gay and bisexual men: Lessons learned. *AIDS Care*, 2005; 17(3): 314-328.

Choi K, Lew S and Vittinghoff E, The efficacy of brief group counseling in HIV risk reduction among homosexual Asian and Pacific islander men. *AIDS*, 1996; 10: 81-87.

Darrow WW and Biersteker S, Short-term evaluation of a social marketing campaign to prevent syphilis among men who have sex with men. *American Journal of Public Health*, 2008; 98 (2): 337-343.

Flowers P, Hart G, Williamson L, et. al. Does bar-based, peer-led sexual health promotion have a community level effect among gay men in Scotland? *International Journal of STD & AIDS*, 2002; 13: 102-108.

Godin G, Naccache H, Cote F, et. al. Promotion of safe sex: Evaluation of a community-level intervention program in gay bars, saunas and sex shops. *Health Education Research*, 2008; 23 (2): 287-297.

Gold R and Rosenthal D, Examining self-justifications for unsafe sex as a technique of AIDS education: the importance of personal relevance. *International Journal of STD & AIDS*, 1998; 9: 208-213.

Golden MR, Stekler J, Hughes JP, et. al. HIV serosorting in men who have sex with men: Is it safe? *Journal of Acquired Immune Deficiency Syndromes*, 2008; 49: 212-218.

Guy R, Goller J, Leslie D, et. al. No increase in HIV or sexually transmissible infection testing following a social marketing campaign among men who have sex with men. *Journal of Epidemiology and Community Health*, 2009; 63: 391-396.

Imrie J, Stephenson JM, Cowan FM, et. al. A cognitive behavioral intervention to reduce sexually transmitted infections among gay men: randomized trial. *British Medical Journal*, 2001; 322: 1451-6.

Kegeles SM, Hays RB and Coates TJ, The Mpowerment Project: A community-level HIV prevention intervention for young gay men. *American Journal of Public Health*, 1996; 86 (8): 1129-36.

Kelly JA, St Lawrence JS, Diaz YE, et. al. HIV risk behavior reduction following intervention with key opinion leaders of population: An experimental analysis. *American Journal of Public Health*, 1991; 81: 168-171.

Kelly JA, Murphy DA, Sikkema KJ, et. al. Randomized, controlled, community-level HIV-prevention intervention for sexual-risk behavior among homosexual men in US cities. *Lancet*, 1997; 350: 1500-05.

Ko NY, Lee HC, Hung CC, et. al. Effects of structural intervention on increasing condom availability and reducing risky sexual behaviors in gay bathhouse attendees. *AIDS Care*, 2009; 21 (12), 1499-1507.

Marks G, Millett GA, Bingham T, et. al. Prevalence and protective value of serosorting and strategic positioning among black and Latino men who have sex with men. *Sexually Transmitted Diseases*, 2010; 37 (5): 325-327.

National Institute of Mental Health Multisite HIV Prevention Trial Group, The NIMH Multisite HIV Prevention Trial: Reducing HIV sexual risk behavior. *Science*, 1998; 280: 1889-94.

Petersen J, Coates T, Catania J, et. al. Evaluation of an HIV risk reduction intervention among African-American homosexual and bisexual men. *AIDS*, 1996; 10: 319-325.

Philip SS, Yu X, Donnell D, et. al. Serosorting is associated with a decreased risk of HIV seroconversion in the EXPLORE study cohort. *PloS ONE* 5(9) e12662 doi:10.1371/journal.pone.0012662.

Picciano JF, Roffman RA, Kalichman SC, et. al. Lowering obstacles to HIV prevention services: Effects of a brief, telephone-based intervention using motivational enhancement therapy. *Annals of Behavioral Medicine*, 2007; 34 (2): 177-187.

Roffman R, Picciano J, Bolan M, et. al. Factors associated with attrition from an HIV-prevention program for gay and bisexual males. *AIDS and Behavior*, 1997; 1 (2): 125-135.

Sampaio M, Brites C, Stall R, et. al. Reducing AIDS risk among men who have sex with men in Salvador, Brazil. *AIDS and Behavior*, 2002; 6 (2): 173-181.

Shoptow S, Reback CJ, Peck JA, et. al. Behavioral treatment approaches for methamphetamine dependence and HIV-related risk behaviors among urban gay and bisexual men. *Drug and Alcohol Dependence*, 2005; 78: 125-134.

Stall RD, Paul JP, Barrett DC, et. al. An outcome evaluation to measure changes in sexual risk-taking among gay men undergoing substance use disorder treatment. *Journal of Studies on Alcohol*, 1999; 60: 837-845.

Tudiver F, Myers T, Kurtz RG, et. al. The Talking Sex Project. Results of a randomized controlled trail of small-group AIDS education for 612 gay and bisexual men. *Evaluation and the Health Professions*, 1992; 15 (4): 26-42.

Wilton L, Herbst JH, Coury-Doniger P, et. al. Efficacy of an HIV/STI prevention intervention for black men who have sex with other men: Findings from the *Many Men, Many Voices (3MV)* project. *AIDS Behavior*, 2009; 13: 532-544.

### **STI diagnosis**

Mimiaga MJ, Mayer KH, Reisner SL, et. al. Asymptomatic gonorrhoea and chlamydial infections detected by nucleic acid amplification tests among Boston area men who have sex with men. *Sexually Transmitted Diseases*, 2008; 35 (5): 495-498.

Schachter J, Moncada J, Liksa S, et. al. Nucleic acid amplification tests in the diagnosis of chlamydial and gonococcal infections of the oropharynx and rectum in men who have sex with men. *Sexually Transmitted Infections*, 2008; 35 (7): 637-642.

### **Online resources**

<http://www.msmsgf.org/>

<http://www.msmasia.org/index.html>

<http://www.ilga.org>

<http://www.amfar.org/>

[http://www.youtube.com/user/msmgforum?utm\\_source=MSMGF+Members+English&utm\\_campaign=930c920531-BE\\_HEARD\\_Videos10\\_5\\_2010&utm\\_medium=email](http://www.youtube.com/user/msmgforum?utm_source=MSMGF+Members+English&utm_campaign=930c920531-BE_HEARD_Videos10_5_2010&utm_medium=email)

<http://www.youtube.com/watch?v=Wj8zBtcgTjA&feature=fvst>

<http://www.afao.org.au/index.asp>

[http://www.undp.org/hiv/focus\\_gender\\_hr\\_sexual\\_diversity.shtml](http://www.undp.org/hiv/focus_gender_hr_sexual_diversity.shtml)

<http://fridae.com>

<http://www.worldaidscampaign.org/en>

<http://www.aidsconcern.org.hk/eng/index2.html>



