Introduction to

"Changing Gears: a Guide to Effective HIV Service Programming for gay other men who have sex with men in Asia"

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Objectives of the Framework

- Introduce the latest science and innovations in HIV service programming for MSM
- A source for advocacy with donors and policy makers
- Provide checklists to see the extent to which HIV service programming for MSM is up-to-date

Definitions

- Men who have Sex with Men includes all biologically-born men who have sex with other biologically-born men regardless of gender identity, motivation for having sex, or identification with any or no identity.
- It is important to realise that while epidemiologists often lump MSM and TG together, they are very different in terms of their identity, social and sexual networks and in their public health needs. TG need to be given due attention and not lumped under a broad male sexual health or MSM-paradigm!*

*van Griensven, Frits, Prempreeda Pramoj Na Ayutthaya, and Erin Wilson. "HIV surveillance and prevention in transgender women." The Lancet Infectious Diseases 13.3 (2013): 185-186.

MSM and HIV (1)

- Where data is available, HIV epidemics in MSM are expanding in all countries around the world, regardless of income
- Around the word, HIV infection in MSM is substantially higher than of general population men
- This disproportionate burden is often wrongly explained in moral terms—but it is largely explainable by looking at the high per-act and per-partner transmission possibility of HIV in receptive anal sex.

Source: Beyrer, Chris, et al. "Global epidemiology of HIV infection in men who have sex with men." The Lancet 380.9839 (2012): 367-377.

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MSM and HIV (2)

- If transmission risk was similar to vaginal sex, 80-90% of HIV incidence in MSM would not occur.
- Many MSM practice both insertive and receptive roles in anal sex, which helps HIV spread faster in this population. If MSM were limited to just one role (‘top’ or ‘bottom’) HIV incidence would be reduced by 19-55% in high-prevalence epidemics.
- **Taking both these factors into consideration explains 98% of the surplus of HIV infections among MSM.**

Source: Beyrer, Chris, et al. "Global epidemiology of HIV infection in men who have sex with men." The Lancet 380.9839 (2012): 367-377.

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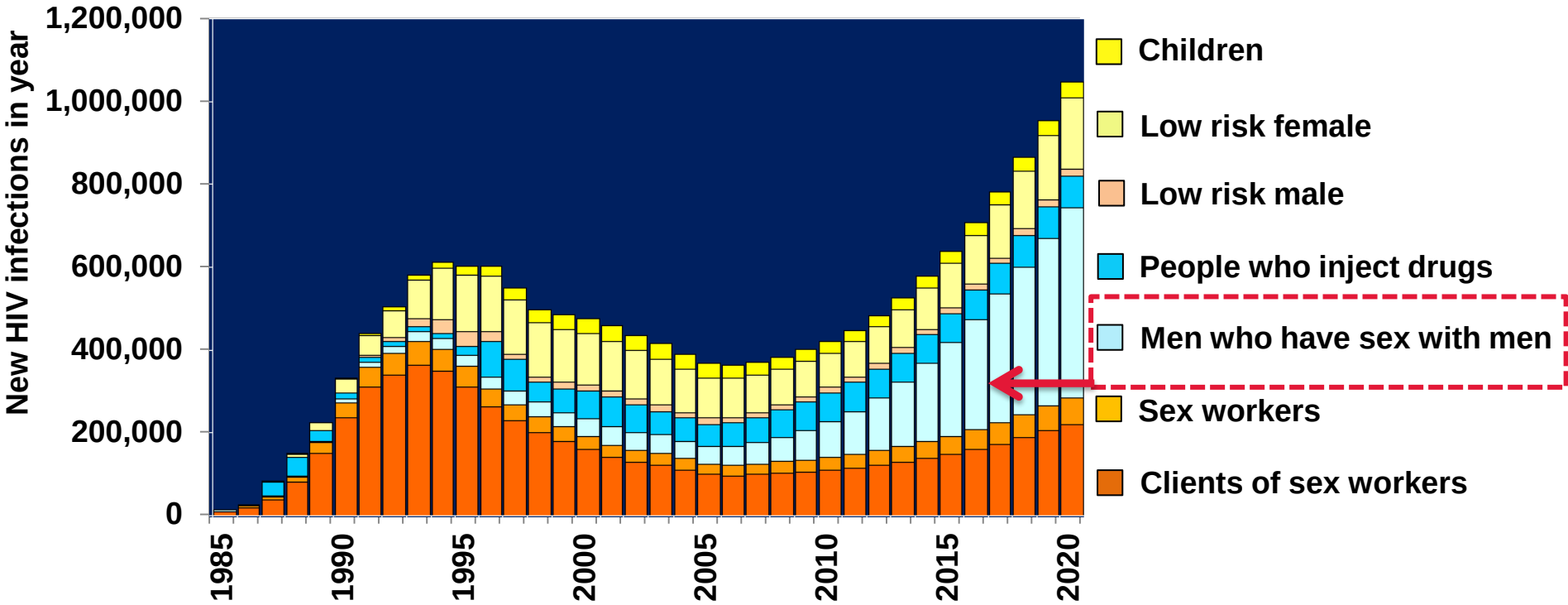
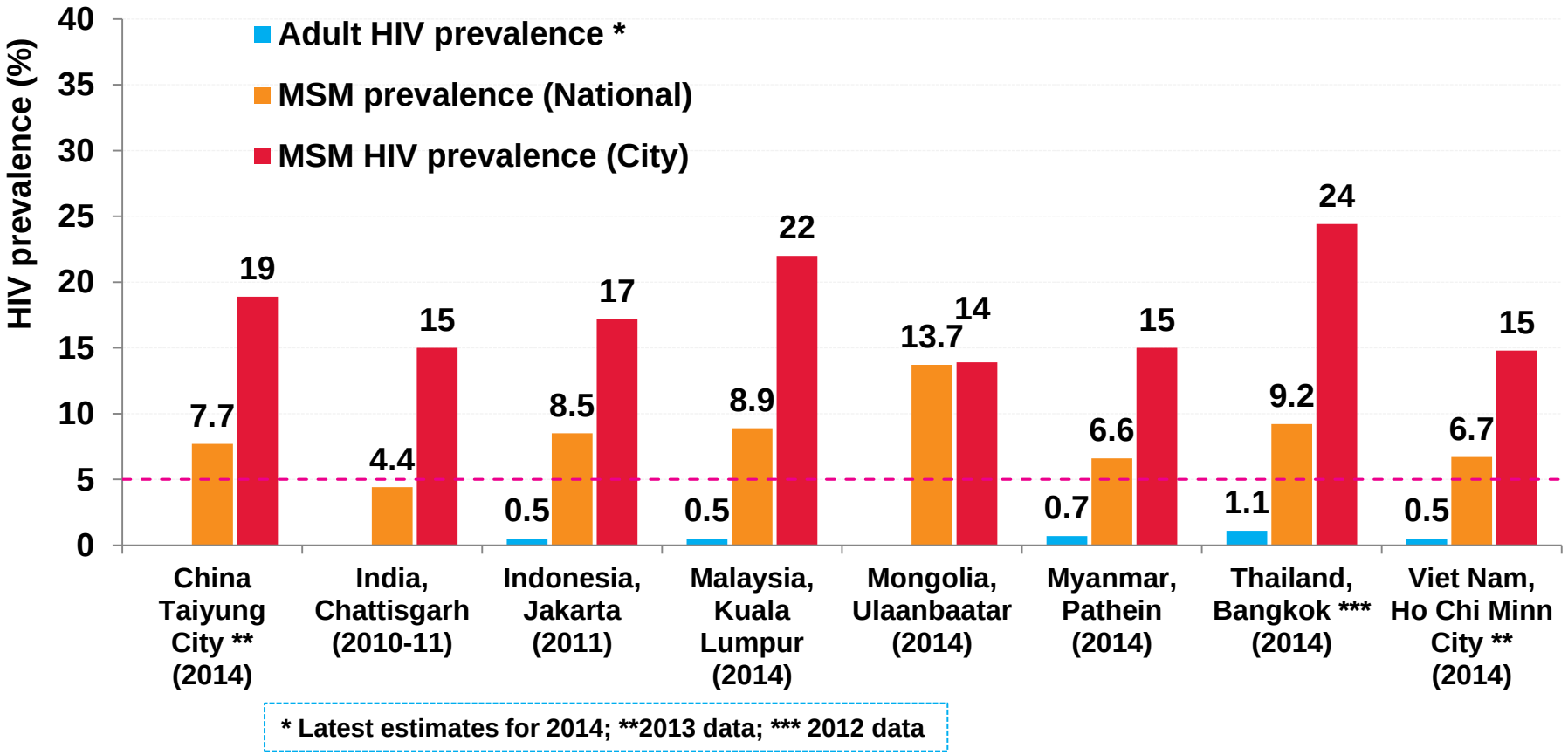
The HIV epidemic among Asian MSM is projected to expand further



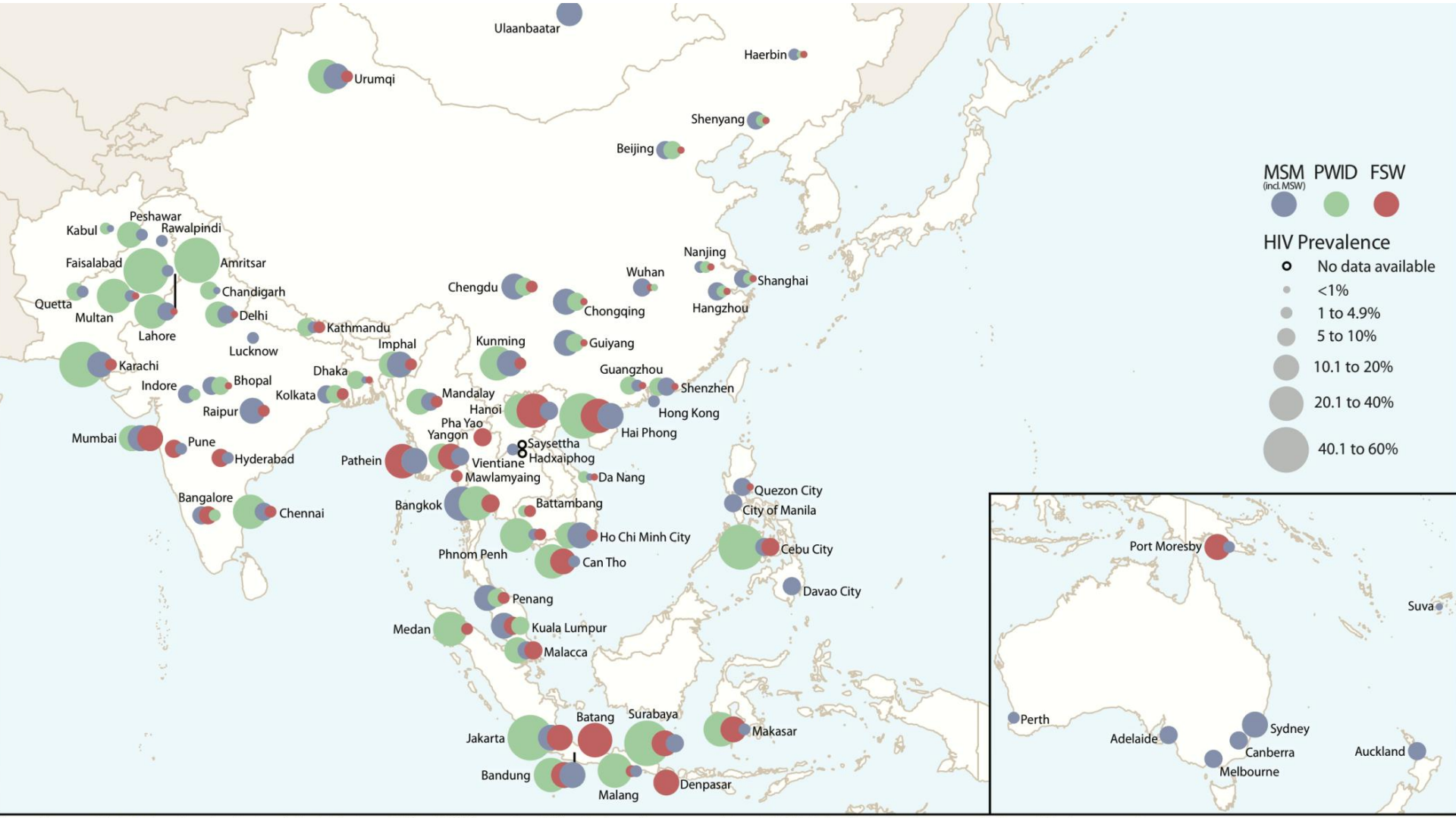
Source: Prepared by www.aidsdatahub.org from regional Asian Epidemic Model developed and published in Report of the Commission on AIDS in Asia, 2008

HIV prevalence among general population adults (15-49) and MSM, 2010-2014



Source: Prepared by www.aidsdatahub.org based on National HIV Sentinel Surveillance Surveys and Integrated Biological and Behavioural Surveys; UNAIDS. (2015). HIV Estimates 1990-2014 and www.aidsinfoonline.org

National prevalence masks high prevalence in localized geographical areas

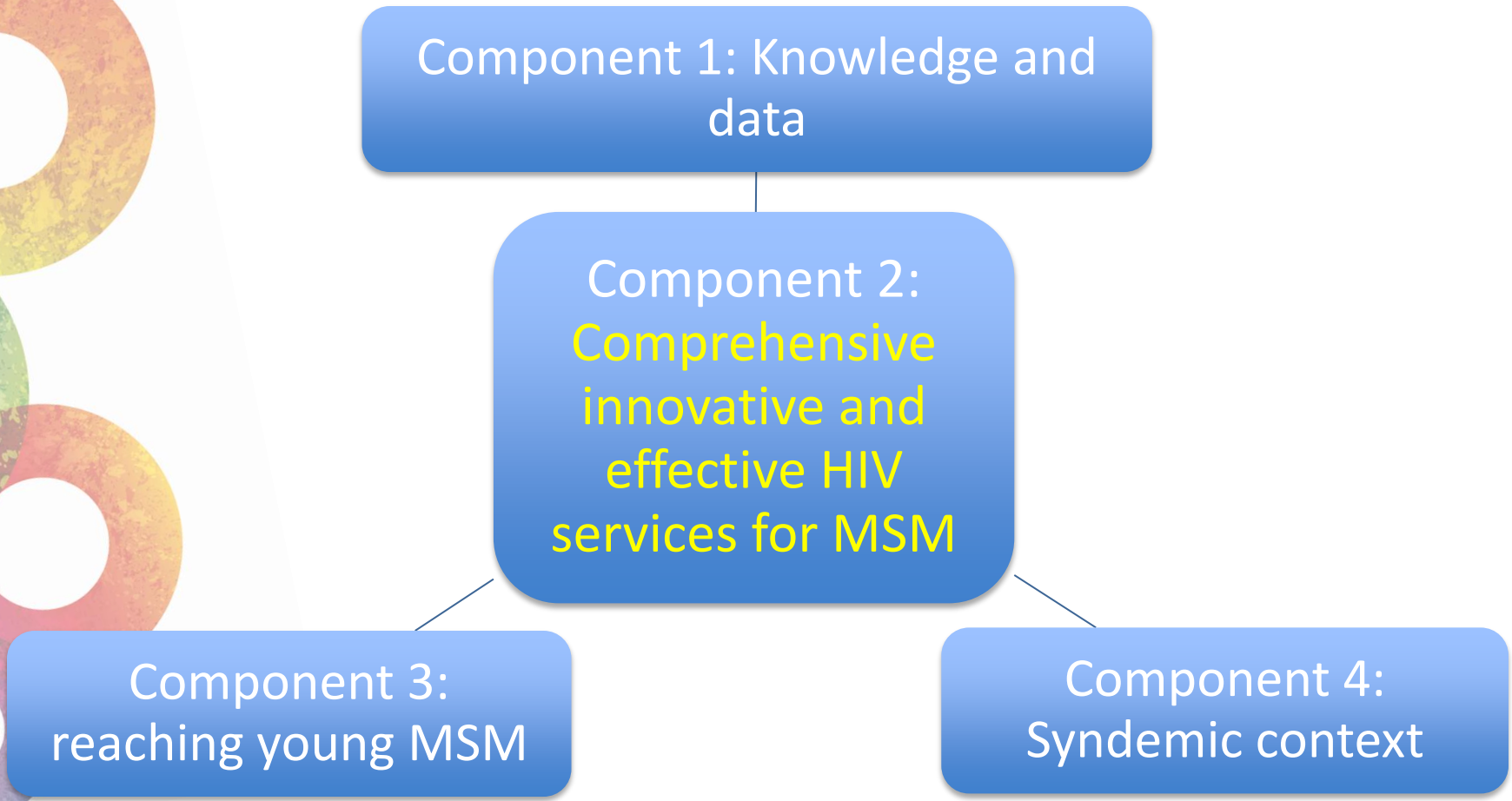


Prepared by www.aidsdatahub.org based on latest available data between 2009 and 2013 from national HIV sentinel surveillance surveys, integrated biological and behavioural surveys, and other published survey results.
Pakistan data for hijra sex workers. **MSM**: Men who have Sex with Men; **MSW**: Male Sex Workers; **PWID**: People Who Inject Drugs; **FSW**: Female Sex Workers

Overview of HIV data in …..

- Latest HIV prevalence among MSM: … [year]
- Latest HIV incidence among MSM: .... [year]
- Latest HIV prevalence among MSM aged 15-21: ..... [year]
- Latest HIV incidence among MSM aged 15-21: ..... [year]
- [add additional data on: condom use, STI rates, HIV testing uptake, estimated # of MSM living with HIV, etc – use more than 1 slide if necessary]

This Framework has 4 components:



(1) Important principles for programming of MSM interventions

- MSM participation
- Syndemic thinking
- MSM diversity: not all are (or want to be) in ‘communities’
- It is important to assume a developmental view on HIV vulnerability and risk among MSM.

(2) Important principles for programming of MSM interventions

- Compulsory or mandatory HIV testing of individuals is a violation of human rights under all circumstances.
- New delivery models for HIV counselling and testing should be piloted to increase access to services. However, all forms of HIV counselling and testing have to adhere to the five c's: Consent, Confidentiality, Counseling (pre- and post-test), Correct (test results) and Connections (to treatment, care and prevention services).
- The interest of individual clients always comes first and supersedes any other interests that may be in play during program implementation.
- For those under 18 years of age, testing and counseling services need to consider the best interest of the adolescent/child, including their right to non-discriminatory and welcoming HIV, sexual health and related services.
- A supportive and conducive legal and policy environment are essential for effective and acceptable provision of HIV services to men who have sex with men.

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