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MEETING REPORT

PrEPARING ASIA

A NEW DIRECTION FOR HIV PREVENTION AMONG MSM IN ASIA

PrEPARING ASIA

Partners

MULTI-COUNTRY SOUTH ASIA GLOBAL FUND HIV PROGRAMME

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APCOM would like to thank the following individuals for their tremendous contribution to PrEParing Asia.

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Contents

Abbreviations

ACON	AIDS Council of New South Wales
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community Based Organization
CDC	Centre for Disease Control
FDA	Food and Drug Administration
HIV	Human Immunodefeficiency Virus
IEC	Information, Education & Communication
iPREX	Pre-Exposure Prophylaxis Initiative (clinical trial)
LGBT	Lesbian, Gay, Bisexual & Transgender
M&E	Monitoring & Evaluation
MSM	Men who have Sex with Men
NGO	Non-governmental Organization
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PROUD	Pre-exposure Option for Reducing HIV in the UK (clinical trial)
PLHIV	People Living with HIV
SEARO	South East Asia Regional Office (WHO)
STI	Sexually Transmitted Infection
TG	Transgender
TRCARC	Thai Red Cross AIDS Research Centre
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	UN Joint Program on AIDS
WHO	World Health Organization
WPRO	West Pacific Regional Office (WHO)
YVC	Youth Voices Count

Foreword

It is with great pleasure that APCOM is presenting you the report of the first community-lead regional consultation on PrEP in the world! I can't tell you, as the Executive Director, how excited we are about the outcomes of the consultation, as well as about the consultation itself and the very positive responses we had from the participants. I thank you all our partners for your support to ensure that the community takes the centre stage in this consultation.

The consultation was, in my humble opinion, a good example of how the community can take the lead in paving the way for new tools to add to our HIV-prevention tool box. It is in the end our community that is still worst affected by the epidemic in Asia and the Pacific and the latest figures only show a further deteriorating picture, especially for young MSM and transgender people.

It would be a shame if PrEP would not be added quickly to the HIV prevention toolbox for MSM in our region, since the World Health Organization has already recommended it. The consultation's main recommendation made it very clear: **Pre-exposure prophylaxis (PrEP) is efficacious, and has the real potential to help global and local efforts to reach prevention targets.**

We saw in the Consultation that MSM in Asia are ready to consider PrEP as a prevention option, and HIV service providers are ready to recommend and provide PrEP to MSM. Also, national AIDS programme managers are aware and interested to include PrEP into the national HIV prevention strategy, and in several countries in the region they are already considering or planning demonstration services. And last but not least, MSM community and service organisations are actively supporting PrEP roll-out in countries like China, Indonesia, Philippines, Vietnam and Thailand. Yes, there are hurdles to take, but in a joint effort we can make it work to get to the 90-90-90 targets.

APCOM, together with many other stakeholders and the local communities, is now working on the next steps after the Consultation. Because, why would we organise a consultation if there is no action as a result of it? The next steps are fine-tuning and implementing country-level PrEP roll-out plans that were formulated during the Consultation and monitoring their progress. APCOM shall provide technical support to other countries that is looking at starting discussion on PrEP implementation as well until all MSM communities have the option to decide if PrEP is a good HIV prevention tool for them and have access to affordable PrEP and sexual health monitoring services as part of the PrEP-package.

As of September 2015, WHO recommends that people at substantial risk of HIV infection should be offered PrEP as an additional prevention choice, as part of comprehensive prevention. Hence, we shouldn't miss the opportunity that PrEP provides to end the epidemic among MSM, and transgender people. It is therefore shocking to see that many international funders decided right at this moment to pull out of the fight against HIV and AIDS in Asia and the Pacific. With the introduction of PrEP in our region, we are at an important crossroad to be able to end the epidemic by 2030. In this moment every ally and dollar counts to make this vision reality. And APCOM will keep on repeating this message in the region and the world. The opportunity is there, don't let us miss it!

Midnight Poonkasetwattana
Executive Director

Dr Chris Beyrer, MD, MPH

Professor of Epidemiology, International Health, Behavior, and Society at the Johns Hopkins University Bloomberg School of Public Health

"Advocacy for access to PrEP is a prevention priority for Asia-Pacific communities—and none more urgently than for men who have sex with men. APCOM did an essential service for the community in convening the regional consultation. The work is nowhere near finished, and PrEP remains unavailable to most men in the Asia-Pacific who may want it need it. So it is vital that APCOM continue this critical work and then communities, governments, and national AIDS programs come together to make PrEP a prevention reality. I would argue that success in HIV prevention in the region depends on these critical efforts."

Tony E. Lisle

Regional Programme Adviser UNAIDS Regional Support Team Asia and the Pacific

"The serious and expanding HIV epidemic among gay and bisexual men and other men who have sex with men in Asia cannot be effectively halted without a major recalibration of prevention efforts that includes PrEP as an option."

Dr Rachel Clare Baggaley

Coordinator HIV Key Population & Innovative Prevention, World Health Organization

"The APCOM PrEParing Asia meeting underscored the continuing importance of communities in the HIV response – for PrEP to be accessible and successfully implemented in the region the central role of communities will be key – providing information, raising awareness, creating demand, supporting delivery and adherence and working in partnership with providers to make services inclusive, acceptable and effective."

Prof Emeritus Dr Praphan Phanuphak, MD, PhD

Director of the Thai Red Cross AIDS Research Centre

"It's great to have such enthusiasm and interest in PrEP, now it's time to start something in your own settings."

Stephen Mills, PhD, MPH

Technical Director, Asia - Pacific Region, FHI 360

"The APCOM Asia regional PrEP consultation quickly stimulated interest in PrEP in numerous countries through bringing together international experts, community representatives, and individuals and organizations who had experience with PrEP. Within weeks of the consultation, FHI 360 received requests from several countries asking how they could start PrEP!"

Dr Loyd Brendan P. Norella

Program Director, ISEAN-Hivos Program

"PrEP provides an additional opportunity towards prevention of HIV infection. I believe that information on PrEP should be actively disseminated in the region, such as what PrEParing Asia has done. This also needs to be properly supported by the setting up of centers that can provide PrEP drugs to those who choose."


PrEP
PrEP is up to
96% effective
in preventing HIV infection
when taken correctly and consistently
I'M A
PrEP
ADVOCATE
PrEP
ADVOC

1 Executive summary & take home messages for PrEP advocates

1. Executive Summary & Take home messages for PrEP advocates

In Asia, HIV epidemics among Men who have sex with Men (MSM) are out of control, especially in urban areas. This is happening against the background of strong declines in heterosexual transmission and despite increasing coverage and uptake by MSM of existing prevention options, including condom use, regular testing and early HIV treatment.

Pre-exposure prophylaxis (PrEP) is efficacious, and has the real potential to help global and local efforts to reach prevention targets. PrEP is especially useful for MSM, and especially indicated for those at highest risk, such as young MSM and those unable to use condoms consistently with all partners. PrEP is more than a daily pill: PrEP services include kidney screening, regular HIV testing, adherence support, and screening for STIs and side effects.

Globally and in Asia, PrEP real-life demonstration projects confirm the efficacy found in clinical trials and show that PrEP uptake and adherence is best among those men who benefit most from PrEP. PrEP both requires and enables regular HIV testing, and as such is the gateway to the strategy of 'test and treat, test and prevent'.

MSM in Asia are ready to consider PrEP as a prevention option. PrEP users appreciate the empowerment PrEP provides and the reduced anxiety about sex and intimacy it brings. However, awareness about PrEP is very low and questions exist about effectiveness, safety and side effects. Cost is low in some countries (30 Baht/day in Thailand), but is highly variable and presents a significant barrier to some, including young men.

HIV service providers are ready to recommend and provide PrEP to MSM. Experiences of service providers in current pilot projects are positive, and interest is especially high among community based service providers to incorporate PrEP into existing MSM services.

To scale up PrEP pilot projects into the national health system, countries need to consider relevant health system components. This includes task shifting and capacity building of service providers; positioning of PrEP in other (HIV) services; public-private partnerships with community based services, and financing of PrEP in the context of universal health coverage programmes.

National AIDS programme managers are aware and interested to include PrEP into the national HIV prevention strategy, and several countries are implementing or planning demonstration services. Opportunities exist for incorporating PrEP into strategies for meeting the new global targets for prevention (zero new infections) and treatment (90-90-90), and linking prevention (PrEP) and treatment (TasP) with (community based) HIV testing and counselling as a common entry point. Additional costs of PrEP need to be covered with additional resource mobilisation, but PrEP cost-effectiveness can be increased through generic drugs, effective targeting men at highest risk, and community-based service delivery models.

MSM community and service organisations are ready and actively supporting PrEP roll-out in countries like China, Indonesia, Philippines, Vietnam and Thailand. Local LGBT and male sexual health organisations have a key role in advocating for and rolling out PrEP for MSM. PrEP has catalysed a new activism among MSM communities. But the notion of MSM "communities" is vague, and male sexual health platforms have varying priorities. For awareness raising and advocacy, early PrEP adopters may be crucial. Next steps in the region are country-level PrEP roll-out planning where possible, and PrEP advocacy where needed. The consultancy delivered 8 country specific roll-out plans. MSM communities will have a key role in supporting not only the increased awareness about PrEP and creating demand but will need to be able to support people to take it safely – stressing the need to adherence and monitoring.

1.1. Take home messages for PrEP advocates

On the promise of PrEP

1. While heterosexual HIV transmission in the region is strongly declining, HIV epidemics in MSM continue unabated
2. The reason is different HIV transmission dynamics, since unlike heterosexuals, all MSM combine the most efficient routes of acquisition and transmission behaviour and can switch between them instantly and at will
3. Current prevention strategies are not enough to reverse the HIV epidemic among MSM in Asia.
4. PrEP works, especially to reduce HIV transmission through anal sex
5. PrEP is an additional prevention choice, especially for MSM who don't manage to use condoms consistently
6. PrEP is not for everybody, but especially for people most at risk of HIV. Current evidence from clinical trials and demonstration projects show that MSM most at risk can self- identify and are the most adherent to PrEP when provided with accurate information and accessible services
7. PrEP is not for everywhere, but especially cost effective in high-incidence areas and high-incidence populations
8. PrEP is not for always, but for periods in a person's life when extra prevention is needed
9. PrEP is not just a daily pill, but a service package with on-going follow-up such as regular HIV testing, medical evaluation and counselling
10. PrEP can be cost effective and saves life-long care and treatment costs

On preparing readiness for PrEP

11. MSM are ready for PrEP, if

- They have heard about it from others – peers or health providers
- They understand how it works and that they believe it is effective
- They considered their HIV risk and behaviours, including other prevention options
- They understand how to take it and the need for regular monitoring
- PrEP services are accessible, affordable and non-judgmental

12. Service providers are ready for PrEP, if

- They have been told about it
- They understand the effectiveness and for whom PrEP is (or is not) a good option
- They receive technical assistance, training and support to provide PrEP
- They have access to global and local PrEP service guidelines
- They are willing to reach out and listen to potential and current PrEP users and offer services that are inclusive and respectful
- The health system supports PrEP services and providers

13. Health systems are ready for PrEP, if

- PrEP services are designed well and (cost) effective, using global guidance
- Capacity building, guidelines and support are provided to health workers
- Resources are mobilised for PrEP services, including drugs and lab facilities
- Service costs are reduced through use of generic

On preparing readiness for PrEP

14. National AIDS Programme managers are ready to include PrEP services, if

- They have been told about PrEP, and the global guidance
- They have and use available data and evidence on HIV incidence (and prevalence) among MSM
- They prioritise key affected populations, especially MSM
- They engage with affected communities for design and implementation of PrEP
- They integrate PrEP services into broader services, and link PrEP to HIV testing and treatment for those found to be HIV+ through PrEP services
- They (re)register PrEP drugs for prevention use, and secure low cost drugs, if they (legally) can
- Supportive legislation exists (decriminalisation of male-male sex, age of consent, etc.)

15. Networks and organisations of MSM are ready for PrEP, if

- Advocacy messages for PrEP are included in Global Fund and other international funding proposals as well as in national strategies and programmes
- They learn about PrEP from other countries and generate locally relevant information
- They engage with potential users, and their constituency to discuss PrEP
- They engage with service providers and policy makers to advocate for PrEP
- They engage in direct service delivery, while advocating for national services

On national roll out and advocacy for PrEP

16. Introduction of PrEP is a matter of time for most countries, you can start working on it now

- Use standard planning methods and steps
- Position PrEP in the global HIV prevention and treatment targets, and emphasise the crucial role of HIV testing for PrEP and other services.
- Realise that national scale PrEP is a long term goal, and may take years
- In the meantime, plan and implement local demonstration projects

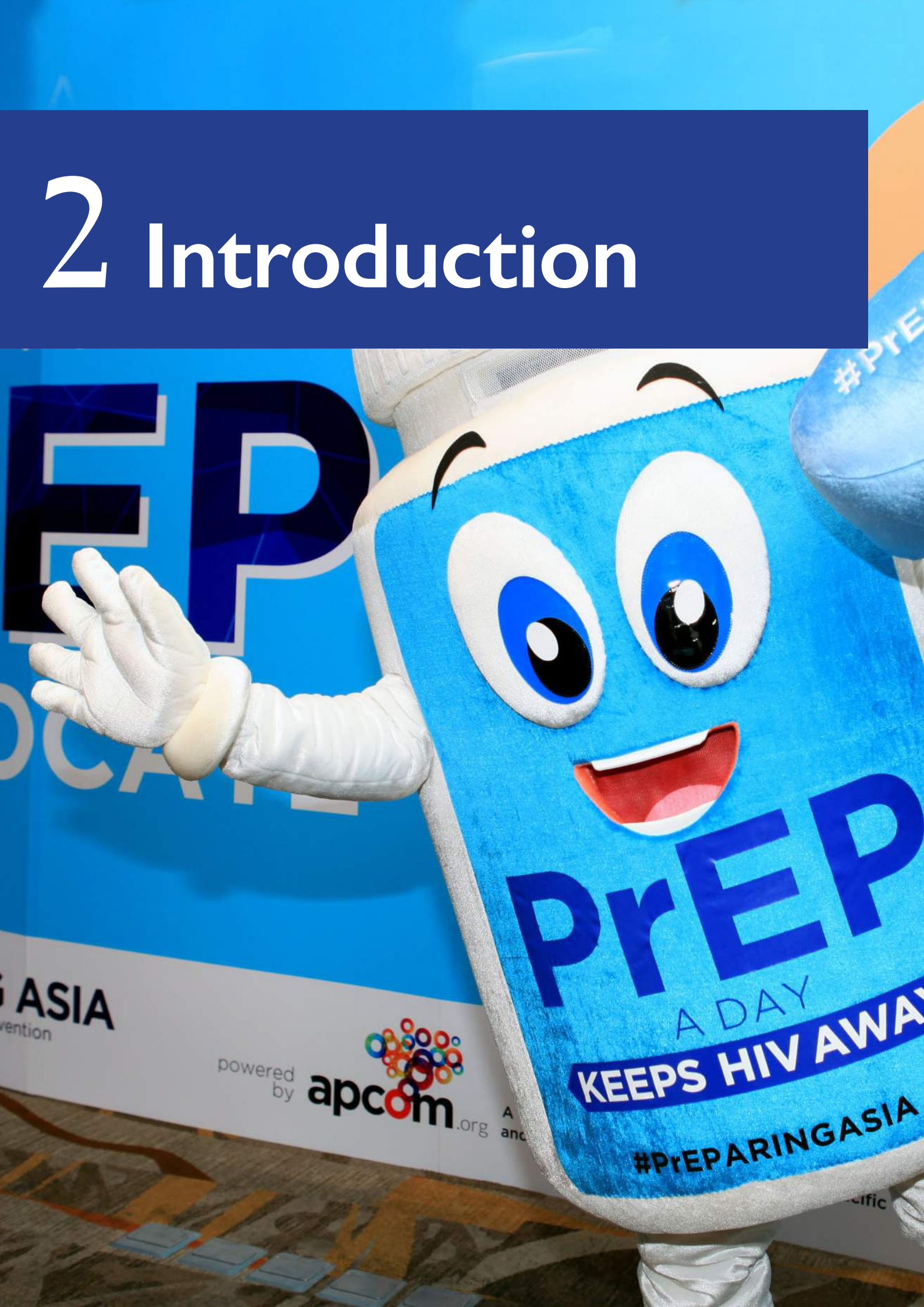
17. Demand creation for PrEP among MSM needs to start early

- Audience segmentation is key: PrEP is not for everybody
- Put special effort in reaching young and marginalised men
- Ensure debate and dialogue to address the real questions and concerns
- Advocate for supply as well: demand without supply reduces trust

18. Advocacy for greater quality and coverage of PrEP is an on-going need

- Discuss with service providers about service protocols and health workers attitudes
- Discuss with policy makers about cost and other barriers to access
- Demand community involvement in monitoring and evaluation of PrEP services

2 Introduction



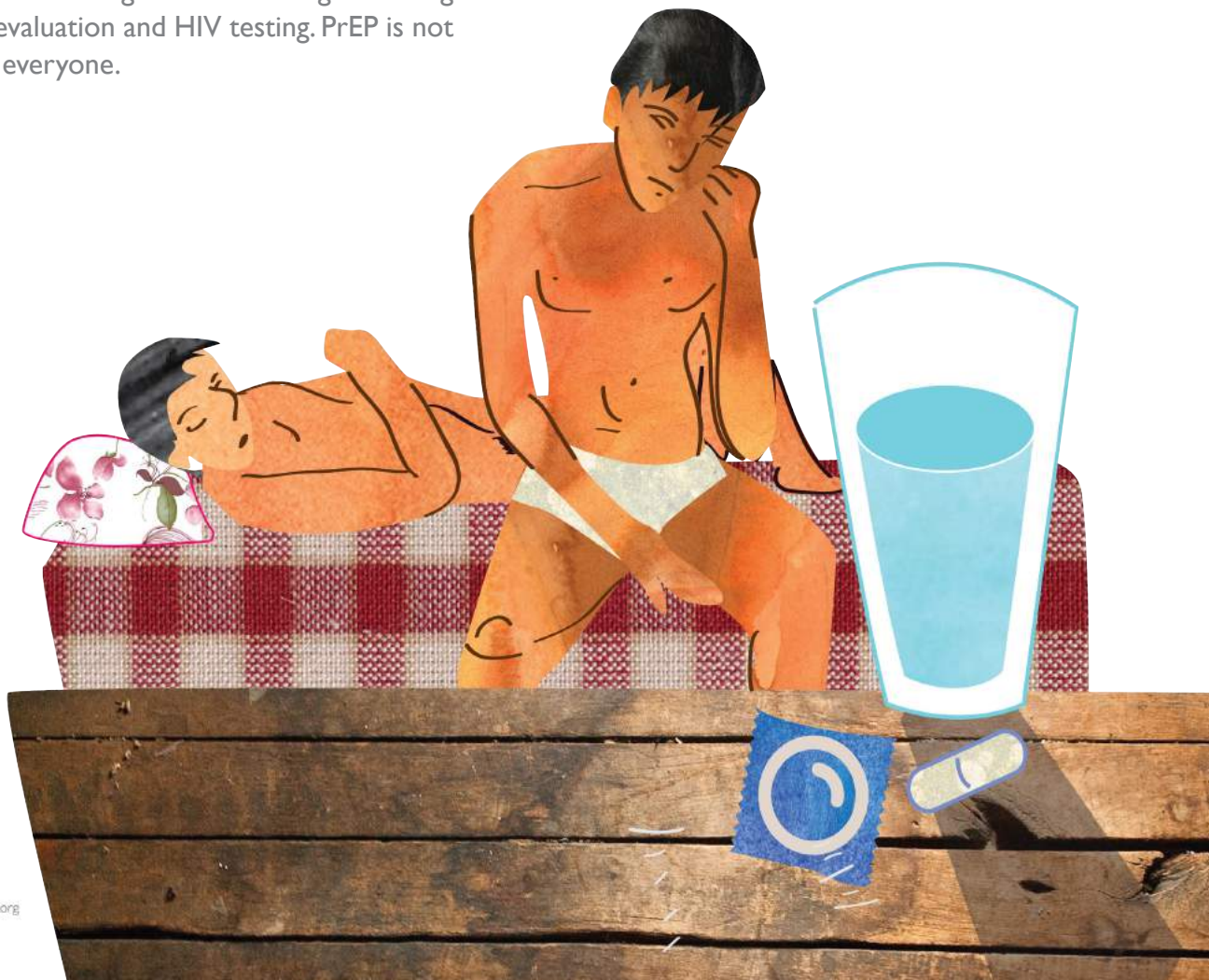
2.1 Background

In the Asia-Pacific region, new HIV infections amongst MSM continue to rise, especially in urban settings. The estimated regional population of MSM at risk of HIV infection ranges from 10.5 to 27 million. HIV prevalence in mega-cities such as Bangkok, Hanoi, and Jakarta ranges from 15% to 25%.

Pre-exposure prophylaxis (PrEP) for HIV consists of daily use of HIV medication to prevent HIV infection. WHO recommends PrEP as an important intervention complementing existing HIV prevention strategies; the US Centers for Disease Control and Prevention recommends PrEP for HIV negative people at high risk of HIV exposure, such as gay men who have anal sex without condoms. PrEP is not just a daily pill, but an intensive approach, to be used in combination with other HIV prevention strategies, and requires strict adherence and regular monitoring including medical evaluation and HIV testing. PrEP is not right for everyone.

APCOM, organised this regional consultation on PrEP roll-out, as the first community-led PrEP meeting in the world . During 3 days, MSM and other stakeholders explored a range of concerns and issues. Following the consultation, APCOM will support national partners to work with policy makers, service providers and development partners on national level roll out plans and dialogues.

This report provides participants and other interested parties with an overview of the rich discussions at the regional consultation. It includes take home messages for PrEP advocates on regional and national PrEP roll-out. An annotated literature review on options for PrEP in Asia Pacific informed the consultation and is documented separately.



2.2 Objectives of the consultation

Overall objective was to explore the viability and application of PrEP for MSM in the Asian context. Specific objectives were to:

1. Build capacity of community advocates and programmers to promote inclusion of PrEP as an additional prevention tool in HIV services for MSM;
2. Increase understanding about the science and practice of PrEP for HIV policy makers, programme planners, community representatives and health workers;
3. Explore opportunities and make recommendations to roll-out PrEP in selected countries
4. Build consensus for a set of common messages for PrEP programming in Asia
5. Provide opportunity for an exposure visit to learn about PrEP services for MSM

3 PrEP: a new direction for HIV prevention among MSM

3.1 HIV prevention among MSM urgently needs new options

The epidemic

Rates of HIV infection are disproportionately high among MSM globally and in Asia. Globally, UNAIDS estimates that these men are 19 times more likely to be living with HIV than the general population. Forecasts are that at least 50% of new infections in Asia by 2020 will be among MSM.

The HIV epidemic amongst MSM in Asia is already an escalated crisis, especially among the young and transgender MSM. In Bangkok, MSM and transgender women account for 80% of new HIV diagnoses (while incidence among female sex workers is declining). HIV prevalence doubled from 17 to 30% in Bangkok from 2003 to 2007 and stayed at that level . MSM who are young and/or sell sex are extraordinarily vulnerable, because HIV is hard to avoid in the escalated epidemic, whilst their negotiation skills are less.

There are syndemics of alcohol and drug use, alienation, depression, stigma and self-stigma, and gender based violence. These factors accelerate the HIV epidemic among MSM.

> ***A crisis requiring a business unusual approach***

'It's an extraordinary crisis in Asia–young men and transgender women suffering every day of their lives, confronting fear, stigma, self-stigma, confronting the likelihood of a lifetime of difficult treatment, because we can't offer an effective response, 20 years into the epidemic'

The need

Organisations and services for MSM need to be central to planning, to implementation and evaluation of HIV prevention services. The community bears the burden of risk, the burden of disease, the burden of side effects, and the burden of discrimination. Those carrying the burden need to be the ones with the voice.

The cumulative effects of an escalated epidemic demand a response. Ministries of Health need to be involved. The low levels of investment as proportion of prevention funding targeting MSM should be addressed in many countries in the region.

A comprehensive prevention response needs to include immediate ARV for treatment (which will have a prevention benefit) as well as PrEP. Use of ARVs in an escalated epidemic is simply a matter of time for most men. If they lack access to ARV for prevention, they will need it later for treatment – in which case they will need it for life.

MSM need all the tools available to protect them from HIV. Using the same approaches as previously is not going to end the epidemic among MSM. There is a need to move to a second generation response, including an enabling environment and an end to the human rights violations which put them at risk.

Those not being reached need to be focused on. The experience in Bangkok is that HIV will continue to spread amongst those who cannot be reached, even in the age of HIV treatment. Lessons need to be learnt and shared on how to address gaps in the treatment cascade.

'We are still programming like we are in 1995, we are not programming for 2015'

"We will need more options to combat male-to-male transmission"

The promise

Making PrEP available for safe, effective prevention outside the clinical trial setting is the current challenge . The IPREX trial (that demonstrated efficacy) was published in 2010, so the roll out should happen urgently, given the emergency.

PrEP is effective in reducing HIV infection. WHO estimates that the use of PrEP globally could reduce HIV incidence amongst MSM by 20-25%, averting up to 1 million new infections over 10 years.

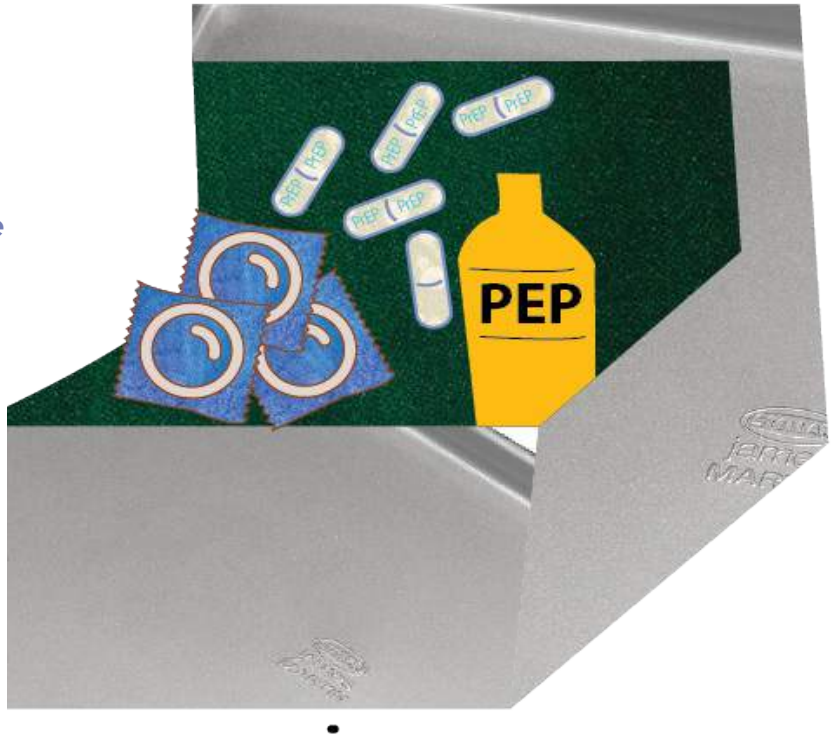
There is strong evidence of support among MSM for PrEP as an additional prevention option. In studies, 40%-70% of respondents reported an interest in and willingness to use PrEP.

"We should see access to PrEP as prevention equity for people at risk"

"PrEP is an opportunity to reimagine prevention"

3.2 PrEP works, but is not for everybody: science and experience

"PrEP is a critical part of the combination HIV prevention toolbox"



The science: how it works

PrEP is the use of antiretroviral drugs to prevent the acquisition of HIV infection by uninfected persons. PrEP should be taken orally, using a combination of Tenofovir plus Emtricitabine (Truvada®).PrEP in long acting forms, either as injectables or in rings, are under research.

PrEP has been shown particularly efficacious in preventing HIV infection through anal sex between men if taken as a daily pill. Levels of Tenofovir reach higher concentrations more quickly and for longer in the rectum (compared to vaginal and cervical tissue) – so is well suited for use by MSM.

Adherence is key for PrEP to be effective. When PrEP is taken properly and the drug regimen is fully adhered to, it can provide near complete protection from HIV infection. The level of protection declines proportionally with the number of pills not taken, if PrEP drugs are not taken as directed on a daily basis. The challenge is to support users being adherent (=daily intake) and use the medication consistently, such as with other HIV prevention methods, including condoms.

PrEP does not protect against other sexually transmitted diseases, including hepatitis B and C.

Truvada® is considered a safe drug. It is extensively used for HIV treatment. It is not known to have negative interactions with other medications used by MSM, including stimulant drugs (methamphetamine) and euphoric substances, such as MDMA (ecstasy)

or gamma-hydroxybutyrate (G or GHB). However, side effects may occur, so PrEP must be provided and monitored in a clinical setting. In people with kidney problems PrEP may cause serious side effects, so it is important to screen and monitor kidney function if indicated. Bone mineral density may be affected in some older people, but has not led to problems when dietary habits are normal and if use is not life-long. There are no reasons not to give PrEP because of these potential side-effects.

To avoid the risk of developing drug resistance, PrEP should not be taken by people who are already HIV infected or who experience HIV breakthrough infection. Hence, extra sensitive testing or retesting after abstinence are essential before starting PrEP to avoid somebody taking Truvada® while being in acute infection. Similarly, if adherence is poor, testing at regular intervals is necessary to detect breakthrough infection and initiate treatment instead of prophylaxis.

Not all MSM benefit and need PrEP. WHO recommends that PrEP could be offered as an additional prevention option, together with the use of condoms and other HIV prevention measures. Men are encouraged to choose from the full range of HIV prevention options to suit their specific circumstances. Many men may not need the additional prevention, because they have little risk of HIV. WHO and CDC guidelines recommend PrEP only for those who have unprotected anal sex outside a monogamous relationship.
PrEP is not likely to be a life-long choice, but rather used in periods of higher risk. Younger age is associated with increased vulnerability, HIV discordance in partnerships, new sexual partners, moving to a high-prevalence area, and certain "party" times or a "big night" out.

"PrEP is not for everyone, nor for a life time!"

The trials: proof of efficacy and other findings

Three randomised control trials have established PrEP is efficacious in preventing HIV infection among MSM. Two trials, PROUD and IPERGAY, were prematurely stopped, because interim analyses showed the efficacy of PrEP being such, that all men in the study should get access to the drug. All study participants are now being offered PrEP.

Intermittent PrEP is also producing good results. The IPERGAY trial enabled men to use PrEP around actual sex acts, instead of daily. Importantly, those using intermittent PrEP generally took 4 or more pills a week and remained protected. It is not clear if intermittent PrEP taken less regularly is equally effective. Also, some users, especially young men, reported challenges in predicting when they will have sex.

Sexually transmitted infections were common among PROUD study participants, but these were diagnosed and treated early. STIs normally increase the risk of acquiring HIV, but importantly this was not the case while on PrEP. In fact, STI screening is part of PrEP monitoring, so PrEP can be an entry point for STI screening and early treatment.

Not many people stopped due to side effects in the PROUD study. Of the 0.2% who had laboratory signs of reduced kidney function, stopping PrEP corrected the finding and they could re-start PrEP. However, people should be screened before they start PrEP to make sure that they do not have an existing kidney disease. One per cent experienced thinning of the bones on X-ray examination, but without clinical complaints or fractures. For long-term users, this needs to be monitored.

To improve adherence, research is on-going into more user-friendly PrEP, such as long acting injectables. The region was advised to be involved in leading this, rather than waiting for it.

"2011 was the results of the IPREX trial – so it's a slow roll out in an emergency"

"PrEP – all the evidence is there – we do not need to reimagine the science – it works and prevents HIV infections – we know it can be cost effective"

The practice: effectiveness

PrEP services are provided globally and in some Asian countries. In the private sector and as demonstration projects, PrEP demonstration services consist of a consultation before starting PrEP (testing for HIV, screening for STIs, hepatitis B and kidney function); quarterly monitoring visits (HIV testing, side effects, STI, etc.) and adherence counselling. People who do not have hepatitis B should be offered the hepatitis B vaccination.

PrEP in 'real life' demonstration studies seems even more effective in preventing HIV transmission than the clinical trials. Evidence from Thailand and the USA indicates that men who come forward to use PrEP are generally those with more partners and less condom use. Being self-referred, they are also more adherent than in the trials, likely because PrEP has been shown efficacious and there is no chance of getting a placebo. Kaiser Permanente, an insurer in the US, reported that all 600+ clients on daily PREP have stayed HIV free so far. Despite high rates of STIs among PrEP users and reported decreases in condom use in a subset, there were no new HIV infections in this population. In San Francisco, 1 in 6 gay men and transgender women have used PrEP, and since PrEP was introduced, numbers of new infections are dropping.

Integrating PrEP into other services is key. In the Bangkok clinics, PrEP is integrated into existing HIV testing and counselling services. Men who test HIV positive are offered early treatment, whereas men who test negative are now offered PrEP. Conversely, having PrEP available may stimulate access for MSM to broader range of services they require for long-term health outcomes, including regular HIV & STI screening.

"Access to PREP will stimulate wider access to testing, to treatment and to other support services."

PrEP services can be in hospital or community settings, depending on client preference. In Bangkok, the 'Test and Treat study' incorporated PrEP in hospital and CBO clinic settings, and compares acceptance among MSM. So far, acceptance rate for PrEP was 32% in the hospital setting. Acceptance in the Silom community clinic was higher than expected.

Most important is partnership between community organisations and health services. Community mobilisation is crucial for PrEP demand creation and community feedback to guide implementation.

Demand for PrEP requires awareness and information. In the US and Bangkok, the more the community heard about it, the more the demand and uptake increased.

The cost of PrEP services obviously determines uptake. TRCARC men's health clinic offers "PrEP30" (30 baht per day, including screening, medication and monitoring visits). Uptake is increasing and currently stands at 90 people, almost all MSM, and almost half of them are foreigners. Thai men appear less knowledgeable about PrEP and may be less willing to pay.

Health disparities need to be addressed to ensure equitable uptake of PrEP. The iPrex trial showed that certain men had more difficulty adhering to PrEP than others, and therefore they experienced less or no benefit. Not surprisingly, younger, racial minorities and poorer men benefited less. In Bangkok, a study is planned on PrEP for young men who sell sex to men, because they are at highest risk, face multiple barriers to HIV services, and PrEP adherence is lower than average. Determining effective ways to increase access and adherence to those most marginalised and vulnerable needs to be a high priority.

There are still many contextual barriers and constraints to providing or accessing PrEP (and other) services. Stigma, criminalisation and human rights abuses deter many men from being tested or accessing prevention options.

"We need to dispel the binary way of thinking, that PrEP will take resources away from treatment, we need both!"

The practice: effectiveness

Despite the good results of clinical trials and demonstration projects, some stakeholders question the promise of PrEP. Some fear that stories about magic bullets do more harm than good.

Concern #1: PrEP will lead to a reduction in condom use, setting back years of prevention success. In the clinical trials, risk compensation was not reported, in fact behaviour tended to become safer during PrEP use due to less denial of HIV; regular counselling and more social support. In the demonstration projects, there is evidence that men who use condoms less before they start PrEP, i.e. those for whom condoms are not the answer, are most interested in PrEP – and importantly, none of them seroconverted. A current user felt that PrEP is a positive response to inconsistent condom use, rather than the cause of it. However, reduced condom use is bound to happen among men who use PrEP, and STI screening along with supporting adherence will be important in PrEP follow up monitoring

Concern #2: PrEP is expensive, not cost-effective. PrEP need not be expensive: in Thailand PrEP is offered at 30 THB per day (testing and monitoring), which covers real costs. Countries should be aware about costs and balance these with benefits. Cost-effectiveness calculations depend on several factors, which differ per country and service delivery model.

- PrEP averts HIV infections, and the cost of life-long ART treatment.
- PrEP programs are most cost-effective in high incidence settings (cities and subgroups)
- The number of people treated per HIV infection averted decreases with good targeting men at highest risk of infection (PrEP is not for everybody), and life periods when men are most at risk (PrEP is not for life)
- Cost of PrEP medication depends on procurement arrangements and price of the medication (Truvada® or generics) which varies tremendously per country (30 to 1,880 US$/ month)
- As programs expand and use of PrEP increases, there will be opportunities to dramatically decrease the cost of PrEP drugs. The Clinton Health Access Initiative reports that public treatment programmes can purchase generic tenofovir/emtricabine for less than 10 US$/month.

Concern #3: PrEP side effects are not worth the benefits. In fact, emtricitabine and tenofovir (Truvada®) are safe drugs, as experienced for many years in HIV treatment. The side effects seen in clinical trials were rare and reversible. And PrEP is used for a limited period(s) in a person's life, to prevent life-long ART use.

Concern #4: PrEP reduces already scarce resources for ART to treat people with HIV. PrEP services, like all HIV prevention, treatment and care services come at a cost. Scaling up coverage off all HIV services is needed. Allocation of scarce HIV resources needs to be guided by evidence about equity and efficiency, not by binary thinking.

Concern #5: Providing ART to uninfected people leads to resistance. As mentioned above, resistance is a real concern. However, from all resistance cases, 95% is caused by treatment and 5% by PrEP. Clinical trials indicate that PrEP services, provided in a systematic manner, avoid resistance. Identifying acute HIV infections at start up screening and avoiding incorrect/inconsistent PrEP use, are important.

3.3 Take home messages for PrEP advocates

1. The HIV epidemics among MSM in Asia are beyond control with current prevention strategies.
2. PrEP works, especially to reduce HIV transmission through anal sex.
3. PrEP is an additional prevention choice, especially for MSM who don't manage to use condoms consistently.
4. PrEP is not for everybody, but especially for people most at risk of HIV.
5. PrEP is not for everywhere, but especially cost effective in high-incidence areas and populations.
6. PrEP is not for always, but for periods in a person's life when extra prevention is needed
7. PrEP is not just a daily pill, but a service of on-going follow-up with regular HIV and other STI testing.
8. PrEP can be cost effective and saves life-long care and treatment costs.

4 Introducing PrEP services in Asia: are we ready?

4.1 Are MSM ready to consider and use PrEP?

Assessment of readiness among potential users

Readiness for PrEP depends on their awareness, belief in efficacy, and willingness to use. Using a 'readiness' matrix of these factors, research in Vietnam and Thailand estimated less than 25% of MSM to be ready to use PrEP. A UNAIDS rapid assessment on country readiness found high readiness among MSM in Myanmar and the Philippines, and medium in Thailand. In the Silom clinic in Bangkok, readiness was higher than expected; offering the actual service in the area brought people in, and they just kept coming with little extra encouragement.

Levels of PrEP awareness are mixed among MSM. Five surveys in Thailand and Vietnam indicated low awareness. Among 228 MSM, recruited through APCOM distribution channels, some 70% were aware of PrEP. Research in Singapore found over 80% aware (mostly foreigners).

Most MSM in Asia are unsure about PrEP effectiveness. There seems to be a need to explain the effectiveness of PrEP, especially to younger MSM. The Philippines community consultation about PrEP raised concerns about potential side effects. To appreciate effectiveness, potential users also need to understand the basic pharmacology of PrEP, e.g. duration required to achieve maximum protection and the length of protection in using PrEP.

Once told about PrEP, men are generally willing to consider it. Research indicates that 41% of Thai MSM is willing to consider

'I am using PREP because I wanted a method that enabled me to prevent HIV for myself', 'Now I no longer need to negotiate with other people'

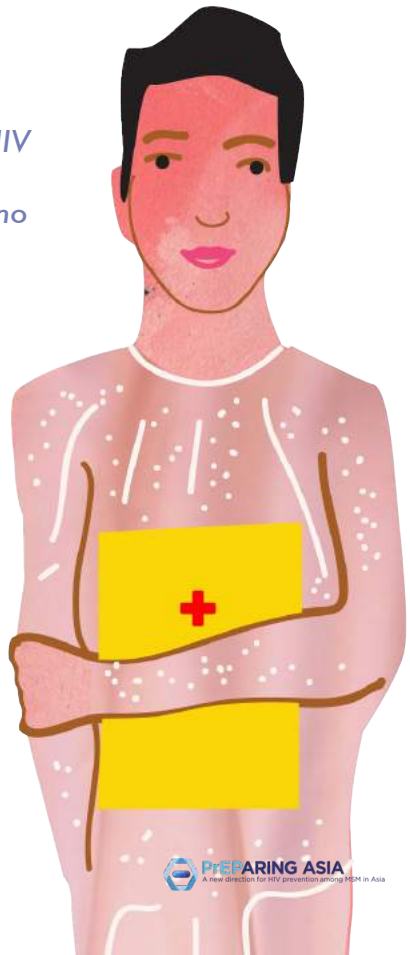
PrEP. The APCOM survey had higher levels of willingness to use, which reflects that the respondents were generally well informed. A PrEP community consultation in the Philippines found that MSM were very interested in PrEP and some MSM are already using PREP. The Thailand studies, APCOM survey and Philippines consultation all reported concerns about where to get PrEP and the cost of PrEP, so there is a need to address this in health education. In Singapore, 80% of respondents were (very) likely to take PREP, with over 60% willing to pay (partly) for PrEP.

However, some men are not interested, because PrEP is not the right option for them. Research in the USA found that men who are not interested in PrEP, cite low risk (real and perceived); cost and/or the need for too many medical appointments and follow up. Other reasons not to use PREP include reliance on other prevention methods.

Young MSM are early adopters, but they also face specific barriers to PrEP. Good news is that participants in trials and demonstration projects are generally young (18-30), indicating that young men are amongst the "early adopters" of PrEP. However, although PrEP can be empowering for young and adolescent MSM, clinical trials also found that young men had a harder time adhering to PrEP, especially to intermittent drug regimens. Consistent messaging that PrEP protects against HIV when taken daily will be important to increase young men's confidence in PrEP as a prevention method and commitment to adhering. Parental consent for HIV testing is needed in some countries for underage men, and negatively affects access to PrEP for those young men who are not able or willing to inform their parents. Similarly, underage MSM may be covered by their parents' health insurance, and generally are less able to purchase PrEP privately. Finally, young men face barriers to sexual health services in general, for example due to personal factors such as self-stigma, low confidence and low self-esteem, and because HIV services or health workers' attitudes are not youth friendly. These barriers need to be considered and overcome in planning, implementation and delivery of PrEP. Young MSM should be involved in these processes (planning to delivery) in order to achieve the best outcomes.

Creating a sense of 'community' and normalisation around PrEP can help some men to overcome concerns and barriers. Some men are early adopters, others need to take their own time to decide, and some will not choose PrEP at all. This diversity of subgroups exists, and need to be recognised by networks and services for MSM. Personal choice must be respected and when it is recognised that PrEP is a suitable option and it should be framed as a responsible choice to take care of one's own health.

"Now when I have a HIV and STI test, it is just a process I go through, no big deal or worry"



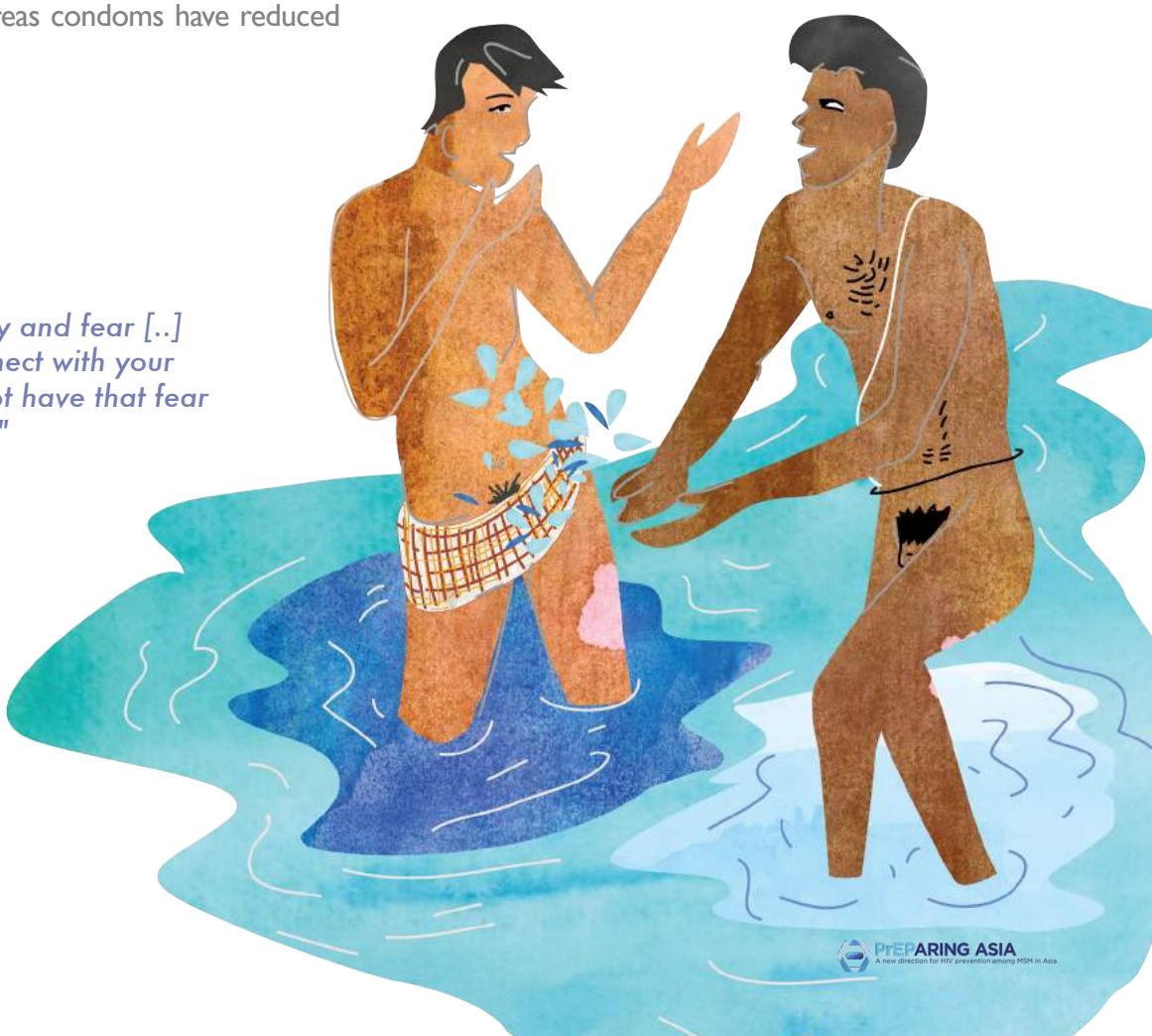
Perceptions and experiences of current PrEP users

Current users appreciate the extra prevention of PrEP as protecting and empowering. Users mentioned the empowerment of being able to control HIV infection, instead of being dependent on the sex partner. Receptive partners rely on their partner to use a condom; negative men in a sero-discordant relationship rely on their partner or take ART and remain undetectable. Young men stated that PrEP increased feelings of control and self-efficacy, even resulting in more comfort to access a broader range of sexual health services. This indicates that PrEP could be used as leverage to reinvigorate broad and combined prevention efforts.

Using PrEP resulted in less anxiety and more intimacy. PrEP users at the consultation reported a changed relation to sex, especially the loss of anxiety and fear, and increased ability to enjoy intimacy of sex. This represents a paradigm shift in prevention. Whereas condoms have reduced pleasure and intimacy for many people, PrEP can be used as a method that may increase pleasure and intimacy, while reducing anxiety, making it a particularly desirable option for those who struggle with condoms.

Current users report stigma and judgment about using PrEP. Assumptions by peers and others (including some service providers) can be a challenge, for example the assumption made that one is either within a sero-discordant relationship, or intending to have increased numbers of sexual partners. This compares to reports of stigma in the USA (so-called 'slut shaming').

"The loss of anxiety and fear [..] being able to connect with your partner [..] and not have that fear hanging over you."



4.2 Are HIV service providers ready to advise, prescribe and deliver PrEP?

Are service providers willing to prescribe and recommend PrEP?

Little is known about PrEP awareness and attitudes amongst service providers in the region. Readiness to deliver PrEP services requires that more services providers are informed about PrEP. A rapid assessment by APCOM among male sexual health providers (and project managers) found that 80% of respondents knew and support PrEP as an HIV prevention option for MSM. Most of them suggested that PrEP services be delivered at community-based clinics.

Negative attitudes exist and need to be addressed. Some service providers fear that PrEP may undo advances in condom promotion. Other providers refuse to support those who admit to condomless anal sex based on judgments. Implementation will not be successful without addressing stigma amongst service providers, many of whom are committed and used to condom promotion. Stigma can be addressed by framing PrEP as a positive health-seeking behaviour, a way for MSM to take control and look after themselves. Additionally, PrEP can be promoted to service providers as an additional and effective method for achieving their goals of reducing HIV transmission. Just as PrEP is a potential solution for MSM who are not able or willing to consistently use condoms, it is also a new tool for service providers who have worked tirelessly, and with a sense of frustration, to increase condom use with a subset of men who cannot/will not use them consistently.

"We need to get the message across that PrEP is easy to prescribe and safe to prescribe. Providers don't need to be nervous about this."

Are service providers trained and able to deliver PrEP services?

Service providers need capacity building to effectively deliver PrEP services. The experiences of the Thai Red Cross clinic indicate that it is important that PrEP be included in health provider training on HIV prevention, and that counsellors need extra training on adherence counselling and potential side effects.

Clinic managers need support to address managerial challenges. The Thai Red Cross clinic reported challenges in recruiting clients, i.e. demand creation. Another challenge for managers is increased workload due to extra services and convincing doctors to accept task shifting to paramedical staff for ARV prescription and monitoring.

WHO and US CDC guidelines for PrEP service delivery are available for managers and providers. WHO has included PrEP in guidelines for HIV prevention services for MSM (and other key populations). The 2014 WHO policy guidelines recommend that countries include PrEP in national guidelines, but progress towards this has been slow. As of October 2015, WHO published more detailed PrEP service delivery guidelines. WHO seeks feedback from MSM and their networks to further improve these guidelines.

PrEP service providers may need special capacity building to deliver youth-friendly services. The discussion paper "Jumping Hurdles" by Youth Voices Count (YVC), provides accounts of young MSM experiences of sexual health services in Asia - both positive and stigmatising. Youth-only services are not practical, so specific training for health providers to deal with youth in general services is more useful. Finding out what young MSM need in order to experience non-judgmental sexual health services is crucial. `

"We truly need to do more for our young men. We talk endlessly about young people, but we don't do enough for them, or with them. So, let's stand up for young men."

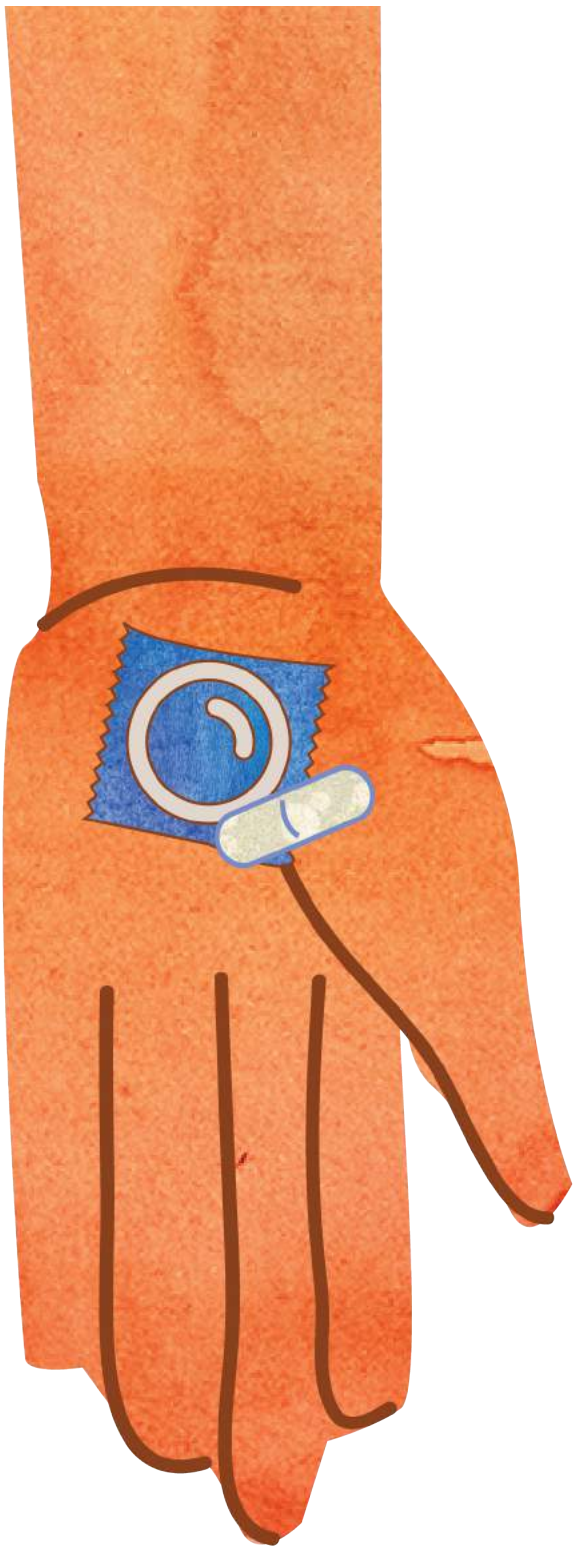
"Testing is at the centre of everything!", "We need to move to the concept of Test to Prevent and Test to Treat"

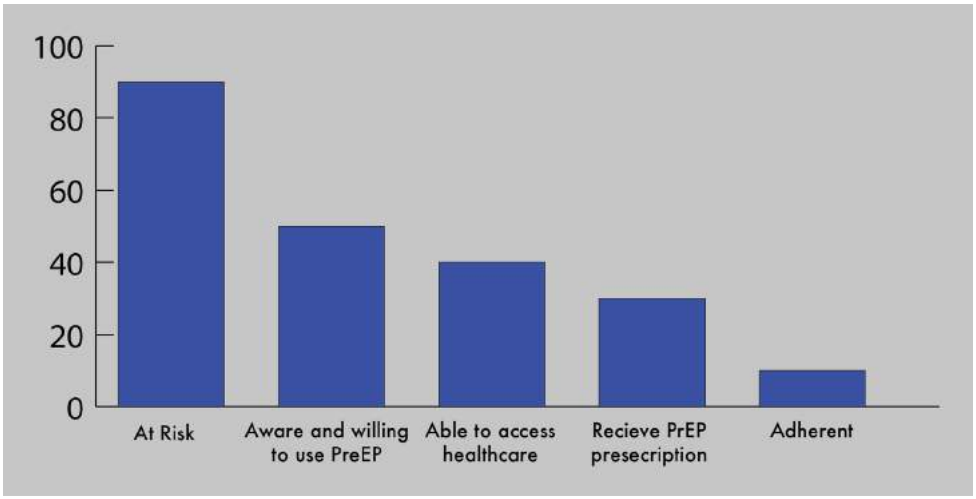
Are PrEP services designed to be accessible and supportive?

PrEP needs to be a component of broader services for MSM, not a stand-alone service. PrEP will be more accessible if it is incorporated in existing male sexual health services. Conversely, PrEP services can be designed to increase access to other prevention options (condoms, STI and HIV screening) and access to integrated health services.

Linking PrEP services to HIV testing services (HTS) is an opportunity. HIV testing must be at the centre of PrEP services, as HIV screening is crucial before and during follow up of PrEP. HIV testing is also the key link between prevention and treatment: "Test and Treat", the mantra for achieving the global 90-90-90 treatment targets , could be turned into "Test to Prevent and Treat". Sensitivity of HIV screening tests used in PrEP services is important, as acute HIV infections need to be identified to prevent the risk of drug resistance.

Adherence needs to be prioritised and supported in PrEP services. Supportive patient-provider relationships have been shown to facilitate clients' adherence. Creative solutions like phone alerts, text reminders to take PrEP or for appointments, help those who have trouble remembering. Online appointment booking systems, flexible service opening hours, friendly service that builds trust, subsidised cost, options for more or reduced service provider contact based on needs, and shorter waiting times are all likely to improve retention in PrEP services, and PrEP adherence.





Are PrEP services designed to be accessible and supportive?

Young MSM are an important clientele for PrEP and have specific needs. Young MSM are particularly vulnerable due to their early and repeated exposure to HIV, along with developmental challenges around negotiating sex and relationships. The consultation made several recommendations for appropriate PrEP service design to increase access and adherence for young men:

- Include young MSM in planning, implementation & evaluation processes to increase buy in;
- Make PrEP available for young men through CBOs, especially those with a strong online presence to allow young men to "check out" the organisation before accessing;
- Consider subsidising the cost of PrEP and related appointments for young MSM;
- Find solutions to barriers to access related to age- for example; mature minor provisions or proxy consent from adults other than parents.
- Use peer based systems to guide young men through the process of accessing PrEP services: young men who have had good experiences are more likely to promote PrEP, and the process of obtaining it to their peers, thereby generating demand;
- Tailor adherence support for both PrEP and appointments to young MSM;
- Use research about, and feedback from, young MSM who have multiple minorities (such as young MSM who sell sex and/or use drugs), about their specific needs in relation to access and adherence.

There is a "PrEP cascade", in analogy to the HIV treatment cascade. Recent research recommended this PrEP cascade (from awareness, willingness, ability to access, getting PrEP and adhering) to identify and address barriers to PrEP access and adherence.

Community-based PrEP services can increase accessibility and adherence. MSM-friendly services and clinics are essential. Community-based testing services have been shown to be effective in Bangkok, and are being replicated in other countries. CBOs should be in a position to provide safe and secure testing services.

Is the health system ready for PrEP?

It is useful to take a health systems approach in designing national PrEP roll out. WHO identifies six essential components of a health system, all of which need to be assessed for opportunities when designing and delivering PrEP services. Especially as we aim for national level PrEP services rather than small-scale boutique projects.

These are

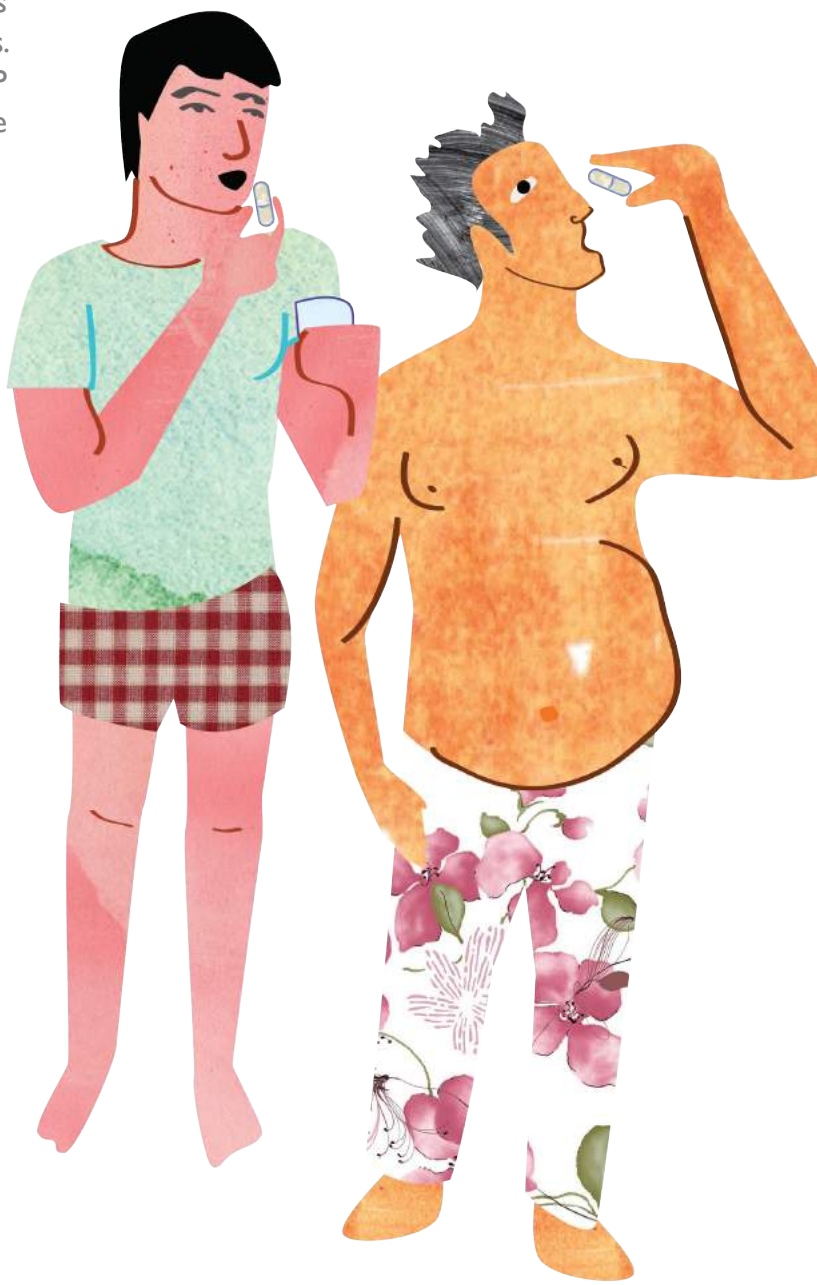
1) Service delivery;
2) Human resources;
3) Medicine technologies;
4) Financing;
5) Information; and
6) Leadership and governance.

Recommendations include:

- Include PrEP in a broader service package, and prioritise it, as external funds are decreasing;
- Advocate for PrEP, as non-communicable diseases are the main agenda in the countries;
- Recognise the crucial role of the community in the facilitation and demand generation, and
- Use innovation to connect to decision makers as well as to PrEP clients, including e-health and m-health strategies.

We do not have to wait for everything to be perfect before implementing PrEP. Although national-level PrEP services are the ultimate goal, it is important to start service delivery locally through pilot projects wherever possible. Key is to incorporate monitoring and evaluation,

"We need to trust community to lead, and guide the community on new approaches and innovations for prevention."



"We need to be practical – we need to learn as we go – we can't wait for everything to be perfect."

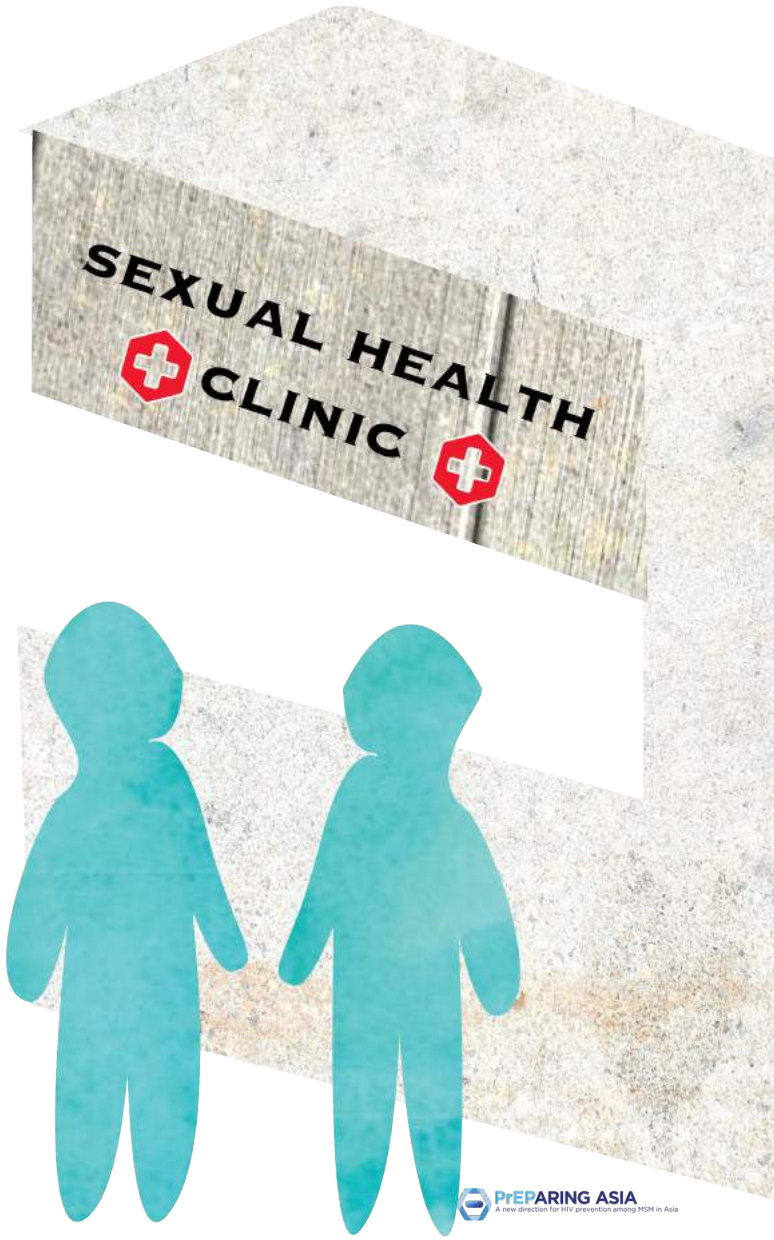
4.3 Are National AIDS programmes ready to introduce PrEP services in national programmes?

Are AIDS programme managers ready to promote PrEP?

The interest of Asian AIDS programme managers to roll out PrEP is mixed. In preparation for this consultation, WHO discussed the potential for PrEP roll out with national AIDS managers at a regional meeting. On the whole, low interest and readiness were reported. However, in China the national programme and CDC are interested, and India reports medium to high interest. There is some interest in the Philippines and Vietnam, and Malaysia is currently exploring introducing PrEP services. Decision makers were especially interested in cost-effectiveness findings.

AIDS managers who approved PrEP for the national programme, did so after they were convinced about the need. The Ministry of Health in Thailand approved PrEP after national consultations determined the strategies for key populations. These included PrEP for MSM, because despite access to HIV testing and support, incidence remained high. Once convinced, national guidelines were developed for the whole country, not just for separate projects. In India, the national programme was approached by NGOs for demonstration projects for sex workers and MSM.

"The community is taking up the challenge – can we keep up"



Are national AIDS programmes ready for PrEP roll-out?

WHO recommends PrEP to be a part of national AIDS strategies and service packages for key populations. In preparation for this consultation, UNAIDS undertook a country readiness scan, looking at several levels (government interest, community readiness, and current PrEP services). PrEP is available for MSM in NGO clinics in Thailand (Bangkok), Indonesia (Bali) and in Vietnam (HCMC). Similarly, in India (Kolkata) an NGO provides PrEP to female sex workers. WHO plans to support a demonstration project in the Philippines for MSM.

In countries where PrEP services are available, they are not part of the national programme. Current PrEP services are demonstration projects, small-scale and mostly funded as research. They need to be sustained and subsidised by national programmes, as most PrEP users will not be able to pay for PrEP out of their own pockets, especially those most at risk and most vulnerable, such as the young and the marginalised.

Thailand is the first country in Asia to introduce PrEP in the national programme, as a catalyst to the "test and treat" strategy. As mentioned above, regular HIV testing is the entry point for both "test and treat" and "test and prevent" strategies, bringing prevention and treatment services together.

MSM are the priority key population for PrEP in every country. Since the recent WHO recommendation to provide PrEP to all populations at high risk, including sex workers and people who use drugs, some fear that programme planners and policy makers may lose focus on MSM. PrEP advocates need to keep reminding AIDS programme planners to focus on those at the highest need – and explain that doing so is most effective and cost-effective. A good example is the planned demonstration project with young male and transgender sex workers in Bangkok.

"It's not fair for government to sign off on high level targets, but then not bring all tools online to enable these to be achieved."

Fast tracking PrEP in major cities is an opportunity. PrEP services may not be necessary in the whole country. When PrEP services are scaled up from demonstration projects to national level, it may be efficient to start with major cities where HIV incidence among MSM and other key populations tends to be highest – and PrEP most cost-effective.

Are national health and social legislation ready for PrEP services?

To make PrEP services part of the Universal Health Coverage/Insurance takes time, even with agreement in the national AIDS programme. A lesson from Thailand is that integrating PrEP in the national health strategy and national health insurance guidelines takes time, usually years. Shortcuts to early services are possible and desirable through demonstration projects, but these have challenges of scale and sustainability.

Registration of antiretroviral drugs for preventive use (instead of treatment) can be a barrier. In many middle-income countries this registration is a necessary step, and in Australia this causes severe delays in scaling up PrEP beyond demonstration projects. To speed up the process, community based service providers have engaged in policy dialogue with both the pharmaceutical company (Gilead) and the government.

Supportive legislation helps young people and other marginalised groups to access PrEP services. Laws that criminalise homosexuality clearly affect the ability to provide or access PrEP services, and exist in many countries. Young people need specific legislation to enable them to access HIV testing and PrEP without parental consent. Violence against key populations, including transgender women and sex workers, is a major barrier to access in many countries, and needs to be addressed through supportive legislation and law enforcement.

Beyond legislation, an enabling social and cultural environment is important. Judgmental attitudes towards homosexuality and sex in general lead to poor service uptake and adherence. Stigma and discrimination in the health sector is particularly problematic as it reduces access.

4.4 Are MSM organisations ready to support PrEP roll out?

MSM and their networks are willing and able to drive PrEP preparedness in most countries. Realising the full potential of PrEP in the response will require strong partnerships between community, government/health service providers, and research organisations, as well as rebuilding the response around community-led models including for community-led testing, community as case managers, and community to bring members into services. Experience from Thailand, India and Australia highlights the critical need for community advocacy to pave the way for change in pace with community expectations. Community leadership can open dialogue with country stakeholders on PrEP as a part of comprehensive prevention package

Community organisations enter dialogues with several stakeholders, depending on local needs:

- With researchers to generate evidence at country and community level for PrEP. In Thailand, India and Australia, community service providers and researchers initiated demonstration projects. In Australia, ACON and Kirby Institute undertook modelling of what PrEP might entail, and cost, to inform policy dialogue.
- With programme planners and health service providers to promote PrEP within national policies and guidelines. This is happening in several countries. Early adopters can be effective advocates, sensitising and sharing experiences with policy makers and health service providers.
- With MSM, to generate PrEP awareness and demand.
- With Gilead (or other pharmaceuticals) to enable subsidised programmes and increase access

"Gay men have always been innovators within the HIV response"

Availability and use of social media platforms can be an opportunity for awareness raising and policy dialogue on PrEP.

Community organisations get involved in service delivery. Community based models of testing, peer outreach, referral, and provision of services will be essential to an effective roll out and scale up. Community-led testing - an important entry point for PrEP - exists in Thailand and the Philippines, but many countries still rely on referral to government HIV testing services. Self-testing is a new development which community services need to be ready to support.

Community systems strengthening may be needed for MSM networks to take on a larger role in advocacy, demand creation and service delivery for PrEP. The experience of the Hivos ISEAN programme confirms that a 'MSM community' may not exist, and certainly is not homogeneous. Many MSM do not identify as a community member; community based organisations do not represent all MSM; and community based services may not be able to reach all MSM.

4.5 Take home messages for PrEP advocates

1. MSM are ready for PrEP, if
- They have heard about it from others – peers or health providers
- They understand how it works and that it is effective
- They considered their HIV risk and behaviours, including other prevention options
- PrEP services are accessible, affordable and non-judgmental

2. Service providers are ready for PrEP, if
- They have been told about it
- They understand the effectiveness and for whom PrEP is (not) a good option
- They receive technical assistance, training and support to provide PrEP
- They have access to global and local PrEP service guidelines
- They are willing to reach out and listen to potential and current PrEP users
- The health system supports PrEP services and providers

3. Health systems are ready for PrEP, if
- PrEP services are designed well and (cost) effective, using global guidance
- Capacity building, guidelines and support are provided to health workers
- Resources are mobilised for PrEP services, including drugs and lab facilities
- Service costs reduced through use of generic drugs, task shifting, etc.
- Specific barriers for the young, poor and others are understood and addressed
- PrEP services are non-judgmental

4. National AIDS Programme managers are ready to include PrEP services, if
- They have been told about PrEP, and the global guidance
- They have and use evidence on HIV incidence among MSM
- They prioritise key affected populations, especially MSM
- They engage with affected communities for design and implementation of PrEP
- They integrate PrEP services into broader HIV services, and link PrEP to HIV testing
- They (re)register PrEP drugs for prevention use, and secure low cost drugs
- Supportive legislation exists (decriminalisation of male-male sex, age of consent, etc.)

Networks and organisations of MSM are ready for PrEP, if
They learn about PrEP from other countries and generate locally relevant information

5 Towards country level strategies for PrEP advocacy and roll-out

5.1 PrEP roll-out planning in countries that are ready

When national stakeholders are more or less ready for the introduction of PrEP, planning processes can begin for standard planning practice. WHO reminded the participants to start small and use the key planning steps:

1. Look at the data. Assess HIV prevalence/ incidence among MSM; (sub) population size estimates; and which subgroups (those with multiple partners and less condom use) and locations (mainly cities) would benefit most;
2. Raise awareness. The community needs to be engaged and reached with innovative methods. They need to know what PrEP is, for whom and where it is available.
3. Start small through pilot projects. Undertake demonstration projects in 1-2 sites, invest in documenting and disseminating the results and lessons
4. Develop national PrEP guidelines. This can be done during the pilot projects, in anticipation of scale up. Technical support is available from WHO and others.
5. Monitor and evaluate: Metrics can be developed over time, and can be kept simple and limited, depending on the need for advocacy. Often it is enough to monitor # tested; test results; # negatives offered PrEP; and # remaining negative?

"PrEP is possible. It's doable. PrEP will change the way we do business; PrEP will change the options for self- identified gay men across the region."

Introduction of PrEP into national strategies needs to take account of global HIV targets and international guidance on HIV programming. PrEP can be a crucial strategy to reach the international goal of 'ending AIDS by 2030'. The power of PrEP is that it can reanimate the HIV response in some countries. First, PrEP will contribute to prevention, and the global target of 'zero new infections'. Second, PrEP boosts to the global HIV treatment targets (90-90-90) especially the target of 90% of HIV diagnosed, through HIV testing of key populations.

The consultation delivered 8 draft country roll out plans, which are included in the annexes of this report. It concerns plans for China, Hong Kong SAR, India, Indonesia, Lao PDR, Malaysia, Thailand and The Philippines.

5.2 PrEP advocacy strategies for national PrEP advocates

PrEP advocacy has a role before introduction of services, but also during service delivery. As long as key stakeholders are not ready for PrEP, community advocates need to work on awareness and demand creation. Also during the roll out of PrEP services, policy dialogue remains necessary in order to improve quality and accessibility of services. Advocacy needs to influence attitudes of those making decisions, for example those making guidelines and strategies, those who allocate resources, and importantly MSM themselves

An advocacy strategy for PrEP can use standard components of advocacy programming. In essence, advocates need to:

1. Identify and prioritise the advocacy issue(s), and get information;
2. Identify target audiences and identify the communication objective (what do these people need to do?);
3. Develop a communication strategy, including messages and channels;
4. Implement the advocacy activities according to plan; and
5. Monitor and evaluate the results (to inform the next advocacy round).

"We are not popular outside this room and we need to get popular!"

Audience segmentation is crucial for advocacy, even within larger target audiences (MSM, service providers and national AIDS programmes). Demand creation among MSM needs to be targeted and specific. FHI360 experience in Indonesia with demand creation emphasised the importance of creating demand among the right men: not every man who has sex with men needs to be on PrEP. It is useful to target most at risk subgroups only and first: in Asia this includes youth and those involved in partying. Similarly, there is a need to consider different categories of health workers, including community health workers. The Canada experience showed that health workers have variable needs and roles and all can be allies in advocacy strategies reaching potential users and policy makers. For policy dialogue it is important to consider all key decision makers, not just ministers & policy officers. In Australia, ACON targets also researchers, and Gilead, the Truvada® manufacturer. Religious groups and other opinion leaders are also important to consider.

Often, targeting multiple audiences is necessary. Generating demand for PrEP within the community needs to go hand in hand with advocacy with policy makers for supply of services – to avoid losing trust from the community.

It helps to specify objectives for overall advocacy and specific communications. In Australia for example, the PrEP advocacy goal of ACON is to make PrEP affordable for all, i.e. getting PrEP approved and subsidised by the government. Specific communication objectives are about the inclusion of PrEP within 1) national health insurance programs, 2) the regulatory frameworks affecting drug supply, and 3) national AIDS strategies.

Messages need to be specific and right for the target audience. In our messaging to the community, we need quality of messages over quantity. We also need to get real about sexual behaviours and for whom PrEP is relevant. Time investment helps to understand the barriers to uptake or adherence, and what will get people past the most significant barrier. Key messages to policy makers are ofte around cost-effectiveness, the science behind PrEP, adherence, and contextualising PrEP within the country context.

Dialogue is better than just talking. Two-way communication will enable advocates (and health promoters) to identify perceptions and barriers, and check if the message is coming across. Young men suggested engaging with them as potential users as early as possible in planning, and finding out what messaging will be effective with young MSM. An open dialogue works best to engage stakeholders and keep moving forward. Canada advocates heard from health workers that the reason for their lack of enthusiasm was because many felt challenged by the increasing complexity of HIV prevention and lack of consensus in the field. Their need for mentoring and guidance was resolved by the development of clinical guidelines, with support from the CBOs. When talking to governments, it is important to realise that many gay men are already taking PrEP and are ahead of the game, and governments are playing catch up. Creating an informed, educated and balanced debate helped in Australia to emphasise that PrEP is not (just) about the ability to have more condom-less sex, but above all about effectively preventing HIV through multiple methods.

Communication channels need to fit the audience and the message. It is often useful to use multiple channels (repeatedly) for the same message. Experience with young MSM indicates that peer education helps normalise PrEP and make it relevant to other young men. By using modes of communication that resonate with young MSM, such as popular online forums, you will achieve more and reach many. It is important to consult with young MSM in various contexts to ascertain which forums are being used, as it may vary from country to country. ACON used a variety of channels for policy advocacy: e.g. letter writing, roundtables, submissions, media statements, media relations and petitions. They built the profile of the 'early adopters' of PrEP to enable politicians to hear the stories of PrEP users.

Implementation of advocacy can be a long and complex process, or relatively one-off and short, depending on the objective. Policy reform and finalising financing can take time, often years. Australia established national and local PrEP advocacy working groups, to target local and central governments.

5.3 Conclusions and recommendations: Take home messages for PrEP advocates

1. Introduction of PrEP is a matter of time for most countries, you can start working on it now
   - Use standard planning method and steps
   - Position PrEP in the global HIV prevention and treatment targets, and emphasise the crucial role of HIV testing for PrEP and other services.
   - Realise that national scale PrEP is a long term goal, and may take years
   - In the meantime, plan and implement local demonstration projects

2. Demand creation for PrEP among MSM needs to start early
   - Audience segmentation is key: PrEP is not for everybody
   - Put special effort in reaching young and marginalised men
   - Ensure debate and dialogue to address the real questions and concerns
   - Advocate for supply as well: demand without supply reduces trust

3. Advocacy for greater quality and coverage of PrEP is an on-going need
   - Discuss with service providers about service protocols and health workers attitudes
   - Discuss with policy makers about cost and other barriers to access
   - Demand community involvement in monitoring and evaluation of PrEP services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6 Annexes:


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Annex 1

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Annex 2:

Consultation agenda

Day 1 : WHAT EXACTLY IS PREP? THEORY AND PRACTICE		
Topic	Methods	Presenters
Welcome		Midnight (APCOM) & Tony Lisle (UNAIDS)
Session 1: Explaining PrEP research & experience	Joint session	
MSM epidemic in Asia: an escalating crisis demanding innovation	Panel discussion, Q&A	Chris Beyrer (JHU): Global perspective Frits van Griensven (TRC): Asia perspective
What is the science telling us: Key findings and recommendations for accelerating action in Asia	Panel discussion, Q&A	Peter Godfrey-Faussett (UNAIDS): PrEP trials outcomes global Rachel Baggeley (WHO): PrEP service guidance Nittaya Phanuphak (TRCARC): PrEP trial/services Thailand
Parallel session 2A: Preparing the community advocates	(Community session)	
What do MSM know and think about PrEP? Demystifying PrEP	Panel discussion, Q&A	Donn Colby (TRCARC): Trial research: user perspectives Safir Sapoerna (APCOM): APCOM user assesment Settiya Perdana (PrEP user): PrEP user perspectives
PrEP works! – exploring best practices on PrEP advocacy	Panel discussion, Q&A	Matt Avery (FHI360): demand creation: community Nicolas Parkhill (ACON): Australia experience: policy makers Marc-André leBlanc (PrEP advocate): Canada experience: providers
PrEParing Everybody: Developing advocacy messages & strategies	Group work	
Parallel Session 2B: PrEParing the decision makers: planners and providers	(Planners & providers)	

What do we know about PrEP: Demystifying PrEP	Video, presentation, Q&A	Rachel Baggeley (WHO): myths and misconceptions, development clinical guidelines
PrEParing health workers to provide PrEP: readiness and perceptions.	Panel presentation, Q&A	Midnight P (APCOM): APCOM provider survey Lek Charnwith (TRCARC): Thai provider experience Mukta Sharma (WHO): health system readiness/TA needs
PrEParing AIDS program managers: readiness to incorporate PrEP.	Panel discussion, Q&A	Ying-Ru Lo (WPRO): WPRO managers workshop assessment Rewari (WHO India): India NACO Experience
PrEParing the answers: barriers to feasibility and their solutions	Group work	
Welcome Reception		

Day 2 : HOW TO INTRODUCE PREP INTO HIV PREVENTION SERVICES?		
Topic	Methods	Presenters
Session 3: Introduction		
Recap of day 1 break out sessions	Presentation rap-porteurs	Chris Connely (AFAO): community session Ben Bradstreet (WAAC): youth issues David Bridger (UNAIDS): provider/planners sessions
We are PrEPared: PrEP user testimonies	Presentation & Q&A	Jonas Bagas (Phillipines) Settiya Perdana (Indonesia) Marc André LeBlanc (Canada)
Session 4: PrEParing national AIDS programs:		
The PrEP Factors: factors that affect country readiness to roll out PrEP	Panel discussion, Q&A.	Ying-Ru Lo (WHO WPRO): Priority countries Asia matrix/country consultations Petchsri Sirinirund (MOH): National HIV manager of PrEP country Nicolas Parkhill (ACON): PrEP advocate
The PrEP calculator: assessing country readiness	Group work: country teams	Facilitators and rapporteurs
Session 5: PrEParing the health system:		
The PrEP Direction: understanding the principles, guidelines and health system requirements of PrEP implementation	Panel discussion, Q&A.	Michael Cassell (USAID) PrEP service guidelines Rachel Baggeley (WHO): Health system needs Lily Mathurada (TRCARC): PrEP provider experience/training needs
Thai Red Cross Male Sexual Health Clinic visit		
Session 6: PrEParing the Community		
Barriers and solutions for community demand and use	Panel discussion, Q&A.	Loyd Norella (Isean): Community systems needs Niluka Perera (YVC) Hurdles report/young MSM issues Ernest Noronha (UNDP): Human rights advocate Roy Chan (Sin): MSM survey Singapore
Silom Community clinic visit		

Opportuntities for introducing PrEP at country level	Group work: country teams	
Day 3: HOW TO ROLL OUT PREP AT COUNTRY LEVEL		
Topic	Methods	Presenters
Session 7: Kickstarting Day 3		
Report/recap on day 2: how to introduce PrEP	Presentation	Chris Connely (AFAO): community session Ben Bradstreet (WAAC): youth issues David Bridger (UNAIDS): provider/planners sessions
Session 8: PrEParing the rollout plans		
Introduction to national roll out planning steps	Presentation & discussion	Ying-Ru Lo (WHO WPRO) planning steps for PrEP service roll out Vladanka Andreeva (UNAIDS): planning steps for PrEP advocacy planning
Country planning	Group work: country teams	
Session 9: Wrap up & rapporteur session		
Presentation selected plans	Presentation & discussion	Representatives India, Malaysia and Viet Nam
Rapporteur session	Presentation & discussion	Chris Connely (AFAO): community session Ben Bradstreet (WAAC): youth issues David Bridger (UNAIDS): provider/planners sessions
Net steps, thanks & closing		Midnight (APCOM) & Tony Lisle (UNAIDS)

Annex 3:

Country specific action plans for PrEP roll-out

PrEPARING country[1]

Hong Kong

1. **PrEP target:** by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. **Focus on who will be the priority for these actions** - Men who have sex with men, male sex workers, transgender persons
3. **Focus on where the actions will take place first:**
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - Honk Kong
   C. Selection criteria - There is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Timelines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Develop a proposal to the Health Department for the funded roll-out of PrEP in Hong Kong		Immediate - submission of proposal in 2016	Community based MSM organization	Health Department PrEP users	That the enthusiasm for the proposal will wane	That the Health Department will fund the proposal when completed	
B	Conduct operational research/build strategic information	Cost-benefit analysis and cost modelling/investment case for PrEP assess knowledge of service providers on PrEP sharing of research findings between countries and at regional level assessment of health sector's readiness for PrEP	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based organizations • PrEP users • APCOM	local authorities will use the study and/or results to "crackdown" on MSM MSM & MSW will not participate	• That there are sizeable MSM, MSW or TG populations to conduct the study • All local authorities will cooperate	

C	Consultations - community and multisectoral	Report #PrEPARING Asia Report to the Coalition of CBOs and other health providers - opportunity to build trust & engagement as well as gain commitment for PrEP within a combination HIV prevention strategy among MSM community (community seminars)	1-3 months	Community based organizations	Health Department PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in PrEP • Opinions can be changed	
		• Report #PrEPARING Asia to the Health Department - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy • Consultation among health providers, CBOs and pharmaceutical companies	1-3 months	Health Department	• Community based organizations • PrEP users • Drug companies • Academia • international partners • Advisory Council on AIDS	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	

D	Communication/Advocacy strategy - "community education/engagement is the key priority to roll-out of PrEP in Hong Kong"	Policy advocacy - presenting evidence, cost/benefit analysis Develop strong advocacy network Engagement and support from within local communities create dialogue PrEP Factsheets	Ongoing	Community based MSM organizations	APCOM local health authorities PrEP users	Create too much demand for the services to handle	That there will be local cooperation with authorities MSM are already at the centre of HIV response strategies	
E	Be PrEPARED - Social media campaign	Focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	Immediate & ongoing	Community based MSM organization	PrEP users Media	The campaign could be result in local "backlash" against target aiudience	The Be PrEPared brand will be pitched well and result in PrEP uptake	

F	Integrate PrEP into regular HIV related services	Develop one-stop "Test-Prevention-Test-Treatment" Model, joint pilot between CBO and government office. Pilot to include (1) condom & lubricant provision; (2) community based HIV testing; (3) ARVs to treat and prevent HIV infection; (4) PrEP; (5) Harm reduction for injection drug use - needle-syringe programmes & opioid substitution therapy (OST);	Immediate	Community based MSM organizations	• Local health authorities • Community based MSM organizations • PrEP users	Health authorities will not accept the findings of the pilot and require additional research	That the pilot will demonstrate success	
G		Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot project should inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	Following the initial findings from the "TPTT" one-stop model				There will be resources available to scale up the pilot	

H	Strengthen Procurement/ logistics systems	Procurement of commodities key to uptake of PrEP Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	Health department; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
I	Capacity development through a joint training program for community and health care workers	need for enhanced capacities in the community for PrEP delivery and CBT services	Ongoing	Community based MSM organization	Health Department PrEP users		There are individuals within the community that can take on this new role	
J	Revision of local HIV prevention guidelines and strategies including M&E	Guidance and strategies need to reflect the new science and evidence relating to combination HIV prevention National HIV Strategy consultation: assessment - position - guidelines - procurement	Ongoing	Health Department	• HCPs • community based MSM organizations • AIDS Council on AIDS	The national aids program excludes most-at-risk populations from strategy	That local evidence is available to inform development of guidelines and strategies	
K	Addressing stigma and discrimination faced by men who have sex with men	Need for greater opportunity for community involvement in PrEP scale-up	Immediate & ongoing	Health Department	Ministry of Justice (or equivalent) Community based legal advocates PrEP users	Untrained/unlicenced personnel will set up "fake" PrEP facilities	MoH will be willing to allow greater flexibilitys in health regulations	

L	Monitor and Evaluate all actions	Each of the actions in the Plan need ongoing monitoring and an evaluation	Monitoring - ongoing Evaluation - after 3-5 years of implementaiton	All parties	Authorities, community and PrEP users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	
M	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered PrEP; and # remaining negative?		Health Department	• Data collection institutions • Data-Hub • community MSM organizations • MSM • PrEP users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
4. PrEPARING Asia, Report of the Consultation, APCOM December 2015
5. Technical Update on Pre-Exposure Prophylaxis (PrEP), Technical Report, WHO, February 2015
6. Towards Defining an HIV Implementation Science Agenda for key Populations in Low- and Middle-Income Countries, amfAR, Oct'2015

PrEPARING country[1]

India

1. **PrEP target:** by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. **Focus on who will be the priority for these actions** - Men who have sex with men, male sex workers, transgender persons
3. **Focus on where the actions will take place first:**
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - Chennai, Mumbai, New Delhi; Chattisgarh, Nagaland, Maharashtra (to be confirmed)
   C. Selection criteria - There is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Timelines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Conduct operational research/build strategic information	• Study/assessment of the knowledge and willingness of high-risk MSM to access PrEP • Assess knowledge of service providers on PrEP • Sharing of research findings between countries and at regional level	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based MSM organizations • PrEP users • APCOM	• Local authorities will use the study and/or results to "crackdown" on MSM • MSM will not participate	• That there is a sizeable MSM population to conduct the study • All local authorities will cooperate	

B	Consultations - community and multisectoral	Community-based consultations - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy among MSM community	1-3 months	Community based MSM organizations	National and local AIDS Programmes PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in PrEP • Opinions can be changed	
		Multisectoral consultation - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy	1-3 months	National AIDS Programme MSM-TG TWG	Community based MSM organizations PrEP users	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	
C	Advocacy strategy	• Develop outreach communication package • Policy advocacy - presenting evidence, cost/ benefit analysis • Develop strong advocacy network • Engagement and support from within local communities	Ongoing	Community based MSM organizations	• APCOM • local health authorities • national health authorities • MSM-TG TWG • PrEP users	Create too much demand for the services to handle	That there will be local cooperation with authorities	

D	Pilot combination HIV prevention project to demonstrate feasibility and develop "models" for replication	Pilot to include (1) condom & lubricant provision; (2) community based HIV testing; (3) ARVs to treat and prevent HIV infection; (4) PrEP; (5) Harm reduction for injection drug use - needle-syringe programmes & opioid substitution therapy (OST); (5) sensitising HCPs on issues realting to MSM	0-6 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based MSM organizations • PrEP users • MSM-TG TWG	• Local and/or community backlash • Treatment advocates will not fully understand combination prevention	• MSM will wish to participate in a pilot project • National and local authorities are willing to support prevention activities for MSM	
E	Scale up of pilot project	Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot project will inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	From 6 months - ongoing	Community based MSM organizations	• Local health authorities • National health authorities including CCM • Community based MSM organizations • PrEP users • MSM-TG TWG	Health authorities will not accept the findings of the pilot and require additional research	• That the pilot will demonstrate success • There will be resources available to scale up the pilot	

F	Strengthen Procurement/logistics systems	• Procurement of commodities key to uptake of PrEP • Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	National health authorities; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
G	Capacity development through a joint training program for community and health care workers	Need for enhanced capacities in the community for PrEP delivery and CBT services	Ongoing	Community based MSM organization	• National AIDS Program • MSM-TG TWG • PrEP users		There are individuals within the community that can take on this new role	
H	Be PrEPARED - Social media campaign	Focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	Immediate & ongoing	Community based MSM organization	PrEP users	The campaign could be result in local "backlash" against target aiudience	The Be PrEPared brand will be pitched well and result in PrEP uptake	
I	Removal of counter-productive national/ local laws and/or ordinances	Laws and/or ordinances that criminalise male to male behaviour or impede the full implementation of a combination HIV prevention program for MSM need immediate repeal	Immediate & ongoing	National AIDS Programme	• Ministry of Justice (or equivalent) • Community based legal advocates • PrEP users	Local authorities will enact more counter-productive laws and ordinances and crack down on community clinics	India will remove Section 377 from Penal Code	

J	Revision of national and local HIV prevention guidelines and strategies including M&E	• Guidance and strategies need to reflect the new science and evidence relating to combination HIV prevention • Mid-term review of programme in NACPIV	Ongoing including the NACPIV process	National AIDS Programme	HCPs community based MSM organizations	The National AIDS Program will not involve MSM organizations in the mid-term review	That local evidence is available to inform development of NACPV	
K	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered PrEP; and # remaining negative?		National AIDS Programme MSM-TG TWG	• Data collection institutions • Data-Hub • community MSM organizations • MSM • PrEP users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	
L	Monitor and Evaluate all actions	Each of the actions in the Plan need ongoing monitoring and an evaluation	Monitoring - ongoing Evaluation - after 3-5 years of implementaiton	All parties	Authorities, community and PrEP users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
4. PrEPARING Asia, Report of the Consultation, APCOM December 2015
5. Technical Update on Pre-Exposure Prophylaxis (PrEP), Technical Report, WHO, February 2015
6. Towards Defining an HIV Implementation Science Agenda for key Populations in Low- and Middle-Income Countries, amfAR, Oct'2015

PrEPARING country[1]

Indonesia

Strengthening the "Blue Frog" Network

1. PrEP target: by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. Focus on who will be the priority for these actions - Men who have sex with men, male sex workers, transgender persons
3. Focus on where the actions will take place first:
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - Jakarta, Bali and Surabaya.
   C. Selection criteria - there is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Timelines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Conduct operational research/build strategic information	Study/assessment of the knowledge and willingness of high-risk MSM/MSW/TG to access PrEP assess knowledge of service providers on PrEP sharing of research findings between countries and at regional level assessment of health sector's readiness for PrEP cost-benefit analysis and investment case for PrEP	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based organizations • PrEP users • APCOM	• Local authorities will use the study and/or results to "crackdown" on MSM • MSM & MSW will not participate	That there are sizeable MSM, MSW or TG populations to conduct the study all local authorities will cooperate	

B	Consultations - community and multisectoral	• Expansion of community-based consultations - opportunity to build trust & engagement as well as gain commitment for PrEP within a combination HIV prevention strategy among MSM community • Identify a PrEP advocate (PrEP DIVA) organisation	1-3 months	Community based organizations	National and local AIDS Programmes PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in PrEP • Opinions can be changed	
		National multisectoral consultation & ongoing consultations - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy	Completed, first national consultation	National AIDS Programme	• Community based organizations • PrEP users • National AIDS Commission	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	

C	Advocacy strategy	• Develop circulation letter on MoH recommendation re: PrEP for services including guidelines • Policy advocacy - presenting evidence, cost/ benefit analysis • Develop strong advocacy network • Engagement and support from within local communities • mapping of potential partners and resources to support community advocacy	Ongoing	• MoH (circulation letter) • Community based MSM organizations	• APCOM • Local health authorities • National health authorities • National AIDS Commission • PrEP users	Create too much demand for the services to handle	• That there will be local cooperation with authorities • MSM are already at the centre of HIV response strategies	

D	Establish demonstration site - one-stop comprehensive MSM-friendly clinic - "urban fast-tracking" (combination HIV prevention project) to demonstrate feasibility and develop "models" for replication	Pilot to include (1) condom & lubricant provision; (2) community based HIV testing; (3) ARVs to treat and prevent HIV infection; (4) PrEP; (5) Harm reduction for injection drug use - needle-syringe programmes & opioid substitution therapy (OST); (5) sensitising HCPs on issues realting to MSM	0-6 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based MSM organizations • PrEP users	• Local and/or community backlash • Treatment advocates will not fully understand combination prevention	• MSM will wish to participate in a pilot project • National and local authorities are willing to support prevention activities for MSM	
E	Scale up of pilot project	Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot project will inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	from 6 months - ongoing	Community based MSM organizations	• Local health authorities • National health authorities including CCM • Community based MSM organizations • PrEP users	Health authorities will not accept the findings of the pilot and require additional research	• That the pilot will demonstrate success • There will be resources available to scale up the pilot	

F	Strengthen Procurement/logistics systems	• Generate demand for generic PrEP drug production in Indonesia • Procurement of commodities key to uptake of PrEP • Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	National health authorities; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
G	Capacity development through a joint training program for community and health care workers	Need for enhanced capacities in the community for PrEP delivery and CBT services	Ongoing	Community based MSM organization	National AIDS Program, DoH PrEP users		There are individuals within the community that can take on this new role	
H	Be PrEPARED - Social media campaign	Focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	Immediate & ongoing	Community based MSM organization	PrEP users Media	The campaign could be result in local "backlash" against target aiudience	The be prepared brand will be pitched well and result in prep uptake	
I	Removal of counter-productive national/local laws and/or ordinances	Laws and/or ordinances that criminalise male to male behaviour or impede the full implementation of a combination HIV prevention program for MSM need immediate repeal	Immediate & ongoing	National AIDS Programme	Ministry of Justice (or equivalent) Community based legal advocates PrEP users	Local authorities will enact more counter-productive laws and ordinances and crack down on community clinics	Same-sex relations will not become prohibited according to the national Penal Code. Sharia law will not be intrÅoduced nation-wide	

J	Revision of national and local HIV prevention guidelines and strategies including M&E	Guidance and strategies need to reflect the new science and evidence relating to combination HIV prevention	Ongoing	National AIDS Programme	HCPs community based MSM organizations	The National AIDS Program excludes most-at-risk populations from strategy	That local evidence is available to inform development of guidelines and strategies	
K	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered PrEP; and # remaining negative?		National AIDS Programme MSM-TG TWG	• Data collection institutions • Data-Hub • community MSM organizations • MSM • PrEP users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	
L	Monitor and Evaluate all actions	Each of the actions in the Plan need ongoing monitoring and an evaluation	Monitoring - ongoing Evaluation - after 3-5 years of implementaiton	All parties	Authorities, community and PrEP users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
4. PrEPARING Asia, Report of the Consultation, APCOM December 2015
5. Technical Update on Pre-Exposure Prophylaxis (PrEP), Technical Report, WHO, February 2015
6. Towards Defining an HIV Implementation Science Agenda for key Populations in Low- and Middle-Income Countries, amfAR, Oct'2015

PrEPARING country[1]

Pakistan

1. PrEP target: by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. Focus on who will be the priority for these actions - Male sex workers and Transgender people
3. Focus on where the actions will take place first:
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - Karachi (to be confirmed);"hot spots" to be identified
   C. Selection criteria - there is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Timelines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Conduct operational research/build strategic information	Study/assessment of the knowledge and willingness of high-risk MSM/MSW/TG to access PrEP assess knowledge of service providers on PrEP sharing of research findings between countries and at regional level	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based organizations • PrEP users • APCOM	• Local authorities will use the study and/or results to "crackdown" on MSM • MSM & MSW will not participate	• That there are sizeable MSM, MSW OR TG populations to conduct the study • All local authorities will cooperate	
B	Consultations - community and multisectoral	Community-based consultations - opportunity to build trust & engagement as well as gain commitment for PrEP within a combination HIV prevention strategy among MSM community	1-3 months	Community based organizations	National and local AIDS Programmes PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in prep • opinions can be changed	
		Multisectoral consultation - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy	1-3 months	National AIDS Programme	Community based organizations PrEP users	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	

C	Advocacy strategy	• Develop outreach communication package • Policy advocacy - presenting evidence, cost/benefit analysis • Develop strong advocacy network • Engagement and support from within local communities	Ongoing	Community based MSM organizations	• APCOM • local health authorities • national health authorities • PrEP users • Media	Create too much demand for the services to handle	That there will be local cooperation with authorities	
D	Pilot combination HIV prevention project to demonstrate feasibility and develop "models" for replication	Pilot to include (1) condom & lubricant provision; (2) community based HIV testing; (3) ARVs to treat and prevent HIV infection; (4) PrEP; (5) Harm reduction for injection drug use - needle-syringe programmes & opioid substitution therapy (OST); (5) sensitising HCPs on issues realting to MSM	0-6 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based MSM organizations • PrEP users	Local and/or community backlash treatment advocates will not fully understand combination prevention	• MSM will wish to participate in a pilot project • National and local authorities are willing to support prevention activities for MSM	
E	Scale up of pilot project	Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot project will inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	From 6 months - ongoing	Community based MSM organizations	• Local health authorities • National health authorities including CCM • Community based MSM organizations • PrEP users	Health authorities will not accept the findings of the pilot and require additional research	• That the pilot will demonstrate success • There will be resources available to scale up the pilot	

F	Strengthen Procurement/logistics systems	Procurement of commodities key to uptake of PrEP Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	National health authorities; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
G	Capacity development through a joint training program for community and health care workers	Need for enhanced capacities in the community for PrEP delivery and CBT services	Ongoing	Community based MSM organization	• National AIDS Program • PrEP users		There are individuals within the community that can take on this new role	
H	Be PrEPARED - Social media campaign	focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	Immediate & ongoing	Community based MSM organization	PrEP users Media	The campaign could be result in local "backlash" against target aiudience	The Be PrEPared brand will be pitched well and result in PrEP uptake	
I	Removal of counter-productive national/ local laws and/or ordinances	Laws and/or ordinances that criminalise male to male behaviour or impede the full implementation of a combination HIV prevention program for MSM need immediate repeal	Immediate & ongoing	National AIDS Programme	Ministry of Justice (or equivalent) Community based legal advocates PrEP users	Local authorities will enact more counter-productive laws and ordinances and crack down on community clinics	Pakistan will be willing to repeal Section 377 of the Penal Code.	
J	Revision of national and local HIV prevention guidelines and strategies including M&E	Guidance and strategies need to reflect the new science and evidence relating to combination HIV prevention	ongoing	National AIDS Programme	HCPs community based MSM organizations	the National AIDS Program excludes most-at-risk populations from strategy	that local evidence is available to inform development of guidelines and strategies	

K	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered PrEP; and # remaining negative?		National AIDS Programme	• Data collection institutions • Data-Hub • community MSM organizations • MSM • PrEP users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	
L	Monitor and Evaluate all actions	Each of the actions in the Plan need ongoing monitoring and an evaluation	Monitoring - ongoing Evaluation - after 3-5 years of implementaiton	All parties	Authorities, community and PrEP users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
4. PrEPARING Asia, Report of the Consultation, APCOM December 2015
5. Technical Update on Pre-Exposure Prophylaxis (PrEP), Technical Report, WHO, February 2015
6. Towards Defining an HIV Implementation Science Agenda for key Populations in Low- and Middle-Income Countries, amfAR, Oct'2015

PrEPARING country[1]

Philippines

1. PrEP target: by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. Long term Goal - inclusion of PrEP in the HIV benefits package of Philhealth.
3. Focus on who will be the priority for these actions - Male sex workers and Transgender people
4. Focus on where the actions will take place first:
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - QUEZON CITY, METRO CEBU, DAVAO
   C. Selection criteria - there is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Time-lines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Conduct operational research/ build strategic information	• Study/assessment of the knowledge and willingness of high-risk MSM/MSW/ TG to access PrEP • Assess knowledge of service providers on PrEP • Sharing of research findings between countries and at regional level	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based organizations • PrEP users • APCOM	• Local authorities will use the study and/or results to "crackdown" on MSM • MSM & MSW will not participate	That there are sizeable MSM, MSW or TG populations to conduct the study all local authorities will cooperate	
B	Consultations - community and multisectoral	Community-based consultations - opportunity to build trust & engagement as well as gain commitment for PrEP within a combination HIV prevention strategy among MSM community	1-3 months	Community based organizations	• National and local AIDS Programmes • PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in PrEP • Opinions can be changed	
		National multisectoral consultation & ongoing consultations - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy	Complet-ed, first national consulta-tion	National AIDS Programme, DoH	• Community based organizations • PrEP users • PNAC • AIDS Society of the Philippines	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	

C	Advocacy strategy	• Develop outreach communication package • Policy advocacy - presenting evidence, cost/ benefit analysis • Develop strong advocacy network • Engagement and support from within local communities	Ongoing	Community based MSM organizations	• APCOM • local health authorities • national health authorities • PNAC • PrEP users	Create too much demand for the services to handle	That there will be local cooperation with authorities	
D	Pilot combination HIV prevention project to demonstrate feasibility and develop "models" for replication	Pilot to include (1) condom & lubricant provision; (2) community based HIV testing; (3) ARVs to treat and prevent HIV infection; (4) PrEP; (5) Harm reduction for injection drug use - needle-syringe programmes & opioid substitution therapy (OST); (5) sensitising HCPs on issues realting to MSM	0-6 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based MSM organizations • PrEP users	• Local and/or community backlash • Treatment advocates will not fully understand combination prevention	• MSM will wish to participate in a pilot project • National and local authorities are willing to support prevention activities for MSM	

E	Scale up of pilot project	Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot project will inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	From 6 months - ongoing	Community based MSM organizations	• Local health authorities • National health authorities including CCM • Community based MSM organizations • PrEP users	Health authorities will not accept the findings of the pilot and require additional research	That the pilot will demonstrate success there will be resources available to scale up the pilot	
F	Strengthen Procurement/ logistics systems	Procurement of commodities key to uptake of PrEP Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	National health authorities; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
G	Capacity development through a joint training program for community and health care workers	Need for enhanced capacities in the community for PrEP delivery and CBT services	Ongoing	Community based MSM organization	National AIDS Program, DoH PrEP users		There are individuals within the community that can take on this new role	
H	Be PrEPARED - Social media campaign	Focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	imme-diate & ongoing	Community based MSM organization	PrEP users Media	The campaign could be result in local "backlash" against target aiudience	The Be PrEPared brand will be pitched well and result in PrEP uptake	

I	Removal of counter-productive national/ local laws and/or ordinances	Laws and/or ordinances that criminalise male to male behaviour or impede the full implementation of a combination HIV prevention program for MSM need immediate repeal	Imme-diate & ongoing	National AIDS Programme	• Ministry of Justice (or equivalent) • Community based legal advocates • PrEP users	Local authorities will enact counter-productive laws and ordinances and crack down on community clinics	• The Catholic Church won't oppose PrEP provision • More anti-discrimination ordinances that address SOGI enacted	
J	Revision of national and local HIV prevention guidelines and strategies including M&E	Guidance and strategies need to reflect the new science and evidence relating to combination HIV prevention	Ongoing	National AIDS Programme	HCPs community based MSM organizations	The National AIDS Program excludes most-at-risk populations from strategy	That local evidence is available to inform development of guidelines and strategies	
K	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered PrEP; and # remaining negative?		National AIDS Programme MSM-TG TWG	• Data collection institutions • Data-Hub • community MSM organizations • MSM • PrEP users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	
L	Monitor and Evaluate all actions	Each of the actions in the Plan need ongoing monitoring and an evaluation	Moni-toring - ongoing Evaluation - after 3-5 years of imple-mentaiton	All parties	Authorities, community and PrEP users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
4. PrEPARING Asia, Report of the Consultation, APCOM December 2015
5. Technical Update on Pre-Exposure Prophylaxis (PrEP), Technical Report, WHO, February 2015
6. Towards Defining an HIV Implementation Science Agenda for key Populations in Low- and Middle-Income Countries, amfAR, Oct'2015

PrEPARING country[1]

Thailand

Public health issue not just for men who have sex with men or transgender persons

1. PrEP target: by 2020, 90% of high-risk MSM[2] have access to and use of tailored combination prevention services
2. Focus on who will be the priority for these actions - Men who have sex with men (aged 18-21 years old), male sex workers, transgender persons
3. Focus on where the actions will take place first:
   A. Geographical focus - urban areas with MSM related commerce or community
   B. Locations for consideration - Bangkok, Phuket, Pattaya
   C. Selection criteria - there is likely demand, there is cooperation from local authorities

[1] These roll-out plans draw on a number of documents - listed at the end of this document.
[2] Baseline information for 2015 required based on the epidemiological situation in country

	Actions (these can be conducted concurrently - the list is not consecutive)	Description	Timelines	Who is directly responsible to implement	What partnerships do we need?	What are the risks to fully implement this action?	What are the assumptions made regarding this action?	Resources required (R); available (A)
A	Publish results of current studies including economic benefits to justify upfront prevention cost/build strategic information	• Cost-benefit analysis and investment case for PrEP • Assess knowledge of service providers on PrEP • Sharing of research findings between countries and at regional level • Assessment of health sector's readiness for PrEP	0-3 months	Identified community based organization working with and acceptable to MSM	• Local health authorities • National health authorities • Community based organizations • PrEP users • APCPOM	• local authorities will use the study and/or results to "crackdown" on MSM • MSM & MSW will not participate	• that there are sizeable MSM, MSM or TG populations to conduct the study • all local authorities will cooperate	
B	Consultations - community and multisectoral	Expansion of community-based consultations - opportunity to build trust & engagement as well as gain commitment for PrEP within a combination HIV prevention strategy among MSM community	1-3 months	Community based organizations	National and local AIDS Programmes PrEP users	The convening of the consultations will become politicised and community divisions emerge	• MSM will be interested in PrEP • Opinions can be changed	

		National multisectoral consultation & ongoing consultations - opportunity to build understanding and gain commitment for PrEP within a combination HIV prevention strategy	Ongoing	National AIDS Programme	• Community based organizations • PrEP users	The convening of the consultation will become too complex and lose purpose	• NAP will be interested in PrEP • Opinions can be changed	
C	Communication/ Advocacy strategy	• Policy advocacy - presenting evidence, cost/ benefit analysis • Develop strong advocacy network • Engagement and support from within local communities • mapping of potential partners and resources to support community advocacy	Ongoing	Community based MSM organiza-tions	• APCOM • local health authorities • national health authorities • PrEP users	Create too much demand for the services to handle	• That there will be local cooperation with authorities • MSM are already at the centre of HIV response strategies	
D	Be PrEPARED - Social media campaign	Focusing on high-risk MSM, providing evidence information information about the benefits of PrEP	Immediate & ongoing	Community based MSM organization	PrEP users Media	The campaign could be result in local "backlash" against target aiudience	The Be PrEPared brand will be pitched well and result in PrEP uptake	

E	Scale up of pilot work	Based on the epidemiology of the HIV epidemic and potential PrEP users, the findings of the pilot projects should inform a scaled up and scaled out programme of PrEP provision within a combination prevention strategy	immediate and ongoing	Community based MSM organiza-tions	• Thai Red Cross • Local health authorities • National health authorities including CCM • Community based MSM organizations • PrEP users	health authorities will not accept the findings of the pilot and require additional research	• That the pilot will demonstrate success • There will be resources available to scale up the pilot	
F	Strengthen Procurement/logistics systems	• Procurement of commodities key to uptake of PrEP • Logistic systems in place to ensure commodities available in timely fashion.	Ongoing	Local health authorities	National health authorities; private sector for procurement and logistics	Conflicts re: whether free or fee	That systems are in place and will be able to be scaled up	
G	Capacity development through a joint training program for community and health care workers	Need for enhanced capacities in the community for prep delivery and cbt services	Ongoing	Community based msm organization	National aids program, doh PrEP users		There are individuals within the community that can take on this new role	

H	Revision of national and local HIV prevention guidelines and strategies including M&E	Guidance and strategies need to reflect the new science and evidence relating to combination hiv prevention	Ongoing	National AIDS programme	HCPs Community based msm organizations	The national aids program excludes most-at-risk populations from strategy	That local evidence is available to inform development of guidelines and strategies	
I	Relaxation of regulations re: who can draw blood and prescribe prep	Need for greater opportunity for community involvement in prep scale-up	Immediate & ongoing	National aids programme	Ministry of justice (or equivalent) Community based legal advocates PrEP users	Untrained/unlicenced personnel will set up "fake" prep facilities	MOH will be willing to allow greater flexibilitys in health regulations	
J	Monitor and evaluate all actions	Each of the actions in the plan need ongoing monitoring and an evaluation	Monitoring - ongoing Evaluation - after 3-5 years of im-plementaiton	All parties	Authorities, community and prep users	M&E becomes the focus and not program scale-up	M&E findings will be available and actioned	
K	Development of localised metrics	Simple and limited - monitor # tested; test results; # negatives offered prep; and # remaining negative?		National aids programme MSM-TG TWG	Data collection institutions Data-hub Community msm organizations MSM Prep users	Focus will become, data collection and not program scale-up	Data will be available and made accessible	

Reference documents:

1. Consolidated Guidelines on the Use of Antiretroviral Drugs and Treating and Preventing HIV Infection, WHO, November 2015
2. Fast-Tracking Combination Prevention - Towards reducing new HIV infections to fewer than 500,000 by 2020, UNAIDS October 2015 (approved by UNAIDS PCB in October 2015)
3. Oral Pre-Exposure Prophylaxis - Putting a new choice in context, UNAIDS, WHO & AVAC 2015
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A new direction for HIV prevention among MSM in Asia

We are united in our courage to advocacy issues that affect the lives of men who have sex with men and transgender people, including HIV, rights, health and well being.

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