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“The Time Has Come”

**Enhancing HIV, STI and other sexual health services for
MSM and transgender people in Asia and the Pacific**

Training package for health providers to reduce stigma in
health care settings

Facilitator Training Manual

The Time Has Come

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The contents of this training package can be downloaded at: <http://asia-pacific.undp.org/> and <http://aidsdatahub.org/>

Acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APMG	AIDS Project Management Group
APN+	Asia Pacific Network of People Living with HIV and AIDS
APTN	Asia Pacific Transgender Network
ART	Anti-retroviral treatment
ARV	Antiretroviral medication
ASEAN	Association of South-East Asian Nations
BCC	Behaviour change communication
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	US Centers for Disease Control and Prevention
DoH	Department of Health
FHI 360	Family Health International 360
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People with HIV and AIDS
GLBT	Gay, lesbian, bisexual and transgender people
GWL-INA	Indonesian National Network of Gay, Waria and Lelaki
HIV	Human Immunodeficiency Virus
HTC	HIV testing and counselling
IBBS	integrated bio-behavioural survey
ICT	Information communication technology
IDU	Injecting drug user
IEC	Information, education and communication
ISEAN	Islands of Southeast Asia Network for Male and Transgender Sexual Health
KAPs	Key affected populations
LGBT	Lesbian, gay, bisexual and transgender people
MARP	Most-at-risk population
M&E	Monitoring and evaluation
MSM	Men who have sex with men
MoPH	Thai Ministry of Public Health
NAPHA	National Antiretroviral Program for People Living with HIV and AIDS

NAC	National AIDS Committee
NGO	Non-government organization
PEP	Post-exposure prophylaxis
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
POZ	POZ Home Center
PrEP	Pre-exposure prophylaxis
PSI	Population Services International
PWUD	People who use drugs
QI	Quality Improvement
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
TCS	Treatment, care and support
TG	Transgender person
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UN ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
USAID HPI	United States Agency for International Development Health Policy Initiative
VCT	Voluntary counselling and testing
WHO/WPRO	World Health Organization/Western Pacific Regional Office
WHO/SEARO	World Health Organization/South-East Asia Regional Office
YMSM	Young men who have sex with men
YTGP	Young transgender people
YVC	Youth Voices Count

Top recommended resources

1. *Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach.* WHO, 2011.
http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/
2. *Operational Guidelines for Monitoring and Evaluation of HIV Programmes for Sex Workers, Men who have Sex with Men, and Transgender People – Volume I National and Sub-National Levels.* Measure Evaluation, 2013.
<http://www.cpc.unc.edu/measure/publications/ms-11-49a>
3. *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender Populations in Asia and the Pacific – Regional Consensus Meeting Report:* UNDP, 2009.
<http://www.snap-undp.org/elibrary/Publication.aspx?ID=655>.
4. *Understanding and reducing stigma related to men who have sex with men and HIV.* UNAIDS, USAID/PEPFAR, Institute for Social Development Studies, 2010.
http://www.unaids.org.vn/sitee/images/stories/quang/msm%20toolkit_en_preview_resize.pdf
5. *Towards Universal Access: examples of municipal HIV programming for men who have sex with men and transgender persons in six Asian Cities.* UNDP, 2011.
http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/towards-universal-access--examples-of-municipal-hiv-programming-.html
6. *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action.* UNDP, 2010.
http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/legal-environments--human-rights-and-hiv-responses-among-men-who.html
7. *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region.* UNDP, 2012.
<http://www.undp.org/content/dam/undp/library/hivaids/Lost%20in%20translation.pdf>
8. *Joint Technical Brief: HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific.* WHO, 2013.
http://www.wpro.who.int/entity/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf
9. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People (7th edition).* World Professional Association for Transgender Health, 2012.
<http://www.wpath.org/documents/SOC%20V7%2003-17-12.pdf>
10. *MSM Country Snapshots* – a publication series that disseminates strategic information on HIV and men who have sex with men (MSM) in Asia and the Pacific. UNDP, UNAIDS, APCOM, HIV & AIDS Data Hub, National AIDS authorities and local civil society, 2013.
http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/msm-country-snapshots.html

Other documents for consideration:

- *HIV and the Law: Risks, Rights & Health*. Global Commission on HIV and the Law, UNDP, 2012.
<http://www.undp.org/content/dam/undp/library/HIV-AIDS/Governance%20of%20HIV%20Responses/Commissions%20report%20final-EN.pdf>
- *Guidance on couples HIV testing and counselling including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach*. WHO, 2012.
http://whqlibdoc.who.int/publications/2012/9789241501972_eng.pdf
- *The Global HIV Epidemics among Men Who Have Sex with Men*. World Bank, 2011.
<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/MSMReport.pdf>
- *Lessons from the front lines: effective community-led responses to HIV and AIDS among MSM and transgender populations*. amfAR (The Foundation for AIDS Research) in partnership with the Global Forum on MSM & HIV (MSMGF), 2010.
http://www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Lessons-Front-Lines.pdf
- *Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region*. WHO, 2010.
http://www.searo.who.int/LinkFiles/Publications_Priority_HIVandSH_interventions_May10.pdf
- *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: the current situation and national responses*. WHO/SEARO, 2010.
http://www.searo.who.int/LinkFiles/Publications_MSM-combined.pdf
- *The Global Fund Strategy in Relation to Sexual Orientation and Gender Identities*. The Global Fund, 2010.
<http://www.theglobalfund.org>
- *Clinical guidelines for sexual health care of men who have sex with men*. IUSTI Asia Pacific Branch, 2006.
http://www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf
- *A training for health care providers working with men who have sex with men and transgender persons* (CD-ROM: Facilitators' Guide, Participants' Guide, and Pocket Guide). I-TECH, 2007.
<http://www.searchitech.org/itech?page=ff-09-03>
- *Health sector response to gender-based violence: case studies of the Asia Pacific Region (assessment and case studies)*. UNFPA, 2010.
<http://asiapacific.unfpa.org/public/pid/6770>

- *Peer and outreach education for improving the sexual health of men who have sex with men: a reference manual for peer and outreach workers.* FHI, USAID, PSI Asia, International HIV/AIDS Alliance, UNESCO, Purple Sky Network, 2007.
<http://www2.unescobkk.org/hivaids/databases/publication.aspx?id=306>
- *Care of the HIV-infected transgender patient.* World Professional Association of Transgender Health, 2012.
<http://www.hivguidelines.org/wp-content/uploads/care-of-the-hiv-infected-transgender-patient-posted-01-25-2012.pdf>

Key terminology for MSM and transgender people training package

Source: UNAIDS Terminology Guidelines (October 2011)¹ unless otherwise stated.

Behavioural interventions (Behaviour Change Communication)

Behaviour change communication promotes tailored messages, personal risk assessment, greater dialogue, and an increased sense of ownership. Behaviour change communication is developed through an interactive process, with its messages and approaches using a mix of communication channels in order to encourage and sustain positive, healthy behaviours. See also 'social change communication'.

Binary

Relating to, composed of, or involving two things.²

Bisexual

A bisexual is defined as a person who is attracted to and/or has sex with both men and women and who identifies with this as a cultural identity. The expression 'men who have sex with both men and women' or 'women who have sex with both women and men' should be used unless individuals or groups self-identify as 'bisexual'.

Butchers paper

Names after its original purpose to wrap meat by butchers, this type of paper is cheap and sturdy and is used often in workshops and training programs for participants to write on, and then post on walls.

Concentrated epidemic

In a concentrated epidemic HIV has spread rapidly in one or more populations but is not well established in the general population. Typically, the prevalence is over 5% in subpopulations while remaining under 1% in the general population, although these thresholds must be interpreted with caution. In a concentrated HIV epidemic there is still the opportunity to focus HIV prevention, treatment, care, and support efforts on the most affected subpopulations, while recognizing that no subpopulation is fully self-contained.

1 http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2011/JC2118_terminology-guidelines_en.pdf Accessed 24 July 2012.

2 <http://oxforddictionaries.com/definition/english/binary?q=binary> Accessed 24 July 2012.

Duality

An instance of opposition or contrast between two concepts or two aspects of something (e.g. male vs. female, masculine vs. feminine).³

Enabling environment

There are different kinds of enabling environments in the context of HIV. An enabling legal environment is one in which laws and policies against discrimination on the basis of HIV status, risk behaviour, occupation, and gender are in place and are monitored and enforced. An enabling social environment is one in which social norms support healthy behaviour choices.

Gay

The term `gay` can refer to same-sex sexual attraction, same-sex sexual behaviour, and same-sex cultural identity. The expression `men who have sex with men` should be used unless individuals or groups self-identify as gay.

Gender and sex

The term `sex` refers to biologically determined differences, whereas `gender` refers to differences in social roles and relations. Gender roles are learned through socialization and vary widely within and between cultures. Gender roles are also affected by age, class, race, ethnicity, and religion, as well as by geographical, economic, and political environments. Moreover, gender roles are specific to a historical context and can evolve over time, in particular through the empowerment of women. Since many languages do not have the word `gender`, translators may have to consider alternatives to distinguish between these two concepts.

Gender identity

Gender identity refers to a person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes both the personal sense of the body, which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means, and other expressions of gender, including dress, speech, and mannerisms.

Generalized epidemic

A generalized HIV epidemic is an epidemic that is self-sustaining through heterosexual transmission. In a generalized epidemic, HIV prevalence usually exceeds 1% among pregnant women attending antenatal clinics.

3 <http://oxforddictionaries.com/definition/english/duality?q=duality> Accessed 24 July 2012.

Heteronormative

The term 'heteronormative' denotes or relates to a world view that promotes heterosexuality as the normal or preferred sexual orientation.⁴

Heterosexual/heterosexuality

The term 'heterosexual' is used to refer to people who have sex with and/or are attracted to people of the opposite sex.

HIV/AIDS (don't use)

The expression HIV/AIDS should be avoided whenever possible because it can cause confusion. Most people with HIV do not have AIDS. The expression 'HIV/AIDS prevention' is even more unacceptable because HIV prevention entails correct and consistent condom use, use of sterile injecting equipment, changes in social norms, etc., whereas AIDS prevention entails cotrimoxazole, good nutrition, isoniazid prophylaxis (INH), etc. It is preferable to use the term that is most specific and appropriate in the context. Examples include 'people living with HIV', 'HIV prevalence', 'HIV prevention', 'HIV testing', 'HIV-related disease', 'AIDS diagnosis', 'children made vulnerable by AIDS', 'children orphaned by AIDS', 'AIDS response', 'national AIDS programme', 'AIDS service organization'. Both 'HIV epidemic' and 'AIDS epidemic' are acceptable, but 'HIV epidemic' is a more inclusive term.

Homophobia

Homophobia is fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards homosexuals and/or homosexuality.

Homosexual/homosexuality

The word homosexual is derived from the Greek word 'homos', meaning 'same'. It refers to people who have sex with and/or sexual attraction to or desires for people of the same sex. This should not be confused with the Latin word 'homo', which describes humanity as a whole.

Incidence

HIV incidence (sometimes referred to as cumulative incidence) is the number of new cases arising in a given period in a specified population. UNAIDS normally refers to the number of adults aged 15–49 years or children (aged 0–14 years) who have become infected during the past year. In contrast, HIV prevalence refers to the number of infections at a particular point in time, no matter when infection occurred, and is expressed as a percentage of the population (like a camera snapshot). In specific observational studies and prevention trials, the term 'incidence rate' is used to describe incidence per hundred person years of observation.

Intersex

An intersex person is an individual with both male and female biological attributes (primary and secondary sexual characteristics).

4 Oxford English Dictionary. <http://oxforddictionaries.com/definition/english/heteronormative> Accessed 24 July 2012.

Lesbian

The term 'women who have sex with women' should be used unless individuals or groups self-identify as lesbians.

LGBTI

LGBTI is an abbreviation that covers lesbian, gay, bisexual, transsexual, transgender, transvestite, and intersex people. Although it is preferable to avoid abbreviations when possible, LGBTI (or LGBT) has gained recognition because it emphasizes a diversity of sexuality and gender identities.

Low-level epidemic

The term 'low-level epidemic' is used for epidemics where HIV prevalence has not consistently exceeded 1% in the general population nationally, nor 5% in any subpopulation.

Prevalence (see 'seroprevalence')

Seroprevalence

As related to HIV infection, seroprevalence is the proportion of persons who have serologic evidence of HIV infection, i.e. antibodies to HIV, at any given time.

Sexual health

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safer sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.⁵

Sexual orientation

The term 'sexual orientation' refers to each person's profound emotional and sexual attraction to, and intimate and sexual relations with, individuals of a different, the same, or both sexes.

SOGI

Sexual Orientation and Gender Identity: see separate definitions of 'sexual orientation' and 'gender identity' above.

Structural interventions

Structural interventions are those that seek to alter the physical and social environment in which individual behaviour takes place. Their aim can also be to remove barriers to protective action or to create constraints to risk-taking.

5 WHO. Defining sexual health: report of a technical consultation on sexual health, 28–31 January 2002. Geneva, World Health Organization, 2006.

Transgender people

A transgender person has a gender identity that is different from his or her sex at birth. Transgender people may be male to female (female appearance) or female to male (male appearance). It is preferable to describe them as 'he' or 'she' according to their gender identity, i.e. the gender that they are presenting, not their sex at birth.

Transphobia

Transphobia is fear, rejection, or aversion, often in the form of stigmatizing attitudes or discriminatory behaviour, towards transsexuals, transgender people, and transvestites.

Treatment for Prevention (also Treatment as Prevention)

In light of recent scientific developments, new terms such as this have arisen. Treatment for Prevention is the use of ARV treatment in a way that contributes to HIV prevention at a population-level. It refers more specifically to the prevention benefits of antiretroviral treatment used at the eligibility levels of WHO treatment guidelines. A concerted effort is underway now to document these benefits in specific community settings. In 2011, early antiretroviral treatment before an individual has reached WHO-defined treatment eligibility was shown to reduce linked HIV transmission by 96% in serodiscordant couples. This is coined as 'treatment for prevention' or 'treatment as prevention', sometimes abbreviated as 'T4P' or 'TasP' respectively.

Local terms and phrases for MSM and transgender people

Terms for sexual orientations, gender identities and identities based on sexual behaviours by country.⁶

Country	Sex role or identity term	Male-to-male sexual role and behaviour	Gender
India	kothi, danga	Visible feminized role. Anally receptive	male
	panthi, giriya, do-paratha, double-decker, "gay"	Term used by kothis for their non-effeminate partners	
	panthi	Invisible because acts as "ordinary man" or "real man". Usually insertive anal sex	male
	giriya	Steady partner of kothi; husband or "real man"	male
	do-paratha, double-decker, "gay"	Both insertive and receptive anal sex	male
	jiggery dost	Close male friend with whom a man sometimes has sex. Masturbation or manual stimulation of partner; may have oral or anal intercourse	male
	gay (self-identified) hijra	Manual stimulation, fellatio, anal sex Commonly receptive, but may also have insertive anal sex	male transgender, eunuch, other
Bangladesh	kothi, danga	Visible feminized role. Anally penetrated/receptive	male
	panthi, giriya, do-paratha, double-decker, "gay"	Terms used by kothis of their partners	
	panthi, giriya	Invisible because acts as "ordinary man" or "real man". Usually insertive anal sex	male
	do-paratha, double-decker, "gay"	Both insertive and receptive anal sex	male
	jiggery dost	Close male friend with whom a man sometimes has sex. Manual stimulation; may have anal intercourse	male
	hijra	Commonly receptive, but may also have insertive anal sex	transgender, eunuch, other

⁶ Source: Clinical guidelines for sexual health care of men who have sex with men. IUSTI Asia Pacific Branch, 2006. http://www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf Accessed 24 July 2012.

Country	Sex role or identity term	Male-to-male sexual role and behaviour	Gender
Indonesia	laki laki, laki asli	Effeminate man. Commonly receptive anal sex	male
	waria, banci (Batavian), calabai (Buginese), kedia (Javanese, Balinese), kawekawe (Makassarese, Buginese), wan du (Javanese), bissu (Celebes)	Feminized behaviour cross dressers (subtle cultural differences between each of these roles). Commonly anally receptive, but highly variable	transgender, other
	gay	May be self-identified. Diverse sexual behaviour	male
Thailand	kathoey	Feminized behaviour. Receptive anal sex	transgender
	pet tee sam ("third sex"), phuying praphet song ("second kind of woman"), sao praphet song ("second kind of girl"), nang fa jam leng ("transformed goddess"), ork-sao ("outwardly a woman"), tut (as in "Tootsie"), ladyboy, ladyman	As above	transgender
	man	Acts as "real man". Sex with women, insertive anal sex	
	gay-queen, king or kwing	Description of other or maybe self-identified. Respectively receptive or insertive anal sex or both	male
Nepal	meti	Feminized identity. Receptive anal sex	transgender
	ta	Partners of meti; have sex with men and women	male
	dohori	Masculine-looking MSM, label provided by meti	male
Cambodia	kathoey	Feminized behaviour frequently sells sex. Receptive anal sex	transgender
Myanmar	acault	Feminized behaviour. Receptive anal sex	transgender, third gender
Philippines	bayot, bantut, bakla ("a gay: a woman trapped in a man's body"), ladyboy	Variety of cross-dressing behaviour. Receptive anal sex	transgender, third gender
	silahis	Usually married (to a woman) and also has sex with men; also, non-effeminate MSM	male

Country	Sex role or identity term	Male-to-male sexual role and behaviour	Gender
China	bian xing ren (“change sex person”)	Various sexual behaviours. Male–male sexual behaviour influenced by widespread belief that male–female sex leads to loss of man’s “yang” (“fire” or “male”) force, but that male–male sex does not	variable
Vietnam	bong kin (bóng kín)	Outwardly masculine, diverse sexual behaviour	male
	bong lo (bóng lò), ladyboy	Effeminate, dress as women, receptive oral and anal sex	transgender

Note: These terms change rapidly with new terms appearing and meanings constantly evolving with different interpretations that depend upon geographic location, group membership and education level. Be aware that some may be perceived as stigmatizing – and that you should check the current local understanding of the terms.

“The Time Has Come”

**Enhancing HIV, STI and other sexual health services for
MSM and transgender people in Asia and the Pacific**

Training package for health providers to reduce
stigma in health care settings

Training overview

The time has come

Some say sexual orientation and gender identity is a sensitive subject. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake – and because it is our duty, under the United Nations Charter ... and the Universal Declaration of Human Rights ... to protect the rights of everyone, everywhere. The High Commissioner's report documents disturbing abuses in all regions. We see a pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual or transgender. There is widespread bias at jobs, schools and hospitals – and appalling violent attacks, including sexual assault. People have been imprisoned, tortured, even killed.

This is a monumental tragedy for those affected – and a stain on our collective conscience. It is also a violation of international law. You, as members of the Human Rights Council, must respond. To those who are lesbian, gay, bisexual or transgender, let me say: You are not alone. Your struggle for an end to violence and discrimination is a shared struggle. Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold.

Today, I stand with you ... and I call upon all countries and people to stand with you, too.

A historic shift is under way. More States see the gravity of the problem. I firmly oppose conditionality on aid. We need constructive actions. The High Commissioner's report points the way. We must: tackle the violence ... decriminalize consensual same-sex relationships ... ban discrimination ... and educate the public. We also need regular reporting to verify that violations are genuinely being addressed. I count on this Council and all people of conscience to make this happen.

The time has come.

Secretary-General Ban Ki-moon

Message to the Human Rights Council meeting on Violence and Discrimination based on Sexual Orientation or Gender Identity, Geneva (Switzerland), 7 March 2012

Text available at: http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=1475

Also see video at: <http://www.youtube.com/watch?v=qtxU9iOx348>

Background

Access to health services and social support by men who have sex with men (MSM) and transgender (TG) people is recognized as a fundamental human right. Due to the lack of protective laws, insufficient skills and incomplete knowledge about sexuality and sexual health, and high levels of stigma and discrimination, currently, access to HIV prevention, treatment, care and community support services is limited compared with the share of the HIV burden faced by these populations. In 2011, the Report of the United Nations High Commissioner for Human Rights noted that, "...homophobic, sexist and transphobic practices and attitudes on the part of health care institutions and personnel may nonetheless deter lesbian, gay, bisexual and transgender (LGBT) persons from seeking services, which in turn has a negative impact on efforts to tackle HIV/AIDS and other health concerns."⁷

In response to the alarming growth in HIV prevalence among MSM and transgender people, UNDP and WHO in partnership with USAID, WHO, UNAIDS and the Asia Pacific Coalition on Male Sexual Health (APCOM) have been working together to better understand the legal and human rights aspects and other social determinants of the epidemic, identify priority health sector interventions and propose approaches to address stigma and discrimination issues.

The Global Commission on HIV and the Law⁸ and "Legal, Environments, Human Rights and HIV Responses among MSM and transgender persons in Asia and the Pacific: An Agenda for Action"⁹ have documented that stigma in health care settings is a major barrier preventing access to health services, due to the negative attitude of care providers and incomplete knowledge about sexual orientation and gender identity (SOGI). Furthermore, WHO has identified insufficient skills regarding male sexual health (pharyngeal and ano-rectal care in particular); and insensitive communication and counselling with MSM and transgender clients at health care clinics as significant impediments for the uptake of services provided in health care settings.¹⁰

This package offers a dynamic, interactive training programme designed and delivered by expert peer trainers. Based upon best-practice adult education principles and methods, it draws on the latest research, policy and strategy related to HIV prevention, treatment, care and support among MSM¹¹ and transgender people to deliver training at the cutting edge of new thinking and innovation. The training aims to impart practical, sustainable knowledge and skills to programme managers, frontline service managers and health policy professionals that can enhance their leadership capacity and improve programming and service delivery. It is designed to be particularly relevant for health care workers in particular, as well as selected staff from

7 UN Human Rights Council, Nineteen Sessions, Agenda Items 2 and 8. Annual Report of the United Nations High Commissioner for Human Rights and Report of the Office of the High Commissioner and Secretary-General. *Discriminatory law and practices and acts of violence against individuals based on their sexual orientation and gender identity* (A/HRC/19/41). 17 November 2011.

8 Report of the Asia-Pacific Regional Dialogue of the Global Commission on HIV and the Law. Bangkok, 17 February 2011. UNDP.

9 Godwin, J. (2010). *Legal Environments, Human Rights, and HIV Responses among MSM and Transgender people in Asia and the Pacific: An Agenda for Action*. UNDP.

10 WHO (2011). *Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach*. Accessible at: http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/

11 This Manual recognizes that there are important differences between the concept of "MSM" and "gay men". However, for the purpose of these documents, "MSM" is intended to encompass the category of "gay men".

funders, national and provincial HIV programmes, Global Fund project managers, policy-makers, frontline managers and advocates.

Lastly, although the package is not expressly inclusive of young MSM (YMSM) and young transgender people (YTGP), the information provided throughout is meant to be considered for these populations as well. Young MSM and young transgender people may have increased risk of acquiring HIV due to physical immaturity. In addition, their emotional vulnerability as they enter into their own sexuality, due to engaging in behaviours considered socially unacceptable and often illegal, can result in rejection, violence, sexual coercion as well as self-stigma, isolation and increased vulnerability to HIV and other STIs. YMSM and YTGP may face more stigma and discrimination from health care providers due to their age and may not even be able to access services without parental consent if they are under 18 years of age. The practical, sustainable knowledge and skills provided by this training can support innovative programming and service delivery responsive to YMSM and YTGP who are already part of MSM and transgender communities.

The change we hope to see

As a result of participating in this training, we hope that participants will be better able to advocate for and support MSM and transgender HIV-related programmes. They will be better able to provide leadership with sensitivity and respect for the range of public health partners, including community CBOs and NGOs that are essential for effective programming. We aim to create a change that allows participants to better conceptualize and talk about MSM and transgender issues and consider these for HIV programme management including YMSM and YTGP. We aim to foster improved capacity for the application of the skills and methods introduced during the programme.

- Participants will have a deeper understanding of data and evidence relating to HIV prevention and care among MSM and transgender people; they will have an increased understanding of data in their own countries and regions, and be able to use that data to drive and support policy development, programme planning and review.
- They will better understand HIV risk for MSM and transgender people in terms of human rights, violence, youth and “patterns of vulnerability”. This includes a stronger understanding of how laws and legal policies, including issues of consent, hinder or enable better HIV programming for MSM and transgender people. This will include an analysis of the particular characteristics and needs of sub-populations of MSM and transgender people relevant to the participants’ context.
- Participants will better understand the concept of lesbian, gay, bisexual and transgender (LGBT) issues and the concepts of sexual orientation and gender identity (SOGI).
- Participants will become familiar with the 2009 Asia-Pacific comprehensive package of MSM and TG services and be assisted in adapting it to their context. They will be provided with evidence for effective policy and programme design.
- Participants will leave this training with new ideas about how to manage MSM and transgender programmes – both internally and externally. They will better understand how to work with community partners who are implementing aspects of the programme. They will understand the challenges and opportunities available when ‘managing up’ to sustain HIV programming with MSM and transgender people. They will be better able to navigate bureaucratic processes.

View of the participant

This curriculum has been developed with a particular view of the potential participants who are likely to benefit, the skills they bring with them and the learning they seek. Participants are viewed as having general skills in health, welfare, policy development and/or service management that is the foundation of their capacity to contribute to HIV programming for MSM and transgender people. The curriculum assumes that many participants will be seeking:

- Greater understanding of and sensitivity toward MSM and transgender people
- Improved knowledge of HIV as it affects MSM and transgender people in their respective areas
- Detailed knowledge of comprehensive services for MSM and transgender people, their implementation, monitoring and evaluation
- Greater sophistication in their ability to utilize international policy, strategy, research and information related to HIV programming among MSM and transgender people
- Improved skills in the management of donor-related programmes and services.

Sectors benefiting from this training

The primary audience of this training package includes national and provincial officials overseeing HIV programmes with MSM and transgender people, direct health care providers for MSM and transgender people, and health bureaucrats responsible for advising government ministers and others on policy in the response to HIV. National policy-makers and city-level health care providers who are involved in clinical management and policy development should be included as part of the primary audience.

Overall, this curriculum generally aims to be of value to **National AIDS Programmes provincial government officials** responsible for the funding and management of programmes addressing HIV prevention and care among MSM and transgendered people as well as direct providers of health care for MSM and transgender people. Many participants will be health officials with a health, development or planning background and responsible for advising Government Ministers and others on policy in the response to HIV. These participants will also be writing programme policy, coordinating local responses and managing donor relationships and programmes – even if often only at the facility-level.

Staff and stakeholders in Global Fund and bilateral donor programmes, including the secretariat for Country Coordinating Mechanisms (CCMs), CCM members, management and implementation staff in Principal Recipient organizations, could also benefit from the package. These individuals are crucial to the ways in which MSM and transgender programmes are developed, funded and implemented in-country. The capacity to consider the MSM and transgender needs of their citizens is critical to the success of the HIV response.

Management and clinical staff of international and national non-government organizations conducting programmes addressing HIV prevention and care among MSM and transgender people will also benefit from participating. The training will also be relevant for country-level UN programme managers and their staff, as they are often called upon to provide technical advice.

Advice and caution

Many valuable lessons were learnt in the development of this package and in the rollout of the pilot trainings in the Philippines, Indonesia, Timor-Leste and China. The following lessons are shared as words of caution in the hope of avoiding repetition of some problems and errors that occurred.

A recurring issue throughout the process was the particular challenge of ensuring that participants developed a common understanding of the critical concepts of sexual orientation and gender identity (SOGI). This issue required substantial time in all pilot trainings – and understanding was greatly enhanced in those trainings where training participants included openly gay, MSM or transgender people, or participants who were comfortable to disclose their personal experiences of gender expression.

Additionally, it is recommended not to *overly* adapt the training modules. In some of the pilot trainings the package was substantially changed to the extent that all five modules were attempted in a two-day period, and followed by a half-day 'stakeholder meeting' with senior government and other personnel. This was in an attempt to advocate for the future use of the package. While such advocacy is essential for the success of any local sustainability, it is recommended that any local stakeholders' advocacy meetings be planned as an additional activity, not to be included into the training agenda.

Another questionable adaptation of the package is to add a clinical component on STI management. This was probably misguided and likely distracted participants from the core purpose of the package, generating confusing expectations, while also disappointing participants, given that the clinical content was very limited due to time constraints. These issues are likely to arise repeatedly in the future use of the package once the original facilitators are no longer involved in the country-level rollout of the training. It is recommended to convene STI management training as an additional training activity.

Translation of the package is likely to be especially challenging. In many countries, there are simply no equivalent, precise, local terms for many of the key concepts in the package – and facilitators will need to be highly knowledgeable so that they can make these difficult terms correctly understood. Similarly, the local terms that are used (including slang) are in constant evolution and meanings may be understood differently depending on geographical location, ethnicity, age, and educational level. In other settings force of habit in the context of HIV may have led to the major error of generically translating "transgender people" as "*waria*" (which applies only to trans women) and thus completely precluded the existence of transgender men from discussions in the training.

Course Outline

Introductions (afternoon/evening)

Time	Timing	Session Title
3.00pm–4.30pm	90 min	Welcome Housekeeping Participant Situations and Aspirations
4.30pm–6.00pm	90 min	Group Guidelines Overview of training objectives Diary of programme Handouts
6.00pm–7.30pm	90 min	Welcome Dinner

MODULE 1 – CONTEXT BUILDING

Day 1 (morning)

Time	Timing	Session Title
9.00am–9.15am	15 min	Opening, overview and context-building
9.15am–9.45am	30 min	Session 1: Terms, Concepts and Definitions
9.45am–10.15am	30 min	Session 2: HIV among MSM and transgender people in Asia and the Pacific
10.15am–10.45am	30 min	Session 3A: How can we make a difference?
10.45am–11.00am	15 min	Morning Tea
11.00am–11.30am	30 min	Session 3B: The 2011 Global MSM and TG guidelines
11.30am–1.00pm	90 min	Session 4: <i>Exercise</i> - Understanding MSM, transgender people and HIV (Who, how and where)
1.00pm–2.00pm	60 min	LUNCH

MODULE 2 – MSM AND TRANSGENDER PROGRAMMING

Day 1 (afternoon)

Time	Timing	Session Title
2.00pm–2.10pm	10 min	Introduction
2.30pm–4.00pm	110 min	Session 1: Needs, risks and competing priorities
4.00pm–4.30pm	30 min	Afternoon Tea and End of Day

MODULE 2 – MSM AND TRANSGENDER PROGRAMMING (CONTINUED)

Day 2		
Time	Timing	Session Title
9.30am–11.00am	90 min	Session 2: Helping MSM and transgender people avoid HIV
11.00am–11.30pm	30 min	Morning Tea
11.30pm–1.00pm	90 min	Session 2 (cont.): Helping MSM and transgender people avoid HIV
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Delivering HIV treatment, care and support
3.30pm–4.00pm	30 min	Afternoon Tea Break
4.00pm–5.15pm	75 min	Session 4: Management issues in the delivery of HIV treatment, care and support

MODULE 3 – ENABLING ENVIRONMENTS

Day 3		
Time	Timing	Session Title
9.00am–9.30am	30 min	Introduction
9:30am–10.30pm	60 min	Session 1: Environments of risk, vulnerability and impact
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1: Small group report back
12.00pm–1.00pm	60 min	Session 2: Elements of the enabling environment
1:00pm–2:00pm	60 min	LUNCH
2:00pm–3:30pm	90 min	Session 3: Laws and policies
3:30pm–4:00pm	30 min	Afternoon tea
4:00pm–5.15pm	75 min	Session 4: Human rights and social justice frameworks

MODULE 4 – STRATEGIC INFORMATION

Day 4

Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.45am	90 min	Session 1: Orientation to research, policy and strategy
10.45am–11.00am	15 min	Morning Tea
11.00am–1.00pm	120 min	Session 2: First Challenge – What do you know? (Research, Epidemiology and Data Clinic)
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Second Challenge – Policy and strategy (Policy and Strategy Clinic)
3.30pm–4.00pm	30 min	Afternoon Tea
4.00pm–5.30pm	90 min	Session 4: Third Challenge – Is it working? (M&E Frameworks Clinic)

MODULE 5 – PROGRAMME MANAGEMENT

Day 5

Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.30am	75 min	Session 1: Managing up, down, out and in
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1 (cont.): Feedback and discussion
12.00pm–1.00pm	60 min	Session 2: Managing partnerships
1.00pm–2.00pm	60 min	LUNCH and workshop evaluation

Training Modules

Module 1 Context building

Module 2 MSM and transgender programming

Module 3 Enabling environments

Module 4 Strategic information

Module 5 Programme management

Module 1:

Context building

Overview

The morning of Day 1 (Monday) begins with the module **Context building** introducing:

1. Common terms and definitions used in MSM and transgender programming
2. The 2009 Asia-Pacific comprehensive package of MSM and TG services
3. The complexities in understanding HIV programming for MSM and transgender people.

Learning outcomes

At the end of this module participants will understand:

- The language used in MSM and transgender programming
- Elements of the 2011 Global MSM and TG Guidelines
- Elements of the 2009 Asia-Pacific comprehensive package of MSM and TG services
- How they can use these terms and the Comprehensive Package in their work.

Participants will also have a deeper understanding of the complexities of programming for MSM and transgender people including:

- The differences between identity and behaviour (i.e. LGBT and SOGI)
- Environments of risk and vulnerability
- How marginalization, poverty, lower education, and harassment by police and other social forces impact upon HIV prevention and care among MSM and transgender people.

MODULE 1 – CONTEXT BUILDING

Day 1 (morning)		
Time	Timing	Session Title
9.00am–9.15am	15 min	Opening, overview and context-building
9.15am–9.45am	30 min	Session 1: Terms, Concepts and Definitions
9.45am–10.15am	30 min	Session 2: HIV among MSM and transgender people in Asia and the Pacific
10.15am–10.45am	30 min	Session 3A: How can we make a difference?
10.45am–11.00am	15 min	Morning Tea
11.00am–11.30am	30 min	Session 3B: The 2011 Global MSM and TG guidelines
11.30am–1.00pm	90 min	Session 4: <i>Exercise</i> - Understanding MSM, transgender people and HIV (Who, how and where)
1.00pm–2.00pm	60 min	LUNCH

Module 2:

MSM and transgender programming

Overview

Day 1 continues with the introductory session to Module 2 on managing programmes for MSM and transgender people entitled **MSM and transgender programming**. The session includes:

- The HIV Continuum of Prevention, Treatment to Care is used to describe and define health-related needs of MSM and transgender people and the public health partners that can help to achieve the goals across this continuum
- The day concludes with afternoon tea and an end of the day *Exercise* during the tea break.

Day 2 (Tuesday) continues the module **MSM and transgender programming**. The day begins with:

- Introduction to the Day and a Check-In *Exercise*
- A session on approaches and models for engaging MSM and transgender people in health programming that includes how MSM and transgender people access services and they conditions by which they will access them
- Assisting HIV prevention among MSM and transgender people including a presentation of the range of HIV prevention interventions used in MSM and transgender programming
- Treatment, care and support imperatives for MSM and transgender people
- Implications for the design and management of programmes and services.

Learning outcomes

At the end of the module, participants will have:

- A deeper understanding of services which attract and ensure follow-up by MSM and transgender people
- The dynamics of health decision-making and the impacts of this decision-making on HIV transmission and prevention practices
- Some practical answers to local issues and barriers in the local contexts of the participants.

MODULE 2 – MSM AND TRANSGENDER PROGRAMMING

Day 1 (afternoon)

Time	Timing	Session Title
2.00pm–2.10pm	10 min	Introduction
2.10pm–4.00pm	110 min	Session 1: Needs, risks and competing priorities
4.00pm–4.30pm	30 min	Afternoon Tea and End of Day

MODULE 2 – MSM AND TRANSGENDER PROGRAMMING (CONTINUED)

Day 2

Time	Timing	Session Title
9.30am–11.00am	90 min	Session 2: Helping MSM and transgender people avoid HIV
11.00am–11.30pm	30 min	Morning Tea
11.30pm–1.00pm	90 min	Session 2 (cont.): Helping MSM and transgender people avoid HIV
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Delivering HIV treatment, care and support
3.30pm–4.00pm	30 min	Afternoon Tea Break
4.00pm–5.15pm	75 min	Session 4: Management issues in the delivery of HIV treatment, care and support

Module 3:

Enabling environments

Overview

Day 3 (Wednesday) introduces the module **Enabling environments**. The module includes:

- Introduction to the Day and Check-In *Exercise*
- A session on mapping environments of HIV risk, vulnerability and impact for MSM and transgender people
- A session setting out the elements of enabling environments and supportive interventions
- Laws and policies that shape HIV programming and how these impact on prevention and care outcomes
- The relevance of human rights and social justice frameworks for HIV prevention and care among MSM and transgender people.

Learning outcomes

At the end of the day participants will

- Understand the affect that the environment that people live in has on people at risk of and affected by HIV
- Understand stigma and discrimination and their impact on MSM and transgender people
- Be familiar with the elements of supportive legal and policy environments
- Identify strategies they can employ to improve the enabling environment for HIV prevention and care among MSM and transgender people in their context
- Be familiar with key documents that can assist in applying a human rights and social justice framework to strengthening the enabling environment.

The day will support the development of skills in advocating for changes to laws and policies that impact on HIV prevention and care among MSM and transgender people. This will include arguments related to public health, social justice and human rights. Having practical strategies for working within existing legal and policy frameworks is a key learning outcome of this module.

MODULE 3 – ENABLING ENVIRONMENTS

Day 3

Time	Timing	Session Title
9.00am–9.30am	30 min	Introduction
9.30am–10.30pm	60 min	Session 1: Environments of risk, vulnerability and impact
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1: Small group report back
12.00pm–1.00pm	60 min	Session 2: Elements of the enabling environment
1:00pm–2:00pm	60 min	LUNCH
2:00pm–3:30pm	90 min	Session 3: Laws and policies
3:30pm–4:00pm	30 min	Afternoon tea
4:00pm–5.15pm	75 min	Session 4: Human rights and social justice frameworks

Module 4:

Strategic information

Overview

Day 4 introduces the module **Strategic information**. In this module, the facilitators set a practical challenge for participants to develop policy advice for a senior manager or government minister in their community and then provide an overview of the key research, policy, strategy and monitoring and evaluation (M&E) frameworks that exist to support the development of that policy advice. What follows are three 'clinics' that provide intensive, practical training in the reading and application of research, epidemiology and other data; policy and strategy; and M&E analysis to support the development of high-quality policy advice to support HIV-related MSM and transgender programming. The day includes:

- Introduction to the Day and the Check-In *Exercise*
- Clinic 1: What do you know and how do you know it? (Research, Epidemiology, Data Clinic)
- Clinic 2: How do you advocate for, drive and protect MSM and transgender services and programmes? (Policy and Strategy Clinic)
- Clinic 3: How do you know it's working? (M&E Clinic).

Learning outcomes

At the end of Day 4, participants will have produced written policy advice, using and analyzing available evidence from a range of sources. They will have developed the capacity to:

- Assess evidence (research, epidemiological reports, articles and submissions) and use evidence to mount a case in support of MSM and transgender programming
- Easily use international policy, strategy and other documents and use arguments in these documents to support a case for MSM and transgender programming
- Identify challenges in the management of donor-funded programmes, including M&E, and have some solutions to these challenges.

MODULE 4: STRATEGIC INFORMATION

Day 4

Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.45am	90 min	Session 1: Orientation to research, policy and strategy
10.45am–11.00am	15 min	Morning Tea
11.00am–1.00pm	120 min	Session 2: First Challenge – What do you know? (Research, Epidemiology and Data Clinic)
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Second Challenge – Policy and strategy (Policy and Strategy Clinic)
3.30pm–4.00pm	30 min	Afternoon Tea
4.00pm–5.30pm	90 min	Session 4: Third Challenge – Is it working? (M&E Frameworks Clinic)

Module 5:

Programme management

Overview

Day 5 (Friday) introduces the module **Programme management**. The day begins with an Introduction to the Day and a Check-in *Exercise*. Day 5 integrates the previous four days of training into thinking about good overall management practices that help to support and sustain HIV programming with MSM and transgender people.

Learning outcomes

At the end of this module participants will understand:

- How to manage implementing partners for MSM/transgender programmes – particularly MSM and transgender NGOs and CBOs
- How to set and maintain service standards for the programme
- The essential elements of workforce development to support the programme
- Costing and financial management of MSM/transgender programmes
- How concepts of reach and coverage relate to MSM/transgender programming
- How to manage 'up' to government and donors, and 'down' to programme staff and implementing agencies.

MODULE 5 – PROGRAMME MANAGEMENT

Day 5		
Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.30am	75 min	Session 1: Managing up, down, out and in
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1 (cont.): Feedback and discussion
12.00pm–1.00pm	60 min	Session 2: Managing partnerships
1.00pm–2.00pm	60 min	LUNCH and workshop evaluation

Facilitator manual

Introduction

SUMMARY

This preliminary session introduces participants to the training programme, provides an overview of the five days of training and introduces participants to each other. It sets ground rules and guidelines for the group, and provides basic housekeeping and orientation information. The module finishes with a group dinner to welcome all participants.

It is likely that many training courses will begin on a Monday, in which case, this session would be merged with Module 1 on Day 1.

RECOMMENDATION: It is recommended that *all* courses begin with the video of the speech by Ban Ki-moon, UN Secretary-General.

SESSIONS

The introductory afternoon and evening (Sunday) includes:

1. Introductions and exercises for participants to get to know each other
2. Setting of Group Guidelines
3. Explaining the training objectives
4. Overview of the training and a Diary explaining the programme
5. A Welcome Dinner for participants

KEY LEARNING OUTCOMES

At the end of this module participants will have:

- A sense of the group dynamic and how they will participate
- Agreed upon a set of group guidelines which can influence the behaviour of group members
- Understood the training objectives, format of the programme and timing.
- Participants will also have a general sense of other participants in the training, their experience and background including:
- An opportunity to share their own professional experiences with others and their reasons for attending
- Particular knowledge of at least one other individual in the training programme
- An understanding of and a connection with the trainer(s) delivering the programme.

INTRODUCTORY SESSION

Introductions (afternoon/evening)		
Time	Timing	Session Title
3.00pm–4.30pm	90 min	Welcome Housekeeping Participant Situations and Aspirations
4.30pm–6.00pm	90 min	Group Guidelines Overview of training objectives Diary of programme Handouts
6.00pm–7.30pm	90 min	Welcome Dinner

OPENING SLIDE (1)



WHAT TO DO

1. Have the message from Ban Ki-moon [1B] (not the title slide [1A]) showing as people enter the training room.
2. Introduce yourself to each individual as they enter and ensure you spend time with each participant before you begin.
3. Ask participants to take their seats.
4. Before participants introduce themselves, show the video of UN Secretary-General Ban-Ki moon. This is the source of the title of the training package, "The Time Has Come". The text of the speech on the PowerPoint slide should be open in front of the participants. Ask for brief comments after showing the video.
5. Welcome the participants to the training and begin.

Resources required: You will need to prepare your laptop and projector to be able to show the video.

WHAT TO SAY

"Welcome everyone to this UNDP–WHO training. Before we introduce ourselves, let's get some of the logistics and administrative issues out of the way..."

INTRODUCING AND HOUSEKEEPING (2)



WHAT TO DO

1. Tell participants where the toilets, fire exits and refreshment areas are. Describe evacuation and other OHS issues.
2. Ask participants to switch mobile phones off.
3. Any other administration issues should be highlighted and discussed in this session.
4. Introduce yourselves as facilitators, where you're from and your professional experience.

5. Engage in an introduction exercise with participants. Ask the group to stand and move around the room, introducing themselves to at least five other people using the dot points in the PowerPoint under 'Introducing each other' as a starting point for a brief discussion.
6. Ask participants to return to their seats. Then, ask each participant to introduce the last person they spoke with to the entire group – their name, where they're from, and what they hoping from attending this workshop, as well as anything else they can remember they discussed.
7. Thank participants for helping you to get to know each other.

No dialogue provided for this slide. No resources required for the presentation of this slide.

AT THE END OF THE TRAINING YOU WILL ... (3)



WHAT TO DO

1. Step through each learning objective in the slide consecutively and explain in more detail if required or if any participant asks questions.
2. Ask the group to describe their own expectations for the workshop for what they will learn. If no one raises issues here, refer back to individuals who were introduced in (2) and had particular hopes for attending the workshop.

WHAT TO SAY

"At the end of this training you will have:

- An **understanding** of effective HIV interventions for MSM and transgender people – in particular:
 - The document, *Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach* (referred to from now on as 'The 2011 Global MSM and TG guidelines').
 - The document, *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific – Regional Consensus Meeting Report* (referred to from now on as 'The 2009 Asia-Pacific comprehensive package of MSM and TG services').
- A good understanding the **concept** of lesbian, gay, bisexual and transgender (LGBT) issues and the concepts of sexual orientation and gender identity (SOGI)
- The ability to practically **apply data, research and other evidence** on MSM and transgender people, especially young people, to your country/region
- **Practical knowledge** of the legal and other 'environmental' factors that affect MSM and transgender HIV programming, especially for young people
- **Understanding of policy** and other documents you can use to defend your MSM and transgender programmes
- An **improved capacity to manage** MSM and transgender services at a national and regional level."

GROUP GUIDELINES (4)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Explain that setting Group Guidelines is common in the workshop setting to promote learning and sharing.
2. Explain that butchers paper on the wall will document the agreements the group makes.
3. Suggest a norm the group might agree to (e.g. 'Be on time', 'Say what you really think'). Ask the group if they agree to that. If they say 'yes', write that statement on the butchers paper.
4. Ask the group what they'd like to agree to.
5. Allow debate about each norm as required and summarize the guidelines at the end of the process.

WHAT TO SAY

"Usually at the beginning of training workshops like this one, we agree upon the behaviours and principles we'll use to work together. The sorts of things we agree to might include being on time, not interrupting each other – that sort of thing. Doing this helps everyone to feel safe and helps us to establish the right environment that suits our collective learning. So what should **we** agree to, to make this workshop the best environment for our learning?"

[You may need to provide further examples to the participants at this stage, but also, don't be afraid to sit in silence if necessary].

RESOURCES REQUIRED

1. Butchers paper on a wall of the training room that is clearly visible to all participants
2. Whiteboard markers/pens

OVERVIEW OF THE TRAINING (5)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Step through each module consecutively.
2. Use WHAT TO SAY and the slide itself to prompt you.
3. Explain that this slide will be shown throughout the training at the beginning of each module so that participants will know what stage of the programme they are working on.

WHAT TO SAY

“The training is structured into five modules that include:

1. Context building
2. MSM and transgender programming
3. Enabling environments
4. Strategic information
5. Managing programmes.”

[Step through each module and dot points for each]

DIARY OF THE PROGRAMME (6)



WHAT TO DO

1. This is quick slide that should take no more than three to five minutes to run through.
2. Explain the delivery of each module will happen on consecutive days.

WHAT TO SAY

“The five modules of the training are delivered over five days. We start tomorrow with ‘Context Building’ providing a broad overview of the set of issues and complexities in responding to MSM and transgender people. Tomorrow afternoon and into Tuesday, we’ll be focusing on ‘MSM and transgender programming’. On Wednesday, we spend the entire day looking at ‘Enabling environments to encourage prevention behaviours as well as facilitating access to treatment, care and support’. On Thursday, we’ll spend the day investigating ‘Strategic Information’; and, on Friday, we’ll bring all of this together with a discussion on ‘Management Issues.’”

HANDOUTS (7)



HANDOUTS AND FLASHDRIVE – REVIEW OF KEY RESOURCES AND REFERENCE MATERIALS

In addition to the five modules and the related PowerPoint presentations, the training package also offers a large number of additional resources, most of which will be provided on a flashdrive as soft copies.

One key document is a “Review of Key Resources and Reference Materials” highlighting the most important of these – and a separate document showing the top five of the selected references. These should both be provided as hard copies to all participants. It is also suggested that the other documents in the folder named “handouts” should be provided as hard copies.

Please explain this to all participants in this session.

WELCOME RECEPTION (8)



WHAT TO DO

1. Explain where the dinner is to be held and provide the address in the PowerPoint slide.
2. Leave the slide up as people leave the room. The slide may contain any information necessary such as the venue, the time, how to get there, and whether special arrangements need to be made to pay for alcoholic drinks, etc.

WHAT TO SAY

"You are all invited to dinner tonight. The dinner will be held at [place] at we'll meet at [time]. Is everyone able to attend tonight?"

END OF INTRODUCTORY SESSION

PowerPoint presentation slides

For suggested talking points, please see the accompanying Facilitator manual module document

Introduction

1A/8

“The Time Has Come”
Enhancing HIV, STI and other Sexual Health Services for MSM and Transgender People in Asia and the Pacific: Training Package for Health Providers and Reduction of Stigma in Healthcare Settings




.....

.....

.....

1B/8

Message to Human Rights Council meeting on Violence and Discrimination based on Sexual Orientation or Gender Identity

The Time Has Come.

“Some say sexual orientation and gender identity is a sensitive subject. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake – and because it is our duty, under the United Nations Charter ... and the Universal Declaration of Human Rights ... to protect the rights of everyone, everywhere. The High Commissioner’s report documents disturbing abuses in all regions. We see a pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual or transgender. There is widespread bias at jobs, schools and hospitals. And appalling violent attacks, including sexual assault. People have been imprisoned, tortured, even killed.

This is a monumental tragedy for those affected – and a stain on our collective conscience. It is also a violation of international law. You, as members of the Human Rights Council, must respond. To those who are lesbian, gay, bisexual or transgender, let me say: You are not alone. Your struggle for an end to violence and discrimination is a shared struggle. Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold.

Today, I stand with you ... and I call upon all countries and people to stand with you, too.

A historic shift is under way. More States see the gravity of the problem. I firmly oppose conditionality on aid. We need constructive actions. The High Commissioner’s report points the way. We must: tackle the violence ... decriminalize consensual same-sex relationships ... ban discrimination ... and educate the public. We also need regular reporting to verify that violations are genuinely being addressed. I count on this Council and all people of conscience to make this happen.

The time has come.”

Secretary-General Ban Ki-moon
Geneva (Switzerland)
7 March 2012

Source: http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=1475
Video at: <http://www.youtube.com/watch?v=qtXU9iOx348>

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Introductions and Housekeeping

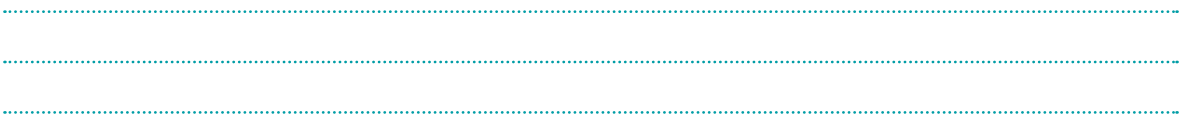
Welcome to all

- Toilets
- Fire Exits/Emergencies
- Refreshment area
- Mobile phones
- Other administrative issues

Introducing Ourselves

- Your facilitators
- Group Activity – meet 5 others in the room and ask and provide:**
- Your/Their name
 - Where you're/they're from
 - What you're/they're hoping from attending the training

Introduce the last person you met to the group!



At the end of this training you will ...

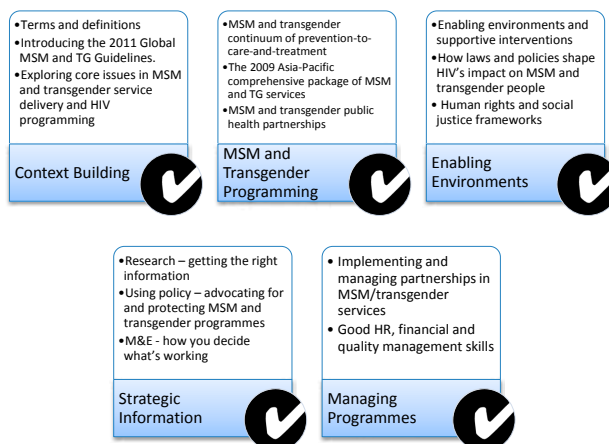
- An **understanding** of effective HIV interventions for MSM and transgender people – in particular:
 - the 2011 document, *Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach* (from now on, referred to as 'the 2011 Global MSM and TG guidelines')
 - the 2009 document, *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific – Regional Consensus Meeting Report approach* (from now on, referred to as 'the 2009 Asia-Pacific comprehensive package of MSM and TG services').
- A good understanding of the **concept** of lesbian, gay, bisexual and transgender (LGBT) issues and the concepts of sexual orientation and gender identity (SOGI)
- The ability to practically **apply data, research and other evidence** on MSM and transgender people, especially young people, to your country/region
- **Practical knowledge** of the legal and other 'environmental' factors that affect MSM and transgender HIV programming, especially for young people
- **Understanding of policy** and other documents you can use to defend your MSM and transgender programmes
- An **improved capacity to manage** MSM and transgender services at a national and regional level



GROUP GUIDELINES

What do you need from the facilitators and each other to make this an effective learning experience?

Overview of the training



Diary of our Programme



Handouts

- Hard copies:
 - Annotated Review of Key Resources and Reference Materials
 - Top six selected references
 - Other documents from the folder named “handouts”
- Soft copies:
 - On your flashdrive



Welcome Reception

- Venue
- Time
- Transport

Facilitator manual

Module

1

**CONTEXT
BUILDING**

Facilitator manual

Module

1

**CONTEXT
BUILDING**

Facilitator manual

Module 1: Context building

SUMMARY

Module 1 introduces participants to key terms, concepts and definitions in HIV and MSM and transgender programming. It reviews HIV epidemiology and then introduces the document, *Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach* (referred to from now on as ‘The 2011 Global MSM and TG guidelines’), followed by an interactive exercise about sex, sexuality and gender.

SESSIONS

Session 1: Introduction/overview for Context Building

Session 2: HIV among MSM and transgender people in Asia

Session 3: How can we make a difference?

Session 4: Understanding the complexities of MSM, transgender people and HIV

KEY LEARNING OUTCOMES

Participants will understand

1. Module structure and learning outcomes
2. Basic terms and definitions in HIV programming with MSM and transgender people
3. Key organizations in HIV prevention, care, support and treatment
4. The situation of HIV among MSM and transgender people, especially young MSM and transgender people, and the urgency for effective responses
5. The components and elements of the *2011 Global MSM and TG Guidelines and the 2009 Asia-Pacific comprehensive package of MSM and TG services*
6. The context in which MSM and transgender people operate on a daily basis and the nature, from biological to behavioural, of MSM and transgender people and their sexual partners.

Participants will also have a deeper understanding of the complexities of programming such as:

1. Differences between MSM and transgender identity and behaviour (i.e. the concept of lesbian, gay, bisexual and transgender [LGBT] issues and the concepts of sexual orientation and gender identity [SOGI])
2. Environments of risk and vulnerability
3. The need to consider issues of marginalization, harassment, poverty, and lower education.

MODULE 1 – CONTEXT BUILDING






Day 1 (morning)

Time	Timing	Session Title
9.00am–9.15am	15 min	Opening, overview and context-building
9.15am–9.45am	30 min	Session 1: Terms, Concepts and Definitions
9.45am–10.15am	30 min	Session 2: HIV among MSM and transgender people in Asia and the Pacific
10.15am–10.45am	30 min	Session 3A: How can we make a difference?
10.45am–11.00am	15 min	Morning Tea
11.00am–11.30am	30 min	Session 3B: The 2011 Global MSM and TG guidelines
11.30am–1.00pm	90 min	Session 4: <i>Exercise</i> - Understanding MSM, transgender people and HIV (Who, how and where)
1.00pm–2.00pm	60 min	LUNCH

OPENING

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. Sessions that will be delivered during Module One. 2. Key learning outcomes of Module One.
	<p>PROCESS</p> <p>Didactic presentation of Module One agenda</p>
	<p>TIME</p> <p>15 minutes</p>
	<p>SLIDES</p> <p>There are three PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides the number order of each slide followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins, you need to have</p> <ol style="list-style-type: none"> a) Be ready to lay out the cards of terms and meanings needed for ‘What does it mean?’

OPENING SLIDE (1)



WHAT TO DO

1. Have this opening slide showing as people enter the training room
2. Ask participants to take their seats
3. Welcome the participants to the first day of training and begin

No resources required for the presentation of this slide

WHAT TO SAY

“Welcome to Day 1 of the programme. Here’s what we are going to do be doing this morning... (next slide)”

OVERVIEW MODULE (2)

1

2

3

WHAT TO DO

1. Step through each module consecutively.
2. Use WHAT TO SAY below and the slide itself to prompt you.
3. Explain that this slide will be shown throughout the training at the beginning of each module so that participants will know what stage of the programme they are working on.

WHAT TO SAY

“You might remember this diagram from [last night’s – *adjust to this morning if the presentation is on the same day*] presentation showing you a map of each module we’ll be following as the training progresses. You can see from this slide that we’re at the first module in the overall programme. This morning is Day 1 of our training and we begin with the module **Context Building**, which is highlighted in orange in the slide. We will introduce key terms and definitions, the 2011 Global MSM and TG guidelines and the 2009 Asia-Pacific comprehensive package of MSM and TG services, and we’ll engage in an exercise devoted to exploring complexities in HIV programming for MSM and transgender people.”

CONTEXT BUILDING (3)

1

2

3

WHAT TO DO

1. Use the dialogue guide below to introduce each of the learning goals for this module.

WHAT TO SAY






“At the end of this Context Building module you will

- Be familiar with language used in MSM and transgender programming
- Be familiar with key epidemiological data and HIV projections
- Be familiar with the 2011 Global MSM and TG guidelines and the 2009 Asia-Pacific comprehensive package of MSM and TG services; and
- Have a deeper understanding of the complexities of programming.”

SESSION 1: TERMS AND DEFINITIONS

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. Key partners in the response among MSM and transgender people in HIV 2. Key acronyms 3. Core concepts in programming with MSM and transgender people in HIV
	<p>PROCESS</p> <p>Interactive exercises are used throughout this session.</p> <p>Props are used including letter cards to form acronyms.</p> <p>Cards are used in ‘What does it mean?’</p>
	<p>TIME</p> <p>30 minutes</p>
	<p>SLIDES</p> <p>There are three PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an example of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins, you need to have</p> <ol style="list-style-type: none"> a) Be ready to put the cards’ concepts and their meanings on the training room floor for ‘What does it mean?’

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on key acronyms, terms and concepts.
2. Step through each of the learning outcomes in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)



WHAT TO DO

1. Introduce the slide 'Key Learning Points'
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

WHAT DOES IT MEAN? (3)

1

2

3

WHAT TO DO

1. Introduce the exercise called 'What does it mean?'
2. Place 'concept' cards upside down along one side of the training floor in the middle of the circle and 'definition' cards upside down on the other side of the floor.
3. Explain that participants need to match 'concepts' (i.e. a card that says 'concentrated epidemic') with their 'definitions' (i.e. a card that gives the definition of a 'concentrated epidemic').
4. Use the red card as an example to demonstrate: turn over the 'concept' card 'coffee' and then the 'definition' – "a beverage, served hot or cold, made from coffee beans."
5. Ask the group if this is the correct definition for this concept. Then move on.
6. Ask a participant to turn over a 'concept card' and read it out. Ask them to turn over a 'definition' card and read it out. Ask: "Does this definition go with this concept?" Answer: If the answer is 'Yes' move on /if the answer is 'No' move on but ask the next participant to only turn over a 'definition card'. Repeat the cycle until all 'concepts' are matched with 'definitions'

WHAT TO SAY

Follow WHAT TO DO above.






RESOURCES

1. Concept cards
2. Definition cards
3. The 'red card', a sample concept and definition card that has 'coffee' with the definition 'a beverage, served hot or cold, made by infusing ground coffee beans with water'.
4. The key terminology document can be printed out and included in the participants' resource folders.

SESSION 2: HIV AMONG MSM AND TRANSGENDER PEOPLE IN ASIA AND THE PACIFIC

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The heavy burden of HIV shared by MSM and transgender people (especially the young) in most regions of the world 2. The high rates of both HIV prevalence and incidence among MSM and transgender people when neglected 3. The need for a comprehensive approach to the programming of services for MSM and transgender people (especially young MSM and TG)
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of data and explanation of projections for HIV incidence and prevalence among MSM and transgender people.</p>
	<p>TIME</p> <p>30 minutes</p>
	<p>SLIDES</p> <p>There are 13 PowerPoint slides in this session. Each slide describes a point or points of content, which need interpretation by the facilitator.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides the number and order of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins you need to have</p> <ol style="list-style-type: none"> a) Read this section of the Facilitators’ Guide to ensure you understand all content related to the presentation.

OVERVIEW OF THE AREA (1)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13

WHAT TO DO

1. Introduce this session as an overview of the HIV epidemiological data and programming needs of MSM and transgender people in the Asia-Pacific.
2. Step through each of the learning outcomes listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

QUOTE FROM BAN KI-MOON (2)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce and read out this quote from Ban Ki-moon (Secretary-General, United Nations) that participants would have heard in the video shown in the Introductory session. Then read out the bullet points after the dialogue.

No resources required for the presentation of this slide.

WHAT TO SAY

“The Time Has Come”.

Message to Human Rights Council meeting on Violence and Discrimination based on Sexual Orientation or Gender Identity. Secretary-General Ban Ki-moon, Geneva (Switzerland), 7 March 2012.

“Some say sexual orientation and gender identity is a sensitive subject. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake – and because it is our duty, under the United Nations Charter ... and the Universal Declaration of Human Rights ... to protect the rights of everyone, everywhere. The High Commissioner’s report documents disturbing abuses in all regions. We see a pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual or transgender. There is widespread bias at jobs, schools and hospitals. And appalling violent attacks, including sexual assault. People have been imprisoned, tortured, even killed.

This is a monumental tragedy for those affected – and a stain on our collective conscience. It is also a violation of international law. You, as members of the Human Rights Council, must respond. To those who are lesbian, gay, bisexual or transgender, let me say: You are not alone. Your struggle for an end to violence and discrimination is a shared struggle. Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold.

Today, I stand with you ... and I call upon all countries and people to stand with you, too.

A historic shift is under way. More States see the gravity of the problem. I firmly oppose conditionality on aid. We need constructive actions. The High Commissioner’s report points the way. We must: tackle the violence ... decriminalize consensual same-sex relationships ... ban discrimination ... and educate the public. We also need regular reporting to verify that violations are genuinely being addressed. I count on this Council and all people of conscience to make this happen.

The time has come.”

Text available at: http://www.un.org/apps/news/infocus/sgspeeches/statments_full.asp?statID=1475

Also see video at: <http://www.youtube.com/watch?v=qtXU9iOx348> (also in the Additional Workshop Materials folder on your flashdrive).

- MSM and transgender people have **not** been the focus of sentinel surveillance programmes. A UNAIDS study of twenty countries in Asia reported that 60% of national surveillance mechanisms didn't include MSM or transgender people in their data collection and 15% didn't collect behavioural and HIV infection data among MSM or transgender people.
- Only 8% provided MSM with the means of preventing HIV transmission while 75% didn't provide any targeted funding for MSM. At the level of strategic planning, the report found that 40% of countries didn't mention MSM in their national HIV plans.¹

KEY LEARNING POINTS (3)



WHAT TO DO

1. Introduce the slide and follow WHAT TO SAY below.

WHAT TO SAY

- “Some national governments have claimed there is no sex occurring between men in their countries (and, indeed, that their countries have no MSM or transgender people at all) and that it is culturally inappropriate behaviour that is uncommon. In fact, more and more, research on MSM and transgender people shows this is not the case. Sex between men is occurring in all countries and cultures. It may be hidden and often *is* hidden from view.
- Men engaged in sex with other men are often invested in both having sex with men and also keeping this fact a secret, making the work of identifying the problem of HIV and STI transmission difficult, estimating the size of MSM and transgender groups and networks a major challenge, and reaching and serving these men with health-related information and clinical services problematic at best.
- This means that traditional services, provided in traditional ways, will not be effective in most cases at reaching these men. Stigma and discrimination both drives HIV infection because it keeps MSM and transgender people from coming forward for services and it also means they are more likely to experience difficulties when they do come forward for health or other services. Young MSM and transgender people under the age of 18 years may be especially hard to reach, as in most countries, they would need consent to access any services. The transmission of HIV thus remains hidden and the extent of incidence and prevalence hard to determine.
- MSM and transgender people have been largely absent from national HIV plans and thus from surveillance efforts. There are still few countries in the region that collect this data so that an evidence-based response can be mounted – and countries that do collect data rarely collect data on young MSM and transgender people under the age of 18 or disaggregated data for those under 24 years.

Let's take some time now to look at the results of all of these key issues on HIV transmission in the region..."

HIV PREVALENCE AMONG MSM IN SELECTED ASIAN CITIES (4)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce this slide on MSM/transgender HIV prevalence in Asian capitals (make sure that you update this slide and other relevant data before the training.)
2. Describe the cities with the highest rates of HIV infection.
3. Describe the cities with intermediate levels of HIV infection.
4. Describe the cities with emerging HIV epidemics among MSM and transgender people – e.g. Tokyo, Singapore, Kuala Lumpur and Manila.

WHAT TO SAY

"2008 data show MSM and transgender people in urban areas of India, Thailand, Cambodia and Myanmar are experiencing severe HIV epidemics, with prevalence sitting at greater than 10%. MSM in cities in Vietnam, Lao PDR, Indonesia, China, Nepal and India face intermediate-level epidemics at a prevalence of between 2–10%. Emerging MSM and transgender HIV epidemics are now evident in Pakistan, Bangladesh, Timor-Leste and the Philippines.

There are now alarming HIV prevalence rates among MSM and transgender people in Asia and the Pacific. A quick scan of the available evidence shows just how serious is the current situation.

- In China, a man who has sex with other men is *more than 45 times* more likely to be HIV-positive than someone in the general population.
- In Thailand, a man who has sex with men is *20 times* more likely.
- A recent study in Laos PDR suggests MSM could account for up to *75%* of new infections.

Overall, MSM are as much as 25 times more likely to be living with HIV than the general population of Asia and the Pacific."

HIV IMPACT BY SEVERITY (5)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce this slide on the categorizing of the severity of HIV
2. Explain the terms 'severe', 'intermediate' and 'emerging' by matching with the level of HIV infection among MSM and transgender people written on the slide.
3. Explain that you'll now step through the region describing rates of HIV infection.

WHAT TO SAY

Follow WHAT TO DO above.

MSM/TRANSGENDER HIV – SEVERE EPIDEMICS (6)



WHAT TO DO

1. Introduce this slide on MSM/ transgender HIV prevalence in Asian capitals (make sure that you update this slide before training)
2. Describe the cities with the highest rates of HIV infection – Bangkok, Yangon and Mumbai.

WHAT TO SAY

“This map charts the severity of epidemics in the region. It shows epidemics at a prevalence rate of above 10%. MSM and transgender people in urban areas of Thailand, Cambodia, India and Myanmar are experiencing severe HIV epidemics, with prevalence sitting at greater than 10%.”

MSM/TRANSGENDER HIV – INTERMEDIATE EPIDEMICS (7)



WHAT TO DO

1. Introduce this slide on MSM/ transgender HIV prevalence in Asian capitals (make sure that you update this slide before training)
2. Describe the cities with intermediate levels of HIV infection among MSM and transgender people – Hanoi, Phnom Penh, Taipei, Jakarta, Vientiane, and Ho Chi Minh City.

WHAT TO SAY

“This map shows that MSM and transgender people in cities in Vietnam, Lao PDR, Indonesia, China, Nepal and India face intermediate-level epidemics at a prevalence of between 2–10%. Emerging MSM and transgender HIV epidemics are now evident in Pakistan, Bangladesh, Timor-Leste and the Philippines. The 4th Round of the Pakistan Integrated Biological and Behavioural Survey (2011) showed that, of male sex workers with an overall HIV prevalence of 3.1%, 42.1% were 13–19 years of age and 36.1% were aged between 29–34 years. Of the *hijra* sex workers with 7.2% overall HIV prevalence, 31% were under 24 years of age.”

MSM/TRANSGENDER HIV – EMERGING EPIDEMICS (8)



WHAT TO DO

1. Introduce this slide on MSM/ transgender HIV prevalence in Asian capitals (make sure that you update this slide before training)
2. Describe the cities with emerging HIV epidemics among MSM and transgender people – Pakistan, Bangladesh, Timor-Leste and the Philippines.

WHAT TO SAY

“This map shows HIV prevalence among MSM and transgender people in cities in Pakistan, Timor-Leste, Bangladesh and the Philippines. In this model, we frame these epidemics as ‘emerging’ epidemics. It is clear that HIV affects MSM and transgender people across the region. Given the mobility of men in the region (for work and pleasure), there is potential for emerging epidemics to become intermediate without consideration and careful intervention. Intermediate epidemics can also quickly become severe epidemics.

Places where MSM and transgender people feel that health services are not accessible to them are obviously more likely to feel a greater impact.”

PUTTING THE PATTERNS TOGETHER (9)

1 2 3 4 5 6 7 8 **9** 10 11 12 13

WHAT TO DO

1. Introduce this slide of the pattern of severity of HIV among MSM and transgender people in the region
2. Describe the factors that can influence the spread of HIV among MSM and transgender people at the regional/macro level.

WHAT TO SAY

“Now let’s put the severity picture and levels of the epidemic together and consider the regional pattern and predictors of transmission among MSM and transgender people.

- In South-East Asia, populations can be highly mobile and logistics and transportation of goods across borders is common. This mobility and commerce can mean an easy HIV transmission pattern along these routes.
- The Internet can play a role in connecting men who are highly mobile to each other, also posing a cross-regional or cross-border implication for HIV transmission among MSM and transgender people.
- Emerging epidemics can easily become intermediate without considered and careful intervention. Intermediate epidemics can become severe epidemics.
- Government responses and the level of openness in society can predict whether MSM and transgender people feel that health services are accessible to them and thus predict the epidemiological future pathway of HIV among MSM and transgender people.”

Note: After slide 9/13, there are 2 additional slides which can be used as extra resource materials. The titles of these slides are:

1. HIV prevalence among men who have sex with men, South-East Asia Region, 2007–2010
2. HIV prevalence, MSM –%

The slide numbers are marked “additional”. If you choose to use these slides, you may want to prepare notes on how you will present them. If you do not choose to use these slides, it may be useful to DELETE them from your copy of the PowerPoint presentation.

These two slides should ALWAYS be reviewed prior to a course and adapted to the local context, using the most up-to-date data available. However, the point should not be lost that the data shows that the projections are dire, rather than getting lost in the detail of the latest information.

PREDICTING NEW INFECTIONS IN ADULTS IN ASIA (10)



WHAT TO DO

1. Introduce this slide on predicted rates of new infections in adults in Asia.
2. Describe each group at risk and the predicted pattern of infection.
3. Highlight the predicted pattern of HIV infection among MSM and transgender people in the region according to this analysis.

WHAT TO SAY

“The data used in this chart comes from projections made by epidemiologists who contributed to the Commission on AIDS in Asia Report of 2008... According to this analysis, the number of new infections among MSM is predicted to rise dramatically if nothing changes, especially in comparison with other most-at-risk populations.”

A BALANCING ACT (11)



WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“In the competition for funding and resources to respond to HIV, funders and decision-makers often try to decide which populations and groups at risk or affected by HIV should be prioritized. In reality, the epidemic moves forward simultaneously in different populations at different rates, and a focus on one particular population at the expense of another is not likely to succeed. Placing an individual in only one population is not always a successful approach either – a female sex worker may be using drugs and her needle-sharing during drug use may place her at much greater risk than her sex work clients; a man having sex with other men may be at greater risk because of his needle-sharing than because of his sexual behaviour.”

Note: Ask the group to give examples of how different populations compete for priority in the HIV response. How do governments and funders deal with this in relation to MSM and transgender people?

CONCLUSIONS (12)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce this slide on Conclusions.
2. Step through each point using WHAT TO SAY below.

WHAT TO SAY

“Current HIV efforts have not contained or reduced HIV among MSM or transgender people – especially among young MSM and TGs. The epidemic among MSM and transgender people has remained hidden for over a decade in the Asia-Pacific region. Some countries are now experiencing severe epidemics in their capitals while others still have the chance to prevent severe epidemics through swift action.

Rates of HIV are still increasing across both developing and developed economies. The Commission on AIDS in Asia Report underlines that we are seeing new, newly identified and resurging epidemics in MSM. This, combined with a global lack of evidence that can help to underline the urgency of the crisis, bodes badly for the future. It is incumbent upon all players to act now to prevent the disaster predicted in the region by the Commission on AIDS.”

GROUP EXERCISE (13)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

This is a process lasting around 35–40 minutes and aims (a) to identify the knowledge that group participants already bring in relation to HIV among MSM and transgender people (b) to facilitate ‘getting to know you’ or the ‘forming’ stage of the group process. The group has just been introduced and is in the group process often called ‘forming’. In this process, participants are getting to know each other and starting to understand how they work together as a collective. This exercise and segment of the training aims, not just to provide learning, but also to facilitate the forming stage of the group workshop process.

1. Introduce this learning element and explain each question on the slide. Explain that the group will be separated into smaller groups. Then separate the participants into groups (5 minutes)
2. Allow small group discussion (20 minutes)
3. Facilitate small group feedback (10 minutes)
4. Summarize the knowledge that is in the room.






WHAT TO SAY

1. Explain that you're now going to introduce a group exercise. The aim of this exercise is to investigate what participants know about HIV in relation to MSM and transgender people in the region and to share that knowledge and experience with the entire group.
2. Explain that: (a) Each group should appoint a facilitator to drive the discussion and keep the discussion focused on the topic (b) The facilitator will be asked to present to the larger group with help from those in their group as needed.
3. Separate the group into four or five smaller groups dependent on the overall size of your group (e.g. you might assign numbers from 1 to 4 or 5 to each individual and then ask all those with the same number to join together in the group corresponding to their number).
4. Facilitators should 'work the room' by moving from one group to another and ensuring that each group is staying 'on task'.
5. After 20 minutes, ask the group to return to the larger area and allow each facilitator and their group to present for 5 minutes on what they know about HIV among MSM and transgender people in the region.
6. One facilitator should conduct the presentation of group discussions. The other facilitator should document the knowledge presented on butchers paper or on a whiteboard so at the end of this process, you can summarize the group's knowledge.

SESSION 3A: HOW CAN WE MAKE A DIFFERENCE?

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The context in which MSM and transgender people operate on a daily basis and the nature, from biological to behavioural, of MSM and transgender people and their sexual partners 2. Differences between identity and behaviour, environments of risk and vulnerability 3. How young age, marginalization, poverty, lower education and harassment need consideration
	<p>PROCESS</p> <p>This is a session that moves between didactic presentation and group discussion/ group exercises and interaction.</p>
	<p>TIME</p> <p>30 minutes</p>
	<p>SLIDES</p> <p>There are 10 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator's Manual provides an example of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins you need to have</p> <ol style="list-style-type: none"> a) Read this section of the Facilitators' Manual to understand the content and how to deliver it effectively.

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session as an introduction to four ways of thinking about planning and making a difference to MSM and transgender health and well-being: *The 2011 Global MSM and TG guidelines*; *The 2009 Asia-Pacific comprehensive package of MSM and TG services*; *The Continuum of Prevention-to-Care-and-Treatment*; and the *Public Health Partnerships Model*.
2. Step through each of the learning outcomes listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)



WHAT TO DO

1. Introduce the slide ‘Key Learning Points’.
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

HUMAN NEEDS & HIV IN CONCENTRATED EPIDEMICS (3)



WHAT TO DO

1. Introduce the slide.
2. Remind people of what a ‘concentrated epidemic’ means.
3. Step through the human needs of MARPs in concentrated epidemics, describing each element in the pyramid.

No other resources required for the presentation of this slide.

WHAT TO SAY

- All human beings have needs – from basic to higher-level needs. The psychiatrist and psychotherapist Abraham Maslow developed an extensive theory of the continuum of human needs. He represented the continuum using a pyramid that showed the continuum of need from basic needs like food and air to higher-level needs like social acceptance and ‘existential’ meaning – or ‘self-actualization’.
- We have modified the Hierarchy of Need Pyramid to analyze MSM and transgender-related needs and to assist in translating the 2011 Global MSM and TG guidelines into comprehensive programming.
- For our purposes, needs represent human necessities from physical and economic through to social and sexual and HIV-related.
- Let’s step through each of these and discuss them:
- **Physiology and Economics** – the basic need for air, food, clothes

- **Health** – the need to live without pain and to treat illness
- **Justice** – the need to live without fear of imprisonment, harassment, violence and oppression
- **Social/sexual** – the need to belong: to family, friends, work or other groups, the need for sex, for love and intimacy; and
- **HIV and STIs** – the need to understand HIV transmission and stay uninfected; the need to understand HIV transmission and not pass HIV on to others; and the need to be free of illness related to HIV disease.

Of course, these are relatively arbitrary categories and there are many ways to describe human needs. But this method does help us to analyze the needs of MSM and transgender people in the context of HIV risk and HIV disease.

GROUP EXERCISE (4)

1 2 3 4 5 6 7 8 9 10

WHAT TO DO

This is a fast process lasting around 15 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) quickly engage participants in thinking about and discussing the core needs of MSM and transgender people in relation to HIV.

Process

1. Introduce this learning element and explain the issue on the slide. Explain that they should turn to the person next to them to decide upon two or three points of agreement on the need being discussed. Then separate participants into groups (2 minutes).
2. Allow pair or three-person discussion (5 minutes).
3. Facilitate feedback (8 minutes).
4. Summarize the knowledge that is in the room.
5. Acknowledge and congratulate the group on its findings.

WHAT TO SAY

Follow WHAT TO DO above.

HUMAN NEEDS & HIV IN CONCENTRATED EPIDEMICS (5)

1 2 3 4 5 6 7 8 9 10

WHAT TO DO

1. Reintroduce this pyramid of human needs in HIV in concentrated epidemics.

2. Start at the bottom of the pyramid and describe each element with the detail in the left-hand side of the slide. Make sure you refer to the key needs raised by the discussion groups and use these as part of your presentation.
3. Invite the group to add their experiences and knowledge.

WHAT TO SAY

Follow WHAT TO DO above.

ANOTHER WAY TO THINK OF HUMAN NEEDS – TRANSLATING THE 2011 GLOBAL MSM AND TG GUIDELINES INTO COMPREHENSIVE PROGRAMMING (6)



WHAT TO DO

1. Introduce Universal Access and the Continuum of Prevention-to-Care-and-Treatment and the 2011 Global MSM and TG guidelines.
2. Introduce the elements that make up the continuum and describe them.
3. Explain that we'll be analyzing the continuum in more detail.

WHAT TO SAY

- “In September 2005, 191 United Nations member states endorsed the goal of universal access to HIV prevention, treatment and care for all who need it. Countries report their progress against this goal in their UNGASS reports and include universal access targets in their national HIV strategies, Global Fund proposals, PEPFAR plans and other donor-funded programmes.
- The Continuum of Prevention-to-Care-and-Treatment provides a framework for considering how to reach universal access. The Continuum places value on preventing HIV transmission but also providing HIV care, treatment, and support for people from marginalized populations as a legitimate and worthy end in itself.
- The Continuum is a more useful framework than the previous ‘bridging population’ arguments that had the tendency to argue for working with marginalized populations on the basis of preventing the epidemic from reaching a somehow more deserving general population. The ‘bridging population approach’ reinforced myths that MARPs were somehow separate beings who lived outside the general population, not within it.
- The prevention-treatment-to-care continuum refers to a range of services and interventions that aim to keep people healthy by preventing disease, promoting health, treating and managing illness. Prevention and treatment-to-care incorporates approaches including health promotion, behaviour change communication, emotional and social support, and clinical care. It aims to encompass the broad bio-psychosocial needs of individuals and populations. In HIV, the prevention-treatment-to-care continuum is considered essential to achieving universal access to HIV prevention, treatment and care across the globe. For MSM

and transgender people, a conceptual model for the HIV prevention-to-care-and-treatment continuum includes:

- **Improving knowledge** through community education, outreach services, promoting the effective use of condoms and other prevention tools
- **Promoting behaviour change** through community mobilization, health education workshops, seminars, support groups, cultural change and other activities which build a population-level commitment to safer sexual behaviour
- **Providing STI diagnosis and management** through accessible clinical services that help to reduce population levels of STIs, individual susceptibility to HIV infection and general health, especially for the young
- **Enabling people to know their HIV status** through effective VCT services that provide pathways to ongoing prevention support for all, and HIV treatment care and support for people diagnosed with HIV
- **HIV Treatment, Care and Support** that provides for the social and emotional needs of people with HIV including peer support and education as well as clinical and community care and ART and OI treatment and prophylaxis
- **Access to other health-promoting services** such as harm reduction, drug substitution and drug and alcohol treatment services for alcohol and other drug users, mental health services, TB diagnosis and treatment services; and
- **Access to other social, legal and welfare services** that affect the other drivers of the epidemic: poverty, unemployment, ill mental-health, marginalization, and lack of education.

What is particularly important in this continuum is the connection between all of these strategies. Universal Access aims to put in place a set of approaches and services that are designed around the full range of needs of communities and individuals. It focuses on the person as a whole and places great importance on ensuring that people do not fall through the cracks between services.”

THE 2009 ASIA-PACIFIC COMPREHENSIVE PACKAGE OF MSM AND TG SERVICES (7)

1 2 3 4 5 6 7 8 9 10

WHAT TO DO

1. Introduce and read through the Comprehensive Package numbered points in the circle diagram. Describe each of them and ask participants whether they have examples in their regions of this sort of service.
2. Introduce the elements surrounding the package and describe two or three of these elements.
3. Explain that we will do further exploration of the comprehensive package later in the programme.

No other resources required for the presentation of this slide.

WHAT TO SAY

“The 2009 Asia-Pacific comprehensive package of MSM and TG services is a spectrum or framework of interconnected services, interventions and programmes tailored to engage and maintain ongoing contact with MSM and transgender people. It has been developed through a consensus process that involved national governments, researchers, community-based organizations and international agencies and it represents the best current advice for national programme development in Asia and the Pacific.

The Package aims to:

- Reduce the risk of acquiring or transmitting HIV
- Promote MSM and transgender people to be aware of their HIV status; and
- If living with HIV, to access the treatment, care and support services they require.

It includes:

1. **HIV prevention programmes and services** across community-based, hospital and medical, government and international development agencies
2. **Access to HIV treatment, care and support** for MSM and transgender people living with HIV
3. **An enabling environment** that allows prevention and care services to operate effectively and efficiently – this includes not just laws which facilitate easier access to the risk group but policies across government that for example, reduce harassment and discrimination for carrying condoms, meeting for sex, and carrying injecting equipment.
4. **Strategic information** from epidemiology and population-size estimation through to social and behavioural research and service evaluation.

Who should deliver services?

The comprehensive package underlines the need for prevention, treatment, care and support services delivered across and in partnership between government services, hospital and medical services and community-based MSM and transgender groups and organizations.

How services should be delivered:

A key element of the comprehensive package is that it needs provide:

- A mix of MSM- and transgender-specific and mainstream services – some services are best delivered by MSM and transgender CBOs and NGOs, while others should be delivered by government and private-sector services. This takes into account that some MSM and transgender people will want specialized services while others will value the anonymity of generalized services. MSM and transgender people are not an homogenous group. Young people will have special needs.
- MSM- and transgender-friendly services.

Supportive interventions include:

Around the circle of the core elements of the Comprehensive Package is a set of interventions that help to underline the range of services and activities that can help to improve HIV health among MSM and transgender people. Let’s step through a couple of them:

- Relationships with gatekeepers: sometimes, medical personnel or CBOs are important gatekeepers who can improve access to networks and groups of MSM and transgender people. Involving and working with these gatekeepers is an important strategy.
- Stigma and discrimination programmes: reducing levels of hostility and barriers to living openly as an MSM or transgender Person and/or a person with HIV can considerably aid health-seeking behaviour in these target groups. Being able to easily identify others in networks and groups living with HIV or openly gay or MSM and transgender people can assist others to get tested for HIV or to seek health services.

We're going to discuss the Comprehensive Package of MSM and TG Services in detail during Module 2. We'll introduce key elements of the package and describe core interventions."

PUBLIC HEALTH PARTNERSHIPS (8)

1 2 3 4 5 6 7 8 9 10

WHAT TO DO

1. Introduce Public Health Partnerships as an important strategy for achieving results in reducing transmission of HIV among MSM and transgender people, especially young MSM and transgender people.
2. Introduce the partners that make up the partnership for public health and explain them.

WHAT TO SAY

"Effectively meeting the public health needs of marginalized groups such as MSM and transgender people is dependent on public health partnerships that help to divide and share responsibility for and collectively coordinate the national response to HIV. At its very base is a commitment to working with MSM and transgender CBOs and informal networks as part of the national response to HIV prevention, care, treatment and support. In particular, reaching 'scale' (service at the level needed to ensure wide reach into MSM and transgender networks and groups and the needed health improvements and interruption of HIV transmission) is largely dependent upon the capacity of national governments to effectively and cooperatively coordinate all partners needed in the response.

Young men exploring same-sex experiences or gender identities may be harder to reach as they are unidentifiable as belonging to an MSM or transgender community. They may be more vulnerable as they do not have the information or skills to negotiate safe sexual contacts.

Public health partners include:

1. Affected communities including Young MSM and Young TGP: they have the 'lived experience' of living as MSM or transgender people and/or as MSM and transgender people with HIV and so are expert at providing leadership, advice and service for government. In particular, affected MSM and transgender groups, networks and community organizations can implement a range of peer prevention programmes, taking a segmented approach to effectively reach a diverse range of MSM and transgender people. Other roles include psycho-social support for all MSM and transgender people, including HIV-positive MSM and

transgender people, adolescents, advocacy, building a supportive social environment for the operation of MSM and transgender programmes, and collection and analysis of strategic information. Increasingly, peer-based approaches are being used within and in partnership with medical services to ensure the sensitivity of these services and to increase demand for them.

2. Medical or health sector: delivers VCT, HIV and STI treatment, care and support services. These services need to be provided without discrimination (including age discrimination) and with a view to the particular needs and sensitivities of MSM and transgender people. These services increasingly provide sites for research on MSM- and transgender-related HIV and STI concerns.
3. Research partners: bring expertise in the range of formative and summative research, and in the epidemiological and behavioural research needed to ensure that programming, including for YMSM and YTGP, is informed by evidence. Where these partnerships work well, research is based within other service partners and in collaboration with them, meeting and identifying the needs of service partners to improve service delivery over time.
4. National Governments (a whole-of-Government approach to HIV is recommended) and National HIV Programmes: leadership and coordination is the role that national governments can play in coordinating and supporting public health responses to MSM and transgender people and HIV, including the development of national HIV Plans or strategic frameworks; adequate funding; resourcing and other support for service delivery across all the partners; guiding principles and policies for MSM and transgender people; coordination of the work of all partners; developing an enabling environment through policies, laws and advocacy; funds mobilisation; and strategic information.
5. *Local government and provincial HIV Committees*: in a decentralized approach to national governance, local and provincial government and their HIV committees play an increasingly important role ensuring that local policy is aligned with national policy. Often local government can demonstrate or trial new approaches to services and support for MSM and transgender people.
6. *Donors, INGOs and other development partners*: such as multilateral and bilateral agencies, international NGOs, regional and national networks, technical support facilities and researchers; they provide financial support, technical advice and capacity development for partners.”

GROUP EXERCISE (9)



WHAT TO DO

This is a fast process lasting around 15 minutes and aims to (a) interrupt the learning process so there is some group interaction and (b) quickly engage participants in thinking about the concept of Public Health Partnerships in their area.

Process

1. Introduce this learning element and explain the questions on the slide. Explain that participants should turn to the person next to them to determine local partners in their areas. Then separate participants into groups (2 minutes)
2. Allow pair or three-person discussion (5 minutes)
3. Facilitate feedback (8 minutes)
4. Summarize the knowledge that is in the room
5. Acknowledge and congratulate the group on its findings, and discuss anything you feel needs discussion.

WHAT TO SAY

Follow WHAT TO DO above.

SUMMARY (10)



WHAT TO DO

1. Start on the left-hand side of this slide.
2. Remind people of the Maslow diagram of needs and discuss.
3. Remind participants of the Continuum of Prevention-to-Care-and-Treatment and discuss.
4. Remind participants of the partnerships that help to build and sustain good public health and discuss.
5. Put these models together with the four elements of the 2009 Asia-Pacific comprehensive package of MSM and TG Services.






WHAT TO SAY

Follow WHAT TO DO above.

SESSION 3B: THE 2011 GLOBAL MSM AND TG GUIDELINES

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The 2011 Global Guidelines for the prevention and treatment of HIV and other STIs among MSM and transgender people 2. How they can be applied in the Asia-Pacific region
	<p>PROCESS</p> <p>This is a didactic presentation.</p>
	<p>TIME</p> <p>30 minutes</p>
	<p>SLIDES</p> <p>There are 17 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an example of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins you need to have</p> <ol style="list-style-type: none"> a) Read this section of the Facilitators’ Manual to understand the content and how to deliver it effectively. b) Read this section of the Facilitators’ Manual to understand the content and how to deliver it effectively.

SLIDES 1 – 17

WHAT TO DO

In this section of the training package, participants are introduced to *The 2011 Global MSM and TG guidelines*.

Some trainers prefer to put this presentation in the middle of MODULE 3, as an introduction to slides 3–6 that talk about the Global Guidelines, or immediately after presenting those slides.

This is a good opportunity to involve an external presenter in the training. So, rather than the facilitator present this material, it is recommended that an invited expert (for example from WHO) can present these guidelines.

If a facilitator is presenting them, please note that the facilitator should be familiar with the Global Guidelines and the history of their development. In order to do this, they should read and be familiar with:

1. The Guidelines themselves

2. MSMGF (2010) In Our Own Words: Preferences, Values, and Perspectives on HIV Prevention and Treatment: A Civil Society Consulting with MSM & Transgender People. (This is a report on consultations with MSM and TG representatives to advice on the development of the Guidelines) – it can be found in the soft-copy resources included with this manual with the title ‘In Our Own Words’
3. The ‘In Our Own Words Annexes’ which is a comprehensive resource on how individual issues were analysed for inclusion in the Guidelines (i.e. condom use, counselling, screening).

It may also be useful preparation to speak with resource persons or experts who are familiar with the Guidelines before presenting them to review key points and issues.

The presentation has 17 slides and includes:






1. The cover slide
2. A reproduction of the cover of the document
3. The title of the presentation
4. The outline of the presentation
5. A review of epidemiology among MSM and TG people (i.e. the reason why the guidelines were produced)
6. How the guidelines were developed
7. The purpose and target audience
8. Conceptual framework
9. An introduction to the recommendations
10. Highlights of recommendations in Good Practice
11. Highlights of recommendations in Prevention of Sexual Transmission
12. Highlights of recommendations in VCT
13. Highlights of recommendations in behavioural interventions and outreach
14. Highlights of recommendations in HIV and STI treatment and care
15. Other recommendations
16. A review of good regional initiatives in the Asia-Pacific
17. The next steps in Asia and the Pacific (health sector response)

Because of time constraints, it is recommended not to review each slide in detail, but to convey the most important messages, and to limit the entire presentation to 30 minutes.

SESSION 4: UNDERSTANDING MSM, TRANSGENDER PEOPLE AND HIV

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ul style="list-style-type: none"> The ways in which MSM and transgender people identify themselves (i.e. concepts of LGBT and SOGI, needs of young people) The dynamics of sex and sexual behaviour among them The places that MSM and transgender people meet for sex and why they choose these places The ways in which MSM and transgender people form communities and how communities can assist the public health response.
	<p>PROCESS</p> <p>This is a combination of didactic delivery with an interactive exercise to provide experiential understanding of living as an MSM or transgender person in the context of HIV risk.</p>
	<p>TIME</p> <p>90 minutes</p>
	<p>SLIDES</p> <p>There are eight PowerPoint slides in this session, and an additional seven slides which could be used. Each slide describes a point or points of content that need interpretation by the facilitator.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an example of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins you need to have</p> <ol style="list-style-type: none"> Read this section of the Facilitators’ Guide.

SEX, SEXUALITY AND GENDER (1)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8

WHAT TO DO

1. Introduce this session as an overview of issues of sex, sexuality and gender for MSM and transgender people (i.e. concepts of LGBT and SOGI).
2. Step through each of the learning outcomes listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1

2

3

4

5

6

7

8

WHAT TO DO

1. Introduce the Key Learning Points slide.
2. Step through each of the dot points explaining that there are different identities in each country described.
3. Explain why it is so essential to understand the ways that people identify and the languages they use to identify when programming.

No other resources required for the presentation of this slide.

WHAT TO SAY

“The ways that men identify can be different to the ways they behave sexually and socially. A ‘heterosexual’ man, married with children, may also have sex with men. A transgender person who largely has sex with ‘heterosexual’ men may be the insertive partner in sex with their ‘heterosexual’ partners. A ‘gay’ man who is open and active in gay community life may sometimes have sex with women. Understanding these differences between identity and behaviour and not making assumptions about the sex that men and transgender people have based on their ‘identity’ is a key, important point that programmers must understand to design interventions and services that are effective.

In Asia and the Pacific, particularly because of the varying languages and cultures of the region, the ways that MSM and transgender people identify, the languages they use between them, and the values underpinning their connections to each other are essential elements of good programming.

MSM and transgender people are not a single group of people who agree and feel the same ways about things. Young people will have special needs to be considered. This has an impact on their preferences for being served and reached by HIV and STI service programmes.

While little research is available, an emerging informed assumption is that many of those who are most-at-risk in these populations are young people.

It is important to map the places that men and transgender people meet for sex and social contact, and understand the ways in which places for sex are chosen and how they change.”

Note: After slide 2/8, there are 6 additional slides which can be used as extra resource materials. The titles of these slides are:

Who Am I?

Sexual Orientation

The Kinsey Scale (1)

The Kinsey Scale (2)

Gender Identity

The Genderbread Person v2.0

The slide numbers are marked “additional”. If you choose to use these slides, you may want to prepare notes on how you will present them. If you do not choose to use these slides, it may be useful to DELETE them from your copy of the PowerPoint presentation.

GENDER IDENTITY (3)



WHAT TO DO

1. Introduce the slide called Gender Identity. Draw attention to the difference in meaning between “sexual orientation” (sometimes called “erotic orientation” to highlight its basis the context of sexual desire) and “gender identity” (signifying a person’s identity in term of masculinity and/or femininity). Sexual orientation and gender identity are sometimes signified by the acronym “SOGI”.
2. Step through each of the dot points explaining different identities in each country described.
3. Explain why it is so essential to understand the ways that people identify and the languages they use to identify when programming.

No other resources required for the presentation of this slide.

WHAT TO SAY

“The use of the term ‘Men who have Sex with Men’ (MSM) was coined as a way to describe behaviour and practice (biological men who have sex with other biological men) rather than to establish a sexual identity in addition to ‘gay’ or ‘bisexual’. However, MSM is now often used a short term to describe and include both behaviour and identity, which has led to several problems:

- The use of ‘MSM’ as an identity does not suit transgendered people; predictably many trans women reject the term ‘men’ as an identity description for themselves.
- It ignores self-identified gay men in the region, and emerging urban gay communities.
- It has been used in ways that are too simplistic to recognize the varied forms of male-to-male sexual transmission of HIV.
- And, it clumps all men who have sex with men into one category, promoting the false notion that any man who has sex with a man is on some sort of developmental pathway towards incorporating his sexual behaviour into some kind of homosexual identity.

Two strategies have been suggested to resolve some of these problems:

1. Focusing on sex between men by using the term ‘male-to-male sexual practice’ without using the acronym MSM; and
2. Using local terms in each setting that have been derived to describe the different expressions of male-to-male sexual behaviour and identity.

Let’s take a look at some of the ways that men and transgender people identify themselves in the region: [step through each dot point – dialogue guide below ...]

- In Indonesia, the *waria* are transgendered people who live openly as women. Trans men are typically absent from discussions of transgender people in Indonesia.
- In the Philippines, trans women are called *bayot* while non-effeminate MSM are called *silahis*.
- In Malaysia, gay men are sometimes called *lelaki gay* or *pondan* while transgender women are sometimes called *mak nyah*.
- In South-East Asia, *kathoey* in Thailand are biological males who live as women and can be found in almost every town and city in the Kingdom. The term *kathoey* can also be found in Cambodia and Laos reflecting the historically shared aspects of culture and language of these three countries. *Kathoey* will at times use different polite participles and pronouns to the heterosexuals and MSM around them further distinguishing them from others in their communities. Across Thailand, Laos and Cambodia, increasing numbers of studies and literature explore sexual identity that include terms such as *lady-boys* (often perceived as a negative term), as well as *long- and short-haired MSM*.
- In Vietnam, *bong kin* are men who have sex with men and live as men without any outward identifying features that distinguish them as MSM. *Bong lo* are men who wear female clothes and present as women. In a study of six hundred MSM in Vietnam, 76% identified as *bong kin* while 12% identified as *bong lo* and a further 12% as men who have sex with both men and women.
- In India, *panthis* are masculine MSM whose sexual orientation is predominantly toward women and insertive during anal sex. *Double deckers* are men who are sexually inclined toward masculine men. *Danga* are men with distinct feminine characters who have sex with men and *ali* are said to be the third gender, neither men nor women.

This is not an exercise in linguistic correctness. Becoming familiar with these terms and the different sub-populations they describe is one way of paying attention to the diversity of behaviour, identity, risk and vulnerability across the spectrum of male-to-male sexual behaviour and should lead to the development of responses that are better tailored to the needs of particular sub-populations.”

COMMUNITY (4)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Introduce the slide on ‘Community’
2. Follow the dialogue guide below.

WHAT TO SAY

- “MSM and transgender people experience a range of social disparities that have remained largely invisible in Asia and the Pacific until rates of HIV and STIs highlighted them.
- Within many societies in Asia and the Pacific, there are individual MSM and transgender people who have come together to actively resist their circumstances, respond to HIV, build their community networks and provide support to each other. They have developed small

groups, networks and organizations to provide companionship and to advocate for social change that can lead to better health for all MSM and transgender people.

- The principles of community development encoded within the health promotion model remain the best way of understanding the power of these individuals, their groups and networks as well as sustaining and supporting them. In community development theory, these leaders and advocates are referred to as *key social change agents* who operate within societies to influence and change them. The groups themselves support others, create new leaders, and build healthier communities. They facilitate active community players to do the same.
- MSM and transgender informal groups, networks and community-based organizations are therefore an essential element in reaching and encouraging this target group to engage in health-seeking behaviour related to HIV, STIs and other sexual health issues. These groups and individuals have an impact well beyond the MSM who feel comfortable joining these communities and they represent our best chance to sustain an impact that spans the HIV continuum of care for MSM and transgender people.”

PLACE AND SPACE (5)



WHAT TO DO

1. Step through each of the points in the slide on “Place and space”.
2. Follow WHAT TO SAY as below.

WHAT TO SAY

- “One key characteristic of the collective activity of MSM is the subversion of space, often public space, for covert use as meeting points and places for sex that will protect, as far as possible, the anonymity of the users.
- The signifiers that signal *public space as sex space* vary from society to society as do the choices about what spaces are most commonly subverted for sex. They might include
 - Looks between men as they pass each other
 - Men alone in public (which in some cultures is unusual); and
 - Men entering and exiting a particular venue, or messages or diagrams on walls or trees.
 - It is common for public cinemas, parks, public toilets, truck stops, rest areas on highways, trains, buses, train and bus stations to be subverted into sex venues.
- Public spaces change, depending on a number of variables, such as an increase in police presence, arrests, violence, or others who are not MSM or transgender people moving in and occupying the spaces. Spaces chosen and spaces changed will not always be signaled between men. A place change may only become obvious when a man attempts to use that space: a man may turn up to a cinema or park to find that it no longer operates as a covert sex space and so needs to turn his attention to other spaces he knows of. He may have to search the city or province to find new sex spaces that are emerging.

- MSM and transgender people of all kinds generally understand the subversion of space in their particular locality. MSM and transgender people remain the experts on the 'spatial dynamics' at play in the sex between men and therefore how best to reach and communicate with men who use these spaces. This knowledge makes it possible for MSM and transgender CBO and NGO outreach workers to reach non-identified MSM and transgender people, even if those targeted may never attend a drop-in center or MSM/transgender service."

SEX AND BEHAVIOUR (6)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Step through each of the points in the slide on Sex and Behaviour
2. Follow WHAT TO SAY as below.

WHAT TO SAY

"Men who desire other men have sexual fantasies about each other. They communicate and enact these fantasies. This is MSM sexual engagement at its 'root' and it occurs between all groups of MSM – even groups who might not communicate in other spaces of society. Men desire sex with other men in various ways, places, positions and combinations. When having sex, men communicate their sexual fantasies and desires in different ways. If the sex space is public then communicating about these desires may be without words and use only looks and gestures. If the sex space is dark (in a cinema or in a park, public toilet or truck stop at night) then gesturing might simply include moving each other's bodies into positions which demonstrate what is desired, or conversely signs which indicate physical resistance which signals "I'm not interested in that". Sex in these covert ways may be desirable in and of itself for many men who have sex with men. There is a lot of gay men's literature that describes how intimate and sexually fulfilling these moments can be. Regardless of how MSM identify, they are engaged in these acts of desire with each other. It is this desire, the communication of the desire and the behaviour in enacting it, which provides the opportunity for effective HIV prevention education that can be achieved and sustained by MSM among themselves."

MSM AND TRANSGENDER CONCEPTUAL FRAMEWORK (7)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Introduce the MSM and transgender conceptual framework.
2. Use WHAT TO SAY below to structure your description of the slide.

WHAT TO SAY

“Taking account of issues like space, desire, community and identity is not just an academic exercise. It provides service planners, policy-makers and implementing agencies with a framework for understanding the way in which men get together for sex, and the possibilities that exist for communicating with them about HIV risk and the availability of health and community services. As discussed earlier, the ultimate goal of HIV prevention, treatment, care and support programmes is to assist all people at risk of HIV infection and those with HIV to find the knowledge, means and personal power they need to avoid further transmission of HIV and to access health and community services they need. This can only be achieved across the diverse populations of men who have sex with men if there is a clear understanding about how to reach them, what sort of information they would respond to, and the kinds of services they would need and use. It is clear that there is much more that we need to know before we can be confident that the national strategies and services that are in place across Asia and the Pacific can achieve this goal.

- Especially in Asia, the discourse on MSM and transgender people can be heavily focused on ‘identity’ because the range of ways men and transgender people identify varies and resonates so widely both within borders and across them. But a singular focus on identity can confound the context and miss the point: identity is important, but it’s not the only issue that needs consideration. In reality, the themes of identity, community, space, sexual desire and behaviour have been at the heart of our thinking about men who have sex with men and HIV prevention-to-care since the beginning of the epidemic.
- There are many more men who have sex with men than those who identify as MSM, gay or transgender. We know that in Asia, as in many other places of the world, there are men who have sex with men and with women, but who do not identify as gay or do not attribute any particular identity to their sexual behaviour. They can’t be easily identified or reached with services, but they and their partners need to have access to sexual health education and HIV prevention, treatment, care and support.
- There are situations that appear to encourage male-to-male sex as a temporary behaviour – men’s isolation in prison, in military service, and in migrant worker settings. Programming for MSM HIV prevention and care needs to take these environmental factors into account and not be based on false notions that these men will eventually identify as MSM and feel comfortable using MSM-tagged services.
- Identity, community, space, sexual desire and behaviour, when brought together, are part of the conceptual framework for thinking about MSM including Young MSM that will help to better mobilize MSM networks, communities and their organizations. They represent the points of connection between men who have sex with men.”

Note: After slide 7/8, there is 1 additional slide which can be used as an extra resource:

1. MSM/Transgender Circle

The slide number is marked “additional”. If you choose to use this slide, you may want to prepare notes on how you will present it. If you do not choose to use this slide, it may be useful to DELETE it from your copy of the PowerPoint presentation.

GROUP EXERCISE (8)

1

2

3

4

5

6

7

8

WHAT TO DO

1. Ask participants to discuss in their country groups the questions on the slide.
2. Invite participants to share their learning as a way of 'summing up' and finishing the module.

WHAT TO SAY

Follow the steps in WHAT TO DO above.

END OF MODULE ONE

PowerPoint presentation slides





For suggested talking points, please see the accompanying Facilitator manual module document

Opening

1/3

DAY ONE

Module 1
Context Building:
MSM and transgender
people






2/3

OVERVIEW MODULE 1


- Terms and definitions
- Introducing the 2011 Global MSM and TG Guidelines.
- Exploring core issues in MSM and transgender service delivery and HIV programming

Context Building




- MSM and transgender continuum of prevention-to-care-and-treatment
- The 2009 Asia-Pacific comprehensive package of MSM and TG services
- MSM and transgender public health partnerships

MSM and Transgender Programming




- Enabling environments and supportive interventions
- How laws and policies shape HIV's impact on MSM and transgender people
- Human rights and social justice frameworks

Enabling Environments




- Research – getting the right information
- Using policy – advocating for and protecting MSM and transgender programmes
- M&E - how you decide what's working

Strategic Information



- Implementing and managing partnerships in MSM/transgender services
- Good HR, financial and quality management skills

Managing Programmes





3/3

CONTEXT BUILDING

- Terms and definitions
- Introducing the 2011 Global MSM and TG Guidelines.
- Exploring core issues in MSM and transgender service delivery and HIV programming

Context
Building



Session 1

1/3

Session 1

Key acronyms, terms
and concepts

This session will cover

1. Key acronyms used in this area
2. Key terms and definitions you need to know

Key Learning Points

- Understanding the acronyms used in HIV and some core concepts can assist you communicating with and understanding others.
- Acronyms and abbreviations are used for common terms and groups affected by HIV.
- Acronyms and abbreviations are used for many organizations that respond to HIV.
- Key concepts in HIV in the region are important to understand.

What does it mean?

Key terms you need to know

Concentrated epidemic
Generalized epidemic
Low-level epidemics
Incidence
Prevalence
Structural Interventions
Behavioural Interventions



See: UNAIDS Terminology Guidelines, October 2011.

Session 2

1/13

Session 2

HIV AMONG MSM
AND TRANSGENDER
PEOPLE IN ASIA
PACIFIC

This session will cover

- The heavy burden of HIV shared among MSM and transgender people
- The increasing rates of HIV among MSM and transgender people

2/13

Message to Human Rights Council meeting on Violence and Discrimination based on Sexual Orientation or Gender Identity

The Time Has Come.

“Some say sexual orientation and gender identity is a sensitive subject. I understand. Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake – and because it is our duty, under the United Nations Charter ... and the Universal Declaration of Human Rights ... to protect the rights of everyone, everywhere. The High Commissioner’s report documents disturbing abuses in all regions. We see a pattern of violence and discrimination directed at people just because they are gay, lesbian, bisexual or transgender. There is widespread bias at jobs, schools and hospitals. And appalling violent attacks, including sexual assault. People have been imprisoned, tortured, even killed.

This is a monumental tragedy for those affected – and a stain on our collective conscience. It is also a violation of international law. You, as members of the Human Rights Council, must respond. To those who are lesbian, gay, bisexual or transgender, let me say: You are not alone. Your struggle for an end to violence and discrimination is a shared struggle. Any attack on you is an attack on the universal values the United Nations and I have sworn to defend and uphold.

Today, I stand with you ... and I call upon all countries and people to stand with you, too.

A historic shift is under way. More States see the gravity of the problem. I firmly oppose conditionality on aid. We need constructive actions. The High Commissioner’s report points the way. We must: tackle the violence ... decriminalize consensual same-sex relationships ... ban discrimination ... and educate the public. We also need regular reporting to verify that violations are genuinely being addressed. I count on this Council and all people of conscience to make this happen.

The time has come.”

Secretary-General Ban Ki-moon
Geneva (Switzerland)

Source: http://www.un.org/apps/news/infocus/speeches/statments_full.asp?statID=1475
Video at: <http://www.youtube.com/watch?v=qtxU9iOx348>

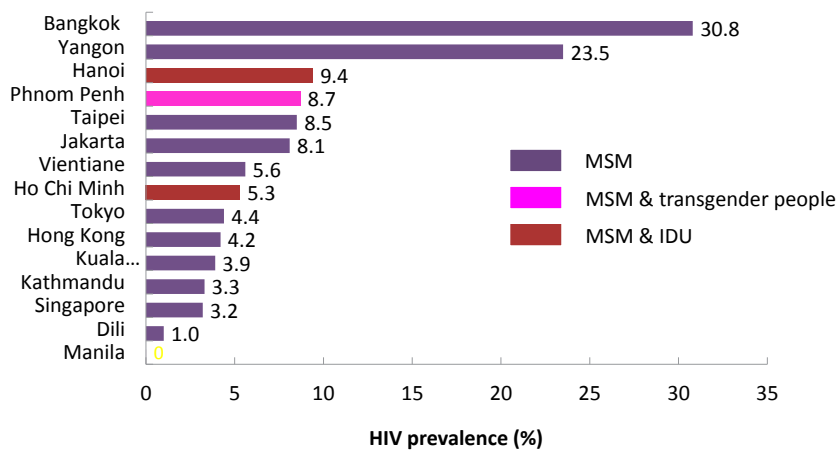
7 March 2012

Key Learning Points

- Sex between men occurs in all countries and cultures but has been hidden and ‘ignored’
- MSM and transgender people, including young MSM and young TGP, are now a significant and growing component of the epidemic in the Asia-Pacific
- Stigma, discrimination and ignorance drive the epidemic
- MSM and transgender people have been largely absent from sentinel surveillance and national HIV plans especially those <18 years of age
- There is still time to avert a major crisis in some areas



HIV prevalence among MSM in Selected Asian Cities, 2006 – 2008



Source: Health Sector Response to HIV/AIDS among MSM. Report of the Consultation, 18 – 20 February 2009, Hong Kong SAR (China), WHO, WPRO, Manila, 2009; van Griensven et al, Curr Opin HIV AIDS, 2009; de Lind van Wijngaarden et al, STD, 2009



5/13

HIV impact by severity

Let's agree upon a way to categorize HIV impact in the region

Severe >10%

Intermediate 2–10%

Emerging >1%



6/13

MSM/TG HIV – **Severe** epidemics

Severe MSM epidemics in the region [>10%]

Bangkok, Thailand:

17.3% 2003 | 30.8% 2007
| 22.2% for age 15-22 in 2007

Myanmar:

23.5-35% in cross-sectional investigation across 4 sites in 2007

Mumbai India:

9.6% in 2007. Over 20% in some studies



MSM/TG HIV – **Intermediate** epidemics [2-10%]

- **Intermediate** MSM epidemics
- Vietnam, Hanoi
- Lao PDR
- Indonesia
- China
- Nepal
- India



MSM/TG HIV – **Emerging** epidemics [$>1\%$]

- Pakistan
- Bangladesh
- Timor-Leste
- Philippines



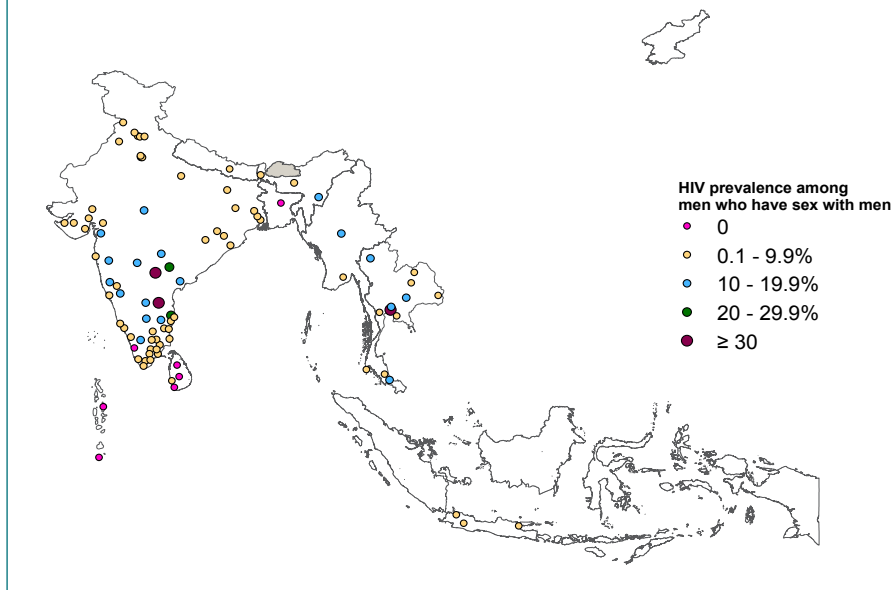
Putting the patterns together

- Migration and highly mobile populations
- MSM, transgender people and the Internet
- Severe and intermediate epidemics close together
- Impact of multiple and overlapping risk behaviours
- Impact of governments and their responses



[additional]

HIV prevalence among men who have sex with men, South-East Asia Region, 2007–2010



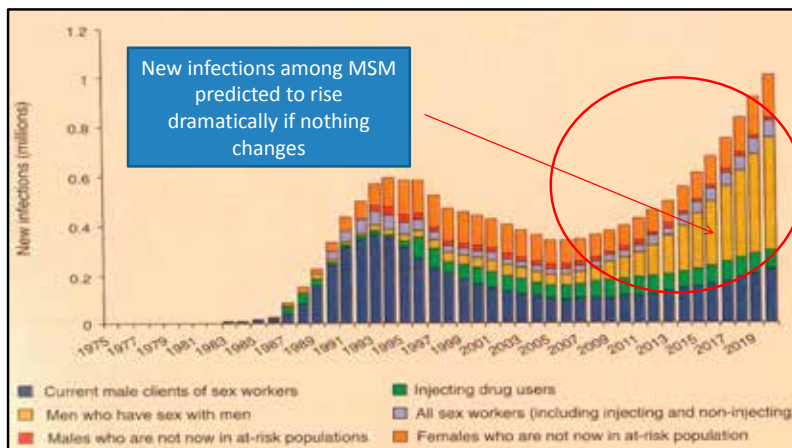
HIV prevalence, MSM – % (WHO-WPRO) [additional]

Country	HIV Prevalence by Year	
	2008	2009
Cambodia	5	4.5
China	6	5.0
Lao PDR	6	0
Malaysia		3.9
Mongolia	1	1.8
PNG		4.3
Philippines	1	1.0
Viet Nam	9	16.7

Source: UA Progress Report WHO/UNICEF/UNAIDS, 2009-2010.



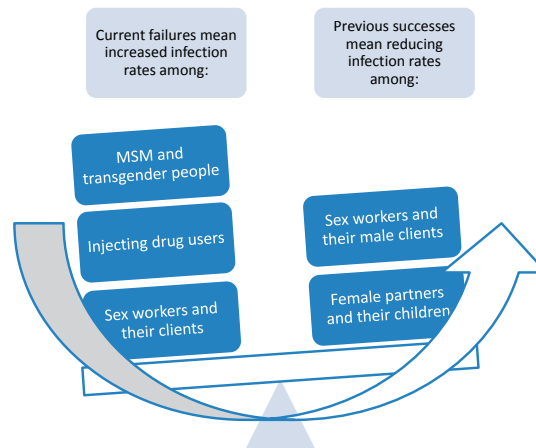
Predicted new infections in adults in Asia 10/13



11/13

A balancing act

National and regional failure to contain HIV in emerging at-risk populations means re-emerging HIV epidemics among sub-populations where success has been previously achieved and sustained over time (e.g. success in sex work and male clients in India, Myanmar, Thailand and Cambodia).



Source: Report of the Commission on AIDS in Asia

Conclusions

12/13

- Current HIV efforts have not contained or reduced HIV among MSM
- Trend of increasing HIV in developed and developing economies – new, newly identified and resurging epidemics among MSM
- Globally, there are only a handful of studies among MSM and transgender people esp. among YMSM and YTGP
- Predictions are dire



[Source: van Griensven, van Wijngaarden, Baral and Grulich 2009]

Group Exercise

Explain what is known and not yet known about HIV among MSM and transgender people in your region:

- Are there services which operate to reach them?
- Is there research being undertaken to inform and evaluate practice?
- Is there a coordinated response to HIV?
- Is HIV transmission being ‘interrupted’ among MSM and transgender people?

Session 3A

Session 3A

How can we make a difference?

This session will introduce three core goals to effectively planning and making a difference to MSM and transgender people:

- Accurately understanding and conceptualizing ‘need’ for MSM and transgender people
- A comprehensive approach to serving MSM and transgender people
- Building and sustaining effective public health partnerships to reach ‘scale’

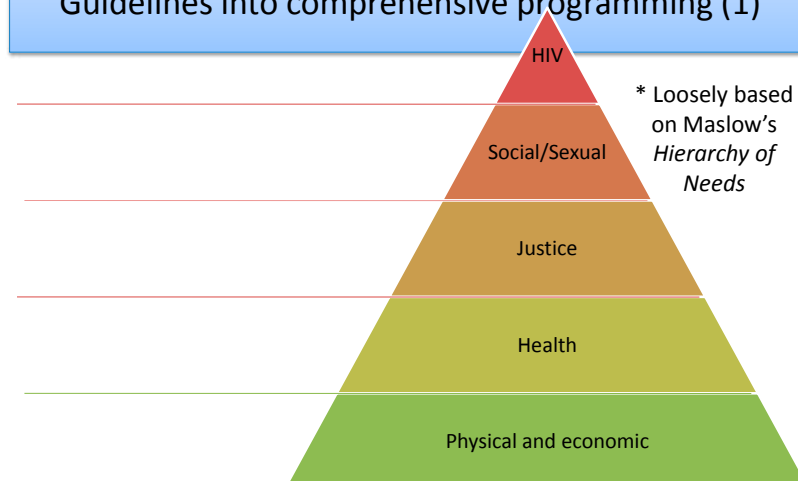
2/10

Key Learning Points

- Understanding the particular needs of MSM and transgender people is essential to building effective services that can reach them
- MSM and transgender groups, networks and organizations must be strengthened, supported and encouraged to participate equally in the response to HIV
- Services need to be sensitive and responsive to attract MSM and transgender people
- A comprehensive approach to meeting the service needs of MSM and transgender people is required to reach 'scale' including YMSM and YTGP
- A careful mix of partners is needed to reach 'scale'

3/10

Human needs and HIV in concentrated epidemics – translating the 2011 Global MSM and Transgender Guidelines into comprehensive programming (1)

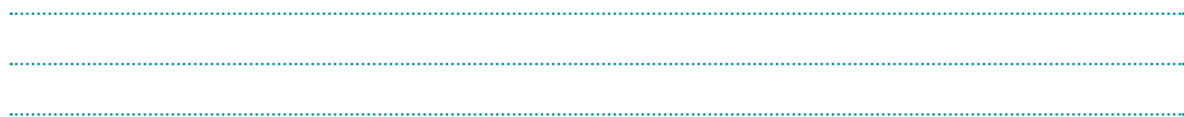
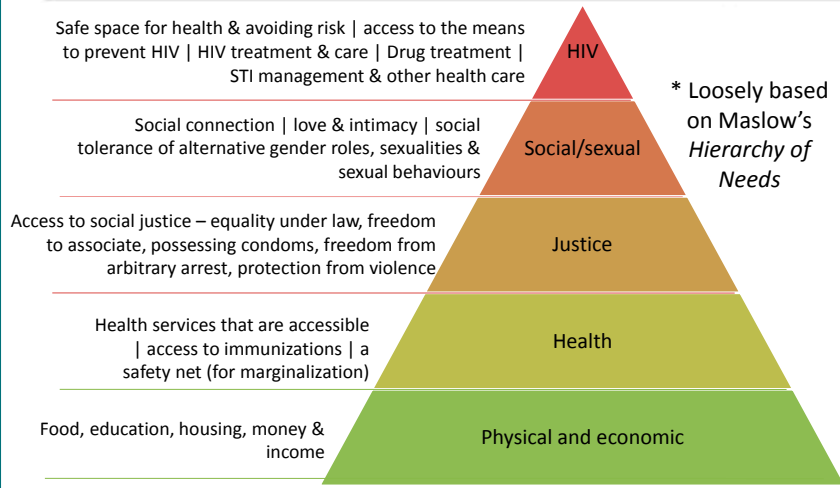


Group Exercise

- Separate into pairs or trios and take one of the elements of the pyramid above. Agree upon 2 or 3 needs that might be present among MSM and transgender people from your perspective.



Human needs and HIV in concentrated epidemics – translating the 2011 Global MSM and Transgender Guidelines into comprehensive programming (2)



Another way to think of HIV needs – translating the 2011 Global MSM and Transgender Guidelines into comprehensive programming 6/10

- UN member states have committed to Universal Access
- The *Continuum of Prevention-to-Care-and-Treatment* is a framework for reaching Universal Access.
- It is a range of services and interventions to keep people healthy.

The Continuum of Prevention-to-Care-and-Treatment



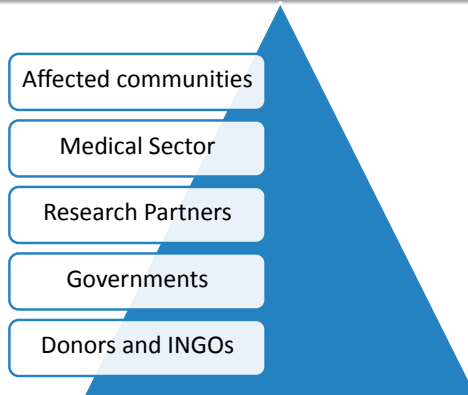
The Comprehensive Package of MSM and TG Services 7/10

THE COMPREHENSIVE PACKAGE

- 1 HIV Prevention
- 2 Access to HIV treatment, care and support
- 3 An enabling environment for prevention and care services
- 4 Strategic Information

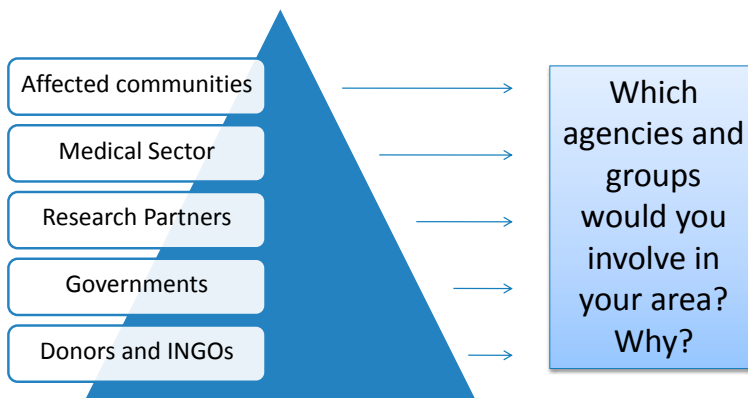


Public Health Partnerships



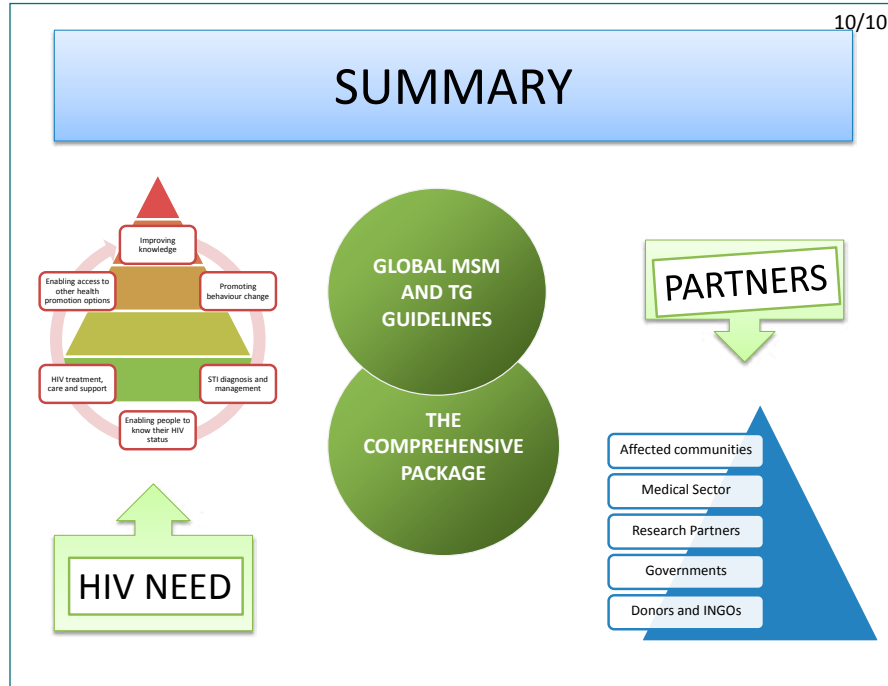
Note: a role for law enforcement agencies and the media can be important in ensuring an effective public health partnership for MSM and transgender health.

GROUP EXERCISE



Note: a role for law enforcement agencies and the media can be important in ensuring an effective public health partnership for MSM and transgender HIV health.

10/10



Session 3B

1/17

Session 3B

The 2011 Global MSM and TG Guidelines

This session will introduce

- The 2011 Global Guidelines for the prevention and treatment of HIV and other STIs among MSM and transgender people
- How they can be applied in the Asia-Pacific region



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3/17

Prevention And Treatment Of HIV And Other STIs Among MSM And Transgender People: Guidelines

Slides courtesy: Dr. Zhao Pengfei, WHO/WPRO.

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4/17

Outline

- 2011 Global MSM and TG guidelines
- New 2011 WHO public health recommendations for MSM and transgender people
- Actions for implementation in Asia Pacific
 - Regional initiatives
 - Next steps

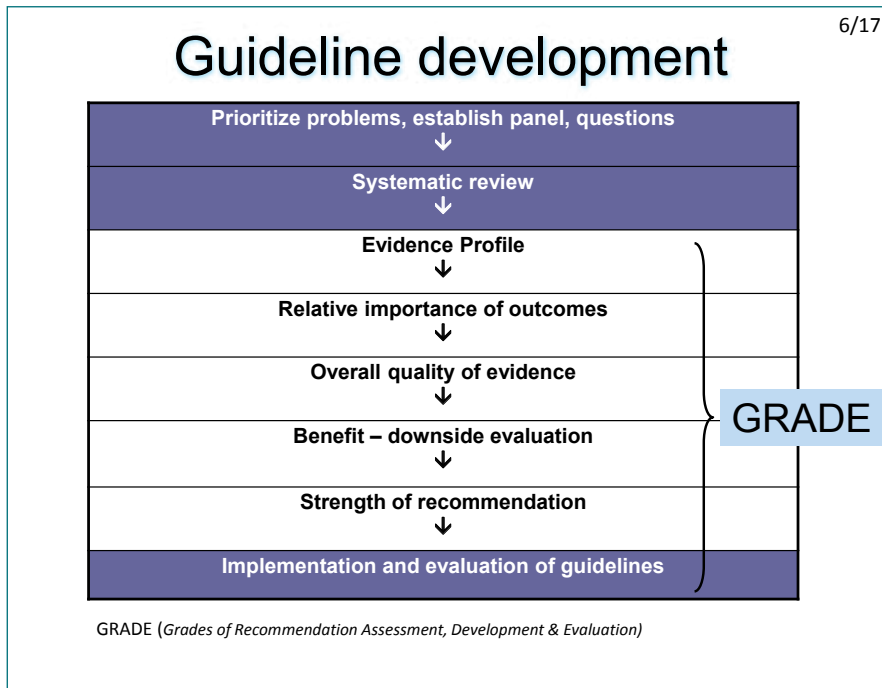


5/17

HIV epidemics among MSM and transgender people

- High vulnerability
 - MSM – 20 times more likely to be infected (Baral et al. 2007)
 - Trans women – up to 68% infected with HIV (Guadamuz et al. 2010)
 - Increasing HIV prevalence among younger age cohorts suggests earlier infection among YMSM
- Emerging epidemics in developing countries
 - MSM were 19 times more likely to have HIV infection as other men (Baral et al. 2007)
- Resurging epidemics in industrialized countries
 - In UAS, 50% of PLHIV and 50% new cases are MSM (US CDC)
- High stigma and discrimination impeding access
 - More than 75 countries criminalizing same-gender sex





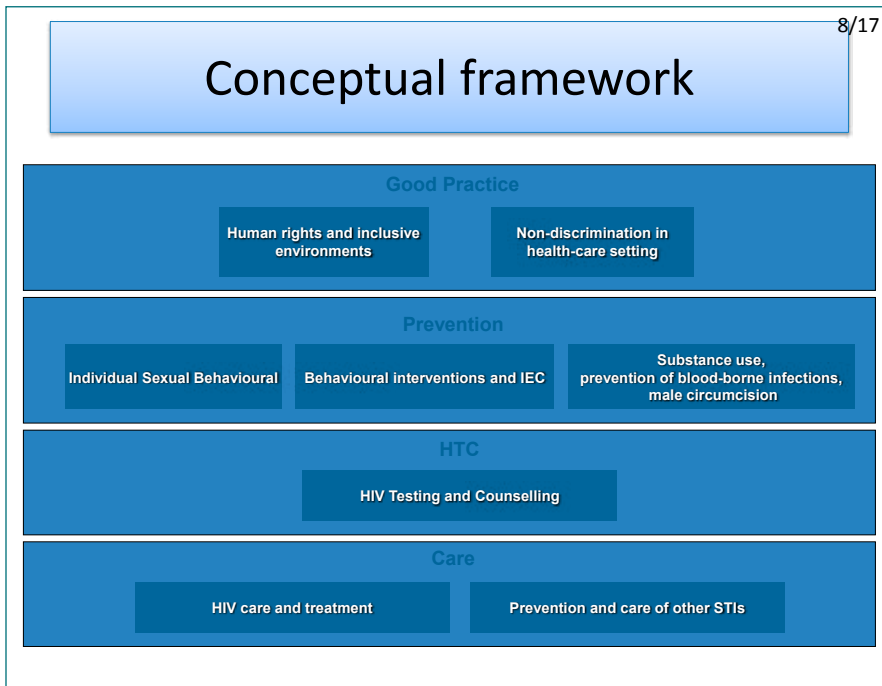
- ## The guidelines: purpose and target audience 7/17
- Purpose
 - Recommends a set of interventions for the prevention and treatment of HIV and other STI for MSM and transgender people

 - For whom:
 - Lawmakers, policy-makers
 - Programme managers (HIV & STI)
 - Health care providers
 - Bilateral and multilateral donors
 - Affected communities



8/17

Conceptual framework



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9/17

Highlights of 21 recommendations



- Good practice
- Structural
- Biomedical
- Behavioural

.....

.....

.....

Good practice

- Promotion of a legal and social environment that protects **human rights**
- Access to prevention, treatment, care and support without discrimination including age discrimination

Prevention of sexual transmission

Strong recommendation

- Using condoms consistently

Conditional recommendation

- Using condoms over sero-sorting

• NOT recommended:

- Male circumcision is **NOT** recommended for MSM and transgender people for HIV prevention



12/17

Voluntary HIV testing and counselling

Strong recommendations

- HIV testing and counselling (HTC)
- Community-level programmes for HTC linked to care and treatment
 - Trended towards earlier treatment initiation



2012 development: WHO Guidelines on Couples HIV Testing and Counselling (CHTC) and Antiretroviral Therapy for Treatment and Prevention in Serodiscordant Couples



13/17

Behavioural interventions and novel communication strategies/outreach

Conditional recommendations

- Implementing individual and community-level behavioural interventions



- Targeted internet-based targeted information
- Using social marketing strategies
- Implementing sex venue-based outreach strategies



HIV and STI treatment and care



- ART the same as other populations
- Essential interventions to prevent illness and HIV transmission for people living with HIV
- Syndromic management and treatment (including ano-rectal infections)
- Periodic testing for asymptomatic STIs (conditional)

Other recommendations for MSM and transgender people

- Alcohol or other substance use – should have access to brief evidence-based psychosocial interventions involving assessment, specific feedback and advice
- Injecting drug users – should have access to needle and syringe programmes and opioid substitution therapy
- Transgender women who inject substances for gender enhancement – should have sterile injecting equipment and practise safe injecting behaviours
- In settings where infant immunization has not reached full coverage, catch-up hepatitis B immunization strategies

16/17

Good regional initiatives

- Overall response to HIV among MSM and transgender people led by UNDP Asia-Pacific Regional Centre
- APCOM involves a broad spectrum of stakeholders: MSM sub-regional groups, CBO/NGO, GO, individual experts, UN
- The six mega-city initiative aims to strengthen **municipality-wise** responses to HIV among MSM and transgender people
- Addressing rights and health of transgender people – 'Lost in Transition', UNDP/APTN 2012
- YVC (Youth Voices Count): YMSM and YTGP network in Asia and the Pacific supporting communities to address their HIV-related health issues via mobilization, advocacy and capacity building



17/17

Health sector response

Next steps in Asia and the Pacific

- Implementation of the global and regional guidance on MSM and HIV
 - Community-based VCT operational manual development, case studies
 - Strengthening sexual health services with MSM and transgender people including monitoring gonococcal antimicrobial susceptibility
- Joint WHO/UNDP training package supporting implementation of global guidance in countries
 - Capacity building for health providers and stigma reduction in healthcare settings
- Joint WHO/UNDP/UNAIDS/APTN Informal Regional Consultation on HIV, STI and other health needs of **transgender people** in the Asia-Pacific region, 11-13 September 2012
- Strengthen research agenda
 - Joint WHO/APTN regional assessment on transgender Health, in partnership with UNDP, APCOM



Session 4

1/8

<p><u>Session 4</u></p> <p>Understanding MSM and transgender people – sex, sexuality and gender (also called Sexual Orientation and Gender Identity – SOGI)</p>	<p>This session will introduce</p> <ul style="list-style-type: none">• Identity• Community• Place and space• Sex and behaviour <p>in the context of MSM and transgender HIV services</p>
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2/8

KEY LEARNING POINTS

- There is a difference between the ways males ‘identify’ and the ways males ‘behave’
- MSM and transgender ‘cultural competency’ – In Asia Pacific, understanding the language MSM and transgender people use to describe themselves is important
- MSM and transgender people are not homogenous groups – they do not think and feel the same way – young people have special needs
- There are many places MSM and transgender people meet

[additional]

Who Am I?

- Professionally
- Religiously
- Ethnically
- Other ...

[additional]

Sexual Orientation

- Who do I desire?



[additional]

The Kinsey Scale

Time Magazine, 24 August 1953.



[additional]

The Kinsey Scale

- 0 – Exclusively heterosexual
- 1 – Predominantly heterosexual, only incidentally homosexual
- 2 – Predominantly heterosexual, but more than incidentally homosexual
- 3 – Equally heterosexual and homosexual
- 4 – Predominantly homosexual, but more than incidentally heterosexual
- 5 – Predominantly homosexual, only incidentally heterosexual
- 6 – Exclusively homosexual

Copyright © The Kinsey Institute



[additional]

Gender Identity

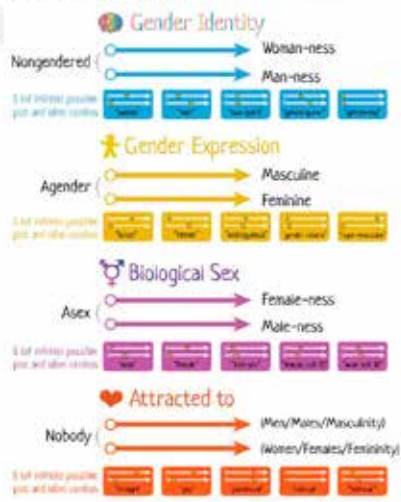
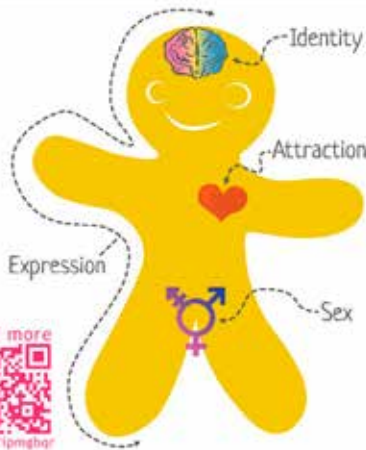
- Am I masculine or feminine – a man or a woman?

[additional]

The Genderbread Person v2.0

its pronounced *MeTROsexual*

Gender is one of those things everyone thinks they understand, but most people don't. Like height. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This lady-like guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



Source: <http://itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/>

3/8

Gender Identity

The range of identities and descriptors for MSM and transgender people in the region vary widely:

- Indonesia: *Waria* (trans women);
- Vietnam: *Bong Lo* (men who wear female clothes and present as women) and *Bong Kin* (men who have sex with men and live as men);
- Thailand, Laos: *kathoey* (trans women – usually);
- Cambodia: MSM long-hair and MSM short-hair;
- India: *Hijras* (trans women). *Panthis* (masculine MSM who also have sex mainly with women). Double-deckers: men who live aligned with masculine identity. *Danga* and *Kothi* men with distinct feminine characteristics. *Ali* – a third gender, neither men nor women

4/8

Community

- MSM and transgender people experience social disparities and have come together to actively resist, building groups, networks and organizations.
- These informal and formal networks are the backbone of any effective public health response to HIV among them.
- Principles of community development are important: key social change agents.
- These groups support and sustain themselves and each other, create new leaders and build healthier communities – they are your best option for reaching across gay-identified and non-gay identified MSM and transgender people.

5/8

Place and space

Understanding 'spacial dynamics' is important for MSM and transgender programming:

- Subversion of often public space for covert use as meeting points and places for sex.
- Signifiers of public space as sex space: men entering and exiting, looks between them, men alone in public, messages or diagrams on walls or trees.
- Usual spaces: travel stations, parks, cinemas, toilets, truck stops, rest areas on highways.
- Places change: violence, police, others in the space.



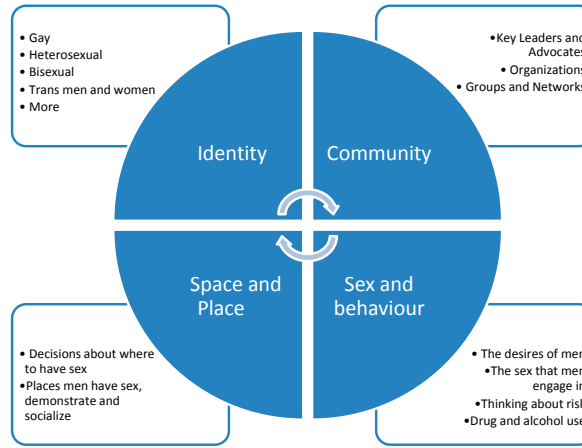
6/8

Sex and behaviour

- Men desire each other and have sexual fantasies about each other – they communicate and enact these fantasies. Men engage in 'acts of desire'.
- Sexual connection occurs between MSM even if they don't communicate in other contexts.
- Public space connection doesn't use words but only looks, gestures and other semiotic signifiers.
- Touch is important in spaces that are dark – positioning of bodies indicates "I'm interested in that" or "not interested in that".
- YMSM and YTGP may have different signifiers than adult MSM and transgender people.

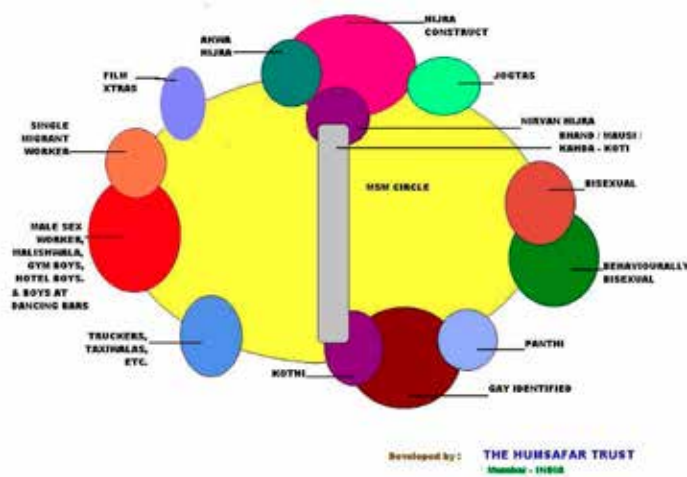


MSM and Transgender Conceptual Framework



[additional]

MSM/Transgender Circle



GROUP EXERCISE

- What do you know about gay and other MSM and transgender people in your area:
- Where do they meet?
- What language do they use to describe themselves?
- What level of social acceptance is there for gay men, MSM and transgender people ?
- What impact does all of this have on preventing the transmission of HIV?

Notes:

A series of horizontal dotted lines for taking notes.

Facilitator manual

Module

2

**MSM AND
TRANSGENDER
PROGRAMMING**

Facilitator manual

Module

2

**MSM AND
TRANSGENDER
PROGRAMMING**

Facilitator manual

Module 2: MSM and transgender programming

SUMMARY

Module 2 introduces participants to complex issues affecting health decision-making about sexually transmitted infections and in concentrated HIV epidemics. It explores HIV and other ‘needs’, as well as perceptions of risk and competing priorities that impact upon health-seeking behaviour. The module describes the core elements of HIV prevention and incorporates direct experience and discussion of education tools, resources and techniques. It explores HIV treatment, care and support (TCS), introduces key elements of programming and provides direct contact with local clinical service providers.

SESSIONS

Introduction/overview for MSM and transgender programming

Session 1: Needs, risks and competing priorities that impact on health-seeking behaviour

Session 2: HIV prevention

Session 3: HIV treatment, care and support

Session 4: Management issues in the delivery of HIV prevention, treatment, care and support

KEY LEARNING OUTCOMES

Participants will understand:

1. How to engage in programming with MSM and transgender people that engenders trust
2. Competing priorities that impact on the health-seeking behaviour of MSM and transgender people
3. The *2009 Asia-Pacific comprehensive package MSM and TG Services*, and the role of different sectors in coordinated services.

MODULE 2 – ENGAGING MSM AND TRANSGENDER PEOPLE IN HEALTH PROGRAMMING

Day 1 (afternoon)

Time	Timing	Session Title
2.00pm–2.10pm	10 min	Introduction
2.30pm–4.00pm	110 min	Session 1: Needs, risks and competing priorities
4.00pm–4.30pm	30 min	Afternoon Tea and End of Day

MODULE 2 – ENGAGING MSM AND TRANSGENDER PEOPLE IN HEALTH PROGRAMMING (CONTINUED)






Day 2

Time	Timing	Session Title
9.30am–11.00am	90 min	Session 2: Helping MSM and transgender people avoid HIV
11.00am–11.30pm	30 min	Morning Tea
11.30pm–1.00pm	90 min	Session 2 (cont.): Helping MSM and transgender people avoid HIV
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Delivering HIV treatment, care and support
3.30pm–4.00pm	30 min	Afternoon Tea Break
4.00pm–5.15pm	75 min	Session 4: Management issues in the delivery of HIV treatment, care and support

INTRODUCTION

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. Sessions that will be delivered during Module Two 2. Key learning outcomes of Module Two
	<p>PROCESS</p> <p>Didactic presentation of Module Two agenda</p>
	<p>TIME</p> <p>10 minutes</p>
	<p>SLIDES</p> <p>There are three PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an example of each slide used in this session followed by process advice, resources required and a ‘What to Say’ guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Have this opening slide showing as people enter the training room after lunch.
2. Ask participants to take their seats.
3. Welcome the participants to the afternoon of Day 1 and begin.

No resources required for the presentation of this slide

WHAT TO SAY

Follow WHAT TO DO above.

OVERVIEW OF MODULE 2 (2)

1 2 3

WHAT TO DO

1. Review each module consecutively.
2. Use the WHAT TO SAY guide below and the slide itself will also prompt you.
3. Explain that this slide will be shown throughout the training at the beginning of each module so that participants will know what stage of the programme they are working on.

No resources required for the presentation of this slide.

WHAT TO SAY

“Let’s take a look at where we are in the programme. You can see from this slide that we’re at the second module in the overall programme. We began with the module **Context Building** this morning, which introduced key terms and definitions and the *2009 Asia-Pacific comprehensive package of MSM and TG services*, and engaged us in an exercise devoted to exploring complexities in HIV programming for MSM and transgender people, especially young people. Now we move on to **Module 2 – MSM and Transgender Programming**. We’re going to look at what drives decision-making and health-seeking behaviours among MSM and transgender people. Then, we’ll look at how to help MSM and transgender people avoid HIV transmission and how to deliver effective treatment, care and support programming.”

MSM AND TRANSGENDER PROGRAMMING (3)

1 2 3

WHAT TO DO

1. Use the WHAT TO SAY guide below to introduce each of the learning goals for this module.

WHAT TO SAY






At the end of this module on MSM and transgender people programming, you will

- Better understand the influences on health-seeking and decision-making for MSM and transgender people, especially young people.
- Understand the core elements of an effective HIV prevention programme.
- Understand the core elements of an effective HIV treatment, care and support programme.

SESSION 1: NEEDS, RISKS AND COMPETING PRIORITIES

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The key needs of MSM and transgender people – health, economic, social, and sexual 2. The ‘lived reality’ of their lives 3. The risks for MSM and transgender people – health, economic, social and sexual 4. The competing influences on health-seeking and decision-making.
	<p>PROCESS</p> <p>A combination of didactic presentation and interactive exercises are used throughout this session as well as ‘props’, including ‘maps’ and ‘case study’ tools, for the in-depth exploration of the issues of need, risk and competing priorities.</p>
	<p>TIME</p> <p>110 minutes</p>
	<p>SLIDES</p> <p>There are six PowerPoint slides in this session. Each slide represents a didactic presentation on needs, risks and decision-making and/or a guide for an interactive exercise.</p>
	<p>SESSION GUIDANCE</p> <p>This is a complex session requiring a facilitator with skills in interactive group processes, and technical and clinical knowledge. The set of resources to complete this session effectively includes:</p> <ol style="list-style-type: none"> a) Case Study ‘Narratives’ of each character from this morning’s exercise b) ‘Map of needs, risk and influences’ provided in the resources kit of this manual.

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on Needs, Risks and Competing Priorities that impact on health-seeking behaviour.
2. Step through each of the points on the right-hand side of the slide. The session will cover
 1. Key needs of MSM and transgender people, especially young people
 2. HIV-related health needs of MSM and transgender people
 3. Competing priorities that impact upon health-seeking behaviour.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6

WHAT TO DO

1. Introduce the slide 'Key Learning Points.'
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

- "As we've already discussed, all human beings have needs. Maslow provided us with a 'Hierarchy of Needs' pyramid that we've modified for analyzing HIV-related needs as they might affect MSM and transgender people. For our purposes, needs represent human necessities related to physiology and economics.
- We need to now understand the ways in which need and risk interact with the 'lived reality' of MSM and transgender people. In particular, we need to understand the competing priorities that may influence the choices MSM and transgender people, including young MSM and young transgender people, make about their health – to prioritize HIV and health or to deprioritize these priorities depending upon other factors in their lives."

CHALLENGING GENDER NORMS (3)

1 2 3 4 5 6

WHAT TO DO

1. Introduce the slide called 'Challenging Gender Norms.'
2. Explain the ways in which MSM and transgender people transgress gender norms and expectations. Explain that society punishes them for these transgressions.
3. Gay men and MSM are able to transform or camouflage their sexuality. Sometimes, in HIV this is called 'self-stigma' or 'self-censorship' in which men pretend to be heterosexual (even going as far as marrying a woman and having a family), or simply do not raise the issue of sex and relationships to avoid punishment. MSM and gay men give up some power through this process and become at greater risk of HIV and of transmitting HIV. They don't come forward for HIV or STI testing because of gender barriers. They don't tell health care providers they have receptive anal sex because of stigma.
4. Transgender people and 'effeminate' men are prevented from full participation in most societies. They cannot 'transform' because of who they are and because they are openly challenging a gender norm.

WHAT TO SAY

- “Men and women are expected to behave in particular ways and to be interested in particular interests predetermined by their social context and gender – for example, that men should wear trousers and shirts and women should wear skirts and blouses; and men should be interested in business, money, and cars and women should be interested in children and babies, shopping, hair, and beauty. These traditional expectations are strong in the Asia-Pacific.
- When men or women do not act according to these expectations, they are transgressing gender norms. Society (including family, friends, work and educational institutions) punishes people who transgress gender expectations.
- The act of living as a woman when you have the biological genitalia of a male is an act of transgression.
- The act of sex between men – anal penetration, oral sex between men – is one that often generates a great deal of hatred in societies.
- It stands to reason that, wherever possible, MSM and transgender people will seek to avoid social punishment for these ‘transgressions’.
- Gay men and MSM are able to transform or camouflage their sexuality. Sometimes in HIV, this is called ‘self-stigma’ or ‘self-censorship’. Men may have sex with men but publicly call themselves ‘heterosexual’ and actively speak out against homosexuality in their public lives. Men may pretend to be heterosexual (marrying and having a family). Others simply do not raise the issue of sex and relationships, in order to avoid the judgment of others or punishment.
- MSM and gay men give up some power through this process. Transformation is an important strategy for men who seek to avoid punishment from their social networks and society as a whole. However, it also places them at greater risk of HIV and of transmitting HIV. They don’t come forward for HIV or STI testing because of gender barriers. They don’t tell health care providers they have receptive anal sex because of stigma.
- Transgender people and ‘effeminate’ men are prevented from full participation in most societies. They cannot ‘transform’ because of whom they are – they ‘need’ to live as women, as a third sex, or they may simply be naturally effeminate without effort, and just by doing so, they are openly challenging a gender norm.”

COMPETING PRIORITIES (4)



WHAT TO DO

1. Present this slide and the diagram.
2. Again, step through the health factors relating to needs (starting from the bottom of the pyramid: physical and economic, health, justice, social/sexual and HIV).
3. Explain that each of these health and related needs impacts upon and influences the others, competes for priority, and results in decisions that programmers cannot always understand or account for.

4. Explain that this session is devoted to exploring the ways in which needs compete for priority and impact upon the decision-making of individuals and groups.
5. Present the topics again in the middle of the pyramid from bottom to top, explaining that you have been exploring together the needs and risks of MSM and transgender people in relation to health and HIV needs.
6. Present the material on the right-hand side of the pyramid – ‘factors in health-seeking behaviour’ – as a method for thinking through the complexities in decision-making about risks and needs, complexities that often result in decision-making that programmers feel is unhealthy. We need to better understand these complexities and competing priorities to better design programmes for MSM and TG communities.
7. Present each cluster of factors against each need and explain them.
8. Then, explain to the group that we’ll be returning to our case studies to explore factors in health-seeking behaviour and then presenting them to the larger group.

WHAT TO SAY

Follow WHAT TO DO above.

GROUP EXERCISE (5)

1 2 3 4 5 6

WHAT TO DO

This is a long process lasting around 60–75 minutes and involving

- An interactive learning process that follows the instructions on the slide ‘Group Exercise’.
 - A ‘map’, using the following slide, that each case study group must complete and attach to the wall with their case study narrative.
1. Introduce this learning element and explain the process outlined on the slide. Explain that they should turn to the person next to them to decide upon two or three points of agreement on the need being discussed. Then separate participants into groups (2 minutes).
 2. Explain that participants should reform into their earlier case study groups and focus on their case study.

WHAT TO SAY

Follow WHAT TO DO above.

GUIDE TO USING THE ‘MAP’ (6)



WHAT TO DO

This is the second part of the process started with slide (5) involving:

- A ‘map’ that each case study group must complete and attach to the wall with their case study narrative.
1. Now that the groups have been separated into their earlier case study groups, support each group completing the map (30 minutes).
 2. Provide time for each group to present their findings.

WHAT TO SAY






Follow WHAT TO DO above.

END OF DAY ONE

SESSION 2: HELPING MSM AND TRANSGENDER PEOPLE AVOID HIV

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. That HIV prevention is a core element of the <i>2009 Asia-Pacific comprehensive package of MSM and TG services</i>. 2. That HIV prevention includes a) peer-based education programmes delivered by MSM and transgender people b) access to the means of prevention c) STI diagnosis and treatment and d) media and marketing strategies. Participants will be familiar with aspects of each of these strategies. 3. Innovative approaches to MSM and transgender-led prevention education – what works well.
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of theory, models and practice. It is structured with group exercises and discussions, working through practical examples of HIV prevention and includes a guest presentation that provides a direct experience of HIV peer-based group prevention interventions.</p>
	<p>TIME</p> <p>180 minutes</p>
	<p>SLIDES</p> <p>There are 23 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator or introduces a group exercise or guest presenter.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator's Manual provides process advice, resources required and a dialogue guide for each slide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this session, 'Helping MSM and transgender people avoid HIV transmission'.
2. Step through each of points on the right-hand side of the slide: The session will cover 1. The *2009 Asia-Pacific comprehensive package of MSM and TG services* in relation to HIV prevention

2. Key success factors in HIV prevention programming
3. The most promising, cutting-edge models in HIV prevention and peer-based service provision.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce the slide ‘Key Learning Points’.
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

THE COMPREHENSIVE PACKAGE (3)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Reintroduce *The Comprehensive Package* and highlight *HIV Prevention*.
2. Explain that we will focus in this session on HIV Prevention, underlining the elements of HIV Prevention as outlined in *The Comprehensive Package*.

No other resources required for the presentation of this slide.

WHAT TO SAY

“The 2009 Asia-Pacific comprehensive package of MSM and TG services is a spectrum or framework of interconnected services, interventions and programmes tailored to engage and maintain ongoing contact with MSM and transgender people. In this session we’ll focus on *HIV prevention* and discuss, in detail, the elements of a comprehensive approach to HIV prevention in programming.”

HIV PREVENTION AND THE COMPREHENSIVE PACKAGE (4)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on HIV Prevention.
2. Outline the key themes on the left-hand side of the slide (see WHAT TO SAY below or the slide itself) and move on.

WHAT TO SAY

"The *HIV prevention* element of the *2009 Asia-Pacific comprehensive package of MSM and TG services* includes:

- Peer outreach, peer education and Drop-In Centres
- Promotion of, and access to, the means to prevent HIV
- STI diagnosis and management and other sexual health services"
- HIV counselling and testing

Let's look at HIV prevention in more detail."

HIV PREVENTION, TREATMENT, CARE AND SUPPORT (5)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on HIV Prevention Services.
2. Step through each of the elements described in the slide, explaining each element.

WHAT TO SAY

Follow WHAT TO DO above.

HIV PREVENTION EXAMPLES (6)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Explain that you'll now be looking at some examples of each of these elements of HIV Prevention described in the *2009 Asia-Pacific comprehensive package of MSM and TG services*.

WHAT TO SAY

Follow WHAT TO DO above.

PEER EDUCATION (7)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on Peer Education
2. Describe each of the three photos on the left-hand side of the slide.
3. Describe peer education using the dot points on the right-hand side of the slide.

WHAT TO SAY

“PEER AND COMMUNITY-BASED INTERVENTION

Definition: A ‘peer’ is a member of a social, age, sex, gender, racial or other group interacting with others in that group. ‘Peer intervention’ is the use of trained, in this case gay men, MSM and transgender people, to undertake educational and support activities with their peers to develop their knowledge and skills in HIV prevention and to sustain ‘health-seeking and health-maintenance’ approaches to the prevention of HIV and STIs in individuals, groups and networks of gay men, MSM and transgender people including young MSM and young transgender people. A key goal is to maintain and sustain an individual commitment and collective motivation for healthy living that prevents HIV and STIs and/or health difficulties related to them.

Methods of intervention: peer programmes operate as Drop-In Centres; they undertake outreach education to the places that gay men, MSM and transgender people meet for social and sexual activity and also undertake one-to-one and group-based interventions. Increasingly, peer educators operate on the Internet on web boards and discussion groups to educate others about HIV and/or to be a positive role model of living with HIV.

Outreach Education: is peer-based education that occurs at the places that gay men, MSM and transgender people meet for social and/or sexual connection. An outreach worker actively searches for MSM and transgender people, mainly outside of their social network, particularly in locations where sex takes place. Outreach and peer educators use their knowledge of sexual and social networking, and their identity as a member of the gay, MSM or transgender community, and seek to act as role models for their peers.

The focus of peer education, whether Drop-In Centres, outreach, Internet or one-to-one or group-based is:

- The provision of correct information about HIV transmission, prevention, safe sex and substance use.
- The promotion and provision of condoms and lubricant, along with information, education and communication materials (IEC), on sexual transmission and the role of substance use in HIV transmission, especially among young people.
- The promotion of positive attitudes towards condom use and developing condom use and safe sex negotiation skills. Where there is evidence of MSM injecting drugs, peer outreach should include provision of sterile injecting equipment.

- Promotion of the need for regular STI check-ups and the need to treat STIs as a means of reducing HIV risk, with referral to MSM and transgender-friendly STI services.
- Encouragement of HIV testing and promoting the benefits of knowing one's HIV status, with referral to testing sites.
- Encouraging those reached by peer education to influence their peers and clients to adopt safe sexual and drug use practices and to access STI and HIV testing and counselling services.
- Promotion of monitoring one's health status for those who are HIV-positive.
- Assisting peers dealing with sexual harassment and developing skills for avoiding violence and rape.
- Discussion and support relating to sexuality, including social, emotional and psychological aspects of having a sexual identity, behaviour or preference which is different from the mainstream, with referral to support services.
- Assisting peers in dealing with stigma and discrimination based on sexual identity or practice, HIV status or involvement in sex work."

PEER EDUCATION – ADVANTAGES (8)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on the advantages of peer education.
2. Describe the advantages as outlined on the right-hand side of the slide.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to assist you.

PEER EDUCATION – DISADVANTAGES (9)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on the disadvantages of peer education.
2. Describe the disadvantages as outlined on the right-hand side of the slide.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to assist you.

PEER MODELS AND PARTNERSHIPS (10)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on peer models and partnership.
2. Describe the ways in which MSM and transgender CBOs can actively support a collective culture of health-seeking behaviour, create demand for services and participate in health and other service delivery.

WHAT TO SAY

Follow WHAT TO DO above and the slide itself will assist you.

GROUP DISCUSSION (11)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

This is a fast process lasting around 15 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) quickly engage participants in thinking about and discussing their personal and professional views on peer education.

1. Introduce this learning element and explain the questions on the slide. Explain that participants should turn to the person next to them to discuss the questions. Be clear that this is quick and they'll have only five minutes to discuss these points.
2. Allow pair or three-person discussion (5 minutes).
3. Facilitate feedback (8 minutes).
4. Summarize the views in the room.
5. Acknowledge and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to assist you.

VOLUNTARY HIV TESTING AND COUNSELLING (12)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

Follow the WHAT TO DO guide below.

WHAT TO SAY

“Confidentiality, sensitivity and non-judgemental treatment are critical. Pre- and post-test counselling is best-practice VCT. Some MSM and transgender people will want to go to specialized MSM and transgender clinics while others will want the anonymity of a mainstream service. Young MSM and young transgender persons should be able to access VCT without parental consent. Demand is the key challenge for most VCT providers – working with local MSM and transgender CBOs or networks creates demand.

Remember that the aim of VCT is not ‘counting’. The intervention is meant to be the gateway to prevention, treatment, care and support for people with HIV (and a mechanism to provide risk-reduction counselling). Therefore, there has to be adequate attention to what will happen to people diagnosed with HIV.

- Confidentiality is a key concern for MSM and transgender people. Effective VCT programmes must take care to ensure the confidentiality of their clients and to promote that they provide confidential services.
- Non-judgmental VCT is important. Discrimination in the health care setting is a serious barrier to access for MSM and transgender people – many of whom get to hear quickly about services that treat them badly. Effective VCT is non-judgemental and sensitive and respectful to the presenting needs of MSM and transgender people as well as being youth-friendly for young MSM and transgender people.
- The provision of face-to-face pre- and post-testing counselling is best practice in VCT service delivery. Pre-test counselling discusses the risk behaviour of the patient and provides information about HIV and STI prevention. Pre-test counselling may also prepare clients to consider the possibility of an HIV-positive result. Post-test counselling for HIV-negative patients reinforces the need to stay committed to safe sex practices. For HIV-positive clients, it involves providing counselling and support as well as referrals to clinics and support programmes in hospitals and the community. In particular, MSM and transgender CBOs can assist here. Post-positive test counselling by Peer Educators (MSM or transgender people living with HIV) and support for ART adherence by Peer Educators (MSM or transgender people on ARV) should be encouraged and included where feasible.
- Some general principles of VCT and strategic use of ARVs include:
 - Non-coercive, and HIV testing linked to care and treatment should be emphasized, as per WHO recommendations
 - Encouraging couples (both parties) to mutual disclose HIV status, where ART is available
 - ARV for positive partners of discordant couples, regardless of the CD4 count
 - Involving HIV-positive MSM and transgender people in counselling and treatment programmes
 - Strategic use of ARVs for both treatment and prevention.
- In the Asia-Pacific, there are now many examples of innovative programmes providing VCT in Drop-In Centers run by MSM and transgender CBOs, in clinics close to gay community suburbs or social spaces, and through mobile services and services provided in the late evenings. These are often most effective in reaching young MSM and young transgender people.

- Good VCT programmes understand the importance of working with MSM and transgender CBOs and networks to increase confidence in the service and therefore increase demand. In Asia and the Pacific, there are now many examples of innovative programmes that involve MSM and transgender people in the service delivery, inside the VCT programme – for example, delivering pre- and post-test counselling using trained peer counsellors.”

STI TESTING AND TREATMENT (13)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on STI Testing and Treatment.
2. Step through each point in the slide.

WHAT TO SAY

“A health system that caters for MSM and transgender people living with HIV helps to reduce the burden of illness in these individuals, their families and sub-populations. Importantly, studies show that increasing the points of contact between people with HIV and the health system has important outcomes for supporting people with HIV to understand their role in HIV prevention and to access the means to prevent HIV and other STIs. The provision of antiretroviral treatment, also known as ARVs, is also known to decrease the infectiousness of individuals living with HIV. The elements of an effective HIV and STI prevention and treatment programme include:

- The ability to detect and manage sexually transmitted infections
- Access to VCT – knowing your HIV status early means you can be treated before you get ill and also means you are more likely to engage in safe sex when you know you are living with HIV
- Access to monitoring for HIV and general health – which includes HIV viral load, CD4 results and other blood tests, as well as regular physical examination for other health-related issues
- Access to treatment – the ability to access HIV antiretroviral treatment has the effect of maintaining quality years of life, reducing levels of disability and therefore maintaining the capacity of individuals to participate in work and in the economic development of their society
- Hospitalization and community-based care – tertiary-level care as well as community-based care is essential to treating those with symptoms, severe illness and disability related to HIV.”

COMMUNITY INTEGRATED STI & VCT SERVICES (14)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on PSI’s integrated STI, VCT, condom and needle distribution and community-based services in Myanmar.
2. Step through each point in the slide.

WHAT TO SAY

"In Myanmar, PSI is taking a most-at-risk population approach to its intervention design, and focusing on delivering a minimum package of services to populations. The package includes VCT and STI clinical services delivered directly to MSM and transgender people through community drop-in centers. The model is summarized in this diagram:

- This model pays particular attention to issues of reach and coverage. They report reaching 66% of reachable MSM and transgender people with outreach services. For MSM, the focus is on outreach to sites of gathering and sexual contact, providing access to drop-in centers and to community-provided STI and VCT services.
- The project is working to establish evidence for links between intensity of exposure to the Comprehensive Package and sustained condom use."

MEDICAL HIV/STI – ADVANTAGES (15)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on the advantages of medical sector services for the screening of HIV and STIs.
2. Step through each point in the slide.

WHAT TO SAY

- "The medical community is trusted for its expertise
- 'Staffed' by trained personnel
- Staff are not usually from the MSM and transgender community (or perceived so)
- Professional service not 'mixed' with sexual or social activities; and
- Effective treatment and testing."

MEDICAL HIV/STI – DISADVANTAGES (16)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on the advantages of medical sector services for the screening of HIV and other STIs.
2. Step through each point in the slide.

WHAT TO SAY

- "Staff are not usually from the MSM and transgender community (or perceived so)
- Discrimination in most health services remains high

- A culture of not discussing or negotiating with doctors; and
- When medical services get it wrong, MSM and transgender people know quickly and never forget.”

HIV/STI TESTING PROGRAMMES AND PARTNERSHIPS (17)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on HIV/STI testing programmes and partnerships.
2. Describe the ways in which the medical sector can actively support a collective culture of health-seeking behaviour, how they can support and involve MSM and transgender people in service delivery and how they can work in partnership with the full range of public health partners.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to assist you.

GROUP DISCUSSION (18)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

This is a fast process lasting around 15 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) quickly engage participants in thinking about and discussing their personal and professional views on peer education.

1. Introduce this learning element and explain the questions on the slide. Explain that participants should turn to the person next to them to discuss it. Be clear that this is quick and they’ll have only five minutes to discuss these points.
2. Allow pair or three-person discussion (5 minutes).
3. Facilitate feedback (8 minutes).
4. Summarize the views in the room.
5. Acknowledge and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above.

ACCESS TO THE MEANS TO PREVENT HIV (19)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide on access to the means to prevent HIV.
2. Describe the ways in which the health sector can actively support a collective culture of health-seeking behaviour, support and involve MSM and transgender people in service delivery and work in partnership with the range of public health partners.

WHAT TO SAY

“A key learning is that without the means to prevent HIV and other STIs, MSM and transgender people cannot prevent them – other methods such as reducing sex partners have not been proven to work as effectively. Access to the means to prevent HIV should be provided without the need for MSM or transgender people to self-identify or to discuss sex with the worker, unless the individuals themselves initiate or volunteer to discuss such issues. Again, being non-judgemental is essential, especially because this is about private behaviour, sex or injecting drugs, which is not sanctioned by social norms and usually comes with a great deal of negative judgment from society. The means to prevent HIV are access to condoms and water-based lubricants; female condoms for vaginal sex (with female partners), neovaginal (i.e. among post-operative transgender people), and anal sex; and clean injecting equipment and sterile water for MSM and transgender people who inject drugs.

THE MEANS TO PREVENT HIV

Definition: The means to prevent HIV means having access to condoms and water-based lubricants, access to clean injecting equipment, access to ARVs as part of “Treatment as Prevention”, access to Post-Exposure Prophylaxis (PEP) and, increasingly, Pre-Exposure Prophylaxis (PrEP). It means having the skill and understanding of how to use these technologies effectively to protect yourself and others. The overall goal is now “getting to zero” new infections.

Condoms and water-based lubricant: These are recommended during anal sex to protect oneself and others from HIV and some STIs. Oil-based lubricants such as Vaseline® destroy the integrity of latex condoms, making them easy to break. Instead, water-based lubricant is recommended because it does not destroy latex.

Clean injecting equipment: Not sharing injecting equipment with others and using new injecting equipment (such as tourniquets, needles and syringes) each time a drug user injects are recommended to protect injecting drug users and others from blood-borne viruses such as Hepatitis B and C, and HIV.

HIV post-exposure prophylaxis (PEP): is the short-term use of antiretroviral HIV treatment (normally used in the treatment of HIV) for preventing HIV infection in individuals who may have been recently exposed to HIV. It is recommended that initiation of PEP treatment occur within 72 hours of exposure.

Pre-exposure prophylaxis (PrEP): is the longer-term use of antiretroviral HIV treatment (normally used in the treatment of HIV) for preventing HIV infection in individuals who may be exposed to HIV in the future. Some studies have shown good results (e.g. HPTN 052) and others are still ongoing to prove its efficacy. It is not yet currently available in any country in the Asia-Pacific region although research trials may commence shortly. PrEP is most likely to be used among those who are at increased risk of HIV such as sex workers, IDUs and MSM and transgender people. An unpublished report from the World Health Organization points out that it is unlikely that any new PrEP treatment will be 100% effective, and clinical trials may not be able to precisely determine the level of efficacy. Even if PrEP is only able to reduce the risk of acquiring HIV, it has the potential to make a significant contribution to prevention efforts. PrEP would need to be used in combination with current HIV prevention methods such as the use of condoms, management of STIs, knowledge of HIV status, and risk reduction counselling. However, if people using PrEP significantly increase their rates of unsafe behaviour, they could place themselves at an increased risk of infection.

Microbicides: are gels or creams applied to the rectum, neovagina or vagina to reduce HIV transmission. Trials of promising microbicides have **not** demonstrated effectiveness in preventing HIV transmission. However, further microbicide trials are underway and are, at least in initial stages, showing promise for preventing HIV.

Male circumcision: There is much controversy and no definitive evidence that male circumcision dramatically reduces the risk of HIV transmission in male-to-male sex. HIV prevalence rates in Asia and the Pacific are insufficient to justify inclusion of male circumcision as a component of HIV prevention. Male circumcision is not currently recommended by WHO as an HIV prevention method for MSM or transgender people.”

*Note: Bear in mind that male circumcision is very common in some parts of the region – and that these statements do not mean that WHO is recommending **against** it; just that there is insufficient evidence to recommend it for HIV prevention. This issue could cause controversy and offence with some audiences – so be prepared with your response!*

TARGETED AND MASS MEDIA (20)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this slide.
2. Describe targeted and mass media using WHAT TO SAY below.
3. Describe the two posters in the slide, each element of the poster, their goals and assist the group to explore the messages of these campaigns.
4. Summarize the views expressed in the room.
5. Acknowledge and congratulate the group.

WHAT TO SAY

- “Here we’ll discuss the use of media such as radio, television, newspapers, magazines and Internet-based media for the communication of messages related to HIV transmission and prevention.

- Targeted media might include posters placed in venues where MSM and transgender people, including young MSM and transgender people, congregate to promote HIV prevention in order to remind this population about HIV.
- The Internet is increasingly used by these populations to meet others for sex and to make new friends – and is an important recent development that needs consideration in HIV prevention especially for young MSM and transgender people. Advertisements on noticeboards with tear-off strips of paper and discussion groups online are increasingly used to meet with others.
- Still other organizations have staff who list themselves as members of noticeboards and discussion groups and participate in them, providing information about HIV transmission, prevention and services. In most cases, community-based organizations and groups are well placed to use these Internet and media-based interventions to address HIV."

ICT INTERVENTIONS (21)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

1. Introduce this short movie by Mplus+ – an MSM and transgender CBO based in Chiang Mai, Thailand.
2. Play the video through the YouTube website via the Internet: <<http://www.youtube.com/watch?v=2aYGbzt6VeA>>.
3. Facilitate discussion on its contents and its method – would it help to prevent HIV? How?
4. Summarize the views in the room.
5. Acknowledge and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above.

GROUP EXERCISE: POSTER CAMPAIGNS (22)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

This is a process lasting around 45 minutes and aims to (a) engage participants in analyzing elements of successful and less successful poster-based messages aimed toward MSM and transgender people about HIV.

1. Introduce this learning element and explain the questions on the slide.
2. Facilitate small groups and provide a poster to that group for discussion (5 minutes).
3. Allow small groups to discuss – move around the room prompting and assisting as necessary (25 minutes).

4. Facilitate presentation of the poster and views of each group to the larger group (15 minutes).
5. Summarize the views in the room.

WHAT TO SAY

Follow WHAT TO DO above.

GUEST PRESENTER (23)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23

WHAT TO DO

This is a process lasting around 60 minutes and aims to provide a direct experience of an HIV peer-based intervention for the participants.

1. Introduce the Guest Presenter.
2. Explain that the presenter has been asked to provide you with a direct group experience of an HIV peer-based intervention.
3. Hand over facilitation to the guest presenter – stay present to assist if needed but also to observe the groups' experience (30–45 minutes).
4. Thank the presenter and take a break.
5. Return and facilitate feedback from the group.






WHAT TO SAY

Follow WHAT TO DO above.

SESSION 3: DELIVERING HIV TREATMENT, CARE AND SUPPORT

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. That HIV treatment, care and support (TCS) is a core element of the <i>2009 Asia-Pacific comprehensive package of MSM and TG services</i>. 2. That a comprehensive package of services includes: <ol style="list-style-type: none"> a) A system of medical services at tertiary, secondary and primary sites that work in partnership with other sectors responding to HIV b) MSM and transgender-led CBO support and care c) Access to monitoring and treatment for HIV for MSM and transgender people. Participants will be familiar with key aspects of each of these strategies. 3. Innovative approaches to MSM and transgender participation in medical, clinical and community TCS – what works well.
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of theory, models and practice. It is structured with group exercises and discussions, working through practical examples of HIV prevention and a guest presentation that provides a direct experience of HIV peer-based group prevention interventions.</p>
	<p>TIME</p> <p>90 minutes</p>
	<p>SLIDES</p> <p>There are 13 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator or introduces a group exercise or guest presenter.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator's Manual provides a numbered order of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on delivering HIV treatment, care and support.

2. Step through each of the elements of the session listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)



WHAT TO DO

1. Introduce the slide ‘Key Learning Points’
2. Step through each of the key learning points in the slide

No resources required for the presentation of this slide

WHAT TO SAY

Follow WHAT TO DO above.

THE COMPREHENSIVE PACKAGE OF MSM AND TG SERVICES (3)



WHAT TO DO

1. Reintroduce the Comprehensive Package and highlight TCS.
2. Explain that we will focus in this session on TCS, underlining the elements of TCS as outlined in the Comprehensive Package.

No other resources required for the presentation of this slide.

WHAT TO SAY

“The 2009 Asia-Pacific comprehensive package for MSM and TG services is a spectrum or framework of interconnected services, interventions and programmes tailored to engage and maintain ongoing contact with MSM and transgender people. In this session, we’ll focus on treatment, care and support and discuss, in detail, the elements of a comprehensive approach to TCS in programming.”

HIV TCS AND THE COMPREHENSIVE PACKAGE (4)

1 2 3 **4** 5 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce this slide on HIV TCS.
2. Step through each of the elements described in the slide, explaining each element.

WHAT TO SAY

“Knowing your HIV status is an important first step in effectively managing HIV disease. Voluntary testing supported by the policy and practice of strict confidentiality is an essential element of good VCT that encourages MSM and transgender people to feel confident in, and therefore to frequent, these clinical services.

Clinical services need to be provided at or close by the places that MSM and transgender people meet socially and sexually, at times that they are likely to be active in those places.

HIV prevention, counselling and information need to be integrated and linked to TCS services as well as to psychosocial support such as counselling, HIV support groups and MSM and transgender-specific support groups and education programmes.

MSM and transgender people do not exist in a vacuum. Some will also sell sex and/or use illicit drugs. Some are very young. It is also logical to link clinical services for MSM and transgender people to those for sex work and IDUs to ensure that a comprehensive package of services for MSM and transgender people that meet any of their needs.”

HIV TREATMENT, CARE AND SUPPORT (5)

1 2 3 4 **5** 6 7 8 9 10 11 12 13

WHAT TO DO

1. Introduce the slide.
2. Step through each of the elements described in the slide, explaining each element.

No other resources required for the presentation of this slide.

WHAT TO SAY

CONTINUITY OF PROGRAMMES AND SERVICES

- “Coordinating public health partners in the response to HIV for MSM and transgender people is important for reaching scale. Overall management and coordination of provincial, national and regional HIV is best facilitated by bringing the partners together from each sector (research, medicine, MSM and transgender CBO sector, government, and private

sectors) regularly to discuss their role and activities; building their work into the national HIV plan, and ensuring non-duplication and strong referral links between MSM and transgender CBOs and clinical services, as well as training of clinical staff in clinical work and in working with MSM and transgender people. In particular, ensuring integration of prevention services in clinical treatment, care and support is a useful strategy for reaching these populations effectively. Young MSM and young transgender people under 18 years of age may have an especially difficult time accessing institutional clinical services due to the issue of consent; so efforts should be made to reach services out to them.

CORE GOALS SHOULD INCLUDE:

- An essential goal is to ensure non-duplication and that the continuum of needs is met through positioning and resourcing the partners effectively.
- Training of clinical staff by MSM and transgender members is also recommended but, in and of itself, will not be enough to ensure improved quality of sensitive and supportive services for MSM and transgender people. MSM and transgender people need to be actively involved in the design, delivery and evaluation of clinical programmes with them.
- There are many examples in the Asia-Pacific region of innovative support group programmes in clinics and hospitals for people with HIV. These models would be most useful to be transformed and extended to groups for MSM and transgender people with HIV.

SUPPORTING MSM AND TRANSGENDER CBOs/NGOS

Providing resources and supporting the establishment, capacity building and quality improvement of MSM and transgender CBOs helps to ensure their sustained and ongoing involvement in the HIV response. Leaders of these CBOs should be members of CCMs and national HIV coordinating committees of all types. Funding peer programmes through these CBOs is an important element in a comprehensive approach as is supporting CBO services within clinical services and *vice versa*.

A VARIETY OF SERVICE OPTIONS AND INNOVATIONS

A key issue to reaching and creating ‘demand’ for services is to ensure the right mix or styles and diversity, in acknowledgement that MSM and transgender people are not homogenous in age, needs or preferences. Some young people will have special needs. Some will prefer government mainstream clinics where they can be relatively private and anonymous about sex with men. Others will prefer specialist MSM and transgender centres and clinics, including those that engage in community and peer-based approaches to MSM and transgender treatment, care and support. Innovative approaches such as peer counselling, adherence counselling, and partnerships with community prevention and care services will ensure ongoing demand. Effective, responsive services will enhance the reputation of these services as safe and accessible to the target groups.

The 2011 Global MSM and TG guidelines offer the following recommendations on HIV care and treatment for MSM and transgender people:

1. Given that ART represents a biomedical intervention where sexual identities play a minimal or no role at all on expected effects, there is no reason to differentiate ART recommendations

for MSM and transgender people from those formulated for other adult and adolescent populations.

- MSM and transgender people living with HIV should have the same access to ART as other populations. ART should be initiated at CD4 counts of ≥ 350 cells/mm³ (and for those in WHO clinical stage 3 or 4 if CD4 testing is not available). Access should also include management of opportunistic infections, co-morbidities and treatment failure.
2. Comprehensive care for MSM and transgender people living with HIV should begin before ART provision. People living with HIV in resource-limited settings should have access to essential interventions to prevent both illness and HIV transmission.
 - MSM and transgender people living with HIV should have access to essential interventions to prevent illness and HIV transmission including, but not limited to, care and support and antiretroviral therapy. In line with existing WHO guidance.

These recommendations aim to provide global, technical, evidence-based recommendations for prevention and care interventions other than ART, which people living with HIV in resource-limited settings should expect as part of their health care services.”

COMMUNITY INTEGRATED STI & VCT SERVICES (6)

1 2 3 4 5 **6** 7 8 9 10 11 12 13

WHAT TO DO

1. Reintroduce this slide on PSI integrated STI, VCT, condom and needle distribution and community-based services.
2. Step through each point in the slide.

WHAT TO SAY

“We looked at this slide earlier that presents the PSI approach to service integration in Myanmar. What is most important about this model is the way it integrates prevention, treatment, care and support for MSM and transgender people into one programme. They represent separate components of shared service delivery programme. There are a number of advantages to this approach. By triaging (or sorting patients into the right categories for care or treatment):

- The system can provide immediate support for people diagnosed with HIV.
- It can also provide immediate support for HIV-negative MSM and transgender people who need help with prevention practices and peer support.”

EFFECTIVE USE OF MSM/TRANSGENDER CBOs IN CLINICAL SERVICES (7)



WHAT TO DO

1. Introduce the slide and the Thai Red Cross in Bangkok.
2. Step through the diagram and the dot points on the right -hand side of the slide highlighting the integration and partnership between the Clinic and MSM and transgender CBOs in Bangkok.

WHAT TO SAY

“The Thai Red Cross has responded to the clinical and educational needs of PLHIV, operating in Bangkok and many other provinces of Thailand, for more than twenty years. Recently, they established a specialized Men’s Health Clinic in partnership with Wednesday Friends Club – a PLHIV organization also aligned with the Thai Red Cross that has many MSM and transgender people actively engaged within it.

They have forged strong links with the range of MSM and transgender organizations in Bangkok and this has ensured strong referral and support from MSM and transgender people (they provide a strong network of support with referral between Wednesday Friends’ Club, The Poz Home Center, TNP+ and other services to the Clinic.)

They involve MSM and transgender people in the design, delivery and evaluation of the programme. MSM and transgender counsellors, nurses and managers are actively sought and employed by the organization. They use volunteers who are also MSM and transgender people.

In terms of effectiveness, this Clinic has overcome the ‘demand challenge’ – they are overwhelmed with MSM and transgender individuals presenting for testing, HIV monitoring and treatment – at last count, they see over 50 patients per day with a staff of only three.

The Thai Red Cross programme represents the effective use of MSM and transgender CBOs to show resources provided to support the establishment, capacity building and quality improvement of MSM and transgender CBOs which helps to ensure their sustained and ongoing involvement in the HIV response. In most cases, it will be impossible to effectively reach MSM and transgender people, especially young people, with prevention and TCS unless you involve their CBOs – or, where these don’t exist, to engage, resource and support informal networks and groups that exist on the ground in local areas run and operated by MSM and transgender people. In this situation, the goal is to adequately resource these groups so they can become fully fledged organizations responding to the epidemic that is affecting them. Leaders of these CBOs should be members of CCMs and national HIV coordinating committees of all types. Their organizations should be funded for peer programmes. This is an essential element in a comprehensive approach.”

POZ HOME CENTER'S CLIENT PATHWAY (8)

1 2 3 4 5 6 7 **8** 9 10 11 12 13

WHAT TO DO

1. Step through each component of the 'client service pathway' diagrammed in the slide.
2. Use WHAT TO SAY below to guide you.

WHAT TO SAY

- "Here is the client pathway in the Poz Home Center in Bangkok:
- Presentation – client presents to the service using a number of pathways including:
- Intake: intake and assessment is undertaken by a peer counsellor or intake worker who works with the client to assess their current needs and prioritize them.
- Referral: the Poz Home works with a range of services in Bangkok to ensure that the referral pathway will be helpful and sensitive.
- Supportive questioning: gender, sex work and HIV – The Poz Home questions clients and helps to build a case plan based on questions related to gender for MSM and transgender people, sex work and living with HIV skills and deficits.
- Referral to other services: the Poz staff accompany clients to their first referral interview with a clinical service and will return with them should they experience difficulties in the service delivery."

VARIETY AND INNOVATION IN TREATMENT, CARE AND SUPPORT (9)

1 2 3 4 5 6 7 8 **9** 10 11 12 13

WHAT TO DO

1. Introduce the slide 'Variety and Innovation in TCS'.
2. Follow WHAT TO SAY below.

WHAT TO SAY

"As discussed before, a key issue to reaching and creating 'demand' for services is to ensure variety in treatment, care and support. An example of this is the Vietnam MSM Community Clinic which:

- Provides VCT and a community centre for MSM in one centre.
- Works closely with the Ho Chi Minh City Provincial AIDS Committee.
- Provides VCT, HIV clinical care, TB and drug substitution services and, until recently, STI services; and
- Houses an MSM community organization that provides outreach and drop in services and is responsible for generating client demand."

VARIETY AND INNOVATION IN TCS (10)



WHAT TO DO

1. Introduce this second slide.
2. Step through the dialogue guide.

WHAT TO SAY

“Here is a second example. China AIDS Care is a CBO funded by the Chinese Government and a range of international donors. The organization has a PLHIV peer support service that provides training in counselling for HIV-positive people. The organization works with clinic services in 15 sites (currently) to deliver pre- and post-testing counselling and in particular, antiretroviral adherence counselling to HIV-positive patients. Currently, the programme had demonstrated excellent levels of compliance to medication, reduced mortality rates in study groups of patients and improved quality of life indicators for patients (when compared to the Chinese average for PLHIV). At this point, the service is beginning to receive wide support and recognition, in particular from Chinese authorities who want to extend the programme to reach scale across priority provinces with high rates of HIV infection.”

TCS PROGRAMMES PROVIDE ... (11)



WHAT TO DO

1. Introduce this slide and step through each of the elements in the diagram, explaining each element.

WHAT TO SAY

Use the slide to assist you.

GROUP EXERCISE – INVOLVING PARTNERS IN TCS (12)



WHAT TO DO

This is a process lasting around 20 minutes and aims to engage interactive group discussion about the involvement of the range of HIV-related public health partners in TCS.

Process

1. Reintroduce the Public Health Partnerships Model.

2. Reintroduce the elements that make up Public Health Partnerships and describe them (2 minutes).
3. Prompt each participant to work with the person next to them (or in trios) to answer the question 'What agencies and groups would you involve in TCS in your area? Why?' (10 minutes).
4. Prompt shared and open group discussion (8 minutes).

WHAT TO SAY

Follow WHAT TO DO above.

GUEST PRESENTER (13)

1 2 3 4 5 6 7 8 9 10 11 12 13

WHAT TO DO

This is a process lasting around 60 minutes and aims to provide a direct experience of an HIV peer-based intervention for the participants.

1. Introduce the Guest Presenter.
2. Explain that the presenter has been asked to provide you with a direct group experience of an HIV peer-based intervention.
3. Hand over facilitation to the guest presenter – stay present to assist if needed but also to observe the groups' experience (30–45 minutes).
4. Thank the presenter and take a break.
5. Return and facilitate feedback from the group.






WHAT TO SAY

Follow WHAT TO DO above.

SESSION 4: MANAGEMENT ISSUES IN THE DELIVERY OF HIV TCS

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The Three Ones and the use of this policy to encourage integration and alignment of programming and strategy. 2. Issues affecting them in MSM and transgender programming and issues affecting others in their programmes.
	<p>PROCESS</p> <p>This is a combination of didactic delivery with an interactive exercise to provide an opportunity for participants to share their own experiences and challenges managing programmes.</p>
	<p>TIME</p> <p>75 minutes</p>
	<p>SLIDES</p> <p>There are two PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides a numbered sequence of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on delivering HIV treatment, care and support (TCS).
2. Step through each of the elements of the session listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

CONTINUITY OF PROGRAMMES AND SERVICES (2)

1

2

3

WHAT TO DO

1. Step through the materials represented in the slide.
2. Use WHAT TO SAY below to guide you.

WHAT TO SAY

"The Three Ones is a national HIV plan that covers all sectors and with roles and responsibilities for all partners. It involves:

- A national HIV committee made up of all key partners
- A research agenda negotiated with ALL partners and with roles and responsibilities for all partners
- A clinical intervention agenda negotiated with ALL partners and with roles and responsibilities for MSM and TG CBOs
- Provincial/Regional HIV plans and committees operating and reporting to the national HIV plan and committee
- Evaluation of programmes with Quality Improvement planning to implement findings

All of this together provides a level of continuity of programmes and services."

GROUP EXERCISE (3)

1

2

3

WHAT TO DO

This is a process lasting around 45 minutes and aims to engage interactive group discussion about the issues facing participants in their management of MSM and transgender programming.

1. Introduce the question 'What broad challenges do you face in MSM and transgender programming?'
2. Prompt each participant to work with the person next to them (sometimes in trios) to answer the question 'What services would you involve in TCS in your area? Why?' (10 minutes)
3. Prompt shared and open group discussion (8 minutes)

WHAT TO SAY

Follow WHAT TO DO above.

END OF MODULE TWO

PowerPoint presentation slides


For suggested talking points, please see the accompanying Facilitator manual module document

Introduction

1/3

Module 2

MSM and transgender programming





2/3

Overview of Module 2

- Terms and definitions
- Introducing the 2011 Global MSM and TG Guidelines.
- in MSM and transgender service delivery and HIV programming

Context Building

✔

- MSM and transgender continuum of prevention-to-care-and-treatment
- The 2009 Asia-Pacific comprehensive package of MSM and TG services
- MSM and transgender public health partnerships

MSM and Transgender Programming

✔

- Enabling environments and supportive interventions
- How laws and policies shape HIV's impact on MSM and transgender people
- Human rights and social justice frameworks

Enabling Environments

✔

- Research – getting the right information
- Using policy – advocating for and protecting MSM and transgender programmes
- M&E – how you decide what's working

Strategic Information

✔

- Implementing and managing partnerships in MSM/transgender services
- Good HR, financial and quality management skills

Managing Programmes

✔



3/3

MSM and Transgender Programming

- MSM and transgender continuum of prevention to care and treatment
- Details on the elements of the 2009 Asia-Pacific comprehensive package of MSM and TG services
- MSM and transgender public health partnerships

MSM and
Transgender
Programming



Session 1

1/6

Session 1

Needs, risks and competing priorities that impact on health-seeking behaviour

This session will cover

1. Key needs of MSM and transgender people
2. Sexual health and HIV-related health needs of MSM and transgender people
3. Competing priorities that impact upon health-seeking behaviour

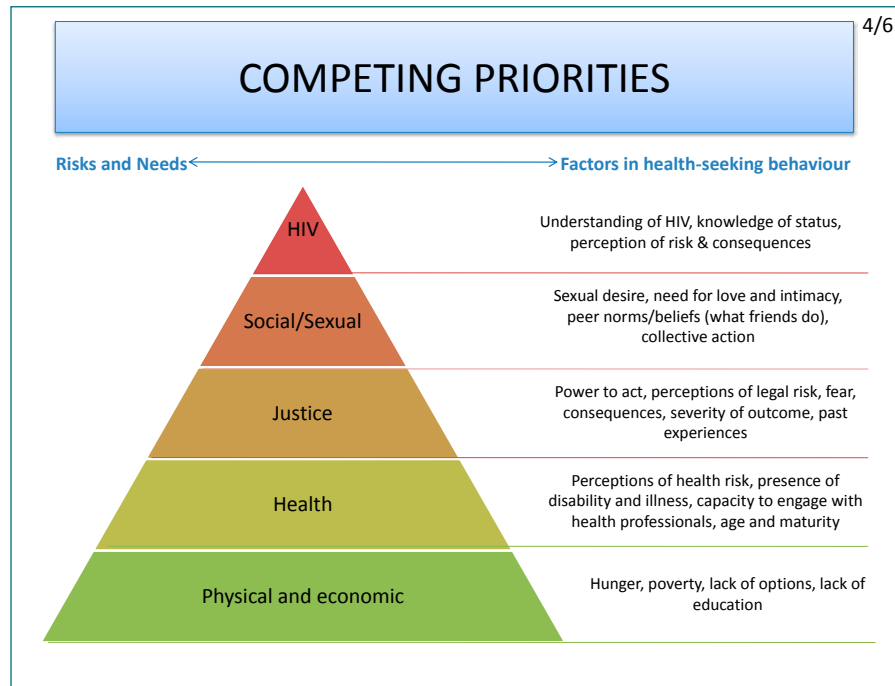
Key Learning Points

- The needs of MSM and transgender people are influenced by the ‘lived reality’ of their lives – social acceptance or exclusion (e.g. imprisonment or police harassment)
- Human behaviour and decision-making related to health and risks are influenced by many complex factors such as young age, drug and alcohol use
- Competing priorities influence the behaviours and health-seeking choices made by MSM and transgender people

Challenging Gender Norms

- Gender *transgression*:
 - Living as a third gender
 - Sex between men
- Gay men and MSM *camouflage* their sexuality
- MSM give up power due to self-stigma and real stigma
- Transgender people and ‘effeminate’ MSM challenge gender norms – experience stigma and discrimination
- Transgender people misdiagnosed because of gender assumptions



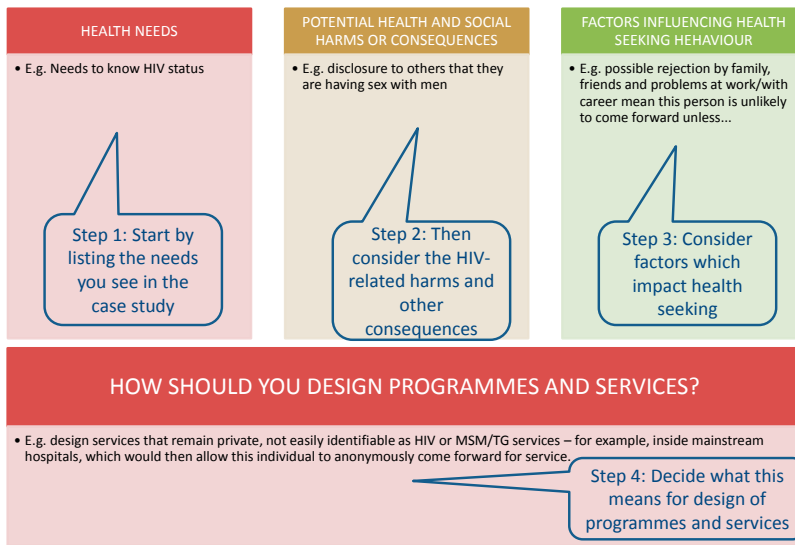


5/6

Group Exercise

- Return to your case study and consider HIV risks and needs against factors which may influence health seeking behaviour
- Use the 'map' provided to help you
- Write on the map and stick it on the wall
- You'll be asked to present to the larger group.

GUIDE TO USING THE ‘MAP’



Session 2

Session 2

Helping MSM and transgender people avoid HIV transmission

This session will cover

1. The comprehensive package of MSM and TG services in relation to HIV Prevention
2. Key success factors in HIV prevention programming
3. The most promising, cutting-edge models in HIV prevention and peer-based service provision

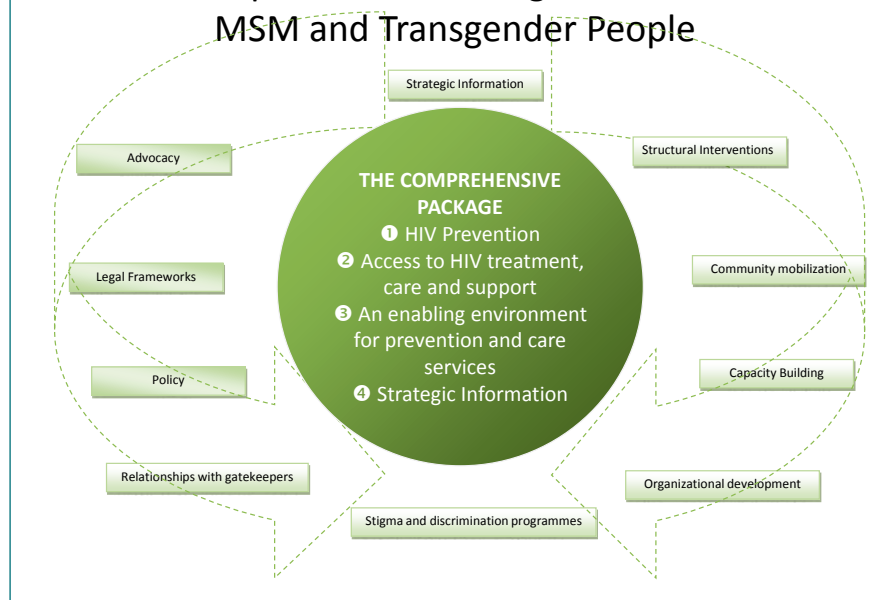
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Key Learning Points

- HIV Prevention is a core element of the Comprehensive Package of Services for MSM and transgender people including YMSM and YTGP
- HIV Prevention includes a combination of interventions:
 - a) peer-based interventions delivered by MSM and transgender people – including youth
 - b) access to the means of prevention
 - c) STI diagnosis and management
 - d) media and marketing strategies
- Innovative, cutting-edge approaches to MSM and transgender-led prevention education provide examples of what works

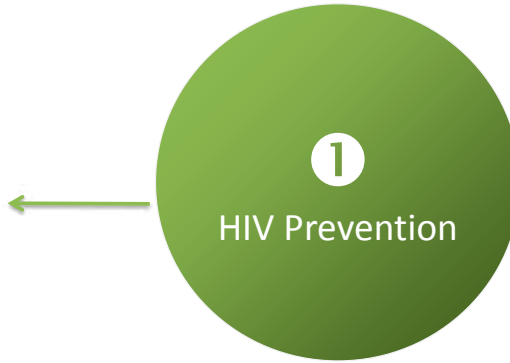
3/23

The Comprehensive Package of Services for MSM and Transgender People



HIV PREVENTION AND THE COMPREHENSIVE PACKAGE

Peer-led interventions and drop-in services
 Promotion of, and access to, the means of HIV prevention
 STI prevention and management and other sexual health services
 HIV counselling and testing



HIV PREVENTION, CARE, TREATMENT, & SUPPORT SERVICES

PEER-LED AND COMMUNITY-BASED INTERVENTION	TARGETED AND MASS MEDIA	THE MEANS TO PREVENT HIV	HIV/STI PREVENTION, TREATMENT, CARE AND SUPPORT
<ul style="list-style-type: none"> Peer-led education on HIV and STI transmission Youth-specific services Outreach to social and sex spaces Drop-In Centers Information and Communication Technology peer interventions 	<ul style="list-style-type: none"> Social marketing health promotion campaigns targeting MSM and transgender people Mass media using radio, television, newspapers and magazines Internet-based advertising and health message promotion 	<ul style="list-style-type: none"> Condoms and water-based lubricants Clean injecting equipment VCT PEP and PrEP Microbicides? HIV prevention, disclosure and rejection issues for MSM and transgender people with HIV 	<ul style="list-style-type: none"> Confidential routine testing for STIs Monitoring HIV surrogate markers ARV and OI treatment Adherence support and education Hospital and community care and support

6/23

HIV PREVENTION

Examples of HIV prevention programmes

7/23

PEER EDUCATION



Outreach education at a local community festival, Vietnam

Outreach at a local venue, Phnom Penh



Group work peer education, Chiang Mai



Peer-led interventions

- Trained peer workers provide Information Education Communication (IEC) at local events, at venues and public places that men and transgender people meet or sell sex
- Provide condoms, lubricants and information about HIV prevention and referral to support services
- Involve the target group in sessions to increase awareness of HIV, where to find services and to build a 'sense of community' (DICs);
- Post-positive test counselling by PEs (MSM or transgender people living with HIV) and support for ART adherence by PEs (MSM or transgender people on ARV) to be encouraged if feasible.

PEER EDUCATION – ADVANTAGES



Outreach education at a local community festival, Vietnam



Outreach at a local venue, Phnom Penh



Group work peer-education, Chiang Mai

Peer-based education

- ✓ Trusted by many MSM and transgender people
- ✓ ‘Staffed’ by community
- ✓ Educators use the language of their peers and understand how to ‘signal’ their membership
- ✓ Frank and direct discussion of sex and gender without judgment
- ✓ Peer education has been proven successful at creating demand and reaching MSM and transgender people
- ✓ Peer workers can provide useful information to other partners

PEER EDUCATION – DISADVANTAGES



Outreach education at a local community festival, Vietnam



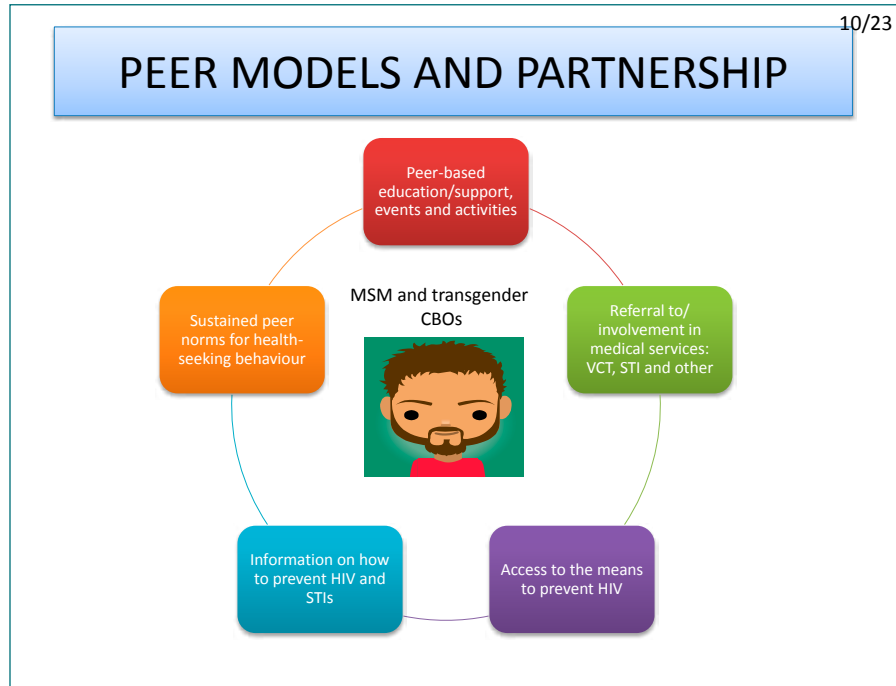
Outreach at a local venue, Phnom Penh



Group work peer-education, Chiang Mai

Peer-based education

- ✓ Peer educators are not ‘professional’ workers with a rigorous practice
- ✓ Peer approaches don’t suit every MSM or transgender person – some want the anonymity of mainstream services
- ✓ Peer processes can be healthy – but not always. Needs to be attention to keeping peer engagement health-seeking and health-focused



11/23

GROUP DISCUSSION

Can peer-based interventions really work with MSM and transgender people successfully?
When will they work and when not? What's your reasoning?

VOLUNTARY HIV TESTING & COUNSELLING

- Confidential, sensitive/non-judgemental: responds to concerns of MSM and transgender people (age, sex, gender, safety)
- Pre- and post-test HIV counselling
- Provided in places and at times that MSM/transgender people can access
- Mix mainstream and specialist MSM and transgender programmes, PICT
- Link to MSM and transgender CBOs in service delivery and increase demand by promotion in outreach and DICs



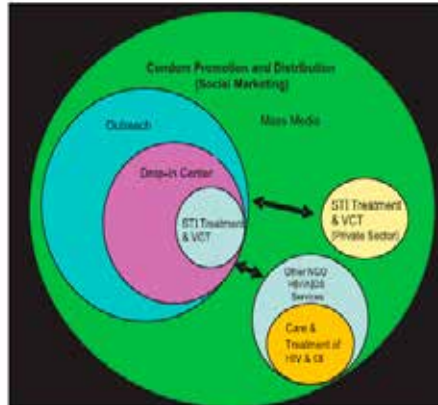
STI TESTING AND TREATMENT



- STI screening plus pharyngeal and ano-rectal STIs – see 2011 Global MSM and TG guidelines
- Considers the clinical presentations of transgender people (pre- and post- gender-reassignment, hormone treatment)
- Practitioners understand the particular presenting issues of MSM and transgender people

14/23

COMMUNITY INTEGRATED STI & VCT SERVICES



PSI – STI, VCT, Condom and Community Services

In Myanmar, PSI is taking a MARP approach to its interventions, and focusing on a minimum package including VCT and STI services delivered directly to MSM and trans women through community DICS.

- Reach and coverage – reaching 66% of reachable MSM with outreach. For MSM, the focus is on outreach to social and sex venues, DICS and community-provided STI and VCT services.
- Establishing evidence for links between intensity of exposure to the Comprehensive Package and sustained condom use.

15/23

MEDICAL HIV/STI – ADVANTAGES

- ✓ The medical community is trusted for its expertise
- ✓ Staffed by trained personnel
- ✓ Staff are not usually from the MSM and transgender community (or perceived so)
- ✓ Professional service not 'mixed' with sexual or social activities
- ✓ Effective treatment and testing

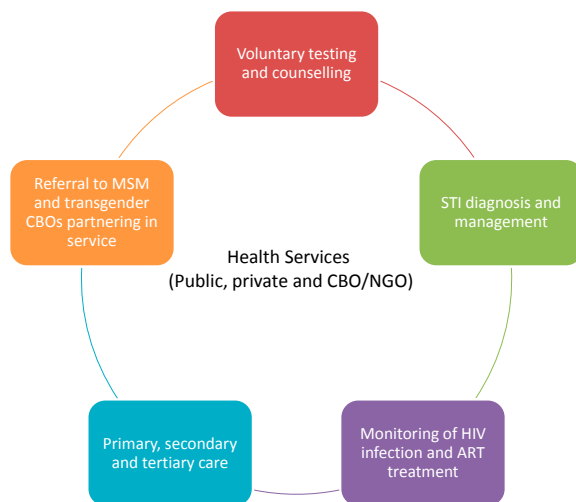
16/23

MEDICAL HIV/STI – DISADVANTAGES

- ✓ Staff are not usually from the MSM and transgender community (or perceived so)
- ✓ Discrimination in medical services remains high – especially against young people
- ✓ A culture of not discussing or negotiating with doctors
- ✓ When medical services get it wrong, MSM and transgender people know quickly and never forget

17/23

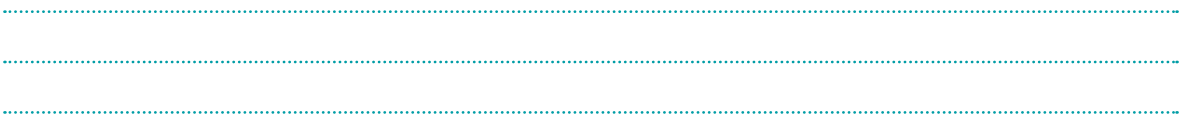
HIV/STI TESTING PROGRAMMES AND PARTNERSHIP



18/23

GROUP DISCUSSION

Can medical HIV and STI screening really succeed with MSM and transgender people? When does it work and when not? What's your reasoning?



19/23

ACCESS TO THE MEANS TO PREVENT HIV AMONG MSM AND TRANSGENDER PEOPLE

- Without the means to prevent HIV, transmission will continue
- The means to prevent HIV among MSM and transgender people now includes:
 - Condoms AND water-based lubricant,
 - Female condoms
 - Clean injecting equipment for MSM and transgender people who inject drugs
 - PEP and PrEP
 - ARVs – Treatment-as-Prevention
 - Microbicides



TARGETED AND MASS MEDIA

Promoting HIV testing



Supporting MSM living with HIV



Group Discussion

What are the key elements/themes in these campaigns? What are they promoting? Is it effective?

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) INTERVENTIONS

- Let's take a look at a video from a website that provides internet-based prevention messaging.

<http://www.youtube.com/watch?v=2aYGbt6VeA>



Group Discussion

Is this movie effective? If yes, why? If no, why not?
How else might ICT be used to reach MSM and transgender people ?

22/23

GROUP EXERCISE: POSTER CAMPAIGNS

- Discuss the two posters
- Determine the key messages and themes
- What are the posters promoting?
- What is effective? What is ineffective?
- Will these messages help prevent HIV or raise awareness of HIV? How?



23/23

HIV PREVENTION

GUEST PRESENTER
Direct experience of
an HIV peer-led
intervention

Guest presenters from local MSM and/or transgender CBOs will give short presentations



Session 3

1/13

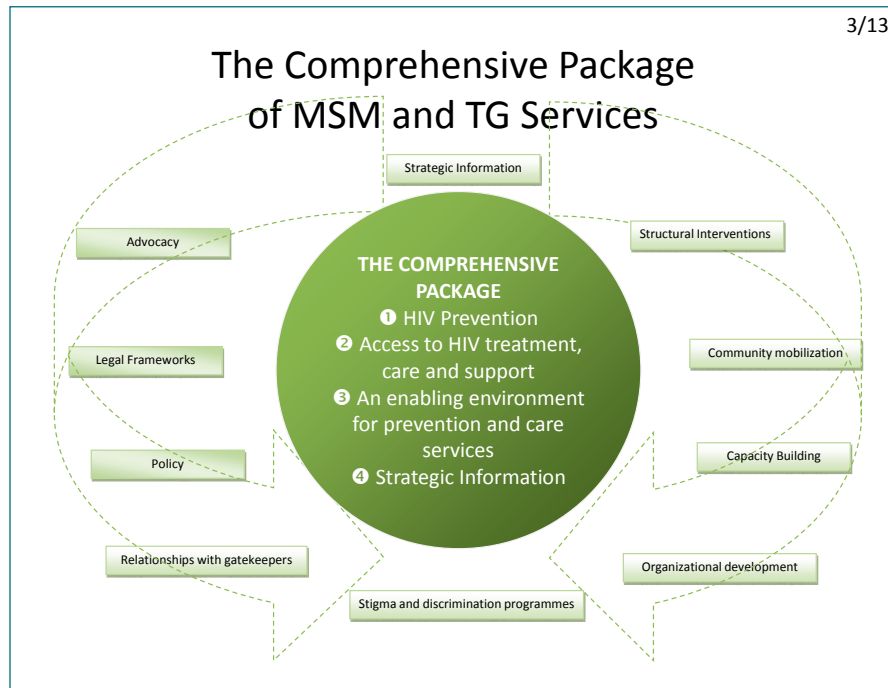
<p><u>Session 3</u></p> <p>Delivering HIV treatment, care and support (TCS)</p>	<p>This session will cover:</p> <ol style="list-style-type: none">1. <i>The 2009 Asia-Pacific comprehensive package for MSM and TG services in relation to TCS</i>2. Key success factors in TCS programming3. The most promising, cutting-edge models in TCS
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2/13

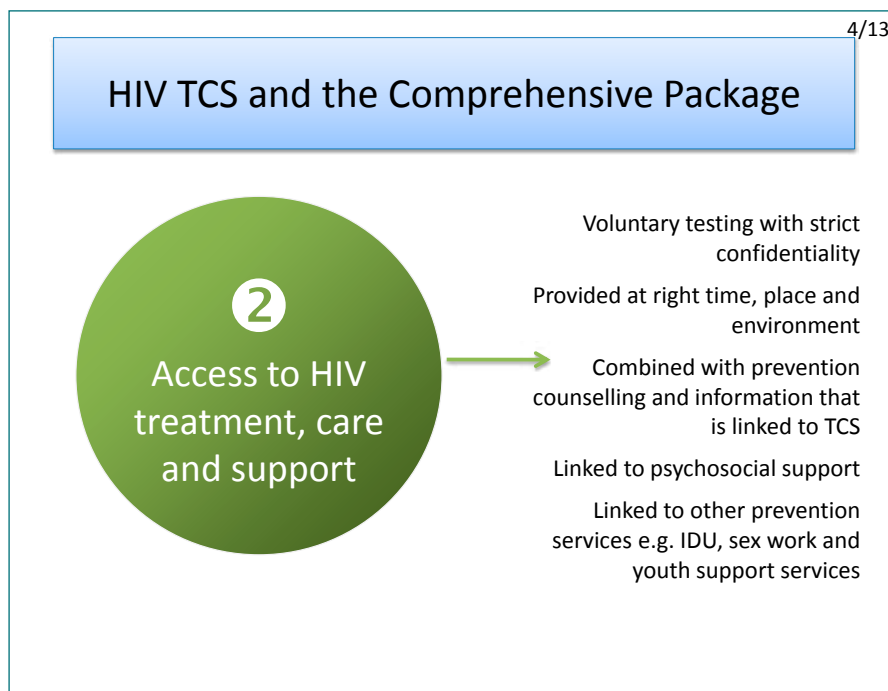
<p>Key Learning Points</p>

- TCS is a core element of *the 2009 Asia-Pacific comprehensive package for MSM and TG services* and includes:
 - a) Medical services at tertiary, secondary and primary sites working in partnership and referral to other sectors;
 - b) MSM and transgender-led CBO support and care working in partnership and referral to other sectors; and
 - c) Access to monitoring and treatment for HIV for MSM and transgender people including young people
- Innovative, cutting-edge approaches can improve access

The Comprehensive Package of MSM and TG Services



HIV TCS and the Comprehensive Package



HIV TREATMENT, CARE, SUPPORT

CONTINUITY OF PROGRAMMES AND SERVICES

- Coordinate
- Reduce duplication
- Referral links between MSM/transgender CBOs and clinical services
- Integrated HIV programming

EFFECTIVELY USING MSM AND TRANSGENDER CBOs

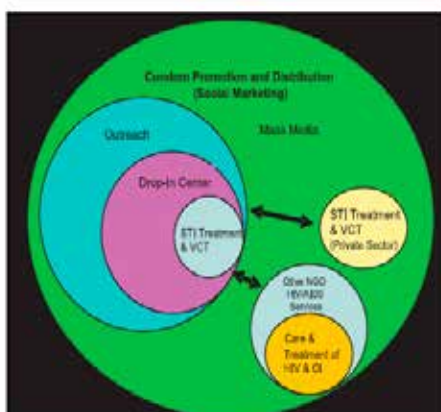
- Appropriately resource and involve MSM and transgender CBOs/NGOs
- Community leaders participate in coordinating bodies
- Defend controversial programming
- Psychosocial, drug services with HIV clinics
- Community support groups in clinics and CBOs
- Training of clinical staff by community members

VARIETY OF SERVICE OPTIONS AND INNOVATION

- Mainstream facilities as well as specialist MSM and transgender Centers
- Innovative models: peer counselling in clinics, MSM and transgender patient experts
- MSM and transgender community care in partnership with local medical facilities



COMMUNITY INTEGRATED STI & VCT SERVICES



PSI – STI, VCT, Condom and Community Services

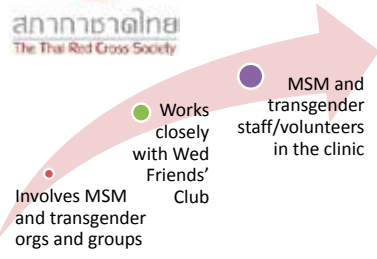
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- Establishing evidence for links between intensity of exposure to the Comprehensive Package and sustained condom use.



7/13

EFFECTIVE USE OF MSM and TRANSGENDER CBOs



Bangkok Men's Health Clinic

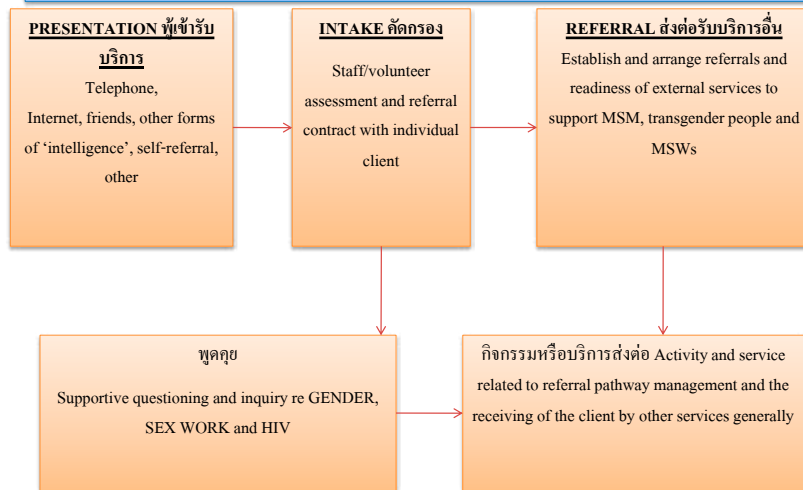
Thai Red Cross Programme

- Bangkok's Men's Health Clinic
- Partnership with Wednesday Friends' Club – a PLHIV CBO in Bangkok
- Strong network of support, referral between Wednesday Friends' Club, The Poz Home Center, TNP+ and other services to the Clinic
- Engages and involves MSM and transgender people in design, service delivery and evaluation



8/13

POZ HOME CENTER'S CLIENT PATHWAY



VARIETY AND INNOVATION IN TCS



Ho Chi Minh City, MSM Community Clinic

In Vietnam, an MSM Community Clinic has been providing VCT and a community center for MSM in one of the districts of Ho Chi Minh City.

It works through the Ho Chi Minh City Provincial AIDS Committee and FHI 360.

It provides VCT, HIV clinical care, TB and drug substitution services and, until recently, STI services.

It also houses an MSM community organization that provides outreach and drop-in services and is responsible for generating client demand.



VARIETY AND INNOVATION IN TCS

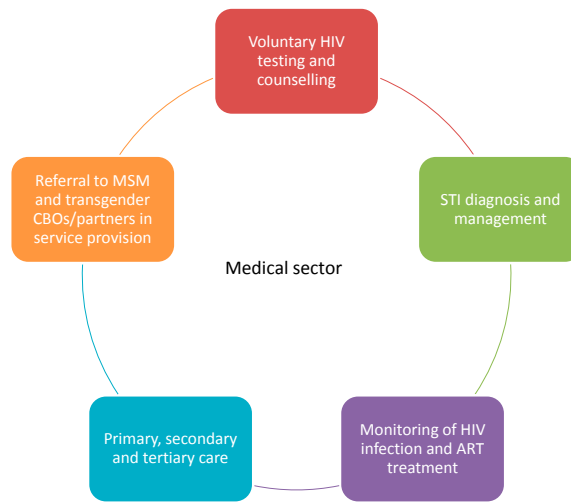


AIDS Care China

- Increasingly, peers are being trained and utilized as counsellors in clinics and hospitals across Asia and the Pacific
- Here, a peer counsellor from China AIDS Care is providing treatment support and information to a PLHIV at a local clinic
- In other countries, peers are used to deliver pre- and post-test counselling at VCT sites



TCS programmes provide ...



GROUP EXERCISE – INVOLVING PARTNERS IN TCS



Note: A role for law enforcement agencies and the media can be important in ensuring an effective public health partnership for MSM and transgender HIV health needs.

13/13

HIV TCS

GUEST PRESENTER
Direct experience of
an HIV TCS
intervention

Guest presenter from a local HIV clinic will run a short session

Session 4

1/3

Session 4

Management issues in the delivery of HIV treatment, care and support (TCS)

This session will cover:

- How to coordinate a range of programmes and services so that MSM and transgender people get what they need – especially young people

2/3

CONTINUITY OF PROGRAMMES AND SERVICES



Coordinating public health partners

The Three Ones

- A national HIV plan that covers all sectors and with roles and responsibilities for all partners
- A national HIV committee made up of all key partners
- A research agenda negotiated with ALL partners and with roles and responsibilities for all partners
- A clinical intervention agenda negotiated with ALL partners and with roles and responsibilities for MSM and TG CBOs
- Provincial/Regional HIV plans and committees operating and reporting to the national HIV plan and committee
- Evaluation of programmes with QI planning to implement findings

3/3

GROUP DISCUSSION

What broad management challenges do you face in your work in MSM and transgender programming?

Notes:

A series of horizontal dotted lines for taking notes.

Facilitator manual

Module

3

**ENABLING
ENVIRONMENTS**

Facilitator manual

Module

3

**ENABLING
ENVIRONMENTS**

Facilitator manual

Module 3: Enabling environments

SUMMARY

Module 3 shifts from an individual to a more community-oriented approach, introducing participants to two concepts: 1) examining environments of risk, vulnerability and impact for key populations affected by HIV and 2) strengthening the enabling environment for HIV prevention, treatment and care.

SESSIONS

Introduction/overview for Enabling Environments

Session 1: Environments of HIV risk, vulnerability and impact for key populations

Session 2: Elements of the environment

Session 3: Using laws and policies to strengthen the enabling environment

Session 4: Human rights and social justice

KEY LEARNING OUTCOMES

Participants will understand

1. How to analyse environments of HIV risk, vulnerability and impact for key populations of MSM and transgender people, especially young people
2. The concept and elements of an enabling environment for MSM and transgender people
3. The contribution of laws and policies to strengthening the enabling environment
4. Key human rights and social justice documents that provide arguments that can be used to strengthen the enabling environment.






MODULE 3 – ENABLING ENVIRONMENTS

Day 3		
Time	Timing	Session Title
9.00am–9.30am	30 min	Introduction
9.30am–10.30pm	60 min	Session 1: Environments of risk, vulnerability and impact
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1: Small group report back
12.00pm–1.00pm	60 min	Session 2: Elements of the enabling environment
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Laws and policies
3.30pm–4.00pm	30 min	Afternoon tea
4.00pm–5.15pm	75 min	Session 4: Human rights and social justice frameworks

INTRODUCTION

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. Sessions that will be delivered during Module Three. 2. Key learning outcomes of Module Three.
	<p>PROCESS</p> <p>Didactic presentation of Module Three agenda</p>
	<p>TIME</p> <p>30 minutes</p>
	<p>SLIDES</p> <p>There are three PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an example of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Have this opening slide showing as people enter the training room.
2. Ask participants to take their seats.
3. Welcome the participants to Day Three and begin.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

OVERVIEW OF MODULE 3 (2)

1

2

3

WHAT TO DO

1. Step through each module consecutively.
2. Use WHAT TO SAY below and the slide itself to prompt you.
3. Explain that this slide will be shown throughout the training at the beginning of each module so that participants will know what stage of the programme they are working on.

No resources required for the presentation of this slide.

WHAT TO SAY

“Let’s take a look at where we’re at in the programme. You can see from this slide that we’re at the third module in the overall programme. We begin with a session on environments of HIV risk, vulnerability and impact for MSM and transgender populations (especially young people), so that we can see the impact of the person’s environment on their ability to avoid acquiring or transmitting HIV or getting access to HIV treatment, care and support if they have HIV.”

ENABLING ENVIRONMENTS (3)

1

2

3

WHAT TO DO

1. Use the dialogue guide below to introduce each of the learning goals for this module.

WHAT TO SAY






“At the end of this Enabling Environment module you will better understand:

1. How to analyse environments of HIV risk, vulnerability and impact for key populations of MSM and transgender people (especially young people).
2. The concept and elements of an enabling environment for HIV programmes among MSM and transgender people.
3. The contribution of laws and policies to strengthening the enabling environment; and
4. Key human rights and social justice documents that provide arguments that can be used to strengthen the enabling environment.”

SESSION 1: ENVIRONMENTS OF HIV RISK, VULNERABILITY AND IMPACT

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The impact of the environment on HIV prevention and care 2. How to programme beyond the individual at risk or affected 3. How to examine the opportunities and barriers that exist in the MSM and transgender environment
	<p>PROCESS</p> <p>A combination of didactic presentation and interactive exercises is used throughout this session to practise mapping out environments of HIV risk, vulnerability and impact.</p>
	<p>TIME</p> <p>120 minutes</p>
	<p>SLIDES</p> <p>There are six PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This is an interactive practice session. The group work gives participants a chance to talk to each other about the environments that MSM and transgender people live within. The group report-back is an important opportunity for participants to hear from each other about the complex environments they work in.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on mapping HIV risk, vulnerability and impact.
2. Step through each of points in the right-hand side of the slide.

WHAT TO SAY

“At lot of HIV prevention has focused on the individual at risk – simple messages and programmes that tell the individual about HIV, give them access to condoms and send them out into the environment to keep themselves safe. These approaches ignore the reality of people’s lives and the environments in which they live. They also ignore the fact that HIV is already present in the communities in which we work and that messages about ‘keeping yourself safe’ alienate people with HIV and have an impact on whether people present themselves for testing, treatment, care

and support services. In this session, we look at the environments in which MSM and transgender people live and at the impact of other factors in that environment.”

KEY LEARNING POINTS (2)

1 2 3 4 5 6

WHAT TO DO

1. Introduce the slide ‘Key Learning Points’.
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

“It is not enough to know about HIV. It’s not enough to know about it and have access to condoms or the address of a clinic. People and communities need to power to act – they need to be in charge of the decisions that are made about their health. Their decisions are not always their own – they are affected by a whole range of factors in their environment. So, not only knowledge, but the means and power to use it.”

ENVIRONMENTAL FACTORS (3)

1 2 3 4 5 6

WHAT TO DO

1. Introduce the slide called ‘Environmental Factors’.

Many things affect the environment that people live in:

- Poor education
- Social stigma
- Gender norms and practices
- Young age
- Drug and alcohol use
- Mental health problems
- Poverty
- A culture of violence and harassment
- Laws and policies that stigmatize.

Ask participants to brainstorm a list – they will probably know their environments better than you.

Put the list up on the whiteboard.

Ask people to explain what they mean or to give examples as they call out their factors. Gently probe, clarify or challenge them to speak more if you think this will be helpful to the discussion.

WHAT TO SAY

Follow WHAT TO DO above.

ALTERNATIVE EXERCISE

Another exercise that could be used to explore issues about risk would be to ask the participants as a full group to list health risk behaviours on a flipchart. Then ask participants to list why they themselves take various risks on another flipchart; and then to suggest various reasons or influences as to why MSM and transgender people take HIV-related risks. It might be better to list them MSM and transgender people separately.

The aim is to make it clearer for participants:

- To understand that risk-taking is not only an individual issue but also a socio-cultural one
- That there are many factors that affect how people perceive risk and eventually how they take risks
- That stigma and discrimination play a big role in reducing HIV-related risks for MSM and transgender people
- That part of the role of service providers is to help reduce stigma, and reduce risks by helping identify risk factors, feelings and attitudes that may affect risk-taking behaviours, and then help clients identify practical and realistic ways of reducing risks.

HIV VULNERABILITY (4)



WHAT TO DO

1. Present this slide on HIV vulnerability.

WHAT TO SAY

“This slide shows that MSM and transgender people are particularly vulnerable to both acquiring HIV and having a differentially poorer outcome from HIV infection.”

RISK ENVIRONMENTS FOR MSM AND TRANSGENDER PEOPLE (5)



WHAT TO DO

1. Show the diagram on risk environments for MSM and transgender people. This is a diagram that maps out some of the things in the environment that affect the ability of MSM and transgender HIV programmes to work.

2. Explain the story in each box.
3. The group exercise aims to allow participants to start telling each other what they know about the environments that their programmes are supposed to work in. Some participants will know a lot while others might not know as much.
4. Mix the groups up so that there is a good mix of people – we want the participants from the community to teach the others about this environment.

WHAT TO SAY

“Here is a generic map of an environment in which MSM and transgender people live. There is a copy in your folder. Take it out and have a look at the different parts of this environment. You can see that there are a number of different forces at play in this environment.

We are going to do a small group exercise asking you to map out an environment that you know about. It doesn't have to look like this. You can represent the environment any way you want. Just make sure it tells the story of the various factors in the environment – who and what – and the impact they are having on the risk, vulnerability and impact for MSM or transgender people. We want your group to choose one key population.”

GROUP EXERCISE (6)

1 2 3 4 5 6

WHAT TO DO

1. Divide participants into groups of 5 or 6.
2. You can be country-specific if that suits.
3. They can make the map any way they want as long as it tells a story.
4. Choose either an MSM or transgender people map – they will be different – make sure that at least one group works on transgender people.
5. Go around and help the groups to get started.
6. Make sure that they are being specific – for example – don't just put 'police' but say what the police do to effect HIV prevention or care outcomes.
7. Ask each group to tell their story using their map. Probe, ask questions, and allow other participants to ask questions. Take your time – there is a lot to cover and this is a good time for participants to be learning from each other.






WHAT TO SAY

Follow WHAT TO DO above.

SESSION 2: ELEMENTS OF THE ENABLING ENVIRONMENT

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The concept of an enabling environment for HIV programmes among MSM and transgender people, especially young people – and the relevance of religion, culture and tradition
	<p>PROCESS</p> <p>This is a session that starts with a presentation and moves on to have participants work with and/or develop case studies that show how the environment can be strengthened to support HIV programmes among MSM and transgender people</p>
	<p>TIME</p> <p>60 minutes</p>
	<p>SLIDES</p> <p>There are 26 PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This is a relatively short session, so move as quickly as possible. Hopefully most participants will have some understanding of the concept of enabling environments (check this and adjust the time if necessary). Try to focus specifically on what affects the environment for MSM and transgender programmes.</p>

OPENING SLIDE (1)



WHAT TO DO

Show slide 1

No resources required for the presentation of this slide.

WHAT TO SAY

“This session will cover:

- The concept of an enabling environment
- Interventions that support the development of this environment.”

KEY LEARNING POINTS (2)



WHAT TO DO

Show slide 2

WHAT TO SAY

"This session will involve

- Describing the elements of the enabling environment
- Identifying the supportive interventions that strengthen the enabling environment; and
- Examining examples of these strategies at work."

THE COMPREHENSIVE PACKAGE AND AN ENABLING ENVIRONMENT (3)



WHAT TO DO

Show slide 3

WHAT TO SAY

"An enabling environment means that there are things that have to be done in the environment to make sure that programmes and services can work properly.

In addition to providing health promotion, information, peer education, access to VCT, treatment, care and support – there is a job of work to do to create the sort of environment and background that makes programmes perform better."

ELEMENTS OF THE ENABLING ENVIRONMENT (4)



WHAT TO DO

Show slide 4

WHAT TO SAY

"We are trying to remove barriers – for example – if the police have policies about arrests that aim to 'clean up' certain parts of the town from 'immoral' behaviour – say they want to arrest any

men loitering around railway stations on the assumption that they are looking to trade or sell sex – and we want to target this group because they are at risk for getting or transmitting HIV – then our programmes will be in conflict. The arrests drive people underground just as we want to access them.

Or, if we want people from the community to help us reach hard-to-reach MSM or transgender people, but the government’s laws or policies won’t let these people form an NGO that can receive funds to carry out programmes, then it might be hard to get our programme to perform as it should.”

ENABLING ENVIRONMENT (5)



WHAT TO DO

1. Reflect back on the environment mapping session. Many of the issues on this slide should have been discussed.
2. Remind participants of the ones they came up with.
3. Take them through the points in each box.

WHAT TO SAY

“Here are some of the elements of the enabling environment. You can develop a table like this, tailored to your setting, to help you explain this concept to planners and policy-makers.”

CASE STUDIES (6)



WHAT TO DO

1. Divide participants into groups of 5–6.
2. Ask them to look at the case studies in their folder (as included below) and to pick one – or develop one from your group’s own experience (better if they have their own examples, but check that they are relevant).
3. Ask them to prepare a five-minute presentation on behalf of your group to explain:
 - Why this intervention was necessary
 - What it did
 - How it helped.

WHAT TO SAY

Follow WHAT TO DO above.

Enabling Environment Case Studies

(Print out separate handouts of these before the session – it is in the handout folder of the Additional Workshop Materials on your flashdrive).

In **India**, non-governmental organizations serving sex workers, men who have sex with men or injecting drug users report being harassed by the police and hampered in their prevention and awareness activities. In response, 33 states have designated a nodal officer (Inspector General – Welfare at the state level and Gazetted Officer-in-Charge – Police at the district level) for liaison with non-governmental organizations at the state and district levels. All NGOs have been informed of this change and know whom to call in case of difficulties with the Police. This displays a high commitment to institutionalize police support to agencies working on HIV programming.

In Karnataka state **in India**, local police were given sex worker arrest quotas to meet in an effort to clean up the streets. This made it difficult for the sex worker NGOs to work once the police got to know the peer educators and followed them around arresting any women they saw being spoken to. Eventually, no one would talk to the peer educators.

The head of the CBO went to the state HIV authority and convinced them to meet with the state police authorities, who released an official police circular abolishing the quotas and requiring police to work cooperatively with HIV peer educators.

In Nepal, Blue Diamond Society has made perhaps the greatest impact in advocating for law reform. The group actively engages with law enforcement, government, and media to address broad issues of social and legal discrimination. “We used to face a lot of violence and abuse from security forces, but that’s been going down since the Supreme Court decision in 2007 [legalizing homosexuality],” said Mr. Pant. “Having legal rights sends a strong message to the authorities that they can no longer cause this kind of discrimination. Now Nepal is writing a new constitution and I think there will be a lot of progress for LGBT people” – perhaps including the right to same-sex marriage, a goal being advanced by Mr. Pant and other advocates.

Blue Diamond Society has been able to make significant headway for MSM rights and health despite what Mr. Pant describes as Nepal’s “political and economic instability.” One way the organization has maneuvered through the shifting landscape is by finding common ground with other groups that face discrimination in Nepal. “Whenever we can, we move to support other parts of society that are also marginalized,” he explained. “Our support of the elderly and other minority groups, for example – we have to be caring toward others and fight discrimination in whatever form it takes. That sense of equal opportunity and openness has really supported our movement.”

Source: *Lessons from the front lines: effective community-led responses to HIV and AIDS among MSM and transgender populations.* amfAR and MSMGF, 2010.

In Bangladesh, the advocacy efforts of Bandhu Social Welfare Society have been crucial to the ability to deliver HIV services to MSM and transgender people. “While doing fieldwork, our staff members are constantly getting harassed by police and other people,” explains Shale Ahmed, the Executive Director. “It’s really difficult for us to carry out even small field activities, so we decided that we’d have to deal with policy, both in the central government and at the district level. Given the importance of these issues, we set up a policy department in 2006 and since then, even though there are lots of problems, it has helped us improve things.”

Stigma, social exclusion, and discrimination are givens for transgender people in Bangladesh, who face harassment and sexual violence from law enforcement agents as well as their neighbours. By working closely with local police, government, lawyers, human rights groups, and the media, Bandhu has been

able to influence attitudes towards transgender people and those who work with them to fight HIV. Bandhu now sends representatives to police stations regularly for face-to-face information sessions. The group has even provided a list of its outreach workers to police – which, paradoxically, has helped protect them from official harassment. In the city of Chittagong, police have even willingly helped solve a problem related to a particular transgender cruising spot.

To reinforce a larger move toward greater tolerance and understanding, Bandhu has engaged Bangladesh’s media, holding a roundtable meeting for journalists that was attended by representatives of the country’s National HIV Program and law enforcement agencies. Media have responded with more positive and nuanced coverage of MSM and transgender health and human rights concerns.

Source: *Lessons from the front lines: effective community-led responses to HIV and AIDS among MSM and transgender populations.* amfAR and MSMGF, 2010.

In **Indonesia**, the Integrated Behavioural and Biological Surveillance in 2007 found HIV prevalence between 14% and 34% in cities in Java among *waria*, an identified transgender group in Indonesia that is socially marginalized and often engaged in sex work.

UNAIDS undertook advocacy for the *waria* to be more recognized and to be supported in their rights and empowerment. UNAIDS has supported an effort to ensure *waria* representation on National AIDS Council bodies. UNAIDS has also helped to support Indonesia’s first National Transgender Congress, convening about 60 participants from across Indonesia, with additional support received from the National AIDS Commission, USAID, UNFPA and AusAID. The outcome of the congress was the official establishment of the National Transgender Network (GWL-INA). Through this network, *waria* leaders are supporting the establishment of peer-support groups and HIV prevention activities in a number of Indonesian cities. A group of *waria* leaders also met with members of parliament to advocate for greater understanding and support for HIV prevention among the transgender community.

In addition to the GWL-INA, UNAIDS helped to support the 2008 establishment of four national networks of vulnerable groups: a people living with HIV network, a sex workers’ network, a network of men who have sex with men, and a positive women’s network.

In collaboration with the Indonesian National Human Rights Commission and others, UNAIDS has supported the development of a consumer booklet providing specific and practical information for people living with HIV and others experiencing human rights violations about how to get assistance from human rights and legal organizations. This booklet has been field-tested in Jakarta and Surabaya with 18 local representatives from communities of people living with HIV, men who have sex with men, drug users and *waria*.

In 2009, **the Philippines** NGO TLF-SHARE took its work in a new direction, initiating a pilot training programme to build a stronger grassroots movement. TLF-SHARE began sharing what it had learned over the years with three smaller, less established, community-based MSM organizations in different areas of the Philippines.

“Originally our programme was focused just on training local peer educators, but now our process is more about building these groups to be local players,” said Anastacio Montero-Marasigan, TLF-SHARE’s director. “The idea is that TLF-SHARE will not be the only organization working on HIV/AIDS and human rights in this country. It’s our vision to make sure these organizations are trained to be key leaders in the Philippines.”

TLF-SHARE had already worked closely with the groups on their education and empowerment programmes. The goal at this point involved intensive capacity building, providing the groups with training in project management, governance, and professional development. But “the key interest of the programme is to ensure that the organizations have the capacity to engage local government,” said Mr. Montero-Marasigan.

“Some of these local governments would be easy to work with if you can find allies in the health department or office of the mayor, but doing that can also be a challenge,” explained Mr. Montero-Marasigan. “They don’t recognize that AIDS is a problem, and they are even less aware of MSM and transgender communities. So this is the key information that a CBO has to make the government understand better. The short of it is that local government is one key challenge in AIDS prevention.”

The upshot of these trainings has been a newly active political and advocacy role at the local level for the CBOs. Taking a more public position, they advocated during recent elections on behalf of candidates who supported more aggressive government action on HIV, and pushed for the development of viable and effective STI and HIV programmes that would include MSM and transgender people.

The success of TLF-SHARE’s pilot programme can be gauged in part by the fact that UNDP is supporting an expansion of the trainings with six new groups in four additional cities.

Source: *Lessons from the front lines: effective community-led responses to HIV and AIDS among MSM and transgender populations.* amfAR and MSMGF, 2010.






In **Timor-Leste**, one of the key service delivery agencies working with MSM is Fundasaun Timor Hari’i (FTH). FTH’s activities include behaviour change communication services, peer outreach activities, condom distribution, a drop-in centre and VCT/STI referrals for MSM (Dili) and other MARPs. FTH’s target is to reach out to 500 MSM in Dili, an estimated 100% of the openly gay and transgender population. FTH received support from FHI till the end of 2005. FHI also supported two clinics (run by Clinic Café Timor [CCT] and Bairo Pité Clinic) to provide STI/HIV services through the end of 2005 and both CCT and Bairo Pité have been providing VCT/STI/HIV services to MSM in Timor-Leste. Currently, the intervention activities of FTH and STI services at the CCT and Bairo clinics are being supported through Round 5 of the Global Fund grant.

Source: *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: the current situation and national responses.* WHO/SEARO 2010.

SESSION 3: LAWS AND POLICIES THAT SHAPE EFFECTIVENESS FOR HIV PROGRAMMES AMONG MSM AND TRANSGENDER PEOPLE

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. How to identify the impact of laws and policies on MSM and transgender people and on HIV programmes among MSM and transgender people 2. Strategies for improving the policy and legal framework 3. Strategies for removing barriers and obstacles in the environment
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of theory, models and practice. It is structured with group exercises and discussions, working through practical examples of HIV prevention and guest presentation that provide a direct experience of HIV peer-based group prevention interventions.</p>
	<p>TIME</p> <p>90 minutes</p>
	<p>SLIDES</p> <p>There are eight PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This session gives participants a chance to look at some of the laws and policies that can assist HIV programmes with MSM and transgender people to be more effective and some of the laws and policies that obstruct progress.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on laws and policies.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Introduce the slide 'Key Learning Points'

WHAT TO SAY

"In this session you will better understand

1. How to identify the impact of laws and policies affecting MSM and transgender people and on HIV programmes with MSM and transgender people
2. Strategies for improving the policy and legal framework
3. Strategies for removing barriers and obstacles in the environment."

LAWS AND POLICIES THAT IMPACT ON MSM AND TRANSGENDER PEOPLE (3)

1 2 3 4 5 6 7 8

WHAT TO DO

1. Show slide 3.
2. Introduce participants to the ways in which laws specifically target MSM (e.g. sodomy laws), tend to be applied in ways that negatively impact on MSM (public decency and pornography) or disadvantage MSM through omission (relationship recognition and immigration). Be sure to identify laws and policies that specifically affect young people (e.g. age of consent for HIV testing and parental notification policies).
3. Ask participants "What are some others from your area?"
4. Brainstorm a list from participants.
5. Ask participants to say what they think the effect of each of them might be.

*The session analyses how laws that target/negatively impact on MSM undermine public health efforts to reach and support these populations. Key issues to discuss include:

- How negative laws drive populations underground, and damage trust between MSM and service providers.
- The relevance of trust to service effectiveness
- The benefits of engagement of peers in service delivery and the impact of persecution and marginalization on engagement of peers
- The impact of persecutory laws on MSM community development and the self-esteem of MSM.

The session also looks at the laws most relevant to transgender people:

- Gender recognition and identity – the ability to change gender on official forms
- Gendered behaviours
- Adoption and family law
- Participants are asked to consider the impact of these laws on public health efforts to reach transgender populations.

The session also looks at the impact of stigma and discrimination generally on public health efforts relevant to HIV, and canvasses the areas of life in which MSM and transgender people experience discrimination. Participants are asked to consider the question, “If you wanted to address these laws and policies, what government structures would need to be involved?”

The session also looks at some different solutions to these problems of stigma and discrimination laws, such as:

- Constitutional and legislative protections for MSM and transgender people
- Enforcing laws intended for the protection of MSM and transgender people
- Empowering MSM and transgender people to protect themselves; and the enforceability of anti-discrimination laws by communities
- Public information and education initiatives.

The session acknowledges that law and policy reform is often not easy and may not be within the capacity of participants – or facilitators (invited lawyers may well be essential to present some sessions). It includes a discussion of how unhelpful laws and policies may be creatively applied in ways that minimize negative impact on MSM and transgender people. Examples include:

- Health department policy decisions which, while not having force of law, shape service delivery
- Police directives which shape the ways in which laws are enforced
- Supporting MSM/transgender community development while acknowledging these communities may have advocacy objectives inconsistent with current government policy.

Include a story of MSM or transgender reform from the region. Recent developments in decriminalization might be canvassed, such as has occurred with the Section 377 of the Indian Penal Code in the Delhi High Court. There is also a current process underway in PNG to decriminalize MSM behaviour that may also be relevant.

Resources:

ILGA map (see <http://ilga.org/>)

O’Flaherty and Fischer, analysis of Yogyakarta Principles

Key resources/more reading

1. *Curruh, P. and Minter, S. Transgender equality – a handbook for activists and policy makers. Policy Institute of the National Gay and Lesbian Task Force.*

2. *Recommendations for transgender health care. Prepared by Jody Marksamer and Dylan Vade.*
<http://www.transgenderlaw.org/resources/tlchealth.htm>

WHAT TO SAY

Follow WHAT TO DO above.

WHAT CAN WE DO? (4)



WHAT TO DO

Show slide 4

WHAT TO SAY

“Every country is at a different stage of dealing with these structural legal and policy issues. It is important to identify the things that are causing the most harm and respond to those first. Gay law reform may not be at the top of the agenda – conduct an analysis to map out areas of high impact where change is possible and work on those first.”

ADVOCACY IS FOR EVERYONE (5)



WHAT TO DO

1. Introduce the slide.

WHAT TO SAY

Introduce the notion of partnerships for advocacy – not just CBOs and communities advocating with government in an adversarial model, but cooperative partnerships. While there may be tension in these partnerships, it can bring about change and help people come to understand each other’s needs, desires and constraints better.

GROUP EXERCISE (6)



WHAT TO DO

Break participants into groups of five to six people.

Use these notes to help the group choose its issue:

- Some discriminatory or unfair laws are never used
- Some discriminatory laws or policies affect very few people
- Some discriminatory laws or policies have minimal impact on people
- Laws might be silly or discriminatory but might not have much effect on the spread of the epidemic
- How will you explain choosing this reform over others?

Give them these questions to work on in relation to their issue:

What information are you going to need?

Government information (epidemiological data, research reports etc.)

- Information from affected communities and their representative organizations
- Information from judges, court bureaucrats, lawyers' groups and legal commentators
- Media reporting
- Research
- Overseas experiences
- Others?

What sorts of arguments are going to be the most persuasive?

- Would a human rights argument work effectively?
- Would a public health argument be more likely to succeed?
- Perhaps an economic argument?
- A social welfare angle?
- What about appealing to people's emotions or sense of fairness?

Who are your allies?

Who will be your opponents?

Which might be open to persuasion?

Which could be encouraged to remain silent?

Which should be ignored?

Which should be publicly challenged?

ROLE OF LEGAL SERVICES (7)

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WHAT TO DO

1. Present this slide on the role of legal services.
2. Discuss two countries (India and your own) in relation to legal advocacy and changes to the legal status of gay men and MSM.

WHAT TO SAY

"Advocacy and activism is informed by cases and documentation of human rights violations.

Here are examples of test cases and strategic litigation:

Decriminalization of homosexuality in India – what we can learn from this story?

On 2 July 2009, the Delhi High Court annulled the law criminalizing adult homosexual relations with a ten-year prison term. Section 377, as it was known, was a section of the Indian Penal Code left over from British imperial rule. In subsequent years, s377 had been used to persecute LGBT people and silence their human rights defenders. It had massively stifled HIV efforts in the country, making volunteers and outreach workers vulnerable to police harassment and arrest. It had been used to extort money from MSM and had forced them underground, adding to the difficulties of undertaking effective HIV prevention education for gay and MSM and transgender people. *The Naz Foundation India Trust* along with India's *Lawyers Collective* and other community advocates and groups worked for eight years for the decision that finally came on 2 July 2009.

The main focus of the Naz Foundation India Trust petition was to challenge the law on the ground that it violated the health rights now considered by the Courts to be covered under the fundamental rights to life as given in Article 21 of the Indian Constitution. Indian activist and lawyer Aditya Bandopadhyay expressed the collective joy and hopes for the future of those advocates when he told the BBC 'We are elated. I think what now happens is that a lot of our fundamental civil rights which were denied to us can now be reclaimed by us.'

A key organizational leader in this movement was The Lawyer's Collective of India. The Lawyer's Collective is a CBO with a history of representing PLHIV, mounting legal challenges for HIV treatment, and representing women fighting for their human rights. Its organizational principles are embedded in the emancipation of marginalized sub-groups in Indian society. The Lawyer's Collective was crucial to the success of the movement because it brought the necessary legal expertise to fight the case as well as the knowledge of key leaders in the legal fraternity to sensitize people as part of the community education process.

The other key partner was The Naz Foundation India Trust, an MSM and HIV agency with an active role in HIV prevention, care and support in India. And it was The Naz Foundation India Trust that ultimately filed the petition.

Why was it an HIV organization that submitted the petition? Anand Grover explains that some within gay community circles *were* concerned that a gay group should have led the High

Court petition and not an HIV organization, even if that organization were running MSM and transgender programmes. But, as he says, “In 2001, who would file a petition?” The answer he says is “no one”. And this goes to one of the key issues in MARPs-based advocacy at country level – in situations where legal impediments exist, MARPs-based groups and organizations are excluded from participating fully. They operate ‘under the radar’, they may not be formally organized, and may be without the capacity to lead and bring about change. In India, it was possible to register LGBT organizations before the s377 change. However, the government could theoretically de-register a LGBT organization if it were determined to be working against the law or for an illegal purpose or intent.

At different time periods, depending upon the particular needs of the time, the coalition supporting the petitioner (The Naz Foundation India Trust) involved various individuals and organizations in the sensitization process including international agencies such as the International HIV/AIDS Alliance and local LGBT organizations such as the Humsafar Trust.”

LEGAL SERVICES SUPPORT A COMPREHENSIVE HIV RESPONSE (8)



WHAT TO DO

Follow WHAT TO SAY below and the use the slide to guide you.

WHAT TO SAY

“**Prevention** is supported by:

- Reducing police abuses
- Increasing access to condoms e.g. prisons; and
- Putting in place protection orders: domestic violence.

Treatment, care and support are more accessible by:

- Increasing access to medical services, housing, welfare; and
- Increasing access to medicines, lower cost – challenge patent laws.






The Impact of HIV is reduced by:

- Providing redress for discrimination, human rights violations
- Allowing travel right; and
- Reinstating wills, estates, and inheritance rights.”

SESSION 4: HUMAN RIGHTS AND SOCIAL JUSTICE FRAMEWORKS

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. How human rights and social justice frameworks can be used to strengthen enabling environments 2. Key documents that can be used to make the case for human rights and social justice approaches.
	<p>PROCESS</p> <p>This is a session that introduces participants to key concepts and documents in human rights and social justice in relation to MSM and transgender people.</p>
	<p>TIME</p> <p>75 minutes</p>
	<p>SLIDES</p> <p>There are six PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This session introduces participants to a set of key documents to assist them to use human rights and social justice frameworks to strengthen the enabling environment.</p>

OPENING SLIDE (1)



WHAT TO DO

Introduce participants to the themes of human rights and social justice.

Timing for this session – it is a reading and talking session – is broadly 30 minutes on the two human rights slides, 30 minutes on Yogyakarta and 30 minutes on the analysis document.

This session looks at the UN Declaration of Human Rights as well as other international agreements and considers the application of these agreements to MSM and transgender people.

The session starts with participants reading the UN Declaration of Human Rights. What does the Declaration say that might be relevant to the world of HIV?

The session proceeds with a discussion of the concept of human rights and looks at ways that rights can be individual or collective. The notion of social justice is discussed and participants consider social justice arguments in relation to MSM and transgender people. This would include discussion of:

- What would a just world look like for MSM and transgender people?
- Who speaks on behalf of MSM and transgender people and what does community development look like for MSM and transgender people?

This discussion offers the opportunity to refer back to elements of the enabling environment and supportive interventions such as community mobilization, capacity building, advocacy and organizational development. It might be useful to present a case study on a successful MSM community development story – especially one from the region that is appropriate.

The session then returns to a discussion of individual human rights. What is the power of an international agreement? Participants may know something about UN agreements but do they know what these agreements cover? This session looks at the UN Declaration of Human Rights and other international agreements to assess whether they address the issue of sexuality or transgender status. Key questions are:

- Does the Universal Declaration of Human Rights apply to MSM and transgender people?
- Do any other international agreements apply to MSM and transgender people?
- What is the relevance of comments of the Committee on Economic, Cultural and Social Rights, Committee on the Rights of the Child and the Committee on the Elimination of all forms of Discrimination Against Women?

HIV is an area where rights often bump up against each other, e.g. the right to privacy and sexual expression versus the right not to be exposed to risk. Does promotion of the rights of MSM and transgender people impact on the enjoyment by others of their own rights?

The session concludes with a look at the Yogyakarta Principles.

Resources (available on the flashdrive):

<http://www.smh.com.au/opinion/society-and-culture/punished-for-being-yourself-20090929-gb0j.html> (An article on sexuality rights in the context of international human rights by Dennis Altman).

<http://bangkok2005.anu.edu.au/papers/Muntarbhorn.pdf> (a paper on sexuality and transgender rights in relation to international instruments and a consideration of **Toonen v Australia**).

<http://www.iglhrc.org/binary-data/ATTACHMENT/file/000/000/155-1.pdf> (A discussion of MSM and transgender people in relation to international rights to freedom of expression, assembly and association).

<http://www.yogyakartaprinciples.org/yogyakarta-principles-jurisprudential-annotations.pdf> (A comprehensive academic analysis of the principles with judicial footnotes).

<http://www.yogyakartaprinciples.org/yogyakarta-article-human-rights-law-review.pdf> (An academic analysis of human rights laws relevant to MSM and transgender people).

http://www.yogyakartaprinciples.org/principles_en.htm (The principles themselves).

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“Some people use public health arguments – ‘if we don’t fix HIV in this population, they will infect others’, while others use human rights and social justice arguments – ‘everyone should have health care and no one should be discriminated against’.

The reality is that both sets of arguments need to be made.

In this session, we make sure that you are familiar with some of the key documents that are available to you to help you strengthen the arguments you make to strengthen your programme.”

LOOKING INSIDE KEY DOCUMENTS – DOCUMENT 1 (3)

1 2 3 4 5 6

WHAT TO DO

Have all of these documents in the participants’ folders and take them into the documents one by one – spend 10–15 minutes on each and allow reading time and discussion – the object is to take them further into each document than they have probably been before.

WHAT TO SAY

“The Universal Declaration of Human Rights says:

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.”

LOOKING INSIDE KEY DOCUMENTS – DOCUMENT 2 (4)

1 2 3 4 5 6

WHAT TO DO

Ask participants to open the document:

Professor Vitit Muntarbhorn. Sexualities, Genders and Rights: Implications for the Asian Region. Keynote Address, Conference on Sexualities, Genders and Rights in Asia, Bangkok, 7 July 2005.

Allow reading time and take participants through the document once they have had time to skim through it. In this document, there is a thorough analysis of sex, sexuality and genders in relation to rights and a very good set of recommendations for further advocacy.

Note: If English language will be an issue for participants, it would be advisable to either ask participants to read the documents the night before – or have them translated into local languages in advance.

WHAT TO SAY

“In this document there is a thorough analysis of sex, sexuality and genders in relation to rights and a very good set of recommendations for further advocacy. Here’s a quote from it:

‘First, it should be underlined that the best parts of Asian traditions, religions and philosophies preach compassion, peace and liberality of thought and action.’”

LOOKING INSIDE KEY DOCUMENTS – DOCUMENT 3 (5)



WHAT TO DO

Ask participants to open the document, the Yogyakarta Principles

WHAT TO SAY

“The Yogyakarta Principles say

- All human beings are born free and equal in dignity and rights. All human rights are universal, interdependent, indivisible and interrelated.
- Sexual orientation and gender identity are integral to every person’s dignity and humanity and must not be the basis for discrimination or abuse.”

LOOKING INSIDE KEY DOCUMENTS – DOCUMENT 4 (6)

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WHAT TO DO

Ask participants to open the document:

Sexual Orientation, Gender Identity and International Human Rights Law: Contextualising the Yogyakarta Principles. Michael O'Flaherty and John Fisher.

WHAT TO SAY

"The notion that there are two and only two genders is one of the most basic ideas in our binary¹ Western way of thinking. Transgender people challenge our very understanding of the world. And we make them pay the cost of our confusion by their suffering."

END OF MODULE THREE

1 Note: Explain that the word "binary" means "composed of, or involving two things" (e.g. male vs. female).

PowerPoint presentation slides

For suggested talking points, please see the accompanying Facilitator manual module document




Introduction

1/3

DAY THREE

Module 3

ENABLING ENVIRONMENTS



1



2/3

Overview of Module 3

- Terms and definitions
- Introducing the 2011 Global MSM and TG Guidelines.
- Exploring core issues in MSM and transgender service delivery and HIV programming

Context Building

✔

- MSM and transgender continuum of prevention-to-care-and-treatment
- The 2009 Asia-Pacific comprehensive package of MSM and TG services
- MSM and transgender public health partnerships

MSM and Transgender Programming

✔

- Enabling environments and supportive interventions
- How laws and policies shape HIV's impact on MSM and transgender people
- Human rights and social justice frameworks

Enabling Environments

✔

- Research – getting the right information
- Using policy – advocating for and protecting MSM and transgender programmes
- M&E - how you decide what's working

Strategic Information

✔

- Implementing and managing partnerships in MSM and transgender services
- Good HR, financial and quality management skills

Managing programmes

✔

2



3/3

ENABLING ENVIRONMENTS

- Enabling environments and supportive interventions
- How laws and policies shape HIV's impact on MSM and transgender people
- Human rights and social justice frameworks

Enabling
Environments



3

Session 1

1/6

Session 1

Environments of risk,
vulnerability and
impact

This session will cover

1. Understanding the impact of the environment on HIV prevention and care
2. How to programme beyond the individual at risk
3. Examining the opportunities and barriers that exist in the MSM and transgender environment

4

2/6

Key Learning Points

- How to ensure that people, especially young people, have the knowledge, means and power they need to respond to HIV
- How to map the HIV risk, vulnerability and impact environments in which MSM and transgender people live – e.g. impact of religion, culture and tradition
- Strategies for removing barriers and obstacles in the environment
- The power of data to drive good programming – how the data that services and programmes generate can be fed into planning

5

3/6

Environmental factors

What are some environmental factors affecting the ability of MSM and transgender people including YMSM and YTGP to:

- Avoid HIV infection or transmission?
- Access knowledge of their status?
- Access HIV treatment, care and support?

6

4/6

HIV vulnerability

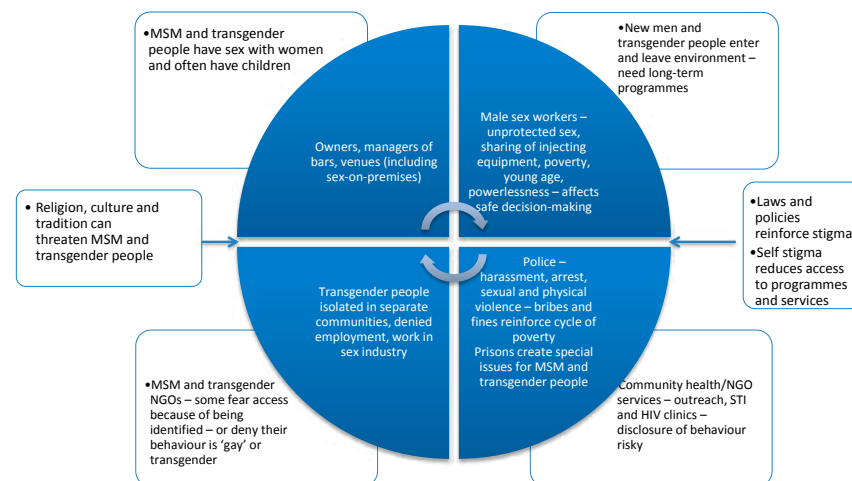
HIV vulnerability depends on 3 groups of related influences

- Membership in groups or populations with higher HIV prevalence
- Lower quality and coverage (in total numbers and in terms of population groups covered) of services and programmes
- Higher-level social/environmental influences (e.g. laws, policies, norms, and culture) which configure a hostile environment (Aggleton, 2004)

7

5/6

Risk Environments for MSM and Transgender People



Source: Adapted from APMG Programme Management Training Curriculum

8

Group exercise – environments

- Map out an environment of risk, vulnerability and impact for an MSM or transgender sub-population
- Identify the specific groups and factors that affect HIV prevention, treatment, care and support
- Be specific

Session 2

Session 2

Environments and interventions that support programmes and services for MSM and transgender people

This session will cover

1. The concept of an enabling environment
2. Interventions that support the development of this environment

2/6

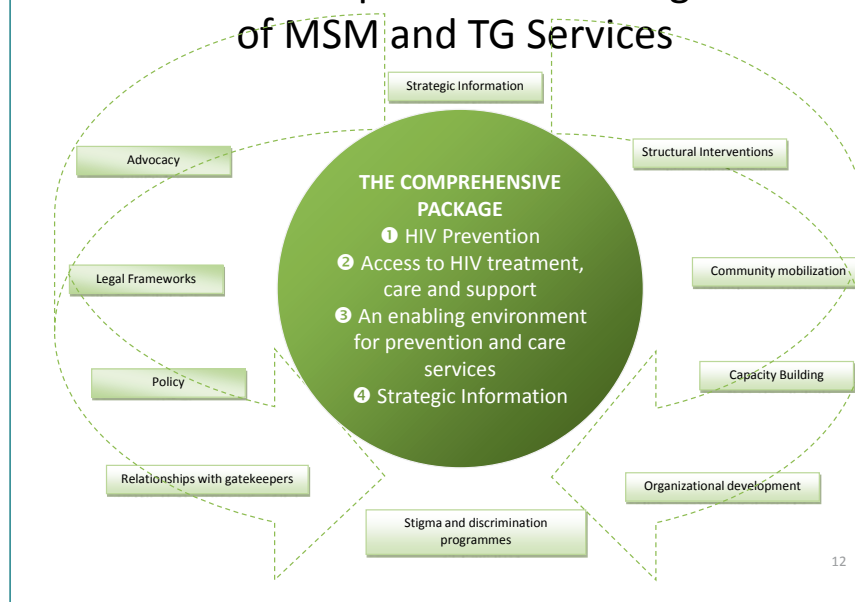
Key Learning Points

- Describing the elements of the enabling environment
- Identifying the supportive interventions that strengthen the enabling environment
- Examining examples of these strategies at work

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3/6

The Comprehensive Package of MSM and TG Services



12

The Enabling Environment

Harmonize HIV policies with laws that impede HIV prevention and care including age of consent laws

Reduce harassment, violence, stigma

Ensure continuity and consistency of programmes and services

Support MSM & transgender CBOs and NGOs

Improve quality and flow of strategic information

Remove structural barriers to the use of services



ENABLING ENVIRONMENT

ADDRESS LEGAL AND STRUCTURAL BARRIERS	REDUCE POLICY CONFLICTS	SUPPORT MSM AND TRANSGENDER CBOs/NGOs	REDUCE OTHER BARRIERS TO ACCESS
<ul style="list-style-type: none"> • Equal treatment in law • Freedom to associate • Ability to carry condoms without arrest • Freedom from arbitrary arrest of MSM, transgender people and outreach workers • Freedom from violence and harassment • Reduction of discrimination in the workplace/in health settings 	<ul style="list-style-type: none"> • Coordinate public health partners in HIV response • Eliminate conflicts between HIV and drug or 'social evils' policies • Work with police, public security, community and religious leaders to reduce policy/programme conflicts 	<ul style="list-style-type: none"> • Appropriately resource MSM and transgender CBOs/NGOs • Invite MSM and transgender leaders to participate in coordinating bodies • Build policy and communications that defend controversial programming • Support peer-led approaches • MSM/transgender care services within HIV clinics 	<ul style="list-style-type: none"> • Ensure access and proper treatment at government and other health services • Provide MSM/transgender support groups in clinics and CBOs • Tailor services to MSM/transgender need • Eliminate identity card, registration, and geographical barriers that block service access • Hire MSM and transgender people

6/6

Case Studies of Supportive Interventions

Present back to the group:

- Why was the intervention necessary?
- What did it do?
- How did it help?

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Session 3

1/8

Session 3

Laws and policies that shape effectiveness for MSM and transgender programmes

This session will cover

1. Laws and policies that impact on MSM and transgender people
2. Strategies for improving the policy and legal framework: advocacy, enhanced participation of MSM and transgender people, legal clinics

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2/8

Key Learning Points

- Identifying the impact of laws and policies on the environment of HIV programmes for MSM and transgender people including YMSM and YTGP
- Identifying strategies for reforming laws and policies that have a negative impact
- Strategies for removing barriers and obstacles in the environment

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3/8

Laws and policies that impact on MSM and transgender people

- Sodomy and other sexual behaviour laws
- Differential age of consent laws
- Relationship recognition
- Adoption and family law
- Immigration
- Public decency and nuisance laws
- Pornography laws
- Drug laws
- Mental health law

18

4/8

What can we do?

- Advocacy
- Participation of MSM and transgender people in national bodies
- Legal services and clinics

19

5/8

Advocacy is for everyone

- Not just for affected communities and NGOs
- The best results occur through dynamic tension
- Need to support the advocacy efforts of other groups because ...
 - Partnerships are powerful
 - Responses need to be evidence-based
 - The most important perspectives may be the least resourced

6/8

GROUP EXERCISE

- Choose a law or policy that specifically negatively affects HIV prevention and care among MSM and transgender people – especially youth – in your country, region – or even your own service
- Put together a plan to advocate for a change in that law or policy

7/8

Role of legal services

- **Advocacy and activism**
 - Informed by cases, documentation of human rights violations
 - Documentation of stigma and discrimination – Stigma Index
- **Test cases and strategic litigation**
 - Decriminalisation of homosexuality in India
 - Anti-discrimination in health services

8/8

Legal services support a comprehensive HIV response

Prevention is supported:

- Reduce police abuses;
- Increase access to condoms, e.g. prisons; and
- Put in place protection orders, e.g. domestic violence.

Treatment, care and support is more accessible:

- Increase access to medical services, housing, welfare; and
- Increase access to medicines, lower cost – challenge patent laws.

Impact of HIV is reduced:

- Provide redress for discrimination, human rights violations;
- Allow travel rights; and
- Reinstate wills, estates, and inheritance rights.

Session 4

1/6

Session 4

Human rights and
social justice

This session will cover

1. The relevance of human rights and social justice to HIV programmes for MSM and transgender people
2. The application of international human rights agreements to MSM and transgender people

24

2/6

Key Learning Points

- The contribution of a lack of access to human rights and social justice to driving MSM and transgender HIV epidemics
- “Human rights” will be sensitive in some contexts – consider “health rights” and “citizens rights”
- Familiarity with documents and instruments that can assist

25

3/6

Looking inside key documents

Universal Declaration of Human Rights:

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

26

4/6

Looking inside key documents

Sexualities, Genders and Rights: Implications for Asia

‘... the best parts of Asian traditions, religions and philosophies preach compassion, peace and liberality of thought and action.’

Muntarbhorn V. Keynote Address, Conference on Sexualities, Genders and Rights in Asia. Bangkok, 7 July 2005.

27

5/6

Looking inside key documents

Yogyakarta Principles

- All human beings are born free and equal in dignity and rights. All human rights are universal, interdependent, indivisible and interrelated.
- Sexual orientation and gender identity are integral to every person’s dignity and humanity and must not be the basis for discrimination or abuse.

28

Looking inside key documents

Sexual Orientation, Gender Identity and International Human Rights Law: Contextualising the Yogyakarta Principles. Michael O’Flaherty and John Fisher.

‘The notion that there are two and only two genders is one of the most basic ideas in our binary Western way of thinking. Transgender people challenge our very understanding of the world. And we make them pay the cost of our confusion by their suffering.’

Note: “Binary” means “composed of, or involving **ONLY** two things” (e.g., male vs. female).

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Facilitator manual

Module

4

STRATEGIC INFORMATION



Facilitator manual

Module

4

**STRATEGIC
INFORMATION**

Facilitator manual

Module 4: Strategic information

SUMMARY

Day 4 introduces the module **Strategic Information**. In this module, the facilitators set a practical challenge for participants to develop policy advice to a senior manager or minister in their community and then provide an overview of the key research, policy, strategy and M&E frameworks that exist to support the development of that policy advice. What follows are three ‘clinics’ that provide intensive, practical training in the reading and application of research, epidemiology and other data, policy and strategy, and M&E analysis to support the development of high-quality policy advice in support of HIV-related MSM and transgender programming.

SESSIONS

- Overview of research, policy, strategy and M&E
- Introduction to epidemiology and behavioural research for MSM and transgender people
- Clinic 1: What do you know and how do you know it? (Research, Epidemiology, Data Clinic)
- Introduction to international policy and other strategic information
- Clinic 2: How do you advocate for, drive and protect MSM and transgender programmes? (Policy and Strategy Clinic)
- Introduction to M&E Frameworks and core issues in M&E
- Clinic 3: How do you know that it’s working? (M&E Clinic).

KEY LEARNING OUTCOMES

At the end of Day 4, participants will have produced written policy advice, using and analyzing available evidence from a range of sources. They will have developed the capacity to:

- Assess evidence (research, epidemiological reports, articles and submissions) and use evidence to mount a case in support of MSM and transgender programming
- Easily use international policy, strategy and other documents and use arguments in these documents to support a case for MSM and transgender programming
- Identify challenges in the management of donor-funded programmes, including M&E, and have some solutions to these challenges.






MODULE 4 --: STRATEGIC INFORMATION

Day 4		
Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.45am	90 min	Session 1: Orientation to research, policy and strategy
10.45am–11.00am	15 min	Morning Tea
11.00am–1.00pm	120 min	Session 2: First Challenge – What do you know? (Research, Epidemiology and Data Clinic)
1.00pm–2.00pm	60 min	LUNCH
2.00pm–3.30pm	90 min	Session 3: Second Challenge – Policy and strategy (Policy and Strategy Clinic)
3.30pm–4.00pm	30 min	Afternoon Tea
4.00pm–5.30pm	90 min	Session 4: Third Challenge – Is it working? (M&E Frameworks Clinic)

INTRODUCTION

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. What the 2009 Asia-Pacific comprehensive package of MSM and TG Services says about Strategic Information.
	<p>PROCESS</p> <p>Didactic presentation of Module Four process and learning outcomes.</p>
	<p>TIME</p> <p>15 minutes</p>
	<p>SLIDES</p> <p>There are six PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides a numbered slide order for the session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Have this opening slide showing as people enter the training room.
2. Ask participants to take their seats.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

OVERVIEW OF MODULE 4 (2)

1 2 3 4 5 6

WHAT TO DO

1. Step through each module consecutively.
2. Use WHAT TO SAY below and the slide itself to prompt you.
3. Explain that this slide will be shown throughout the training at the beginning of each module so that participants will know what stage of the programme they are working on.

No resources required for the presentation of this slide.

WHAT TO SAY

“Let’s take a look at where we’re at in the programme. You can see from this slide that we’re at the fourth module in the overall programme called **Strategic Information**. This is a practical session aimed to enhance your skills in researching this issue, making an argument for funding and sustaining funding for MSM and transgender programming and addressing challenges in M&E for these programmes. We’ll look at some types of research that can be helpful. We’ll investigate some policy and strategic documents that help you to argue a strong case and we’ll introduce some M&E frameworks so that you are familiar with these too.”

STRATEGIC INFORMATION (3)

1 2 3 4 5 6

WHAT TO DO

1. Use the WHAT TO SAY below to introduce each of the learning goals for this module.

WHAT TO SAY

“At the end of this Strategic Information Module you will

- Better understand the range of strategic information available to you for HIV-related programming for MSM and transgender people
- Be familiar with key documents and have used them to build a case; and
- Understand the particular challenges that face you in M&E related to MSM and transgender HIV programming.”

THE COMPREHENSIVE PACKAGE OF MSM AND TG SERVICES (4)



WHAT TO DO

1. Reintroduce the diagram on the 2009 Asia-Pacific comprehensive package of MSM and TG services.
2. Introduce strategic information as the fourth element of the Comprehensive Package.

No resources required for the presentation of this slide.

WHAT TO SAY

“Strategic Information represents one of the fundamental elements of a comprehensive approach to programmes and services for MSM and transgender people. Evidence at every stage of managing programmes and services is essential – this includes having an adequate assessment of population size, transmission rates, behaviours driving transmission, attitudes driving transmission, and perceptions of risk. It includes being able to identify ‘hotspots’ where service delivery is essential as well as monitoring services and assessing their overall impact on the epidemic. Let’s look in more detail at Strategic Information as it is described in the Comprehensive Package.”

STRATEGIC INFORMATION – CORE ELEMENTS (5)



WHAT TO DO

1. Step through each item on the right-hand side of the slide.
2. Use WHAT TO SAY below and the slide itself to prompt you – note this is the same dialogue for the following slide so you will need to think through what elements in the dialogue to present in each.

No resources required for the presentation of this slide.

WHAT TO SAY

- “Population Size Estimation (PSE) is required in order to know the extent of sex between men within particular areas. For example, while a number of countries have previously claimed there is no or only infrequent sex between men within their borders, recent research is showing otherwise. While there are very few PSE data available for Low and Middle Income Countries (LMICs), where they exist, they suggest that male-to-male sex in recent years may be as high as 7–8% in some regions.

- Biological and behavioural data also remain scarce in many LMICs, especially for cohorts under 19 years or disaggregated under 24 years of age. This data is essential to understanding the extent of HIV among MSM and transgender people as well as the extent of their risk behaviours. Epidemiological data is essential to understanding the extent of HIV infection among MSM and transgender people. Prevalence and incidence data help us understand who is living with HIV, where risk within MSM and transgender populations is highest – according to age groups, educational levels, employment, and socio-economic factors. The HIV prevalence data available suggest that MSM and transgender people in many LMICs are at markedly increased risk for HIV infection compared with their heterosexual counterparts. In areas where biological and behavioural data are beginning to be collected, they reveal increasing HIV transmission in LMICs such as China.
- Social and operational research is another important element of strategic information gathering. There is limited data on the frequency of anal intercourse among men who have sex with men. There is even less data on the frequency of protected and unprotected anal intercourse.
- Condom use during the last occasion of male-to-male anal sex can be an indicator of great value. However, data on anal sex is available from only 13 LMICs.
- Other valuable indicators of risk include:
 - The number of male sex partners
 - The prevalence of sex between men in exchange for money or favours
 - The frequency and nature of sexual practices between men (penetrative or non-penetrative, insertive versus receptive, oral sex, group sex, sex in the context of concurrent drug use)
 - The types of relationships between men who are having sex with other men
 - Uptake of HIV testing including those who know the result versus those lost to follow-up
- Social and operations research is another essential component of strategic information gathering. Several studies suggest that HIV knowledge among MSM and transgender people, and their self-perceived risk of HIV infection is low in LMICs – but again, this data is scarce, making solid conclusions difficult to make.”

DETAILED STRATEGIC INFORMATION (6)

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WHAT TO DO

1. Step through each item on the right-hand side of the slide.
2. Use the slide itself to prompt you.

No resources required for the presentation of this slide.






WHAT TO SAY

See WHAT TO DO above.

SESSION 1: ORIENTATION TO RESEARCH, POLICY AND STRATEGY

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. MDGs and how they relate to this programme area 2. UNAIDS: The Missing Piece and its core concepts and arguments 3. The key policy, research and M&E data available on HIV and related to programming for MSM and transgender people.
	<p>PROCESS</p> <p>A combination of didactic presentation and interactive exercises are used throughout this session as well as ‘props’ including ‘maps’ and ‘case study’ tools for in-depth exploration of the issues of needs, risks and competing priorities.</p>
	<p>TIME</p> <p>90 minutes</p>
	<p>SLIDES</p> <p>There are seven PowerPoint slides in this session. Each slide represents a didactic presentation on needs, risks and decision-making and/or a guide for an interactive exercise to be undertaken.</p>
	<p>SESSION GUIDANCE</p> <p>This is a complex session requiring interactive, group process, technical and clinical knowledge and skill in the facilitator.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on Orientation to Research, Policy, Strategy and M&E.
2. Step through each of points in the right-hand side of the slide.

No resources required for the presentation of this slide

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6 7

WHAT TO DO

1. Introduce the slide 'Key Learning Points'.
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

- "Guidance is available to assist in developing, implementing and improving overall M&E systems for MSM and transgender people and for HIV – we're going to explore some of that guidance in this session and you'll use this guidance in practical exercises throughout the day.
- This session will introduce some key policy and indicators that we'll be focusing on today.
- You will read, discuss and analyze this guidance and use it in practical exercises.
- You'll understand the learning challenge we're setting for you in today's session."

FROM STRATEGIC INFORMATION TO STRATEGIC DECISION-MAKING (3)

1 2 3 4 5 6 7

WHAT TO DO

1. Introduce the slide.
2. Step through WHAT TO SAY below.

WHAT TO SAY

- "Information collection is improving – MSM and transgender people are being included in sentinel surveillance for example.
- The coordination, analysis and use of this information are still patchy.
- This local information needs to drive programme and service design and modification; and
- This requires the synthesis of information and active partnerships with communities to interpret the data and use it in policy and programmes.

A gap remains between the collection of useful data including disaggregated and among lower age cohorts, and the actual use of this data to reduce people's exposure to HIV infection and to improve the lives of those infected. More effort has been put into improving the quality of data collection than into ensuring the appropriate use of data.

Collecting high-quality data is an important prerequisite to using it well, but why is available data not used better? One reason is that surveillance systems are often fragmented. This means that many departments or groups are responsible for various aspects of data collection. Each considers its job done after it has held its own “dissemination workshop”. No single entity is responsible for compiling all the data, analysing it and presenting it as a cohesive whole. Further, very few countries budget adequately and allocate either financial or human resources for analysing, presenting and using data. When financial resources are allocated, people often underestimate the skills and time required to use data well. Many surveillance officials responding to an informal WHO/UNAIDS survey gave one final reason: they simply do not know how to use the data. This is hardly surprising: most people responsible for surveillance systems are physicians and public health professionals who are good at interpreting trends in disease, but who have limited training in the different ways that HIV surveillance data can be used to improve programming, measure the success of prevention, lobby for policy change and engage affected communities in the response.”

From Pisani E. *Guidelines for Effective Use of Data from HIV Surveillance Systems*. WHO 2004.

KEY INTERNATIONAL HIV POLICY (4)



WHAT TO DO

1. Present this slide.
2. Click on each of the web links (i.e. first for the 2011 Global MSM and TG Guidelines and next for The Millennium Development Goals). Step through these documents with participants.
3. Introduce the next documents and explain that we’ll also be looking at these later in the day.

WHAT TO SAY

Follow WHAT TO DO above.

CORE HIV INDICATOR GUIDES (5)



WHAT TO DO

1. Introduce this slide.
2. Click on the web links first for UNGASS and then for GFATM, stay on the title pages for these documents and explain that you’ll be investigating these Indicator Guides in more detail as the day progresses.

WHAT TO SAY

Follow WHAT TO DO above.

TODAY'S CHALLENGE! (6)

1 2 3 4 5 6 7

WHAT TO DO

1. Introduce TODAY'S CHALLENGE and step through the slide explaining the process that participants will be asked to follow.
2. In two groups, they will produce a policy briefing which addresses the 3 bullet points on this slide.

WHAT TO SAY

"Today you are going to spend the entire day developing policy advice to a senior manager or minister aimed at explaining:

- The status of HIV among MSM and transgender people in Asia and the Pacific
- Key programming advice based on current strategy and policy in-country, regionally and internationally; and
- Monitoring and evaluation frameworks of importance in managing MSM and transgender programmes in HIV.

We're going to do this through a series of small groups that we'll call 'Clinics'. Clinic 1 will first look at epidemiological and behavioural data. Clinic 2 will investigate policy and strategy used to advocate for and argue the case for funding and sustaining programming. Clinic 3 will ask you to look at the M&E challenges across a national programme."

GROUP EXERCISE (7)

1 2 3 4 5 6 7

WHAT TO DO






This is a process lasting around **10 minutes**. With slide 6, we introduced the challenge for today which is to write a policy briefing. This slide has the same information on it: the three bullet points for what they need to provide to the senior manager or minister.

1. Introduce this slide and explain the challenge. Explain that participants will now work in two groups with a facilitator to step through each of the three bullet points of the task.
2. Separate the group into two groups (this may be based on the previous case study groups).
3. Each facilitator to coach each team to choose one or two people responsible to create a format for a policy brief on the laptop computer to be used by the group. Make sure that each member of the group has reviewed and approves of the format (10 minutes).
4. Summarize each bullet point that needs to be addressed for the participants and answer any questions they may have (5 minutes).
5. Explain that these policy briefing formats will be used for the rest of the day during the clinics, and will be used as you are stepping through each part of the brief that needs to be completed.

SESSION 2: FIRST CHALLENGE – WHAT DO YOU KNOW?

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will have the competency to:</p> <ol style="list-style-type: none"> 1. Assess epidemiological, behavioural and social research evidence related to at-risk behaviour and HIV transmission patterns among MSM and transgender people 2. Use this evidence to build a convincing case in support of MSM and transgender programming 3. Apply this evidence in policy writing and policy analysis.
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of research. It culminates in a clinic group session in which participants must apply their learning to writing and analysing HIV policy.</p>
	<p>TIME</p> <p>120 minutes</p>
	<p>SLIDES</p> <p>There are 27 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator or introduces a group exercise or guest presenter.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides an ordered numbering of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p> <p>NB: Before this day begins, you need to have read this facilitator guide in detail.</p>

OPENING SLIDE (1)

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WHAT TO DO

1. Introduce the FIRST CHALLENGE.
2. Step through what the session will cover using the points on the right-hand side of the slide.

Begin the session.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Step through the dot points on the slide on epidemiological, behavioural and attitudinal (or social) research data.

No resources required for the presentation of this slide.

WHAT TO SAY

Use the slide to guide you.

WHAT DO YOU KNOW? (3)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this section called 'What do you know?'
2. Follow WHAT TO SAY below.

No resources required for the presentation of this slide.

WHAT TO SAY

"Knowing your HIV epidemic is important so that M&E systems can focus on monitoring the adequacy and effectiveness of the prevention programme response in the areas where the epidemics among MSM and transgender people are concentrated. A common failure of monitoring and evaluation is to limit its scope to areas where programmes are in operation rather than where they are most needed. Identifying where to focus monitoring efforts requires partnerships with surveillance and intervention units and key informants from the communities."

PUBLIC HEALTH AND INFORMATION (4)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Read the quote on the slide.

No other resources required for the presentation of this slide.

WHAT TO SAY

“This statement by Professor Sue Kippax from Australia’s National Centre in HIV Epidemiology and Clinical Research illustrates the spirit in which surveillance and subsequent policy development related to MSM and transgender people are best carried out [read quote].”

HIV PREVALENCE (THE BASICS) (5)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Step through each of the dot points in the slide and explain each of them to participants.
2. Note that many will already understand these terms and you’ll need to check who already has an understanding so you know how detailed your explanations need to be.

WHAT TO SAY

“This slide provides a basic definition of HIV prevalence. HIV prevalence means the proportion of PLHIV in a particular population and is shown as a percentage of a population. It includes all PLHIV alive at any given point in time. We can ‘estimate’ prevalence based on surveillance at particular sites for example. Or, we can attempt to determine the actual number of PLHIV in a particular area. What do you think are the strengths and weaknesses of both estimating and actualizing prevalence rates?

In ‘concentrated’ epidemics, prevalence is based on the size of MARPs through Population Size Estimation. In generalized epidemics, surveys of pregnant women attending antenatal clinics have been found to be a more reliable and cost-effective indicator.”

HIV PREVALENCE AMONG MSM AND TRANSGENDER PEOPLE IN SELECTED ASIA PACIFIC CITIES 2006–2008 (6)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide and remind participants that they’ve seen it before. Update it as necessary prior to your training and use local data wherever possible.
2. This is an example of a ‘Snapshot’ of HIV prevalence between 2006 and 2008 (or more recently if data is available).
3. Remind them that we had classified epidemics into severe, intermediate and emerging epidemics.
4. Prompt the group to answer the Discussion Point questions at the bottom of the slide.

WHAT TO SAY

“Here is a slide that we first discussed in Module 1. This is an example of a snapshot of prevalence mostly among MSM and some transgender people between 2006 and 2008.

Remember that we categorized these cities according to the severity of their MSM and transgender epidemics. We categorized them into severe, intermediate and emerging epidemics.

What does this slide tell us about which cities are in crisis right now?

What does it tell us about cities likely to be crisis in the near future?

How much data on transgender people is currently being collected?

Is this data disaggregated? If not, then how would disaggregating data on MSM and transgender people help you to respond better?”

HIV PREVALENCE AMONG MSM AND TRANSGENDER PEOPLE IN SOUTH-EAST ASIA AND CHINA, 2000–2008 (7)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide that provides longitudinal data (data over a longer time than a ‘snapshot’ of prevalence). The slide looks at HIV prevalence among MSM and some transgender people in South-East Asia and China between 2000 and 2008.
2. Take Bangkok as an example, and show the rising HIV prevalence between 2000 and 2009 among MSM (show more recent data if available). Show also the rising rate of HIV infection among male sex workers and note that transgender data was only just beginning to be collected.
3. Take Chiang Mai as an example and do the same thing.
4. Take Jakarta and do the same thing.
5. Ask: ‘How is this information useful to mounting a response to HIV prevention, treatment, care, and support for MSM and transgender people?’ ‘What’s missing? Where are the gaps?’

WHAT TO SAY

Follow WHAT TO DO above.

HIV PREVALENCE IN SOME SELECTED CHINESE CITIES: 2004–2008 (8)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide on changes in HIV prevalence in four Chinese cities between 2004 and 2008 (show more recent data if available).
2. Step through each of the cities explaining the data.
3. Ask the group “What does this mean about the rate of HIV transmission among MSM in each city?”

WHAT TO SAY

“This slide provides HIV prevalence data over time in four Chinese cities between 2004 and 2008 (show more recent data if available). In some cities, we have data for 2004, 2005 and 2006 (Beijing). In other cities we only have data for one year (Jiangsu).

Beijing in 2004 had an HIV prevalence of 0.04% but in 2005 this increased dramatically to 4.6% and even further in 2006 to 5.8%. Is this data useful to programmers and planners? How so? What does this data tell us about the rate of transmission of HIV among MSM in Beijing, and the level of risk within this group? How urgently needed is the response? What sort of response might you build? Now Shenzhen... (explain). Now Jiangsu, where we only have data for 2007 and they tell us the percentage of MSM with HIV in that city is 5.8%. Is this data useful to programmers and planners? How so? What’s the limitation here in relation to programming? What else might we need to know over time? Now, in Jinan.... (explain).”

HIV PREVALENCE AMONG TRANSGENDER PEOPLE IN THREE INDONESIAN CITIES, 2007 (9)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide on HIV prevalence among transgender people in three Indonesian cities in 2007 (show more recent data if available).
2. Step through each of the cities explaining these data.
3. Ask the group “What does this mean about the rate of HIV transmission among transgender people in this city?”

WHAT TO SAY

“This slide provides HIV prevalence data for transgender people in three Indonesian cities in 2007. This data shows that 34 per cent of transgender people in Jakarta are living with HIV while 25.2 per cent of transgender people in Surabaya are living with HIV. In Bandung, 14 per cent

of transgender people are living with HIV. Is this data useful to programmers and planners? How so? How would you rate the level of risk within this group? How urgently needed is the response? What sort of response might you build?"

HIV PREVALENCE AMONG MSM IN BANGKOK, BY AGE (10)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide on HIV prevalence among MSM in Bangkok disaggregated by age.
2. Step through each age group and explain the results.
3. Ask the group what these results tell us about HIV transmission, risk and programming in Bangkok.

WHAT TO SAY

"This is an example of HIV prevalence rates among MSM, disaggregated by age, in Bangkok, Thailand. You can see that, in MSM aged below 22 years, there is a steep increase in HIV infection between 2003 and 2005 and the level then plateaus between 2005 and 2007. For MSM aged 23–28 years, we see a steep jump in prevalence between 2003 and 2005 and a slight decrease in 2007. In men 29 years and over, there is a steep jump between 2003 and 2005 and another jump in 2007. What does this tell us about the epidemic among MSM in Bangkok? *(Answer: All MSM are at greater risk of HIV transmission. Men under 22 years of age are sexually sophisticated in Bangkok – this is not always the case. For example, in Australia the older you are the more risk you are at; the younger, the less risk you face and this is understood to mean that younger MSM in Australia are less sexually adventurous than their older counterparts).*

What do these figures mean for the response to HIV in Bangkok?

(Answer: Higher 'community viral load' means the risk of getting HIV in Bangkok for MSM is also extremely high. Consider the possible role of alcohol and drug use. The need to prepare for clinical and support services for MSM with HIV is clear. The need to consider MSM living with HIV in all prevention messages about STIs and HIV is essential if the rate of infection is to be reversed over time.)"

BANGKOK MSM COHORT STUDY HIV INCIDENCE DENSITY, 2006–2009, BY AGE (11)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide on HIV prevalence among MSM in the Bangkok MSM Cohort Study between 2006–2009, disaggregated by age (show more recent data if available).
2. Explain that this is a study of approximately 1,600 MSM in Bangkok undertaken by the Thai-US CDC Collaboration (as in WHAT TO SAY below).

3. Step through each age group and explain the results (as in WHAT TO SAY below).
4. Ask the group what these results tell us about HIV transmission, risk and programming in Bangkok. (Note that the data contradicts the previous prevalence data and discuss this). Why would this HIV incidence data be different to prevalence data? How can that be explained? *(Answer: Incidence measures new HIV infections over a short period of time, and thus may indicate an increased rate of HIV transmission among younger participants. Also, this is a cohort study of men attending a clinic on a regular basis. The prevalence data presented earlier inquired in different settings such as saunas, clubs and parks so the results may not be comparable)* (as in WHAT TO SAY below).

WHAT TO SAY

“This is an example of HIV incidence data related to MSM that has been disaggregated by age in Bangkok, Thailand in an MSM Cohort Study being undertaken by the Thai Government in partnership with the US Centers for Disease Control and Prevention. This longitudinal cohort study is being undertaken with a sample of MSM who attend the Silom Community Clinic (an MSM STI and HIV clinic) in Bangkok who sign up to the study and attend the clinic for HIV testing and to complete a survey every three months. You can see that, among MSM aged between 18–22 years, there is a much higher incidence rate of HIV than in men in all other age groups. Why is this data contradictory to the previous slide looking at MSM in Bangkok during a similar period of time? How would you explain this? (Answers above in WHAT TO DO). What’s useful is that this is an example of how incidence data can give us a different picture when compared to prevalence data. It can assist in understanding how, in the short term, HIV transmission patterns are changing. Programs can then quickly modify their approaches and targets to reach groups within populations who are emerging as being at higher risk in the short term.”

THE BANGKOK MSM COHORT STUDY (12)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

This is a fast process lasting around 15 minutes and aims to (a) interrupt the learning process so that there is some group interaction in this largely didactic presentation and (b) quickly engage participants in thinking about and discussing their personal and professional views on peer education.

1. Introduce this slide which shows cumulative HIV incidence in the HIV negative portion of the Bangkok MSM Cohort Study. Describe the diagram and ask participants what this trend indicates. Explain that participants should turn to the person next to them to discuss this. Be clear that this is quick and they’ll have only five minutes.
2. Allow pair or three-person discussion (5 minutes).
3. Facilitate feedback (8 minutes).
4. Summarize the views in the room.
5. Acknowledge and congratulate the group.

WHAT TO SAY

“This is a different way of looking at the incidence rate of HIV in the Bangkok MSM Cohort Study. This uses the Kaplan-Meier method and shows the highest rate of seroconversion is occurring in those aged between 18–22 years. By 2009, 29.1% of MSM who were HIV negative at the beginning of the study have sero-converted, leaving 70.1% still HIV negative. In the age group 23–29 years you can see that, of the MSM who were HIV negative at the beginning of the study, 19% had seroconverted leaving 81% still HIV negative. In the 30+ age group, of the MSM where were HIV negative at the commencement of the study, 12.8% had seroconverted leaving 87.2% still HIV negative.”

KNOW YOUR EPIDEMIC (13)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. This is a process lasting around 30 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) engage participants in thinking about **key priority issues in surveillance and epidemiology for MSM and transgender people**.
2. Introduce this learning element and explain the questions on the slide. Explain that **participants** should turn to **the person next to them to discuss them. Be clear that there is 15 minutes to discuss these points and individuals should document their answers for use in the module’s next challenge**.
3. Allow pair or three-person discussion (15 minutes).
4. Facilitate feedback (10 minutes) Use a whiteboard or butchers paper to collect what people report back.
5. **Acknowledge** and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to guide you.

WHAT TO DO YOU KNOW? BEHAVIOURAL AND SOCIAL DATA (14)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Introduce this slide as the next section of this Session, which focuses on behavioural and social research and understanding its value and use in programming.

WHAT TO SAY

Follow WHAT TO DO above.

HIV BEHAVIOURAL RESEARCH (15)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Step through each of the dot points in the slide and explain each of them to participants.
2. Check that participants understand the concepts of ‘social’ and ‘sexual networks’.

WHAT TO SAY

Note: This survey may be out-of-date and its slides too detailed for many trainings – consider its appropriateness carefully before using the slides.

“We are going to look at a global MSM Sex Survey undertaken by fridae.com. This was an Internet-based survey completed online and marketed through a network of community partners across Asia. A total of 7,993 MSM and transgender people completed the questionnaire. The questionnaire asked questions ranging from the ways respondents ‘identified’, their social and sexual networks, attitudes to sex, drugs and partying and sexual behaviour – in particular those related to risky sex for HIV.”

HIV TESTING (16)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Follow WHAT TO SAY below.

WHAT TO SAY

“Overall, 2,039 (26%) of respondents had never had an HIV test, with 4,066 (51%) having taken a test in the past 12 months. Of the 2,039 who have never been tested, 46% reported a low personal risk assessment as the reason for not seeking a test. Conversely, 14% felt it was likely they were already positive, and 30% either did not want to think about it, or were worried about the confidentiality of the test results, and the stigma and discrimination they would face if testing positive. Some 9% did not know where they could go for a test. (Figure 7.1)”

HIV STATUS AND ISSUES (17)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Follow WHAT TO SAY below.

WHAT TO SAY

“Of the 5,954 who had had an HIV test, 295 (5%) self-reported as HIV-positive. Of these, 184 (62%) were currently on antiretroviral treatment, and 150 (51%) had achieved an undetectable viral load. A total of 135 (46%) of the HIV-positive MSM were currently in a relationship, 40 (30%) of whom were with another HIV-positive man. (Figure 7.2)”

CONDOM USE WITH REGULAR PARTNERS (18)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

1. Follow WHAT TO SAY below.

WHAT TO SAY

“For male-to-male sex, the survey differentiated between regular partners (boyfriends and lovers), casual, and commercial sex partners. After excluding those who a) did not have any male sexual contact b) did not have any male partners in the respective categories c) did not have anal sex and d) always used a condom for anal sex, it showed that 2,455 (31%) of the respondents were not using condoms consistently with a regular male partners, and 1,664 (21%) were not using condoms consistently with their casual male partners. A total of 816 (10%) did not use condoms consistently with either or both their regular and casual partners and 253 (3%) of respondents did not use condoms consistently with their commercial sex partners.

The main reasons for regular partners to forego condom use was that both partners shared the same HIV status (positive or negative), and or because they felt condoms made sex less enjoyable.”

CONDOM USE WITH CASUAL PARTNERS (19)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“Here’s the data on condom use with casual partners. For casual partners, 20% did not use condoms after disclosing their HIV status and another 20% because they find condoms make sex less enjoyable. 17% did not use condoms on impulse, 13% assumed the other person’s HIV status was the same as their own, and 7% because their partner did not ask to use one. Only 5% said being “high” (i.e. influenced by recreational drugs) was a reason for not using condoms.”

RELATIONSHIPS (20)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“This first panel tells us that almost half of the respondents are in a primary relationship. This next panel tells us the duration of these relationships. Almost 50% of respondents have been in a relationship for more than two years. This next panel tells us about the nature of agreements about sex outside the relationship. About 58% of respondents reported having sex outside their primary relationship.”

SEX WITH MEN AND WOMEN AND NUMBER OF MALE SEXUAL PARTNERS (21)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“The majority of survey respondents have sex with men only. 7% reported sex with women. The data also showed that the majority of respondents had sex with 2 or more other men in the past twelve months.”

ATTITUDES OF MSM TO PEOPLE WITH HIV (22)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“A total of 3,109 (39%) of those surveyed personally reported that they knew someone who was HIV-positive (e.g. friends, partners, co-workers, or family members). Acceptance of HIV-positive people was generally high, with most people willing to befriend, care for, and work with someone who was HIV-positive. A total of 2,439 (31%) reported that they would also have sex with someone who had disclosed their positive status to them, and 1,115 (14%) reported that they had already had sex with someone they knew was HIV-positive.”

DISCLOSING SEROSTATUS (23)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

"While 5,177 (65%) of those surveyed reported that they felt that the best time to discuss one's HIV status was before sex, only 1,643 (21%) actually reported that they did so."

CONCLUSIONS (24)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

"The survey showed that not all MSM and transgender people are at equal risk for HIV infection. Those who abstain, do not have anal sex, or use a condom consistently with all sex partners when they have anal sex are at little to no risk.

Those most at immediate risk are the 21% of MSM and transgender people who have unprotected sex with casual partners (1,664 of 7,993) and 3% with commercial partners (253 of 7,993). Unprotected anal sex among those in regular relationships is reportedly high (2,455 of 3,556 in a current relationship reported that they do not use condoms consistently). This is a cause for concern when either or both partners is also having unprotected anal sex with casual partners (816 of 3,556). This puts not only themselves, but also their regular partners at risk.

Recent HIV testing (within the last 12 months) was also low, and almost a quarter of those surveyed reporting that they had never been tested. A significant proportion who reported never been tested, or tested recently reported that they continued to have unprotected anal sex with casual partners (684 of 7,993).

The level of HIV acceptance in the community was reported to be relatively high, but despite this, the reported degree of HIV disclosure remained low."

KNOW YOUR EPIDEMIC! [2] (25)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

This is a process lasting around 30 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) engage participants in thinking about **key priority issues in behavioural, attitudinal and service pattern use and barriers to access for MSM and transgender people.**

1. Introduce this learning element and explain the questions on the slide. Explain that **participants should turn to the person next to them to discuss them. Be clear that there are 15 minutes to discuss these points and individuals should document their answers for use in the module’s next challenge.**
2. Allow pair or three-person discussion (15 minutes).
3. Facilitate feedback (10 minutes). Use a whiteboard or butchers paper to collect what people report back.
4. **Acknowledge** and congratulate the group.

WHAT TO SAY

Follow the steps in WHAT TO DO above.

OTHER QUESTIONS TO CONSIDER (26)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“Here are some other questions to consider as you’re thinking through what to write in your policy brief: Does epidemiology, and social and demographic mapping adequately describe the epidemic among MSM and transgender people – what’s missing from the picture? Is the above mapping used to tailor programmes to each sub-population? How can governments determine the key ‘hotspots’ of HIV transmission for MSM and transgender people? How can they provide services to MSM and transgender people at these hotspots? How can they ensure that MSM and transgender people are using these services?

Is there other surveillance or research helping to describe epidemics among MSM and transgender people that has not been considered?”

CLINIC 1 (27)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

WHAT TO DO

This is a process lasting around 60 minutes and aims to provide a practical exercise that assists participants to learn to think through and apply data to policy development.

1. Introduce this learning element and explain the task on the slide. Explain that **participants** should return to the Clinic or group they began working with earlier this morning.
2. Allow time in these groups for participants to apply the data and assist them in writing this segment of the briefing note (45 minutes).
3. Facilitate feedback (10 minutes). Use a whiteboard or butchers paper to collect what people report back.
4. **Acknowledge** and congratulate the group.






WHAT TO SAY

Follow the steps in WHAT TO DO above.

SESSION 3: SECOND CHALLENGE – POLICY AND STRATEGY

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will have the competency to:</p> <ol style="list-style-type: none"> 1. Easily use international policy, strategy and other related policy documents to support a case for MSM and transgender programming 2. Apply international policy, strategy and other related documents to the writing and analysis of policy on MSM and transgender programming for HIV 3. Articulate key international arguments in MSM and transgender programming.
	<p>PROCESS</p> <p>This is a largely didactic session requiring the presentation of theory and international policy. It is staggered with group exercises that engage participants in thinking about their own communities and area of work. It culminates in a group clinic in which participants apply international policy to the writing and analysis of key policies for MSM and transgender people.</p>
	<p>TIME</p> <p>90 minutes.</p>
	<p>SLIDES</p> <p>There are eight PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator or introduces a group exercise or guest presenter.</p>
	<p>SESSION GUIDANCE</p> <p>This section of the Facilitator’s Manual provides a numbered order of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.</p>

OPENING SLIDE (1)



WHAT TO DO

1. Introduce this session on how to advocate for, drive and protect MSM and transgender programmes (Assessing and applying policy and strategy).
2. Step through each of the elements of the session listed in the right-hand box of the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)



WHAT TO DO

1. Introduce the slide 'Key Learning Points'.
2. Step through each of the key learning points in the slide.

No resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY INTERNATIONAL HIV POLICY (3)



WHAT TO DO

1. Reintroduce this slide on key international HIV policy and remind the participants that you've previously discussed The Millennium Development Goals and The Three Ones.
2. Explain that we will focus in this session on the UNAIDS MSM: The Missing Piece report and the Report of the Commission on AIDS in Asia.

No other resources required for the presentation of this slide.

WHAT TO SAY

Follow WHAT TO DO above.

MSM: THE MISSING PIECE (4)



WHAT TO DO

1. Introduce MSM : The Missing Piece report and explain its relevance.
2. Ask participants to open their resource folder to this policy document.
3. Read through each of the items and pages listed below in WHAT TO SAY.

Each participant needs a copy of MSM: The Missing Piece.

WHAT TO SAY

“UNAIDS produced *MSM: The Missing Piece in National Responses to AIDS in Asia and the Pacific* in 2007. The document was a call to action for countries in the region to begin to respond to epidemics of HIV among MSM. We’re going to step through this document now together and spend some time discussing it.

[Read from the following pages and follow these instructions...]

- **Page 5, Executive Summary** – Question the group: What is this summary telling us about HIV in the region?
- **Page 6, Summary** of observations – note that this piece is a 2007 document and that now, many countries in the region are beginning to produce policy and strategy that include MSM and transgender people.
- **Page 7, Sex between men** occurs in all countries and cultures – read from ‘Most studies are believed...’ to page 8.
- **Page 9**, Describe the table and the increasing number of MSM with HIV predicted within it.
- **Page 11 and 12, Stigma and discrimination** – In your context, what is the situation in relation to stigma and discrimination? How can you argue for programming and policy changes to improve the situation?
- **Page 13, MSM in national HIV plans: conspicuous by their absence** – introduce the table and read from ‘As shown in figure 2...’ through to page 14. ‘Again, what’s the situation in your country or region? How can you argue for programme change?’
- **Page 15**, Figure 3: Where does the Money go? Explain the table and suggest that this can be a useful way to highlight the gap between infection rates among MSM and transgender people and the resources allocated for them.
- **Page 16, Effective National Responses:** Read this whole section and stop to discuss key points including a) why a broad-brush approach doesn’t work b) types of interventions recommended c) costing programmes for MSM and transgender people d) the role of CBOs and e) the importance of an enabling environment.”

REPORT OF THE COMMISSION ON AIDS IN ASIA (5)



WHAT TO DO

1. Introduce The Report of the Commission on AIDS in Asia and explain its relevance. Participants will also be provided with a copy of the Report of the Commission on AIDS in the Pacific on their flashdrives.
2. Ask participants to open their resource folder to this document.
3. Read through each of the items and pages listed below in WHAT TO SAY.

Note: *Each participant ideally needs a hard copy of the Report of the Commission on AIDS in Asia. Make them aware that there is an equivalent report for the Pacific (Turning the tide: an open strategy for a response to AIDS in the Pacific is included in soft copy format in their resources package).*

WHAT TO SAY

- “UNAIDS along with its two cosponsors UNICEF and UNDP in 2006 established an independent Commission on AIDS in Asia to undertake a comprehensive study of the realities and the impact of HIV in Asia. Two key outcomes of this piece are epidemiology that fills gaps in available evidence on HIV transmission in Asia and research which advanced our understanding of the impacts that HIV will have in to the future.
- What happens if we do nothing? One of the most compelling aspects of this report is its detailed description of what will happen in Asia should the current picture of resourcing and funding not change. *Read from selected pages and charts in Chapter 2 – The future of HIV in Asia.*
- *The cost of HIV in Asia p 73* – One of the compelling arguments for funding and preventing HIV is the cost that HIV and AIDS-related deaths will have on economies in the region. [*Read from p 73 onward and select targeted sections and charts in this chapter for discussion*].
- Monitoring coverage of HIV programmes is important to highlight gaps and the section from p 130–131 section looks at the limited resourcing available to MARPs and diagrammatically describes this. *Discuss.*
- *Selected readings on MSM and transgender people in Asia.*
- *P 48: Read the entire section ‘Sex between men: a fast growing epidemic’.*
- *P 104: ‘An enabling environment can quickly reduce many barriers to prevention and care’.*
- *P 111: ‘Stigma and discrimination fuels HIV epidemics’ read selected sections and discuss.*
- *P 115: ‘Create an environment to facilitate services for MARPs’ read selected sections and discuss.”*

GROUP EXERCISE (6)

1

2

3

4

5

6

7

8

WHAT TO DO

This is a process lasting around 30 minutes and aims to (a) interrupt the learning process so there is some group interaction in this largely didactic presentation and (b) engage participants in thinking about **how to advocate for MSM and transgender programmes**.

1. Introduce this learning element and explain the questions on the slide. Explain that participants should turn to the person next to them to discuss them. Be clear that there are 15 minutes to discuss these points and individuals should document their answers for use in today’s challenge.
2. Allow pair or three-person discussion (15 minutes).
3. Facilitate feedback (10 minutes). Use a whiteboard or butchers paper to collect what people say.
4. Acknowledge and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above.

TODAY’S CHALLENGE! (7)



WHAT TO DO

1. Remind participants of today's challenge.
2. Step through this segment of the challenge using the slide above.

WHAT TO SAY

Follow WHAT TO DO above.

CLINIC 2 (8)



WHAT TO DO

1. Now that participants have been reminded of today's challenge, discuss the next clinic, Clinic 2. Remind them that this is a process lasting around 60 minutes and aims to provide a practical exercise that assists participants to learn to think through and apply data to policy development. Explain that **participants** should return to the Clinic or group they began working with earlier this morning.
2. Allow time in these groups for participants to apply the data and assist them in writing this segment of the briefing note (45 minutes).
3. Facilitate feedback (10 minutes). Use a whiteboard or butchers paper to collect what people report back.
4. **Acknowledge** and congratulate the group.

WHAT TO SAY

Follow the steps in WHAT TO DO above.

SESSION 4: THIRD CHALLENGE – IS IT WORKING?

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.



KEY LEARNING OUTCOMES

Participants will have the competency to:

1. Use the Three Ones to conceptualize the integration of programming evaluation and monitoring into National HIV responses.
2. Consider key international indicators in MSM and transgender programming and M&E.
3. Conceptualize a framework for capturing M&E data and note the challenges of the task.



PROCESS

This is a combination of didactic delivery with an interactive exercise that challenges participants to practically apply M&E learning to a briefing policy document.



TIME

90 minutes



SLIDES

There are 12 PowerPoint slides in this session. Each slide describes a point or points of content that need interpretation by the facilitator.



SESSION GUIDANCE

This section of the Facilitator's Manual provides a numbered sequence of each slide used in this session followed by process advice, resources required and a dialogue guide for use by facilitators in planning and presenting the session.

It is useful to print out the work of small groups. Make time for and arrange access to a printer in order to do this for this last session.

OPENING SLIDE (1)



WHAT TO DO

1. Introduce the slide 'Session 4: How do you know that it's working (M&E)?'
2. Step through what the session will cover using the points on the right-hand side of the slide.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

WHAT TO DO

1. Introduce this second slide.
2. Step through WHAT TO SAY below.

WHAT TO SAY

“The Three Ones represent important guidance on aligning all aspects of the national response to HIV. Key indicators for M&E exist at the international level including guidance available to you to assist integrating and improving M&E. Key guidance exists on M&E for MSM and transgender people.”

CHECKING ON YOUR BASIC KNOWLEDGE (3)

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

WHAT TO DO

1. Explain the equation in the slide.
2. Ask the group to explain together what the terms ‘input’, ‘output’, ‘outcome’ and ‘impact’ mean in terms of monitoring and evaluation systems.
3. Ask the group to discuss the discussion points at the bottom of the slide.

WHAT TO SAY

“This simple equation attempts to explain the overall process of monitoring and evaluation and how each step in the monitoring and evaluation process is important for the next. Input plus output equals outcome plus impact.

What does ‘input’ mean in M&E? What are some key inputs that you might collect on programmes and services? *[allow for responses]*

What does ‘output’ mean in M&E? What are some key outputs that you might collect on programmes and services? *[allow for responses]*

What does ‘outcome’ mean in M&E? What are some key outcomes you’d be measuring to understand the effectiveness of your programmes and services? *[allow for responses]*

What does ‘impact’ mean in M&E? What key impacts would you measure to understand the effectiveness of your programmes and services on reducing transmission rates and increasing support for MSM and transgender people living with HIV? *[allow for responses].”*

THE THREE ONES (4)

1 2 3 4 5 6 7 8 9 10 11 12

WHAT TO DO

1. Introduce this slide on 'The Three Ones' policy.
2. Click on the link and describe the policy in detail.
3. Discuss the implications of this policy for M&E development within countries.

WHAT TO SAY

"UNAIDS has produced policy advice on how to coordinate national responses to HIV. That advice is now referred to as 'The Three Ones'.

At the International Conference on AIDS and STIs in Kenya in 2003, officials from national coordinating bodies and relevant ministries of African nations gathered to review principles for the national-level coordination of HIV responses. The result was 'The Three Ones':

1. One agreed HIV Action Framework that provides the basis for coordinating the work of all partners.
2. One National HIV Coordinating Authority, with a broad-based multi-sector mandate.
3. One agreed country-level M&E system – multiple systems for M&E exist at global and country levels and having one agreed M&E system for HIV has been accepted by everyone. However, principle 3 of The Three Ones document highlights the push for harmonization of M&E frameworks at international, national and provincial levels to ensure that all parties are moving toward the same result.

What might 'The Three Ones' mean for programming in MSM and transgender service delivery for HIV?

What we're going to do now is look at some M&E frameworks at the international level and their particular focus on MSM and transgender people where available."

BRIDGING FRAMEWORK FOR PRACTICAL M&E OF HIV PREVENTION FOR MSM (5)

1 2 3 4 5 6 7 8 9 10 11 12

WHAT TO DO

1. Step through the outside circle **blue** elements number by number from the upper right-hand side of the slide, while also referring to the **green** elements within the circle that help to describe the action required to meet this step.
2. Then, step through the **red** inner content that describes, in detail, the components of knowledge and information required to meet each step.

WHAT TO SAY

Follow WHAT TO DO above and use the slide itself to assist you.

QUESTIONS TO ASK ABOUT M&E FOR THE PREVENTION OF HIV AMONG MSM AND TRANSGENDER PEOPLE (6)



WHAT TO DO

1. Explain each heading on the left-hand side of the slide.
2. Explain that some of these questions we've already answered through our previous two challenges.
3. Invite participants to answer the questions in the right-hand side of the slide and encourage them to consider these questions in the challenge for Clinic 3.

WHAT TO SAY

Follow the steps in WHAT TO DO above.

INTRODUCING TWO CORE INDICATOR GUIDES (7)



WHAT TO DO

Introduce this slide on two key indicator guides in HIV at the international level. One is used for UNGASS, the other by the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Start with UNGASS and click the web address to go to the website of the UNGASS Manual.

See: http://data.unaids.org/pub/manual/2009/jc1676_core_indicators_2009_en.pdf

- P 9: Explain the **purpose** of the UNGASS Guidelines and Indicators – to measure the effectiveness of national responses in limiting the impacts of HIV within their area. Countries are encouraged to integrate these indicators in to their national level monitoring and evaluation systems.
- P 11: Explain the three categories –
 1. **National commitment and action** measures policy, strategy and financial input for prevention, treatment, care and support of HIV. It captures programme outputs, coverage and outcomes.

2. **National knowledge and behaviour** – covers a range of specific knowledge and behavioural outcomes, including accurate knowledge about HIV transmission, sexual behaviours and school attendance among orphans.
3. **National level programme impact** – captures indicators like the percentage of young people infected with HIV and focuses on the extent to which national programme activities have succeeded in reducing rates of HIV transmission and its associated morbidity and mortality.

Step through each UNGASS Indicator that relates directly to MARPs and MSM in particular – these are:

- Indicator 8. HIV Testing in Most-at-Risk Populations, p 40
- Indicator 9. Most-at-Risk Populations: Prevention Programs, p 42
- Indicator 14. Most-at-Risk Populations: Knowledge about HIV transmission prevention, p 54
- Indicator 16. Higher Risk Sex, p 57
- Indicator 17 Condom Use During Higher Risk Sex, p 58
- Indicator 18. Sex Workers: Condom Use, p 59
- Indicator 19. Men who have sex with men: Condom Use, p 61
- Indicator 20. Injecting Drug Users: Condom Use, p 63
- Indicator 21. Injecting Drug Users: Safe Injecting Practices, p 65
- Indicator 23. Most-at-Risk Populations: Reduction in HIV Prevalence, p 70.

Now move on to the GFATM M&E Evaluation Toolkit Part 2 – HIV

See: <http://www.theglobalfund.org/en/me/documents/toolkit/>

Spend time on the overall indicator tables explaining the structure and format of the toolkit. Then, go to a few of the specific indicators and step through them, explaining how the toolkit provides you with direct advice and support on evaluating this indicator.

- P 96: **Percentage of Most-at-Risk Populations who received an HIV test in the last 12 months and know their results.** Step through this section and describe it.
- P 132: **Percentage of Most-at-Risk Populations who are HIV-infected.** Step through this section and describe it.
- P 142: **Percentage of female and male sex workers reporting the use of a condom with their most recent client.** Step through this section and describe it.

WHAT TO SAY

Follow the steps in WHAT TO DO above.

Advise that MEASURE Evaluation have also produced excellent relevant resources:

Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people. MEASURE Evaluation 2012.

1. National/sub-national: <http://www.cpc.unc.edu/measure/publications/ms-11-49a>
2. Service delivery: <http://www.cpc.unc.edu/measure/publications/ms-11-49b>

GROUP EXERCISE (8)



WHAT TO DO

1. Introduce the group exercise and step through the points on the slide.
2. Follow WHAT TO SAY below.

WHAT TO SAY

“This is a ‘back to basics’ session – people have a tendency to complicate M&E and then do very little that is meaningful to measure outcomes and impact.

Start by describing what you are trying to achieve from your programme or services.

Now describe what you would need to collect to INDICATE that you were making progress towards achieving that – NOT ACTIVITY – OUTCOMES.

How would you go about collecting and analyzing this information?”

TODAY’S CHALLENGE! (9)



WHAT TO DO

1. Remind participants of today’s challenge.
2. Step through this segment of the challenge using the slide above.

WHAT TO SAY

Follow WHAT TO DO above.

CLINIC 3 (10)



WHAT TO DO

1. Remind participants of today’s challenge and discuss the next Clinic, which is Clinic 3. Remind them that this is a process lasting around 60 minutes and aims to provide a practical exercise that assists participants to learn to think through and apply data to policy development. Explain that **participants** should return to the Clinic or group they began working with earlier this morning.

2. Allow time in these groups for participants to apply the data and assist them in writing this segment of the briefing note (45 minutes).
3. Facilitate feedback (10 minutes). Use a whiteboard or butchers paper to collect what people report back.
4. **Acknowledge** and congratulate the group.

WHAT TO SAY

Follow WHAT TO DO above and use the slide to guide you.

GALLERY WALK (11)



WHAT TO DO

1. Print out all participants' Policy Briefs and ask them to put them up around the walls of the training room.
2. Ask half the group to stand next to their Policy Brief and ask the rest of the group to walk around and see what others have done.
3. Encourage the asking of questions.
4. Ask the group to sit down and highlight a couple of interesting examples to the group.
5. Ask the other half of the group to stand next to their Policy Brief and follow the same process.

WHAT TO SAY

Follow WHAT TO DO above and use the slide to guide you.

WRAP UP (12)



WHAT TO DO

1. Facilitate an open session in which participants answer the questions on the slide. Remind participants that they may want to make sure that they have copied a copy of their group's Policy Brief to their own computer for future reference.

WHAT TO SAY

Use the slide to guide you.

END MODULE FOUR

PowerPoint presentation slides

For suggested talking points, please see the accompanying Facilitator manual module document

Introduction

1/6

DAY FOUR

Module 4
Strategic Information





2/6

Overview of Module 4

- Terms and definitions
- Introducing the 2011 Global MSM and TG Guidelines.
- Exploring core issues in MSM and transgender service delivery and HIV programming

Context Building ✓

- MSM and transgender continuum of prevention-to-care-and-treatment
- The 2009 Asia-Pacific comprehensive package of MSM and TG services
- MSM and transgender public health partnerships

MSM and Transgender Programming ✓

- Enabling environments and supportive interventions
- How laws and policies shape HIV's impact on MSM and transgender people
- Human rights and social justice frameworks

Enabling Environments ✓

- Research – getting the right information
- Using policy – advocating for and protecting MSM and transgender programmes
- M&E - how you decide what's working

Strategic Information ✓

- Implementing and managing partnerships in MSM/transgender services
- Good HR, financial and quality management skills

Managing programmes ✓



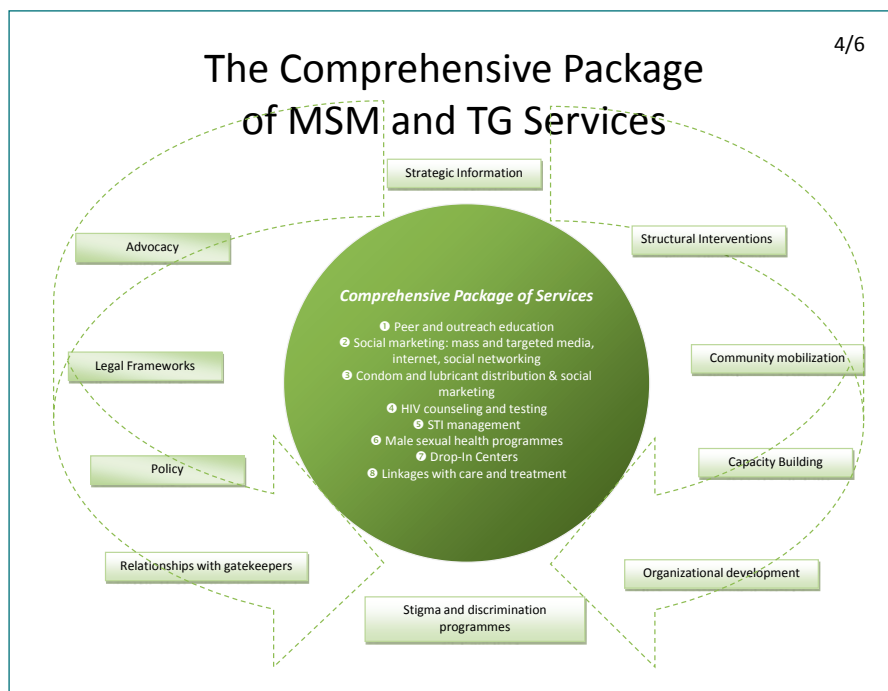
STRATEGIC INFORMATION

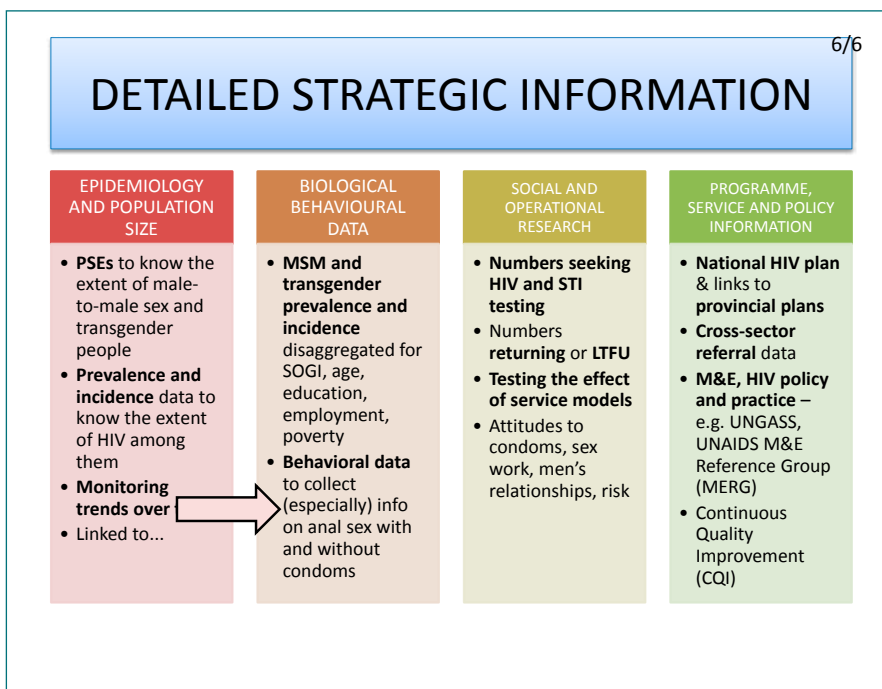
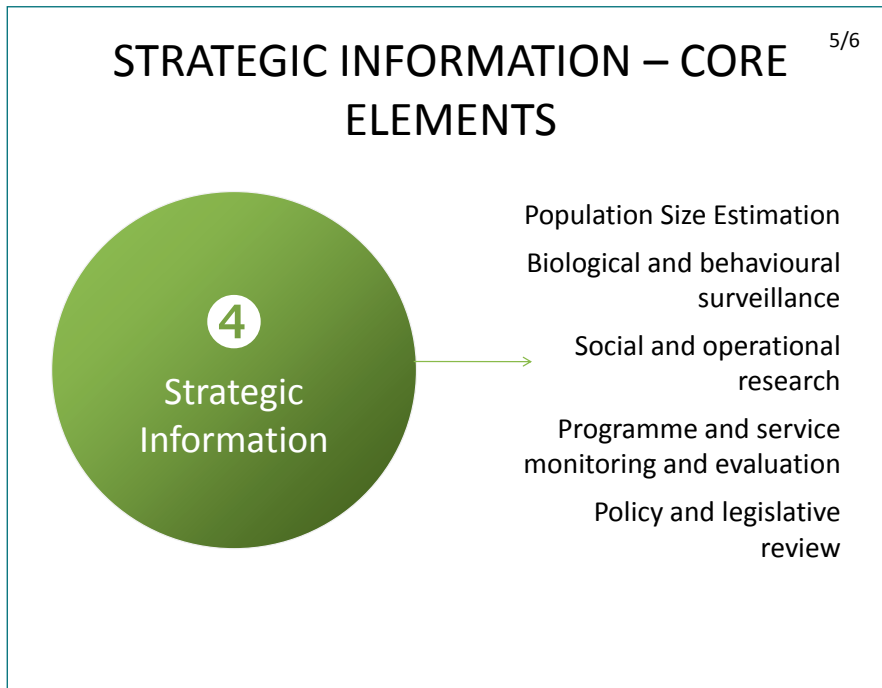
- Research – getting the right information
- Using policy – advocating for and protecting MSM and transgender programmes
- M&E – how you decide what’s working

Strategic Information



The Comprehensive Package of MSM and TG Services





Session 1

1/7

Session 1

Orientation to
research, policy,
strategy and M&E

This session will cover

1. Key issues in research and using findings on the extend of HIV among MSM and transgender people as well as behavioral data
2. Using policy and strategy to support MSM and transgender programming
3. Using M&E Frameworks

2/7

Key Learning Points

- Guidance is available to assist in developing, implementing and improving overall M&E systems for MSM and transgender people and for HIV.
- Introduction of key policy and indicators.
- This session will help you understand the learning challenge in today's session.

3/7

FROM STRATEGIC INFORMATION TO STRATEGIC DECISION-MAKING

- Information collection is improving – MSM and transgender people being included in sentinel surveillance for example, however YMSM and YTGP <18 years old usually excluded
- The coordination, analysis and use of this information is still patchy
- This local information needs to drive programme and service design and modification
- This requires the synthesis of information and active partnerships with community to interpret the data and turn it into policy and programmes

4/7

Key International HIV Policy

- **The 2011 Global MSM and TG Guidelines**
http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/
- **The Millennium Development Goals** http://www.mdgmonitor.org/browse_goal.cfm
- **UNAIDS Brief Men Who Have Sex with Men**
http://data.unaids.org/pub/BriefingNote/2006/20060801_Policy_Brief_MSM_en.pdf
- **Report of the Commission on AIDS in Asia**
- **The 2009 Asia-Pacific comprehensive package of MSM and TG services**
<http://www.snap-undp.org/elibrary/Publication.aspx?id=655>
- **PEPFAR Technical Guidance on Combination HIV Prevention (MSM) 2011**
<http://www.pepfar.gov/documents/organization/164010.pdf>
- **WHO Strengthening Health System Responses to MSM and Transgender People**
- **The Three Ones**
<http://www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ThreeOnes/default.asp>
- **UNAIDS MSM: The Missing Piece**
http://www.unaids.org.vn/images/stories/publications/missing_piece/msm_missing_piece_en.pdf

Core HIV Indicator Guides

5/7

- **UNGASS** Monitoring the Declaration of Commitment on HIV/AIDS – 2010 Reporting Guidelines
http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf
- GFATM Monitoring and Evaluation Toolkit Part 2 HIV
http://www.theglobalfund.org/documents/me/M_E_Toolkit_P2-HIV_en.pdf

TODAY'S CHALLENGE!

6/7

Today you are going to spend the entire day developing policy advice to a senior manager or minister explaining:

- The status of HIV among MSM and transgender people in Asia and the Pacific
- Key programming advice based on current strategy and policy in-country, regionally and internationally
- Monitoring and evaluation frameworks of importance in managing MSM and transgender HIV programmes.

GROUP EXERCISE

7/7

Creating a policy briefing:

- Heading One – Evidence related to the extent of HIV among MSM and transgender people
- Heading Two – Why it is important to resource and support HIV responses among MSM and transgender people
- Heading Three – Monitoring and evaluation frameworks for MSM and transgender service delivery and programming

Session 2

1/27

Session 2

FIRST CHALLENGE

What do you know and how do you know it?
(Assessing and applying evidence to policy and programming)

This session will cover

1. Key evidence needed to programme for HIV among MSM and transgender people
2. Examples of the sorts of evidence available across different areas
3. How to apply evidence to policy and programme decisions

Key Learning Points

2/27

The data needed include:

- **Epidemiological** – at a minimum, prevalence data and, where, possible, incidence data. Incidence data help to understand who is becoming newly infected.
- **Behavioral** – helps to understand the behavior that is creating risk, where the risk behavior is most often occurring.
- **Attitudinal** – helps to understand what MSM and transgender people *feel* and *think* about HIV, their perceptions of risk, social barriers to accessing condoms and HIV services, attitudes to condom use and the situation of MSM and transgender people living with HIV.

What do you know?

3/27

Epidemiological data and
its usefulness in
'knowing your
epidemic'

PUBLIC HEALTH AND INFORMATION ^{4/27}

“Within the social public health model, success (and failure) lies in the ability of policy-makers and researchers to enter the life worlds of members of the communities or populations at risk and understand the world from their point of view. It lies in policy-makers’ and researchers’ ability to build on the understanding and practices of the communities at risk and to harness their collective energies and attempts to respond – in this case – to the risk of HIV ... What is needed is an intelligent engagement from each side.”

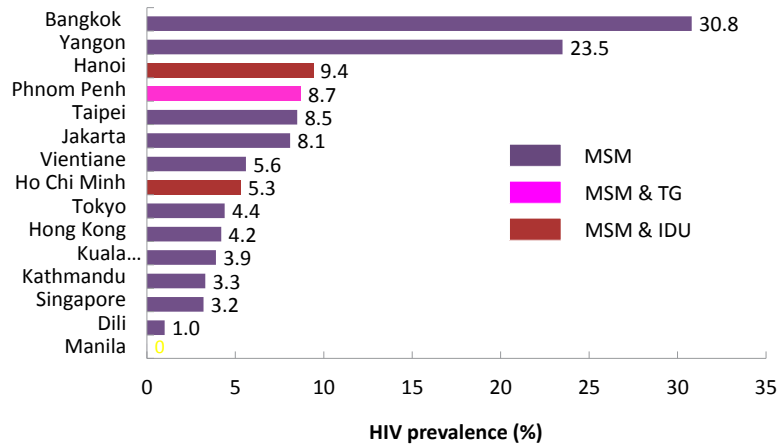
Prof Sue Kippax
Ex-Director, NCHECR

HIV PREVALENCE (THE BASICS) ^{5/27}

- **HIV prevalence** means the proportion of a population living with HIV – calculated in terms of percentage of the population at any given point in time.
- Prevalence can be ‘estimated’ or ‘actual’. In most cases, prevalence is an estimate rather than an actual figure based on testing everyone in the group (i.e. it is calculated with limited data from limited sites).
- **DISCUSSION POINT:** What do you think are the strengths and weaknesses of ‘estimated’ vs. ‘actual’ rates?
- In **concentrated epidemics**, prevalence is calculated among MARPs in terms of the estimated size of MARPs – PSE.
- In **generalized epidemics**, prevalence among pregnant women attending antenatal clinics is a reliable and cost-effective indicator.

2.3 HIV prevalence among MSM and TG people in selected Asia/Pacific cities, 2006–2008

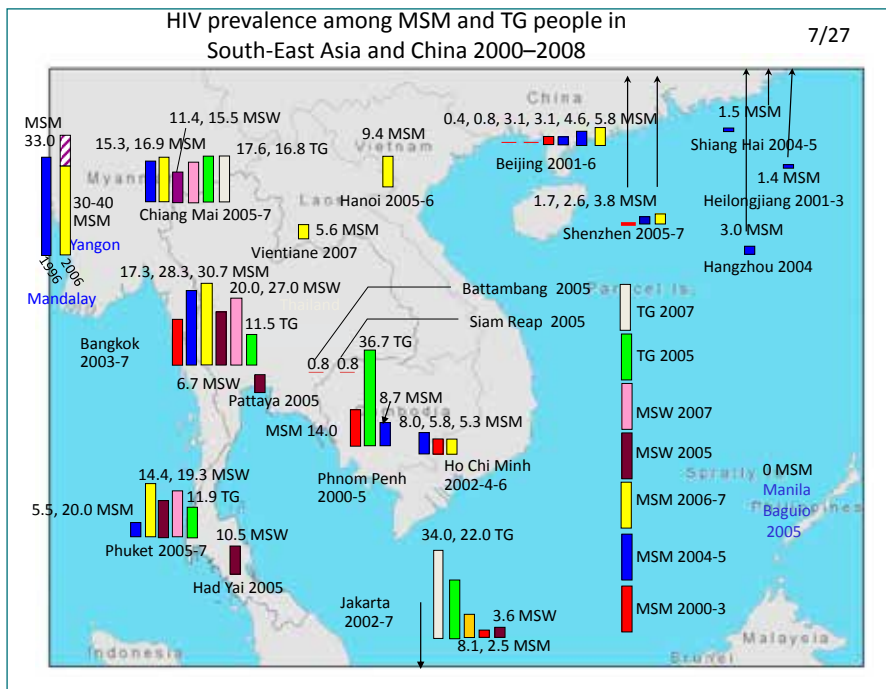
6/27



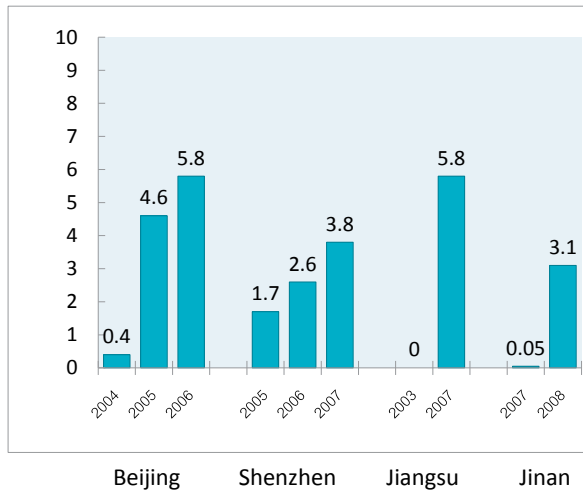
Discussion Point: what is this slide telling you about: a) the cities in crisis; b) the cities likely to be in crisis in future; c) the extent of HIV prevalence data collection among TGs; and d) the extent of disaggregated data on MSM and TG?

HIV prevalence among MSM and TG people in South-East Asia and China 2000–2008

7/27



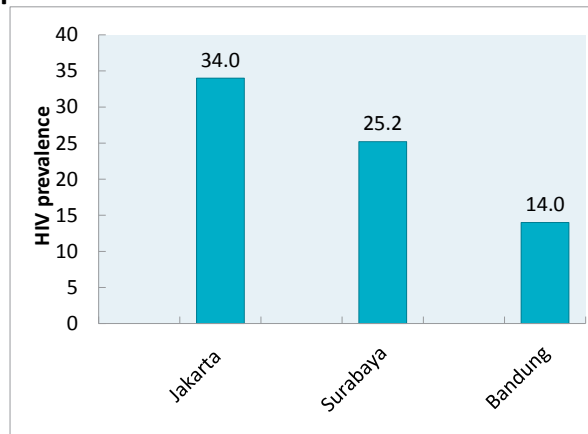
HIV prevalence in some selected Chinese cities: 2004–2008 8/27



Source: Ma et al, 2006; Feng et al, 2008; Guo et al, 2008; Ruan et al, 2008, 2009

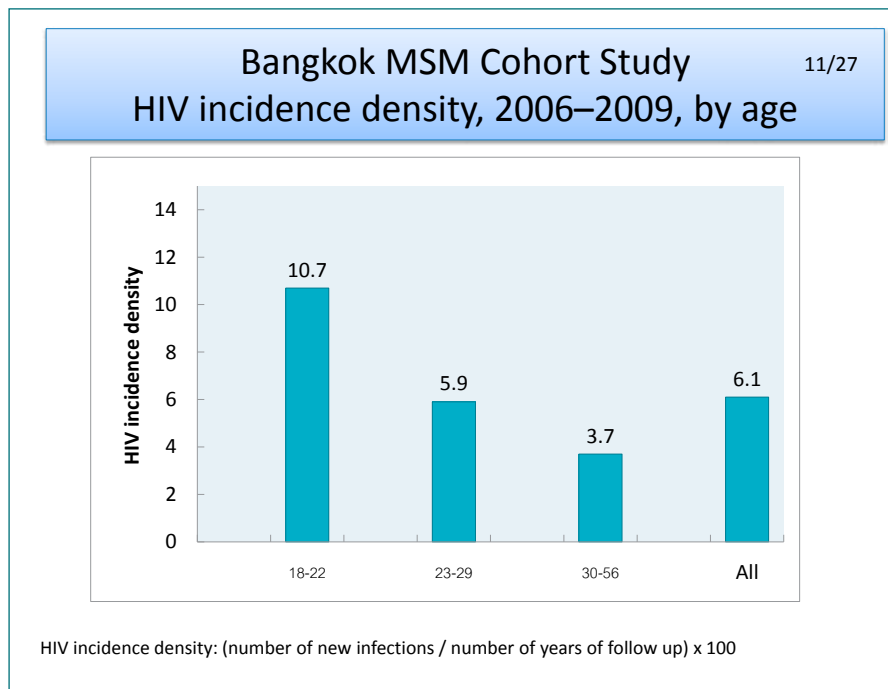
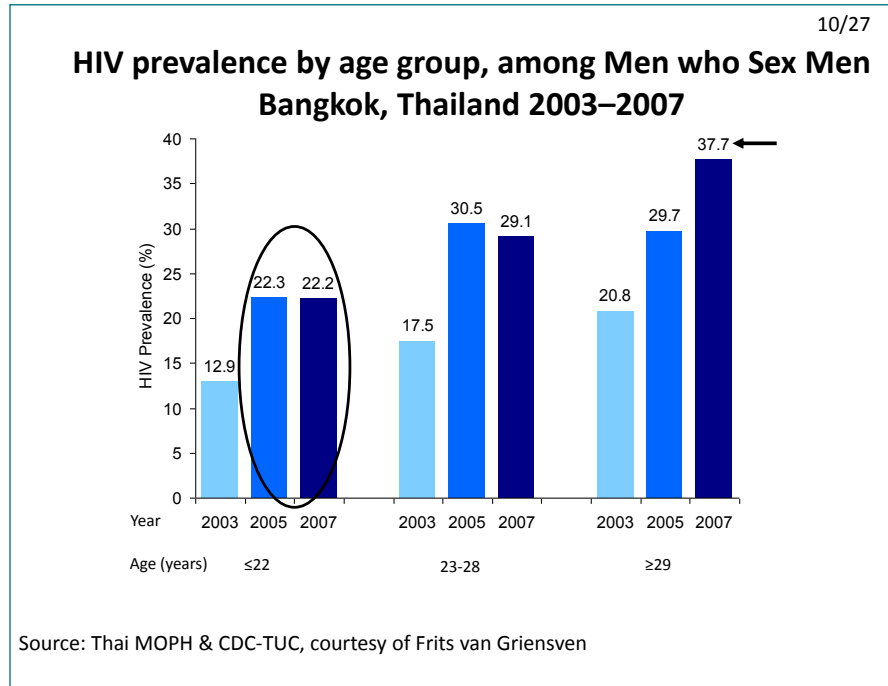


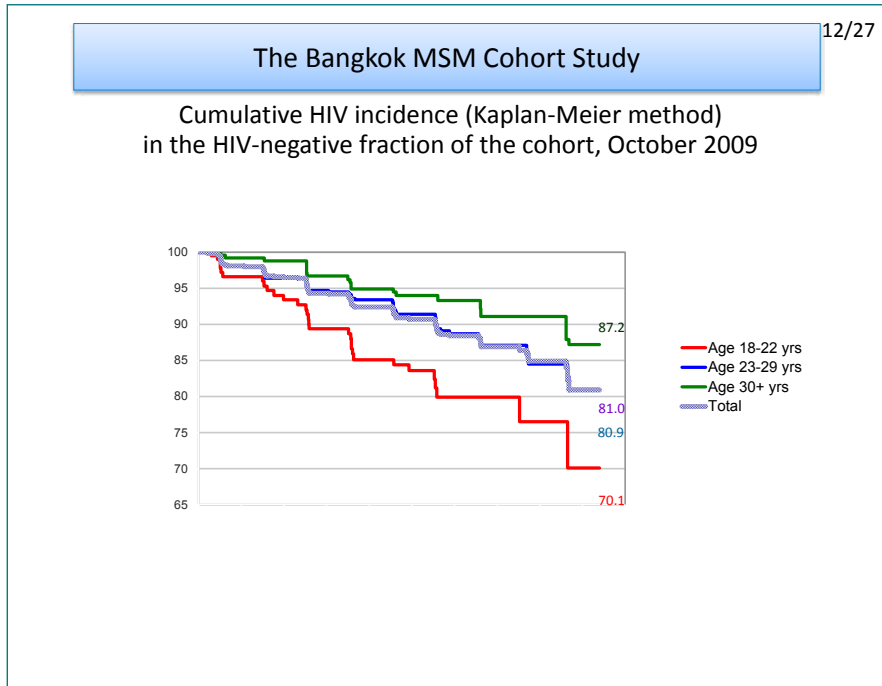
HIV prevalence among transgender people in three Indonesian cities 2007 9/27



Source: IBBS, Surveillance highlights, Waria, 2007; Morineau et al, 2009







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13/27

KNOW YOUR EPIDEMIC!

Work in groups to answer these questions about your area ...

1. What is known about MSM prevalence and incidence?
2. What areas have highest prevalence for MSM?
3. What are the priority areas for preventing HIV transmission among MSM?
4. What definition of MSM and transgender people are you using?
5. What is the population size of MSM and transgender people ?
6. What are the characteristics of MSM and transgender people ?
7. How do you know what you know?

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14/27

What do you know?

Behavioural and social data and its usefulness in 'knowing your epidemic'

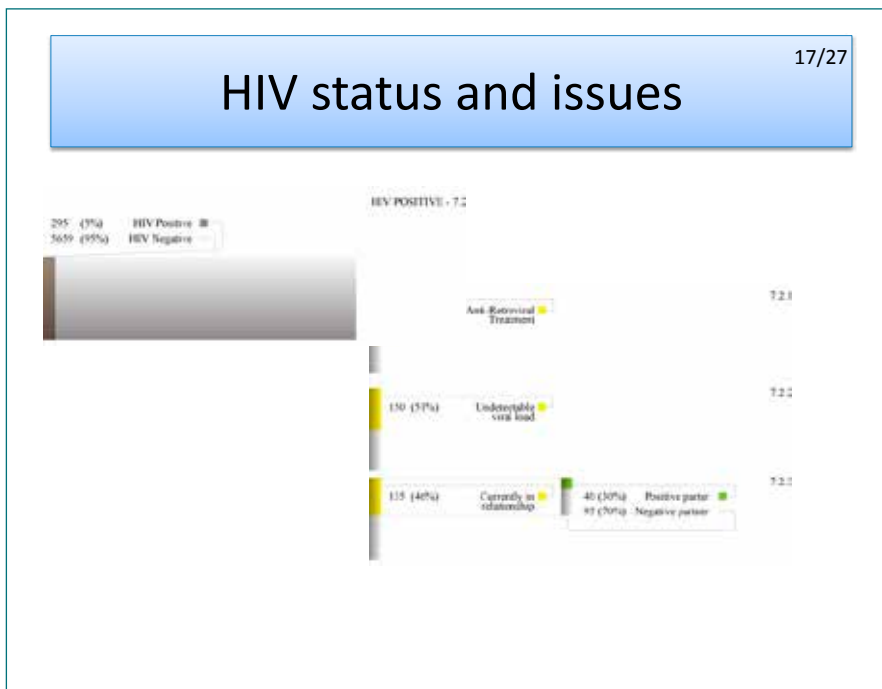
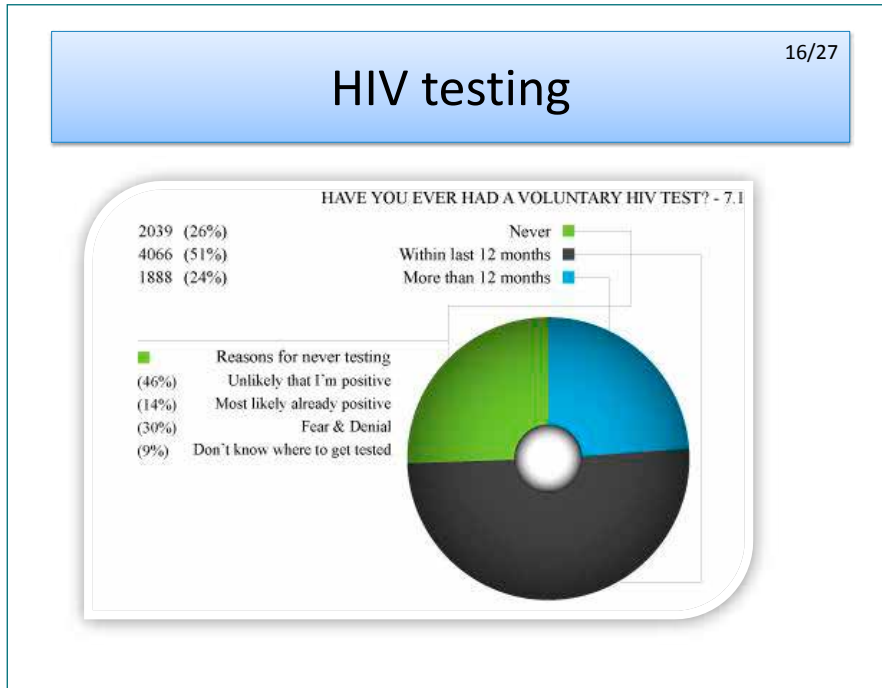


15/27

HIV BEHAVIOURAL RESEARCH

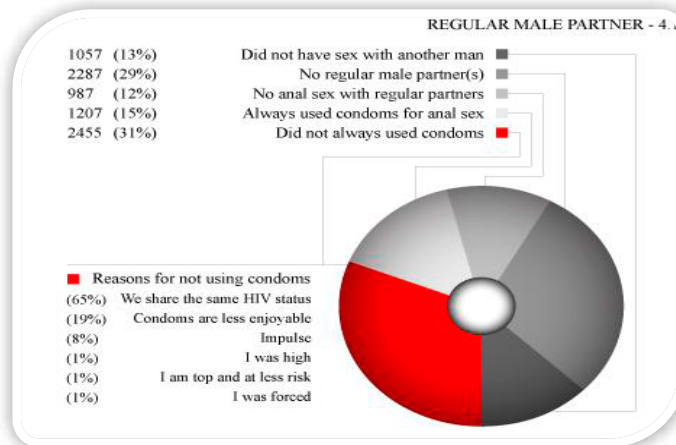
- We are going to look at a global MSM Sex Survey undertaken by fridae.com
- This was an Internet-based survey completed online and marketed through a network of community partners across Asia.
- 7,993 MSM and transgender people completed the questionnaire.
- The questionnaire asked questions ranging from the ways respondents 'identified', their social and sexual networks, attitudes to sex, drugs and partying and sexual behaviour – in particular those related to risky sex for HIV.





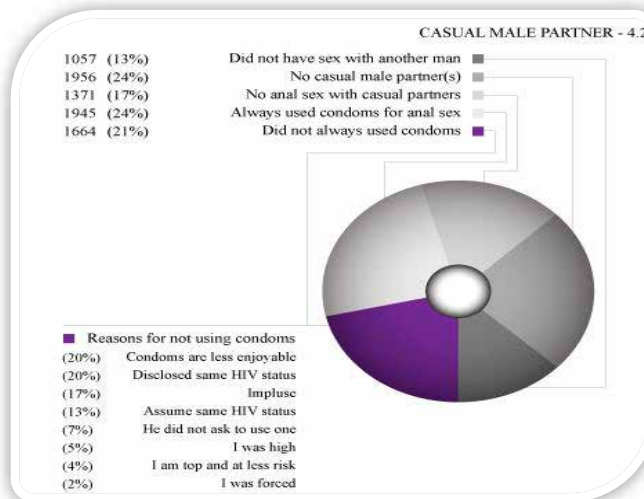
18/27

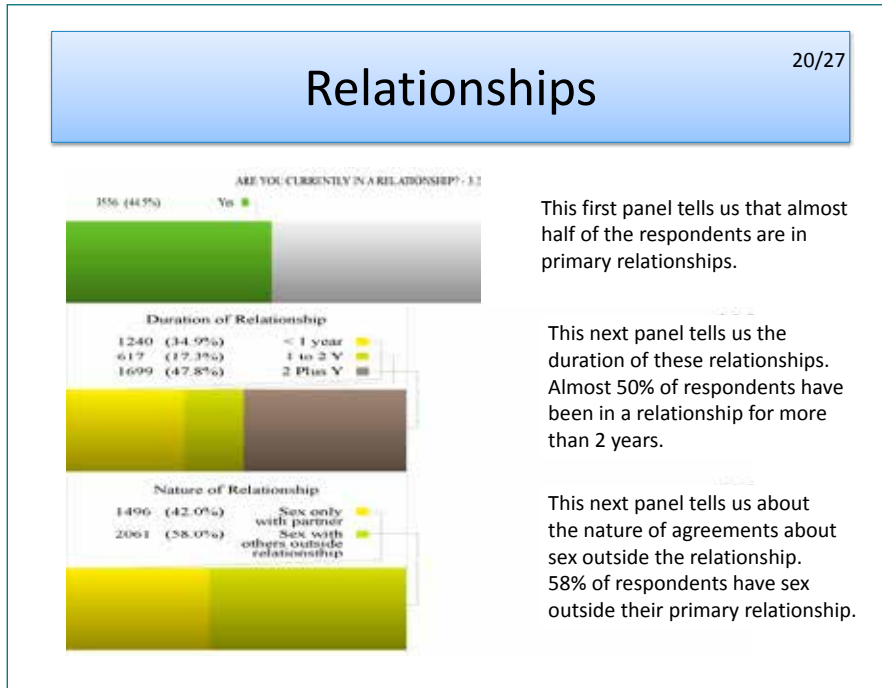
Condom use with regular partners

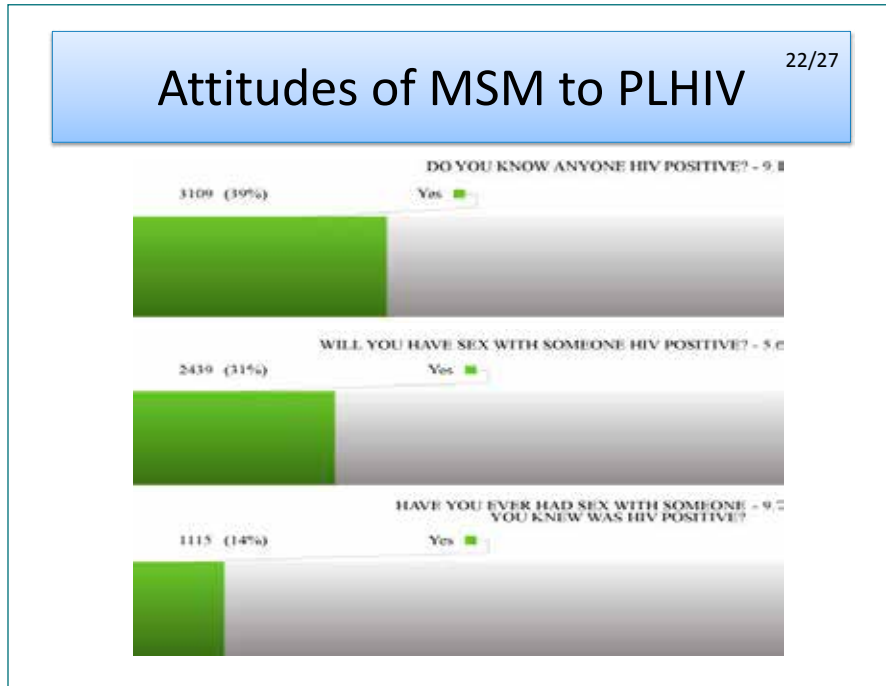


19/27

Condom use with casual partners



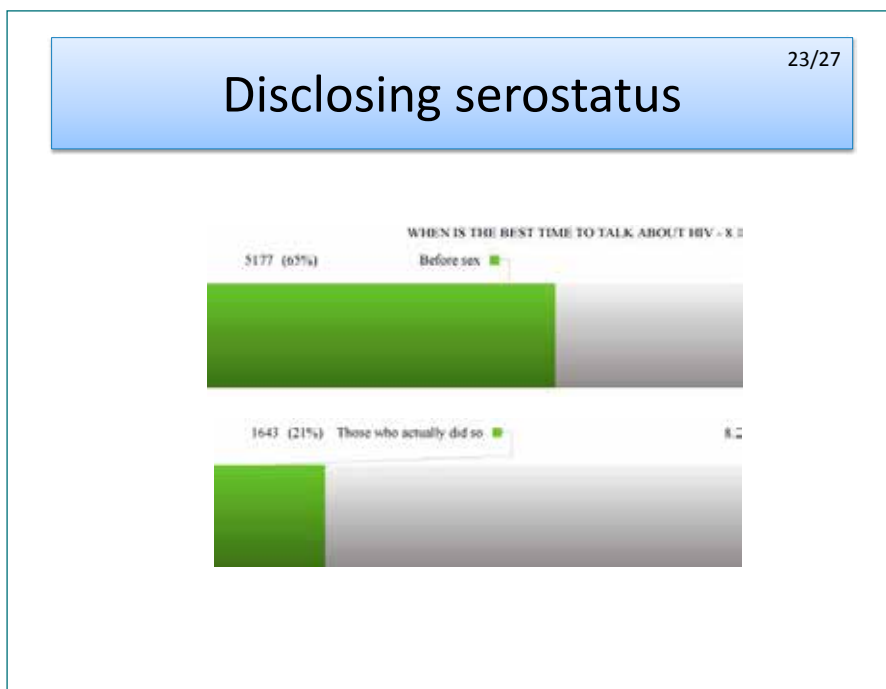




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24/27

CONCLUSIONS

- HIV risk was not equal for all MSM and transgender people: those who abstained, did not have anal sex, or used a condom consistently with all sex partners when they had anal sex were at little to no risk.
- At immediate risk were the 21% who had unprotected sex with casual partners and 3% with commercial partners. Unprotected anal sex amongst those in regular relationships was high (2,455 of 3,556 in a current relationship did not use condoms consistently) – a cause for concern when either or both partners were also having unprotected anal sex with casual partners (816 of 3,556). This put not only themselves, but also their regular partners at risk.
- HIV testing within the last 12 months was also low, and almost a quarter of those surveyed had never been tested. Many who have never been tested, or tested recently continued to have unprotected anal sex with casual partners (684 of 7,993).
- The level of HIV acceptance in the community was relatively high, but despite this, the degree of HIV disclosure remained low.

25/27

KNOW YOUR EPIDEMIC!

Work in groups to answer these questions ...

What is known about:

1. The lives of MSM and transgender people in your area?
2. Service pattern usage among MSM and transgender people – especially youth?
3. Risk behaviors which drive the epidemic?
4. Perceptions of risk?
5. Attitudes to condom-use by MSM and transgender people?
6. Barriers to accessing the means to prevent HIV and accessing HIV services?
7. How do you know this?

26/27

OTHER QUESTIONS TO CONSIDER

- Does epidemiology, social and demographic mapping adequately describe the epidemic among MSM and transgender people?
- Is the above mapping used to tailor programmes to these sub-populations?
- Has your government determined the key 'hotspots' of HIV transmission for MSM and transgender people? Are services being provided to MSM and transgender people at these hotspots? Are MSM and transgender people using them? How about younger people?
- Is there other surveillance or research helping to describe the epidemic among MSM and transgender people ?

27/27

Clinic 1

'What do you know and how do you know it?'

You are going to spend the next hour developing policy advice to a senior manager or minister in your area aimed at explaining:

- **The status of HIV among MSM and transgender people** in your country, province, or region, levels and perceptions of risk (if data is available)
- **HINT!** Use the regional and country-specific social, epidemiological and behavioral research in your Resource Kit or the AIDS Data Hub to help you.

AIDS Data Hub: www.aidsdatahub.org

Session 3

1/8

<p style="text-align: center;"><u>Session 3</u></p> <p style="text-align: center;"><u>SECOND CHALLENGE</u> How do you advocate for, drive and protect MSM and transgender programmes? (Assessing and applying policy and strategy)</p>	<p style="text-align: center;"><u>This session will cover</u></p> <ol style="list-style-type: none">1. International policy guidance on MSM and transgender people2. Building an argument to support resourcing MSM and transgender HIV responses
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2/8

Key Learning Points

- International policy guidance is available that makes compelling arguments for funding HIV programmes targeting MSM and transgender people including:
 - What will happen if we do nothing?
 - The cost of doing nothing or continuing failing responses
 - The impact of stigma and discrimination on transmission rates and MARP access to services.

Key International HIV Policy

3/8

- **The 2011 Global MSM and TG Guidelines**
http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/
- **The Millennium Development Goals** http://www.mdgmonitor.org/browse_goal.cfm
- **UNAIDS Brief Men Who Have Sex with Men**
http://data.unaids.org/pub/BriefingNote/2006/20060801_Policy_Brief_MSM_en.pdf
- **Report of the Commission on AIDS in Asia**
- **The 2009 Asia-Pacific comprehensive package of MSM and TG services**
<http://www.snap-undp.org/elibrary/Publication.aspx?id=655>
- **PEPFAR Technical Guidance on Combination HIV Prevention (MSM) 2011**
<http://www.pepfar.gov/documents/organization/164010.pdf>
- **WHO Strengthening Health System Responses to MSM and Transgender People**
- **The Three Ones**
<http://www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ThreeOnes/default.asp>
- **UNAIDS MSM: The Missing Piece**
http://www.unaids.org.vn/images/stories/publications/missing_piece/msm_missing_piece_en.pdf

MSM: The Missing Piece 2007

4/8

- *MSM: The missing piece in national responses to AIDS in Asia and the Pacific* – the first policy document by the UN to address the gap in HIV programming of men who have sex with men.



www.unaids.org.vn/images/stories/publications/missing_piece/msm_missing_piece_en.pdf

REPORT OF THE COMMISSION ON AIDS IN ASIA ^{5/8}

- About this report
- What happens if we do nothing?
- The cost of HIV in Asia
- Selected sections on MSM and transgender people (pages 48, 104, 111, 115).



GROUP EXERCISE ^{6/8}

**How do you advocate for and protect MSM and transgender programmes?
Answer these questions about where you work...**

- How do MSM and transgender issues get raised at the national level?
- Do networks of exchange exist between MSM organizations and government?
- Does the national HIV Plan include MSM and transgender people as priority target groups? Is the plan costed? Is there adequate resourcing of MSM and transgender programmes?
- Is there a specialized National MSM and/or transgender Policy?
- What issues related to MSM and transgender people are currently being responded to or not by government and its partners?

TODAY'S CHALLENGE!

7/8

Today you are going to spend the entire day developing policy advice to a senior manager or minister aimed at explaining:

- **The status of HIV among MSM and transgender people** in the Asia Pacific region
- **Key programming advice** based on current strategy and policy regionally and internationally
- **Monitoring and evaluation frameworks of importance** in managing MSM and transgender HIV programmes

Clinic 2

8/8

'How do you advocate for, drive and protect MSM and transgender programmes?'

You are going to spend the next hour developing policy advice to a senior manager or minister in your country or community to explain:

- **A rationale for sustaining and increasing MSM and transgender HIV programmes in your area.**
- **HINT!** Use the policy we've discussed and the resources in Resource Kit.

Session 4

1/12

Session 4

THIRD CHALLENGE
How do you know it's working? (M&E)

This session will cover

1. Key M&E programmes including
 - Global Fund Indicators
 - UNGASS Indicators
2. Tracking the ways you currently collect data and evaluate – identifying strengths and weaknesses



2/12

Key Learning Points

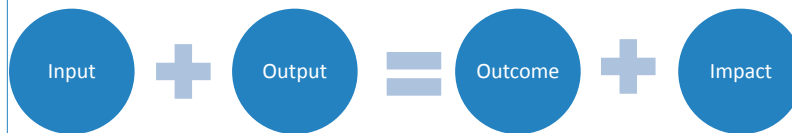
- The Three Ones represent important guidance on aligning all aspects of the national response to HIV.
- Key indicators for M&E exist at the international level including guidance available to you to assist integrating and improving M&E.
- Key guidance exists on M&E for MSM and transgender people.

See: <http://www.who.int/3by5/newsitem9/en/index.html>



CHECKING ON YOUR BASIC KNOWLEDGE

3/12



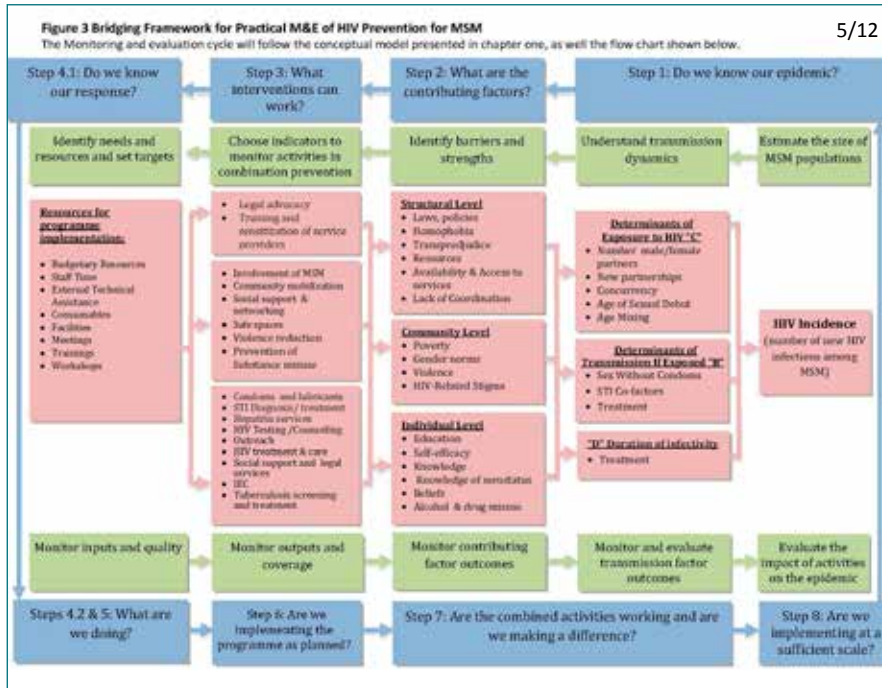
Discussion Points: What do each of these terms mean in Monitoring and Evaluation? How would you go about measuring and monitoring each of these elements?

THE THREE ONES

4/12

- 1. One** agreed HIV Action Framework that provides the basis for coordinating the work of all partners.
- 2. One** National HIV Coordinating Authority, with a broad-based multi-sector mandate.
- 3. One** agreed country-level M&E system.

www.unaids.org/en/CountryResponses/MakingTheMoneyWork/ThreeOnes/default.asp



6/12

Questions to ask about M&E for the prevention of HIV among MSM and transgender people

Scanning and assessment →

1. Do we know our context?
2. What contributes to ill-health and vulnerability?
3. What interventions can work? What are the indicators of success? Service pattern usage?

Input Monitoring →

4. Do we know our response?
What are we doing?

Quality Monitoring →

5. What programme are we implementing?
At what level of quality?

Output Monitoring →

6. Are we implementing the programme as planned?

Outcome Monitoring →

7. Are the combined activities working and are we making a difference?

Impact Evaluation →

8. Are we implementing at a sufficient scale to have an impact on the incidence of HIV among MSM and transgender people?

INTRODUCING TWO CORE INDICATOR GUIDES

7/12

- **UNGASS** Monitoring the Declaration of Commitment on HIV/AIDS – 2010 Reporting Guidelines
http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf
- **GFATM** Monitoring and Evaluation Toolkit Part 2 HIV
http://www.theglobalfund.org/documents/me/M_E_Toolkit_P2-HIV_en.pdf

MEASURE Evaluation have also developed an excellent relevant resource (in your resource kit) in 2 volumes: Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, MSM and TGs.

1. National/sub-national: <http://www.cpc.unc.edu/measure/publications/ms-11-49a>
2. Service delivery: <http://www.cpc.unc.edu/measure/publications/ms-11-49b>

GROUP EXERCISE

8/12

How do you know it's working in your area?

- What information do you have that tells you that your programmes or services are achieving their goals?
- What would you need to be able to tell that story?
- Make a list of the things you might need to know and then how you might get this information – KEEP IT SIMPLE

TODAY’S CHALLENGE!

9/12

Today you are going to spend the entire day developing policy advice to a senior manager or minister in your area to explain:

- **The status of HIV among MSM and transgender people** in your country, province, city or region
- **Key programming advice** based on current strategy and policy in-country, regionally and internationally
- **M&E frameworks of importance** in managing MSM and transgender HIV programmes in HIV

Clinic 3

10/12

‘How do you know it’s working?’

You are going to spend the next hour developing policy advice to a senior manager or minister in the area where you work aiming to explain:

- **The need for the Three Ones, the set of core indicators and advice on how to integrate these in to national indicators for M&E**
- **HINT!** Use the M&E we’ve discussed and the resources in your Resource Kit.

GALLERY WALK

11/12

Let's take a look at each others' Policy Briefs.

WRAP UP

12/12

- What has been the most challenging part of the today's session?
- What has been the easiest aspect for you?
- What have you learnt about your country programme?

Notes:

A series of horizontal dotted lines for taking notes.

Facilitator manual

Module

5

PROGRAMME MANAGEMENT



Facilitator manual

Module

5

**PROGRAMME
MANAGEMENT**

Facilitator manual

Module 5: Programme management

SUMMARY

Module 5 looks at the practical aspects of programme management for MSM and transgender programmes, for example:

- How do you establish and maintain the partnerships that are needed between government and civil society to carry out this work?
- How do you justify and defend the programme when necessary?
- How are standards set and maintained?
- How is accountability ensured?

SESSIONS

Introduction/overview for MSM transgender programme management

Session 1: Managing up, down, out and in

Session 2: Managing partnerships

KEY LEARNING OUTCOMES

Participants will understand

- How to manage ‘up’ to government/donors, and ‘down’ to programme staff/implementing agencies
- How to set and maintain service standards for the programme
- The essential elements of workforce development to support the programme
- Costing and financial management of MSM and transgender programmes
- How concepts of reach and coverage relate to MSM and transgender programming
- How to manage implementing partners for the MSM and transgender programme – particularly MSM and transgender NGOs and CBOs.






MODULE 5 – PROGRAMME MANAGEMENT**Day 2**

Time	Timing	Session Title
9.00am–9.15am	15 min	Introduction
9.15am–10.30am	75 min	Session 1: Managing up, down, out and in
10.30am–11.00am	30 min	Morning Tea
11.00am–12.00pm	60 min	Session 1 (cont.): Feedback and discussion
12.00pm–1.00pm	60 min	Session 2: Managing partnerships
1.00pm–2.00pm	60 min	LUNCH and workshop evaluation

INTRODUCTION

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. Sessions that will be delivered during Module Five 2. Key learning outcomes of Module Five.
	<p>PROCESS</p> <p>Didactic presentation of Module Five agenda</p>
	<p>TIME</p> <p>15 minutes</p>
	<p>SLIDES</p> <p>There are three PowerPoint slides in this session.</p>
	<p>SESSION GUIDANCE</p> <p>There is a lot to cover in this half-day. Try to bring out the experience of the people in the room who are currently managing programmes. Setting up the panel for session 3 will require some planning in the days before.</p>

PROGRAMME MANAGEMENT (1)



WHAT TO DO

Have this slide on the screen when participants arrive.

WHAT TO SAY

Welcome the participants and continue with the next slide.

OVERVIEW OF MODULE 5 (2 & 3)



WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

“Module 5 focuses on what you will need to have in place to manage the programmes that have been outlined in Modules 1 to 4.”






MOVE TO THE NEXT SLIDE.

“Good management is essential for successful programmes. This morning we are going to provide an overview of aspects of management and have a panel discussion on how government, NGOs and other partners can work together to ensure that the programme works.”

SESSION 1: MANAGING UP, DOWN, OUT AND IN

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <ul style="list-style-type: none"> • How to manage ‘up’ to government and/or donors, and ‘down’ to programme staff and implementing agencies • How to manage the external environment – media, police, community leaders • Managing yourself – time and information management, stress management.
	<p>PROCESS</p> <ol style="list-style-type: none"> 1. Presentation and discussion 2. Group work.
	<p>TIME</p> <ul style="list-style-type: none"> • 135 minute session: • Presentation: 35 minutes. • Group work: 40 minutes. • Feedback and discussion: 60 minutes.
	<p>SLIDES</p> <p>There are nine slides to support this session and notes to guide the group work.</p>
	<p>SESSION GUIDANCE</p> <ol style="list-style-type: none"> 1. This is an overview of management. It presents guidance on aspects of management. 2. There are more detailed resources available for participants who want to further explore this area.

OVERVIEW (1)



WHAT TO DO

1. Run through the overview slide.
2. Use the slide to guide you.

WHAT TO SAY

Follow WHAT TO DO above.

KEY LEARNING POINTS (2a)

1 2 3 4 5 6 7 8 9

WHAT TO DO

1. Run through the learning objective slide.
2. Use the slide to guide you.

WHAT TO SAY

Use the slide to guide you for Slide 1, then go to Slide 2:

“In this lesson, you will learn about managing in different directions:

UP – is towards government, donors, funders

DOWN – is towards programme staff, implementing agencies, NGO staff and projects

OUT – it towards the external environment – police, media, community and religious leaders; and

IN – represents yourself as a manager.”

MANAGING YOUR PROGRAMME (2b)

1 2 3 4 5 6 7 8 9

WHAT TO DO

1. Follow WHAT TO SAY below.

WHAT TO SAY

“Here are more details on the kinds of responsibilities that you have in managing the directions that we spoke about in the previous slide.”

Allow the participants to read the slide, or read the slide out yourself, as you desire.

MANAGING UP – GOVERNMENT (3)

1 2 3 4 5 6 7 8 9

WHAT TO DO

Follow WHAT TO SAY below and use the slide itself to guide you.

WHAT TO SAY

- “MSM and transgender programmes are always vulnerable – even in countries where programmes have been in place for some time. There is regular criticism from people who do not agree that MSM and transgender people ‘deserve’ services and programmes. Programs that provide services to under-age MSM and transgender people are particularly vulnerable as they may be perceived to encourage same-sex behaviours in children.
- One of the most important ways that the HIV programme can inspire leadership is to provide senior politicians and senior government officials with the information that they need to provide leadership for the programme. It is often effective to have the Minister for Health, or the Prime Minister speaking out positively about MSM and transgender people and explaining the impact that HIV has on MSM and transgender people.
- Managing ‘up’ means anticipating the needs of superiors and leaders and providing them with what they need ahead of time. It involves: scanning the political and cultural environment; anticipating problems before they emerge; finding opportunities for leaders to speak out in support of the programme: writing speeches and briefing materials; and providing oral or written briefings by your team or key informants on key issues.
- It usually requires a high level of judgement and diplomacy, but can be a very powerful way to build and strengthen leadership for the programme.
- In relation to MSM and transgender programmes, this means:
 - Having a clear rationale for MSM and transgender HIV programmes in writing and in simple language, so that Ministers and other politicians can defend the programme or ensure support for it
 - Using ‘on-side’ politicians from all parties to work with their colleagues – giving them the information they need to build alliances; and
 - Having your data and information accessible and up-to-date so that you can produce policy briefs, press releases and other materials quickly and accurately.”

MANAGING UP – DONORS AND OTHER FUNDERS (4)



WHAT TO DO

Follow WHAT TO SAY below and use the slide itself to guide you.

WHAT TO SAY

- “The donor/recipient relationship can be a difficult one. Try to be in control – set your programme’s aims and objectives, based on stated community need and take this to funders/donors.
- Have a strategic plan and a set of priorities and take this to donors – don’t wait for them to set priorities.
- You can do this better if you have relevant evidence and information about the context of HIV risk and vulnerability in the community with whom you are working.
- Try to say no to funding that is out of line with what you are trying to achieve.

- Take on projects that suit the needs of MSM and TG communities – try to say no to, or renegotiate funding that is not in line with this.
- Take time to understand what the donor or funder needs:
 - Develop the relationship
 - Understand their needs and pressures; and
 - Establish an agreement about what and how to communicate – i.e. what are your rules of engagement?"

MANAGING 'DOWN' (5)

1 2 3 4 5 6 7 8 9

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

"Ensure that people in your programme:

- Have accurate job descriptions
- Have overall and individual workplans
- Provide structured support, supervision and performance management; and
- Establish training, capacity development needs and have a programme for in-service training.

Ensure that implementing partners have:

- Establish clear and current contracts
- Published standards of care and programme implementation
- Regular monitoring and capacity development; and
- Effective information management systems."

MANAGING 'OUT' (6)

1 2 3 4 5 6 7 8 9

WHAT TO DO

Follow WHAT TO SAY below.

WHAT TO SAY

"Managing 'out' refers to the external environment that surrounds your programme. It involves other government departments, community and religious leaders, media and other NGOs, groups or organizations that can affect your programme.

Some examples include:

1. **Media:** There will always be media stories that threaten MSM and transgender programmes, for example:
 - Sensational stories about threats to the general community
 - People knowingly infecting others with HIV; and
 - Blaming public health campaigns for ‘encouraging’ homosexuality and immorality.

MSM and transgender programmes have countered these in several ways:

- Producing media guidelines and conducting training for media staff on MSM and transgender people
 - Developing working relationships with publishers, journalists and other media outlets
 - Developing and circulating positive stories about programmes and their successes; and
 - Having policies on exploitation and confidentiality that protect MSM and transgender people.
2. **Religious and community leaders:** Religious leaders of many different religions will speak out against the programme. Rather than tackling them on ‘head on’, find other religious leaders who are prepared to talk about compassion, tolerance and acceptance and who can use the teachings and texts of their religion to work with the leaders who oppose the programme. Hold seminars and briefings to find ways to work with religious leaders to increase the range of messages that are being promoted.
 3. **Police and public security:** Sex between men is illegal with severe penalties in many countries. MSM and transgender people also may engage in other illegal behaviours such as sex work and drug use that bring them into contact with police. Policies about police and law enforcement often conflict with MSM and transgender public health policies – so outreach workers (or the people they are reaching out to) are harassed or arrested. Programme managers need to negotiate with police at senior and local levels to reduce police resistance to their work. Supporting programmes that reach MSM and transgender people who are arrested and in custody is also important as breaking this cycle can improve their health and well-being and reduce their risk of HIV infection.”

MANAGING ‘IN’ (7)



WHAT TO DO

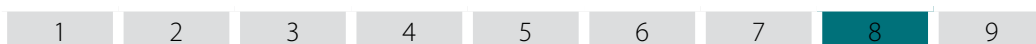
Show the slide and step through the concept of self-management.

WHAT TO SAY

- “Managing ‘in’:
 - MSM and transgender programme management can be stressful and complex. To last the distance, programme managers will need stamina, good health and well-being, and ways to protect themselves from burnout and stress.

- Time management – get and stay organized – chaos breeds chaos.
 - Develop a work-plan for yourself and the programme; set and keep to priorities.
 - Make strategic decisions about how to spend your time – say “NO” to some things
 - Keep a diary – have scheduled meetings, don’t manage on the run.
- Information management:
 - Get organized – sit with your team and work out what information you need and how you will access it.
 - Have a good filing system – keep it up-to-date – when there is a crisis, you will be thankful that it’s there.
 - Document meetings and agreements – write things down, don’t rely on memory, check with other meeting participants that the notes are correct, bring these to the next meeting to encourage continuity and discourage reinventing the wheel each time you meet.
 - We all hear things differently.
 - Back up essential program data and protect it with passwords or encryption if possible.
 - Stress management:
 - Take breaks – watch your working hours – pace yourself.
 - Look after your physical health – get regular exercise, eat well, get proper sleep, minimize alcohol and drug use.
 - Establish routines that support health – think ahead – be in control of how you spend your time.
 - Lead by example – do what your programmes say in relation to safer sex, drug and alcohol use, manage people with respect.
 - Get regular support and supervision.
 - Identify skills deficits that cause you stress and get training to fix them.”

MANAGEMENT COMPETENCIES (8)



WHAT TO DO

Put up the slide and ask participants to look at the copy of the diagram they have in their folders

WHAT TO SAY

- “This slide gives a description of some of the characteristics and tasks that a manager needs to have and do.”
- *Make sure that the participants have a copy in front of them. Take them through some of the competencies (meaning the skill or capacity that you need to have to do your job well).*
- *This is not meant to scare people but to show them that a manager has many roles. People need to be aware of this so that they can see where their strengths and weaknesses are.*

- *They also need to see if these competencies are available in their team – you don’t need to have them all in one person as a person can be complemented by the competencies of others in the team.*

SMALL GROUP EXERCISE (9)



WHAT TO DO

1. Divide the participants into four groups – mix them up so that they meet and work with new people.
2. Tasks: (have these printed out so that each group has a copy of what it is expected to do).
3. UP group – What are the support documents that you will need to help your Health Minister defend your MSM and transgender programme. Outline a briefing note describing the rationale for the MSM and transgender programme.
4. DOWN group – Draw up some draft standards for contractors/NGOs working with MSM and transgender people to follow.
5. OUT group – What are the issues for working with police on MSM and transgender people? How would you handle them?
6. IN group – Fill out the personal competencies table.
7. Bring groups back together after 30 minutes for feedback.






WHAT TO SAY

Follow WHAT TO DO above. This gives each group a chance to work on one of the aspects of management.

SESSION 2: MANAGING PARTNERSHIPS

SESSION TOOLKIT

Key learning outcomes, points on the process, timing and guidance for this session.

	<p>KEY LEARNING OUTCOMES</p> <p>Participants will understand</p> <ol style="list-style-type: none"> 1. The perspective of different partners in the government/NGO partnership 2. Strategies for making the partnership more effective.
	<p>PROCESS</p> <p>A panel discussion presenting the perspective of government and MSM and transgender NGOs on what makes partnerships work and what makes them difficult.</p>
	<p>TIME</p> <p>Panel: 45 minutes</p> <p>Discussion 15 minutes</p>
	<p>SLIDES</p> <p>There is one optional slide in this session.</p>
	<p>SESSION GUIDANCE</p> <ol style="list-style-type: none"> 1. Choose two or three MSM and transgender CBO managers and two or three government managers, UN staff or donor staff representatives. 2. Meet with the panel the day before to brief them and ask them to prepare a 5–10 minute informal presentation (i.e. no PowerPoints) on what makes the partnership between government/donors and CBOs work for MSM and transgender programmes. 3. Facilitate the panel discussion like a talk show – ask questions, challenge them and try to make it light and humorous.

PANEL DISCUSSION

1

WHAT TO DO

1. Choose two or three MSM and transgender CBO managers and two or three government managers UN staff or donor staff representatives.
2. Meet with the panel the day before to brief them and ask them to prepare a 5 to 10 minute informal presentation (no PowerPoints) on what makes the partnership between government/donors and CBOs work for MSM and transgender programmes.
3. If you wish, show the slide, 'MANAGING PARTNERSHIPS' as a backdrop to the panel discussion. Then facilitate the panel discussion like a talk show – ask questions, challenge them, and try to make it light and humorous, as well as serious.
4. Follow the panel with general discussion – try to draw out the main points – have someone record them on the whiteboard.

WHAT TO SAY

In your summation, you can point out there are many things that make partnerships work. You can choose and highlight issues that have been raised by the panel, or mention issues that did not come up. Elements of good partnerships that you could mention include:

- Trust and respect on both sides – government recognizing that MSM and transgender NGOs know their community and have skills to work within it.
- Money – resources for the NGO to get on with its work.
- A sense of independence or self-determination for the NGO – not directed by donors or government but able to respond to what the community needs.
- Fair play on both sides – government treating the NGO fairly and the NGO not openly criticizing government without warning.
- Quality and outcomes – the relationship works well when each side can see what the other is contributing to HIV prevention and care.
- Accountability on both sides – minimizing corruption and the misuse of resources.

END MODULE FIVE

3/3

MANAGEMENT

- Managing up, down, out & in
- Implementing and managing partnerships in MSM and transgender services
- Managing people, finances and quality

Management 

3



Session 1

1/9

Session 1

Managing up, down,
out and in

This session will cover:

1. Assisting leaders to justify, establish and defend the programme
2. Managing external relationships: media, general community
3. Managing implementing partners
4. Managing yourself.

4



2a/9

Key Learning Points

- How to manage 'up' to government/donors;
- 'Down' to programme staff and implementing agencies;
- Managing the external environment – 'out'; and
- Managing yourself – time management, leadership, stress management – 'in'.

5

2b/9

Managing your programme

Managing up

- Finding and keeping the financial resources your programme needs
- Helping leaders to advocate for, or defend your programme
- Keeping your managers informed
- Reporting progress and success

Managing down

- Setting strategic direction
- Managing the workloads and performance of staff and implementing partners
- Contracting, managing quality
- Keeping the peace

Managing out

- Working to build media support – getting positive stories into the media and managing negative stories
- Securing the support of community and religious leaders – managing criticism
- Balancing community interests and expectations

Managing in

- Time management
- Stress management
- Information management

Managing ‘up’

Scan to see who can have a positive or negative effect on MSM and transgender programmes, then work proactively to increase support and reduce resistance

- Government
 - Prepare programme rationale, briefing materials and policy briefs ahead of time (don’t wait for the crisis to happen)
 - Keep your information up-to-date (be prepared)
 - Work with opponents and conservative politicians
 - Analyse and interpret the data that is released – shape the messages that go out
 - Work with other Departments – e.g. police and justice.

Managing ‘up’ – donors and funders

- Try to be in control – set your programme’s aims and objectives, based on stated community need and take this to funders and donors
- Have a strategic plan and a set of priorities and take this to donors – don’t wait for them to set priorities
- Take on projects that suit these needs – try to say “no” to, or renegotiate funding that is not in line with this
- Take time to understand what the donor or funder needs:
 - Develop the relationship
 - Understand their needs and pressures
 - Establish agreement about what and how to communicate – i.e. ‘rules of engagement’.

5/9

Managing 'down'

- People in your programme:
 - Job descriptions
 - Workplan
 - Support, supervision and performance management
 - In-service training.
- Implementing partners:
 - Clear and current contracts
 - Published standards of care, programme implementation
 - Regular monitoring and capacity development
 - Effective information management systems.

9

6/9

Managing 'out'

Managing the external environment

- Media
 - Produce media guidelines on MSM and transgender people
 - Develop working relationships with and train publishers, journalists and other media outlets
 - Publicize positive stories
 - Have policies on exploitation and confidentiality.
- Religious and community leaders
 - Find supportive leaders and work with them to engage others
 - Help supportive leaders to identify messages of tolerance and support
 - Hold briefings and engagement seminars.
- Police and public security
 - Gain permission for programmes to function in illegal environments
 - Work with police on policies and training to reduce arrest, harassment, and violence.
- Other NGOs
 - Building strong links with other NGOs.

10

Managing ‘in’

- Time management
 - Develop a workplan; set and keep to priorities
 - Make strategic decisions about how to spend your time – say NO to some things.
- Information management
 - Get organized
 - Have a good filing system
 - Document meetings/agreements
 - Back up essential program data
- Stress management
 - Take breaks
 - Look after your physical health
 - Establish routines that support health
 - Lead by example
 - Get regular support and supervision.



9/9

Exercise for small groups

Four Groups

1. UP
2. DOWN
3. OUT
4. IN

13

Session 2

1/1

MANAGING PARTNERSHIPS

Panel presentation:
What makes
partnerships work?

Guest presenters from among participants

14

Notes:

A series of horizontal dotted lines for taking notes.

Annexes

Annexes

Annex 1:

Hippocratic oath

I do solemnly vow, to that which I value and hold most dear:

- That I will honor the Profession of Medicine, be just and generous to its members, and help sustain them in their service to humanity;
- That just as I have learned from those who preceded me, so will I instruct those who follow me in the science and the art of medicine;
- That I will recognize the limits of my knowledge and pursue lifelong learning to better care for the sick and to prevent illness;
- That I will seek the counsel of others when they are more expert so as to fulfill my obligation to those who are entrusted to my care;
- That I will not withdraw from my patients in their time of need;
- That I will lead my life and practice my art with integrity and honor, using my power wisely;
- That whatsoever I shall see or hear of the lives of my patients that is not fitting to be spoken, I will keep in confidence;
- That into whatever house I shall enter, it shall be for the good of the sick;
- That I will maintain this sacred trust, holding myself far aloof from wrong, from corrupting, from the tempting of others to vice;
- That above all else I will serve the highest interests of my patients through the practice of my science and my art;
- That I will be an advocate for patients in need and strive for justice in the care of the sick.

I now turn to my calling, promising to preserve its finest traditions, with the reward of a long experience in the joy of healing.

I make this vow freely and upon my honor.

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Annex 2:

Review of key resources and reference materials

This review provides a synopsis of some of the key resources available globally to support training on improving HIV, STI and other sexual services for MSM and transgender people. It provides a brief summary of each of the materials and their key elements as well as guidance on the likely usefulness to participants in relevant training courses. Internet locations for each of the resources are also provided so that soft copies can be downloaded by those with reasonable Internet access.

Global

1. *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach*. WHO 2011.

http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/

Summary: An evidence-based package of recommended health-sector interventions for the prevention and treatment of HIV and other sexually transmitted Infections among men who have sex with men and transgender people. Developed by WHO in collaboration with UNDP, UNAIDS, the World Bank and the Global MSM Forum.

Key elements: Evidence and experiences to support the recommendation of a package of essential interventions for MSM and transgender people, including enhanced access to condoms and lubricants, testing and counselling, STI screening, and STI and HIV treatment.

To develop the guidelines, experts retrieved, analysed and graded the evidence according to recently established WHO procedures. The guidelines steering group included experts on HIV and STIs, civil society groups (men who have sex with men, transgender people and people living with HIV), national HIV and STI programme managers, as well as representatives from the UNAIDS Secretariat and co-sponsors.

Likely usefulness to trainees: The new guidance will strengthen and support the health-sector response to the HIV epidemic among MSM and transgender individuals and provide an invaluable reference for trainees working with MSM and transgender people.

2. *Guidance on couples HIV testing and counselling including antiretroviral therapy for treatment and prevention in serodiscordant couples: recommendations for a public health approach.* WHO, April 2012.

http://whqlibdoc.who.int/publications/2012/9789241501972_eng.pdf

Summary: New WHO guidance promoting HIV testing and treatment (if HIV-positive) in major part as a core element of the “treatment as prevention” paradigm.

Key elements: These WHO guidelines recommend offering HIV testing and counselling to couples, wherever HIV testing and counselling are available, including in antenatal clinics. For couples where only one partner is HIV-positive, the guidelines recommend offering antiretroviral therapy to the HIV-positive partner, regardless of his/her own immune status (CD4 count), to reduce the likelihood of HIV transmission to the HIV-negative partner.

Likely usefulness to trainees: Very useful reference as many trainees and colleagues are likely to face confusion about the implications of the novel issues generated by these policy and programme shifts.

3. *Global strategy for the prevention and control of sexually transmitted infections, 2006–2015: breaking the chain of transmission.*

<http://www.who.int/reproductivehealth/publications/rtis/9789241563475/en/index.html>

Summary: Global strategy document on prevention and control of STIs.

Key elements: This global strategy has two components: technical and advocacy. The technical content of the strategy deals with methods to promote healthy sexual behaviour, protective barrier methods, effective and accessible care for STIs, and the upgrading of monitoring and evaluation of STI control programmes. Emphasis is placed on a public health approach based on sound scientific evidence and cost-effectiveness. A section on advocacy offers advice to programme managers on approaches to mobilizing the high-level political commitment that forms the essential foundation for an accelerated response.

Likely usefulness to trainees: Useful reference – unlikely to be used frequently.

4. *Guidelines for the management of sexually transmitted infections.* WHO 2003.

<http://www.who.int/hiv/pub/sti/en/STIGuidelines2003.pdf>

Summary: Clinical guidance and flowcharts to guide syndromic management of STIs in resource-poor settings. Lacks guidance on management of ano-rectal infections (expected to be available in 2012 revision).

Key elements: Specific clinical information on individual STIs and related syndromes with supporting flowcharts.

Likely usefulness to trainees: Useful reference – likely to be used moderately frequently to guide management of more complicated clinical situations.

5. *Periodic presumptive treatment for sexually transmitted infections: experience from the field and recommendations for research.*

<http://www.who.int/reproductivehealth/publications/rtis/9789241597050/en/>

Summary: Report of a consultative meeting reviewing evidence on the effectiveness of periodic presumptive treatment of STIs in high prevalence settings.

Key elements: Research findings from many sites in Africa and Asia.

Likely usefulness to trainees: Good background document to improve understanding of periodic presumptive treatment of STIs. It is somewhat out of date. A more definitive reference was published recently: [Steen R, Chersich M, Gerbase A, Neilsen G, Wendland A, Ndowa F, Akl EA, Lo YR, de Vlas SJ. Periodic presumptive treatment of curable STIs among sex workers: a systematic review. *AIDS* 2012; 26:437-45. doi: 10.1097/QAD.0b013e32834ed991].

6. WHO training modules for the syndromic management of sexually transmitted infections.

<http://www.who.int/reproductivehealth/publications/rtis/9789241593407/index/en/>

Summary: Training modules supporting the use of the WHO guidelines on syndromic management of STIs.

Key elements: Descriptions of the public health importance of STIs, features and management of specific infections and syndromes and supporting elements of syndromic management (e.g. counselling, condom promotion and distribution, contact tracing – partner management, and compliance – adherence with treatment).

Likely usefulness to trainees: Very useful if trainees are participating in a training course on STI management.

7. *The Global HIV Epidemics among Men Who Have Sex with Men.* World Bank 2011.

<http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/MSMReport.pdf>

Summary: This report provides another strong source of epidemiological information including modelling data, policy analyses as well as economic implications and cost-effectiveness of necessary responses.

Key elements: Data is presented documenting the status of the HIV epidemics from many parts of the world. Countries are selected from the following regions: South America (Brazil and Peru), Eastern Europe (Russian Federation and Ukraine), Africa (Kenya, Malawi, and Senegal), Asia (India, Pakistan, and Thailand), and the Middle East and North Africa (Egypt, Lebanon, Morocco, Sudan, and Tunisia).

Likely usefulness to participants: This is a large report (more than 400 pages) and would be most useful as a reference source, particularly for senior policy-makers and health economists.

8. *Analysis of Key Human Rights Programme in Global Fund-Supported HIV Programmes*. UNDP, et al. 2010.

<http://www.undp.org/content/dam/aplaws/publication/en/publications/hiv-aids/analysis-of-key-human-rights-programmes-in-global-fund-supported-hiv-programmes/Analysis%20of%20Key%20HRTS%20Programmes%20in%20GF-Supported%20HIV%20Programmes.pdf>

Summary: This study was carried out by UNDP, the UNAIDS Secretariat and the Global Fund to answer the three key questions:

- Are key human rights programmes included in successful Global Fund Round 6 and 7 HIV proposals and grants, and whom are they intended to benefit?
- Are these human rights programmes funded in approved grant budgets?
- What progress has been made toward implementing these human rights programmes, i.e. do performance frameworks include indicators for these programmes, and if so, what are the results reported against targets?

Key elements: This study included 59 successful proposals, covering 74 countries and three multi-country proposals across all regions. Within this sample, six key human rights programmes were identified and analysed in proposals, grant agreements and other related documentation¹.

Successful HIV proposals included an average of three of the key human rights programmes. The majority of key human rights programmes identified in successful proposals were included in work plans with budgets, but almost one-third did not make it into work plans. ‘Stigma and discrimination reduction’ programmes were the most common of the six programme types in proposals and work plans, and received the most funding overall.

Individual country proposals from countries with low or concentrated epidemics included more comprehensive human rights programming than those from countries with generalized epidemics. There were also differences in the types of human rights programmes planned and beneficiary populations between the epidemic types. For example, the human rights programmes planned by countries classified as having generalized epidemics appeared to largely ignore men who have sex with men and transgender people, sex workers, people who use drugs, and prisoners.

Men who have sex with men, transgender people, sex workers, people who use drugs and prisoners, many of whom are more vulnerable to HIV due to the impact of the criminal law, were each named as beneficiaries in less than one-quarter of the identified programmes. These populations were more likely to be beneficiaries of programmes that address stigma and discrimination in the community, health care and justice sectors, than of empowering programmes, such as law reform, legal services and ‘know your rights’ programmes.

Likely usefulness to trainees: This excellent document is written as a high-level policy document and would provide powerful evidence for advocates for legal and policy reform at national level. Thus, it is probably of limited usefulness to most participants.

¹ These included: (1) HIV-related legal services; (2) legal audits and/or law reform; (3) legal literacy; (4) training of health care workers on HIV-related human rights issues; (5) training and sensitization of law enforcement agents of justice on HIV-related human rights issues; and (6) stigma and discrimination reduction programmes.

AIDSTAR-One.

9. *Human rights considerations in addressing HIV among men who have sex with men* (Technical Brief). November 2011.

<http://www.aidstar-one.com/>

Summary: This publication highlights what can be achieved working with MSM even where homosexual behaviour is illegal and highly stigmatized. The Technical Brief is aimed at increasing awareness of the strong support now provided by the US Government to human rights considerations in HIV programmes working with MSM and transgender people.

Key elements: In May 2011, PEPFAR issued new Technical Guidance on Combination HIV Prevention for MSM to help country teams design and implement country-specific, evidence-based programming, using a combined approach to address HIV among MSM. The guidance – which is consistent with public statements by the U.S. Global AIDS Coordinator, Ambassador Eric Goosby, and other PEPFAR staff – specifically directs programmes to conform to the US mandate to eliminate violence and discrimination based on sexual orientation and gender identity. In addition to calling for a comprehensive range of services for MSM, the guidance recommends that programmes:

- Address laws and environments that discriminate against MSM, and advocate for these issues at the national level;
- Support the capacity of MSM communities in the countries where PEPFAR works; and
- Support national-level dialogue about how HIV programmes engage and retain clients in health interventions.

The technical brief provides a systematic global review and synthesis of practical approaches, programme examples, and resources to support human rights as a core element of HIV programming for MSM. It also offers a synthesis of questions for developing and monitoring HIV programmes for MSM, and a list of programme resources.

Likely usefulness to trainees: This resource highlights what can be achieved in challenging environments. It is likely that the US Government policy changes and technical guidance will be new to many workers in the field, and thus this document will be highly relevant to agencies keen to strengthen their human rights activities.

10. *Sexual Orientation, Gender Identity and Justice: A Comparative Law Case Book*. International Commission of Jurists. 2010.

[http://www.icj.org/dwn/database/Sexual%20Orientation,%20Gender%20Identity%20and%20Justice-%20A%20Comparative%20Law%20Casebook\[1\].pdf](http://www.icj.org/dwn/database/Sexual%20Orientation,%20Gender%20Identity%20and%20Justice-%20A%20Comparative%20Law%20Casebook[1].pdf)

Summary: In 2009, the International Commission of Jurists began to gather national court decisions that addressed questions concerning sexual orientation and gender identity. It had become clear that battles over some of the most controversial relevant issues were being conducted in domestic courts. Few cases can be brought before international human rights bodies but increasingly international human rights arguments were being used at the domestic level.

Key elements: This large (almost 400 pages) and extraordinary book documents fourteen key elements organized by topic. Each chapter begins with a general introduction to that specific field of law, followed by case summaries. The latter set forth the legal issue and the relevant domestic, comparative and international law, and then summarizes the arguments, reasoning, and result. The Casebook covers 108 cases, from 41 countries across a variety of regions over more than forty years. The chapters include the following:

- Decriminalization
- Universality, Equality and Non-Discrimination
- Employment Discrimination
- Freedom of Assembly, Association and Expression
- Military Service
- Intersex
- Gender Expression and Cross-Dressing
- Recognizing Gender Identity
- Transgender Marriage
- Freedom of Religion and Non-Discrimination
- Parenting
- Asylum and Immigration
- Partnership Benefits and Recognition
- Marriage.

Likely usefulness to trainees: Inevitably perhaps, this book will be of most use to lawyers, judges, and human rights activists. The Casebook should also promote public interest litigation in defense of rights, assist individuals whose rights have been violated to seek redress in court, and support lawyers to develop effective and persuasive arguments. The Casebook also provides a vast library of evidence showing that laws on sexual orientation and gender identity are global in nature.

11. *Lessons from the front lines: effective community-led responses to HIV and AIDS among MSM and transgender populations.* amfAR (The Foundation for AIDS Research) in partnership with The Global Forum on MSM & HIV (MSMGF) 2010.

http://www.amfar.org/uploadedFiles/_amfarorg/Around_the_World/Lessons-Front-Lines.pdf

Summary: This report profiles a variety of effective and creative community organizations. It illustrates the vital role of community-based grassroots efforts, which are too often sidelined in the development of national HIV strategies and in the top-down, public health discourses regarding the global HIV response.

Key elements: Case studies profiling the range of contributions made by specific community-based organisations in the response to HIV are presented from countries in Asia, the Pacific, Africa, Eastern Europe, Central America, South America, and the Caribbean (e.g. Bangladesh, Cameroon, Dominican Republic, Ghana, Haiti, Mexico, Nepal, Peru, Philippines, and Ukraine).

Likely usefulness to participants: This is an excellent resource documenting the wide variety of important and creative roles that community-based organisations provide in responding to HIV.

12. *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people*. MEASURE Evaluation 2012.

National/sub-national: <http://www.cpc.unc.edu/measure/publications/ms-11-49a>

Service delivery: <http://www.cpc.unc.edu/measure/publications/ms-11-49b>

Summary: Guidelines summarizing the special monitoring and evaluation needs of settings where HIV affects men who have sex with men, sex workers, and transgender people.

Key elements: The guidelines identify the core components of robust models of M&E including input, quality and output monitoring and process evaluation, the development and use of indicators and application of M&E data to improving programme implementation. The guidelines apply to countries with low-level, concentrated, and generalized HIV epidemics and assume three levels of monitoring and evaluation that require coordination – at national, sub-national and service delivery levels.

Likely usefulness to participants: A useful reference but not likely to be used in detail routinely by participants unless M&E is a major part of their routine work.

13. **Module 3; Sub-module 4:** Targeted VCT interventions – Men who have sex with men (MSM). From: *Voluntary HIV counselling and testing manual for training of trainers (Part I)*. World Health Organization, Regional Office for South-East Asia New Delhi, India July 2004.

http://www.searo.who.int/LinkFiles/Training_Materials_voluntary-intro.pdf

Summary: This is a training module on VCT targeting MSM taken from a larger VCT manual developed by WHO-SEARO.

Key elements: The module will assist participants to appreciate the need to adapt VCT to the specific needs of MSM; explore the barriers to VCT for MSM; identify VCT strategies and complementary strategies to reduce the specific HIV transmission risk behaviours of MSM, and explore strategies to increase access to VCT for MSM. While the module includes case studies from Thailand and Malaysia, it could be used in many countries globally.

Likely usefulness to participants: This is a highly pragmatic and informative training module that should be included in the training courses and is likely to be of ongoing use in future training that participants conduct or participate in.

Asia and Pacific

1. *Priority HIV and sexual health interventions in the health sector for men who have sex with men and transgender people in the Asia-Pacific Region*. WHO 2010.

http://www.searo.who.int/LinkFiles/Publications_Priority_HIVandSH_interventions_May10.pdf

Summary: This document was developed based on a decision of the 'Consultation on health sector response to HIV/AIDS among men who have sex with men' held in Hong Kong (China) in February 2009, and organized by WHO-WPRO, UNDP, UNAIDS and the Department of Health of Hong Kong (China). It describes the wide range of sexual health needs of MSM in Asia and the Pacific, appropriate responses to meet those needs, and resources available to inform the responses.

Key elements: The document describes priority health sector interventions required to achieve universal access to prevention, treatment, care and support for HIV and other STIs by MSM; summarizes key policy and technical recommendations developed by WHO for each of the interventions; guides the selection and prioritization of interventions for HIV prevention, treatment, care and support for MSM; and directs readers to key resources of WHO and other organizations, which contain the best available information on the health sector response to HIV for MSM.

Likely usefulness to participants: This document is intended for a broad range of readers including public health decision-makers, national HIV programme managers, health-care providers, managers of community-based organizations for MSM, civil society, people living with and affected by HIV, and development partners. It is rich in detail and provides a wealth of data, technical information and resources. Highly recommended.

2. *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: the current situation and national responses.* WHO/SEARO 2010.

http://www.searo.who.int/LinkFiles/Publications_MSM-combined.pdf

Summary: This assessment documents the situation of HIV among MSM and transgender populations and various national responses and was undertaken by WHO-SEARO. The countries assessed were Bangladesh, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

Key elements: The report aimed to improve regional understanding of HIV and other STIs, risk behaviours, and the nature and extent of national responses to the HIV epidemics among MSM and transgender people. The data collected and analysed are expected to inform current and future action in the South-East Asia Region to address the health needs of MSM and TG populations.

Likely usefulness to participants: The report contains a wealth of data documenting high HIV and STI prevalence, high levels of risk behaviour, and the generally very weak national responses particularly with regard to improvements to national legal and policy environments. Thus, the report provides strong evidence to advocate for more resources and improvements to national responses.

3. *IUSTI Asia Pacific Branch clinical guidelines for sexual health care of men who have sex with men.*

http://www.iusti.org/sti-information/pdf/IUSTI_AP_MSM_Nov_2006.pdf

Summary: These guidelines were developed by FHI and published in collaboration with the IUSTI Asia Pacific Branch. They describe a range of approaches to improving the clinical management of sexual health issues for MSM and transgender people. The guidelines are accompanied by a flipchart for clinicians and a range of pamphlets summarizing key sexual health issues – all of which are available online.

Key elements: Detailed descriptions of sexual health issues affecting MSM and transgender people including clinical management of STIs, sexuality with a particular focus on transgender identity and related feminization issues, and a list of resources and surgeons performing gender reassignment surgery.

Likely usefulness to participants: These guidelines were the first of their kind in Asia when published and are now somewhat outdated compared with more recent publications, particularly from WHO. However, it includes a wealth of material on transgender people that is otherwise difficult to access.

4. *A training for health care providers working with men who have sex with men and transgender persons* (CD-ROM: Facilitators' Guide, Participants' Guide, and Pocket Guide). I-TECH, 2007. All available on-line at:

<http://www.searchitech.org/itech?page=ff-09-03>

Summary: This comprehensive 17-module training curriculum with supporting materials were developed in collaboration with I-TECH (University of Washington and University of California, San Francisco), CDC and FHI – based on the IUSTI-FHI guidelines described above.

Key elements: The materials include a facilitator's guide, participant's handbook and supporting PowerPoint presentations. Topics covered include:

- Understanding the need for training on the health care needs of MSM and TG persons
- Understanding the scope of men's sexual health care needs
- Exploring the complexity of sexuality issues and further demonstrate a commitment to the training
- Understanding the complexity of MSM and TG lives and the need for further training, reflection, and discussion
- Explaining the clinical principles and steps to STI syndromic management in MSM and TG persons
- Outlining how clinicians can implement steps to reorient the clinic setting to improve the quality of health care received by MSM and TG persons.

Likely usefulness to participants: This is a major resource that would provide excellent supporting references and presentations for courses run by participants. Highly recommended.

5. Chakrapani V. *Providing quality sexual health care to men who have sex with men (MSM) and hijras in India* (Clinical Manual). Also: *Understanding men who have sex with men (MSM) and hijras & providing HIV/STI risk reduction information: basic training for clinicians & counselors in sexual health/STI/HIV* (Trainer's Manual, Handbook for Clinicians & Counselors in Sexual health/STI/HIV, and Participant's Manual). September 2005.

<http://www.indianGLBThealth.info>

Summary: These resources were developed for the Avahan: India AIDS Initiative (itself funded by the Bill & Melinda Gates Foundation). They were based on the IUSTI-FHI and I-TECH materials described above. See:

<http://www.gatesfoundation.org/avahan/Pages/overview.aspx>

Key elements: The manuals contain considerable detail on clinical issues related to the sexual health of MSM and *hijras* (transgender people) in India.

Likely usefulness to trainees: The manuals are very detailed and would make for valuable reference materials for participants.

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

http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/legal-environments--human-rights-and-hiv-responses-among-men-who.html

Summary: This report describes the findings of a study conducted of legal environments affecting HIV responses among MSM and transgender people in 48 countries and territories of the Asia and Pacific region. The study was conducted from August 2009 – June 2010, and considered legislation, cases, and published research and grey literature regarding laws, and law enforcement policies and practices. The study was informed by consultations with community representatives, legal experts and UN agencies.

Key elements: The report documents key findings including:

Repressive legal environments characterized by:

- Laws criminalizing male-to-male sex between consenting adults
- Law enforcement practices targeting MSM and transgender people for harassment, assault, extortion and detention, relating to allegations of breach of public order, sex work, trafficking or other offences
- Censorship laws restricting publication of images or messages relating to homosexuality
- Laws that restrict community-based organizations (CBOs) from obtaining legal status
- Absence of legal protections from discrimination on the grounds of sexual orientation or gender identity
- Absence of legal recognition of transgender status, for purposes including identification, passports and travel rights, voting, entitlements to welfare, and the right to marry
- Absence of legal recognition of same-sex relationships.

The report also documents in detail the consequences of repressive legislation including:

- Impeding prevention activities
- Driving MSM and transgender people away from HIV services
- Reduced self-esteem and increased risk-taking behaviours
- Legitimizing discriminatory and inhumane health services.

Detailed recommendations to governments and donors are also made in the report covering areas such as:

- Improvements to the legal environment for HIV responses
- Improvements to health sector HIV services and increased social protection.

Likely usefulness to trainees: This is a very detailed and comprehensive report, which provides great insights into the importance and relevance of the legal environment to the health and welfare of MSM and transgender people in Asia and the Pacific. This report is a highly valuable reference, particularly useful for advocacy purposes.

7. *Understanding and reducing stigma related to men who have sex with men and HIV*. UNAIDS, USAID/PEPFAR, Institute for Social Development Studies, Hanoi 2010.

http://www.unaids.org.vn/sitee/images/stories/quang/msm%20toolkit_en_preview_resize.pdf

Summary: This toolkit was developed by the Institute for Social Development Studies in Hanoi, in collaboration with UNAIDS, to guide action on understanding and challenging stigma related to MSM and transgender people and thereby contribute to HIV prevention programmes working with them.

Key elements: The toolkit helps equip individuals and agencies working in HIV prevention with the knowledge and tools to understand basic issues related to gender, sexuality and the sexual health of MSM and transgender people and to combat stigma. It includes exercises that explore, understand and challenge the stigma faced by these two groups. The exercises will assist those who work with service providers, community leaders, educators, social workers, MSM, transgender people and other individuals to facilitate the acceptance of sexual diversity, fighting for sexual rights and reducing stigma against sexual minorities and people living with HIV.

Likely usefulness to trainees: While the toolkit was developed in Viet Nam, its extensive contents would be applicable to countries across Asia and the Pacific. The many exercises would be especially useful for trainees in understanding and also for future training on stigma-related issues.

8. *Understanding and Challenging Stigma toward Men who have Sex with Men: Toolkit for Action.* ICRW, Pact 2010.

http://www.pactcambodia.org/Publications/HIV_AIDS/MSM%20Toolkit_English_Final.pdf

Summary: This comprehensive toolkit (>300 pages) was developed under Pact's Community REACH programme and funded by USAID for a Cambodian audience. The development team included staff from Pact and ICRW. Pact and ICRW developed the toolkit on a collaborative basis with Pact's local NGO partners – Men's Health Cambodia, Men's Health Social Services, and the National MSM Network-Bondanh Chaktomuk – organizations that are run by, and for, MSM.

Key elements: The toolkit consists of six chapters: an introductory chapter, plus chapters covering the following issues:

Chapter A: Naming Stigma and Discrimination toward Men who Have Sex with Men

Chapter B: Understanding What it Means to be Man who Has Sex with Men

Chapter C: Coping with Stigma and Discrimination

Chapter D: Men who Have Sex with Men and HIV

Chapter E: Moving to Action

Chapters A, B, D, and E were written for mixed audiences, including MSM themselves, community members, health workers, and police officers. For Chapter C, the audience is specifically MSM.

Likely usefulness to trainees: While the toolkit was developed for Cambodia (and translated into Khmer language), it could easily be adapted for many other country audiences. The toolkit comprises a collection of optional exercises designed for flexible use with different target groups and learning situations. Exercises can be selected for different target groups, objectives, and timeframes in any order and in any combination, as appropriate for the audience group.

Exercises can be used with a single target group (e.g. health workers or MSM); or with a mixed target group (e.g. combining health workers, MSM, and community members together). The duration can range from a three to five-day workshop, a single community meeting, or short

sessions given once a week over several weeks (say to a MSM support group or the staff of a health facility), or two to three exercises introduced as part of a longer and broader training programme on HIV.

9. *Health sector response to gender-based violence: case studies of the Asia Pacific Region (assessment and case studies)*. UNFPA 2010.

<http://asiapacific.unfpa.org/public/pid/6770>

Summary: The Regional Programme on gender of the UNFPA Asia and Pacific Regional Office commissioned an assessment and review of existing approaches to and models of health sector responses to gender-based violence (GBV) in the region. This publication includes a main publication (the assessment report) and a supplementary publication comprising seven case studies of countries including: Bangladesh, Malaysia, Maldives, Papua New Guinea, Philippines, Sri Lanka, and Timor-Leste. The assessment report analyses and documents various models and approaches of health system responses to GBV, including normative frameworks for protocols, management and referral; provision of services; capacity building and multi-sectoral linkages to GBV. It also identifies existing gaps with regard to health sector responses to GBV, documents lessons learned and presents key findings and recommendations under the following sub-headings:

- Approaches and models of service
- Capacity building
- Protocols and guidelines
- Collaboration and referral
- Screening
- Documentation and data management.

Key elements: The assessment report and case studies are based on findings from each of the respective countries documenting the following parameters:

- Prevalence of GBV
- Overarching policy framework
- Description of the health response
- Policy and protocols
- Referrals and screening
- Capacity building
- Documentation and data management
- Positive outcomes/successes
- Primary issues and challenges
- Lessons learned and recommendations
- References

Likely usefulness to trainees: Again, these are strong, well-crafted reports that are of great relevance especially for advocacy purposes. Conventionally, GBV is understood to apply almost exclusively to women. However, it is very clear that much of the violence including sexual violence (and intimate partner violence) against MSM and transgender people is based on their challenging traditional gender roles and thus must also be considered as a form of GBV.

10. *Towards Universal Access: examples of municipal HIV programming for men who have sex with men and transgender persons in six Asian Cities*

http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids/towards-universal-access-examples-of-municipal-hiv-programming-.html

Summary: This report is an outcome of the Men Who Have Sex With Men and Transgender People Multi-City HIV Initiative. The Initiative was supported by the United States Agency for International Development (USAID) and United Nations Development Programme (UNDP) in partnership with the Hong Kong Department of Health, Joint United Nations Programme on HIV/AIDS (UNAIDS), World Health Organization (WHO), Asia-Pacific Coalition on Male Sexual Health (APCOM) and the Asia-Pacific Network of People Living with HIV/AIDS (APN+). The overall goal of the Initiative was to contribute to the scale-up of effective, comprehensive and rights-based HIV responses for MSM and transgender persons in six cities: Bangkok, Chengdu, Ho Chi Minh City, Jakarta, Manila, and Yangon.

Key elements: The MSM and Transgender Multi-City HIV Initiative produced the following publications, which are available online at http://asia-pacific.undp.org/content/rbap/en/home/library/hiv_aids.html

- *Towards Universal Access: Examples of Municipal HIV programming for Men who have sex with men and Transgender persons in Six Asian Cities*
- Meeting Report: Men who have sex with men and transgender populations Multi-City Initiative; city scans and action planning meeting, 7-9 December 2010 – Hong Kong
- Methodology and Implementation Manual for Six Cities Scanning Initiative for Scale-up of HIV Responses to MSM and TG Persons
- Reference Guide
- City Scans.

The focus on these large cities recognizes the urban concentration of the HIV epidemics among MSM and transgender persons in the region. Implementation of the MSM and TG Multi-City Initiative was made up of five phases:

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

Likely usefulness to trainees: These resources offer a wealth of evidence and documentation of responses. The city scans and plans offer a wide spectrum of examples that might be applied in cities and other sites elsewhere in the region.

11. *Management of effective programmes addressing HIV prevention, treatment, care, and support for gay men and other MSM and transgender people: programme overview.* RTI International, AIDS Projects Management Group, APCOM.

<http://www.aidsprojects.com/wp-content/themes/apmg-1.0.1/documents/RTI%20APMG%20APCOM%20MSM%20TG%20Program%20management%20training%20overview%20050310.pdf>

Summary: This document summarizes the framework of an interactive training programme that draws on the latest research, policy and strategy related to HIV prevention, treatment, care and support among gay men, MSM and transgender people.

Key elements: The training aims to impart practical, sustainable knowledge and skills to programme managers, frontline service managers and health policy professionals that can enhance their leadership capacity and improve programming and service delivery. It is designed to be particularly relevant for funders, national HIV programme staff, Global Fund project managers, policy makers, frontline managers and advocates.

Likely usefulness to trainees: The framework offers a good model for training and covers most of the relevant topics in a coherent package mixing didactic and participatory methodologies.

AIDSTAR-One.

12. *Mobile clinics in India take to the road: bringing HIV testing and counselling and sexually transmitted infection services to those most at risk* (Case Study). October 2011.

13. *The Humsafar Trust, Mumbai, India: empowering communities of men who have sex with men to prevent HIV* (Case Study). May 2010.

<http://www.aidstar-one.com/>

Summary: These two short case studies describe different approaches to increasing access to and control of HIV prevention strategies with MSM and transgender people: mobile clinics and community mobilization.

Key elements:

Mobile clinics, India: The rationale for using mobile clinics, instead of referring clients to existing HIV testing and counselling centers, was based on several assumptions. One was that it would be easier for MSM and other MARPs to access services if a mobile clinic came to locations nearby (e.g. near brothels, cruising spots, truck stops, and migrant workplaces) and during convenient times (e.g. evening hours for MSM and mid-morning for truckers). Another was that targeted populations would find it more acceptable to visit mobile clinics where they could be assured of greater anonymity, respect, and attention than at venues such as government hospitals. STI screening and treatment were also added to the mobile clinics, because these were not offered at government HIV testing and counselling centers. The case study documents both achievements and challenges encountered in implementation.

Humsafar Trust, India: Humsafar Trust is one of the strongest MSM and transgender community organizations in India. The case study documents the history of the organization and the achievements and challenges of developing programmes and materials in a highly stigmatized

and illegal context. The mapping of sexual dynamics among MSM and transgenders and the novel MSM Circle model are of particular interest.

Likely usefulness to trainees: These case studies could serve as useful examples of what can be achieved with limited resources in very challenging environments.

14. *Peer and outreach education for improving the sexual health of men who have sex with men: a reference manual for peer and outreach workers.* FHI, USAID, PSI Asia, International HIV/AIDS Alliance, UNESCO, Purple Sky Network 2007.

<http://www2.unescobkk.org/hivaids/databases/publication.aspx?id=306>

Summary: A reference manual aimed at peer educators and outreach workers on basic sexual health issues – divided into modules that can be used independently.

Key elements: Detailed information about sexual health topics that a peer or outreach worker may be asked about during his work. It aims to improve the scope and accuracy of information that peer and outreach workers provide to their target audience. The manual was adapted and translated into various Asian languages:

Chinese:

http://www2.unescobkk.org/elib/publications2/2007Peer_Edu/peer_edu_chinese.pdf

Thai:

http://www2.unescobkk.org/elib/publications2/2007Peer_Edu/peer_edu_thai.pdf Khmer:

<http://unesdoc.unesco.org/images/0018/001837/183760KHM.pdf>

Mongolian and Lao: to obtain a copy of the Lao and Mongolian versions, please write to hivinfo.bgk@unesco.org

Likely usefulness to trainees: Unless the trainees include peer educators and/or outreach workers, this resource would be of limited usefulness – but it is likely that many trainees might be called upon to support or train peer educators and outreach workers, in which case, it is desirable for trainees to be aware of this excellent resource.

15. *The Manual of Islam & HIV/AIDS.* Department of Islamic Development Malaysia 2009.

www.islam.gov.my

Summary: This manual was produced by the Department of Islamic Development Malaysia (JAKIM) in cooperation with the Malaysian Ministry of Health (KKM), to provide a source of knowledge and guidance for the leaders in Islam on how to handle HIV-related issues. The manual is also intended to mitigate the stigma and discrimination against those in need of spiritual guidance and welfare.

Key elements: The manual provides an Islamic perspective on key issues as noted in the following chapters:

- Introduction
- Facts & figures

- Prevention
- Support & treatment
- Stigma & discrimination
- Duty & responsibilities of Ummah in the response to HIV
- Corpse management
- Action plan.

Likely usefulness to trainees: The manual is most likely to be used by religious leaders and covers aspects of the needs and treatment for people infected with HIV. It will also be used as a source of information and guidance for the benefit of all in the effort to the prevention and control HIV.

16. *Guideline on the use of hormonal contraceptives by Male-To-Female (MTF) Transsexuals.* Federation of Reproductive Health Associations, Malaysia 2010.

Summary: This is a short (four pages) summary of recommendation of the use of hormonal contraceptives in feminizing male-to-female transgenders.

Key elements: The guidelines use locally available contraceptives in doses that should assist with feminization while acknowledging associated health risks with suitable warnings.

Likely usefulness to trainees: Feminization issues are commonly undervalued and misunderstood by health care workers as a priority need for transgenders and these concise guidelines should provide useful guidance for their appropriate use.

17. Scoville CEG. *An assessment of HIV prevention work for the MSM population in Kuala Lumpur.* Malaysian AIDS Council, PT Foundation, 2004.

Summary: This report summarizes the situation with MSM in Kuala Lumpur in 2004.

Key elements: The assessment was primarily qualitative in nature, relying on formal interviews and informal conversations with MSM in Kuala Lumpur, as well as site visits to gay venues and cruising areas. Additionally, the assessment documents the status of advocacy efforts and the need for coalition building and reviews the implication of existing relevant penal codes on working with MSM.

Likely usefulness to trainees: The contents are somewhat out of date but contain information that is otherwise difficult to find. It is most likely to be useful to those newly working with MSM in Malaysia or those actively engaged in advocacy efforts.

18. *Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity.*

<http://yogyakartaprinciples.org/>

Summary: The Principles were developed and unanimously adopted by a distinguished group of human rights experts, from diverse regions and backgrounds, including judges, academics, a former UN High Commissioner for Human Rights, UN Special Procedures, members of treaty bodies, NGOs and others. They were being launched in 2007 at events coinciding with the UN Human Rights Council's session in Geneva, where, in 2006, 54 States called for the Council to act against egregious violations of the rights of lesbian, gay, bisexual, and transgender people.

A key event in the development of the Principles was an international seminar of many of these legal experts that took place in Yogyakarta, Indonesia at Gadjah Mada University, Indonesia in 2006. That seminar clarified the nature, scope and implementation of States' human rights obligations in relation to sexual orientation and gender identity under existing human rights treaties and law.

Key elements: The Yogyakarta Principles address the broad range of human rights standards and their application to issues of sexual orientation and gender identity. These include extrajudicial executions, violence and torture, access to justice, privacy, non-discrimination, rights to freedom of expression and assembly, employment, health, education, immigration and refugee issues, public participation, and a variety of other rights.

Likely usefulness to participants: These principles are most likely to be of use in advocacy work but the sections relating to access to health care are highly relevant.

Africa

1. *From top to bottom: a sex-positive approach for men who have sex with men. A manual for health care providers.* Anova Health Institute 2011.

<http://www.anovahealth.co.za/resources/entry/toptobottom/>

2. Also: *MSM in your pocket – sexual health care for men who have sex with men.* Anova Health Institute 2011.

3. Also: *Recreational drugs and substance abuse: what men should know; Sexually transmitted infections (STIs): what men should know; HIV transmission and treatment: what men should know; and others*

www.health4men.co.za

Summary: These resources from South Africa range from an excellent clinical training manual to a pocket guide and very useful pamphlets on topics highly relevant to MSM including drug use.

Key elements: Most of these resources are very sex-positive and many are bilingual (English and Afrikaans). The related websites are also very useful and offer an excellent model of how Internet resources can complement printed materials with electronic newsletters, referral networks and news alerts.

Likely usefulness to trainees: In particular, the clinical manual is an excellent training resource full of current technical information in a user-friendly format. Similarly, the pamphlets are some of the better examples seen from programmes in recent times. Highly recommended.

4. *MSM: an introductory guide for health workers in Africa.* Desmond Tutu HIV Foundation 2009.

www.desmondtutuhivfoundation.org.za

Summary: This is another excellent clinical manual from experts in South Africa. It covers a diverse array of complex topics in great detail.

Key elements: The key issues covered by this manual include:

- Epidemiology and HIV and STI vulnerabilities of MSM in Africa
- Stigma
- Sexual identity and disclosure
- Sexual practices
- HIV and other STIs
- Mental health issues
- Risk reduction counselling.

Likely usefulness to trainees: Given the range of issues covered and the depth to which they are explored, this is a very useful resource. Highly recommended.

AIDSTAR-One.

5. *CEPEHRG and Maritime, Ghana: engaging new partners and new technologies to prevent HIV among men who have sex with men (Case Study)*. January 2010.

<http://www.aidstar-one.com/>

Summary: This publication highlights what can be achieved working with MSM even where homosexual behaviour is illegal and highly stigmatized.

Key elements: This case study from Ghana shows that, with good awareness of the local situation and understanding how to reach and communicate with MSM in a very hostile environment, much can still be achieved. The Ghana groups' recommendations include the following:

- Leverage MSM community knowledge
- Undertake formative research
- Pilot interventions
- Find an appropriate balance with rights advocacy
- Increase resource investment in HIV programming for MSM
- Use social networks to reach MSM
- Engage multiple partners to implement programming for MSM
- Link MSM clients to government health facilities with health care workers trained to provide MSM-friendly services
- Remain sensitive to social hostility and the criminal status of MSM.

The Ghana groups also made good use of modern technologies including short-message services (SMS) via mobile phones (The "Text Me! Flash Me!" Program) and also through a telephone hotline.

Likely usefulness to trainees: These case studies highlight what can be achieved in challenging environments.

6. *Arnott J, Crago A-L. Rights not rescue: A report on female, male, and trans sex workers' human rights in Botswana, Namibia, and South Africa*. Open Society Initiative for Southern Africa Sexual Health and Rights Project, June 2009.

http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/rights_20081114

Summary: This is a comprehensive recent report of a multi-country study on the human rights situations for sex workers in Botswana, Namibia, and South Africa.

Key elements: The criminalization of sex work in Botswana, Namibia, and South Africa leaves sex workers vulnerable to sexual and physical abuse, as well as extortion, from law enforcement officers such as police and border guards. Human rights violations and a lack of safe and supportive working conditions render sex workers particularly vulnerable to HIV. The study was based on interviews and focus groups with 89 adult sex workers. Interviews were also conducted with 11 NGOs that work with sex workers. In addition to documenting widespread human rights abuses against sex workers, the report describes innovative organizing tactics among sex workers to redress these rights violations. The report highlights opportunities for NGOs, governments, donors, and UN agencies to expand rights-based approaches to sex work that will ultimately improve the health and well-being of sex workers.

Likely usefulness to trainees: Many agencies and health care workers express powerlessness in being able to respond to the human rights violations of sex workers, including male and transgender sex workers. This report provides examples of what can be achieved to reverse this situation. This is of particular relevance in parts of Asia and the Pacific where one of the major risks for HIV transmission is sexual violence in settings where male and transgender sex workers are highly unlikely to be able to access either the legal or health services they vitally need at such times.

7. *Sexual minorities, human rights and HIV/AIDS: a trainer's guide.* Prevention and Research Initiative for Sexual Minorities (PRISM) for Botswana Network on Ethics, Law, and HIV/AIDS (BONELA).

http://bonela.org/index.php?option=com_content&view=article&id=113&Itemid=253

Summary: This trainer's guide contains a set of educational exercises to raise awareness of sexual minorities, human rights and HIV, and the strategies and skills to challenge stigma and discrimination towards sexual minorities. It is designed for the use of PRISM and other organizations who are involved in training on this topic.

Key elements: The following chapter titles give insight into the breadth and depth of the trainer's guide:

- Naming Stigma towards Sexual Minorities
- Sexuality, Gender Expression, and Sexual Orientation
- Coping with Stigma and Discrimination
- Sexual Minorities and HIV
- Moving to Action

Likely usefulness to trainees: The guide is likely to be used by trainers conducting short workshops to teach people about the issues facing sexual minorities and what might be done to improve their situation. The quality of the content is high and based on materials developed in Cambodia (Pact and International Center for Research on Women), India (The Naz Foundation [India] Trust), and elsewhere. Highly recommended.

USA

1. *Top Health Issues for LGBT Populations Information & Resource Kit*. Center for Substance Abuse Prevention, U.S. Department of Health and Human Services. HHS Publication No. (SMA) 12-4684. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012.
<http://store.samhsa.gov/product/Top-Health-Issues-for-LGBT-Populations/SMA12-4684>

Summary: This is a recent US-oriented toolkit with a supporting PowerPoint presentation identifying and describing the major health priorities for each sub-population of LGBT groups.

Key elements: Each sub-population's health priorities are described in detail. The preliminary discussion about terminology and sexual orientation and gender identity is excellent and superbly referenced.

Likely usefulness to participants: This textbook is heavily oriented to US readers and is technically demanding, especially for those with English as a second language. However, the quality of the contents is superb, making this a highly recommended resource as a reference, particularly for those likely to be training undergraduate and post-graduate health workers.

2. Makadon HJ, Mayer KH, Potter J, Goldhammer H. *Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. American College of Physicians 2008.
www.acponline.org/fenwayguide [for downloadable versions of specific forms presented in the textbook as well as additional materials].

This title is also available as an e-book [see: <http://www.acppress-ebooks.com/product/fenway-guide-to-lesbian-gay-bisexual-transgender-health>].

Summary: This is a high-level, medical textbook aimed at US-based physicians and is co-authored by a large number of US technical experts.

Key elements: The textbook brings a wide range of often difficult-to-find knowledge and experience into a single source. The book is split into six sections [each with a number of detailed chapters] and some very useful appendices. The six sections cover issues such as:

- Understanding LGBT populations
- The life continuum
- Health promotion and disease prevention
- Transgender and intersex health
- Patient communication and the office environment
- Legal issues and the LGBT community.

Likely usefulness to participants: As with the previous toolkit, this textbook is heavily oriented to the US health care environment and is technically demanding, especially for those with English as a second language. However, the quality of the contents is extremely high, making this a highly recommended resource for reference purposes.

3. *Care of the HIV-infected transgender patient*. World Professional Association of Transgender Health, 2012 update.

<http://www.hivguidelines.org/wp-content/uploads/care-of-the-hiv-infected-transgender-patient-posted-01-25-2012.pdf>

Summary: Based on the 2012 World Professional Association of Transgender Health update on the care of HIV-infected transgender patients, the New York State Department of Health AIDS Institute issued these concise guidelines for health care workers.

Key elements: The guidelines summarise many fundamental aspects of general healthcare for transgender patients such as pelvic examination, cytology, assessment for STIs such as gonorrhoea and chlamydia as well as specific issues related to cross-gender therapy (i.e. approaches such as hormone therapy aimed at feminization or masculinization) and their interactions with HIV treatments such as antiretroviral treatment.

Additionally, the guidelines provide a wealth of resources (e.g. relevant websites) and supporting references. Finally, the guidelines offer a summary of age-appropriate diagnostic and screening procedures.

Likely usefulness to trainees: The guidelines are strongly aligned to the resource-rich context of the United States – but much of the content could be used by health care workers in resource-poor settings. Additionally, it should be observed that guidelines such as these are rare and thus also valuable in that respect.

4. *Community standards of practice for provision of quality health care services for gay, lesbian, bisexual and transgendered clients*. The Gay, Lesbian, Bisexual and Transgender Health Access Project, Boston MA.

<http://www.glbthealth.org/documents/SOP.pdf>

Summary: These standards are based on the recommendations of a community Working Group of over 60 consumers, providers, public and private agency administrators and staff convened by the GLBT Health Access Project. The group was guided by four principles:

- The elimination of discrimination on the basis of sexual orientation and gender identity
- The promotion and provision of full and equal access to services
- The elimination of stigmatization of GLBT people and their families
- The creation of health service environments where it is safe for people to be “out” to their providers.

Key elements: The standards address both administrative practices and service delivery components of services including the following:

- Personnel
- Client’s Rights
- Intake and Assessment
- Service Planning and Delivery
- Confidentiality
- Community Outreach and Health Promotion.

Likely usefulness to trainees: The standards of practice and quality indicators outlined in the document will guide and assist providers in improving the quality of and access to health care services for GLBT people.

Elsewhere

1. *Blueprint for the provision of comprehensive care to gay men and other men who have sex with men (MSM) in Latin America and the Caribbean.* PAHO 2009.

<http://new.paho.org/hq/dmdocuments/2010/Blueprint%20MSM%20Final%20ENGLISH.pdf>

Summary: The “Blueprint” was created as a guide for clinicians and health administrators in Latin America and the Caribbean (LAC) Region countries, in both the formal health sector as well as within specialized MSM health clinics. It was intended to strengthen the ability of health care providers to address the distinct health needs of gay men and other MSM within the context of health promotion and health care delivery. Key elements: This is a very comprehensive document reflecting the inputs of a large number of community representatives and other technical experts. Topics explored in the “Blueprint” include:

- Conditions affecting MSM in the LAC Region
- MSM health determinants
- MSM health challenges
- MSM self-care and health-seeking behaviours
- Planning MSM-inclusive health care settings
- MSM service delivery approaches
- Management algorithms:
 - First clinical evaluation
 - HIV risk and infection
 - Sexually transmitted infections
 - Ano-rectal health
 - Substance use and associated problems
 - Sexual concerns
 - Emotional and mental health
 - Consequences of violence
 - MSM health promotion activities
 - Health outreach for MSM
 - Considerations for working with young MSM
- Community-clinic interaction.

Likely usefulness to trainees: While the “Blueprint” was developed to address issues more specific to the LAC region, many of these concerns are common to Asia and the Pacific and many of the responses described are highly relevant to this region. The “Blueprint” should serve as a reference document to crosscheck whether additional value might be derived from its contents for Asia and the Pacific.

Annex 3:

Relevant MSM and transgender electronic discussion lists

Electronic discussion lists are both a blessing and a curse – they enable you to stay up-to-date on many issues but can drown you in information that you really do not want. Striking a useful and manageable balance can be a challenge.

Electronic discussion lists come in many forms. In the early days of internet, they were known by the brand name “Listserv”. They basically allow you to send one email to a list of subscribers to a list. Discussion groups are hosted by Google, Yahoo, and organizations that use technology to run their own groups.

If you become a member of many discussion lists, you will receive a lot of e-mails that you might not want to read and which will clutter your Inbox – so you might need to set up some “rules” or e-mail filters that automatically move the messages into folders named after the discussion groups. You can delete them later as needed without cluttering your inbox. It is pretty easy to set this up.

Here is a list of relevant electronic discussion lists. You can subscribe to many of the lists via their websites or by sending e-mails as indicated below.

COUNTRY-SPECIFIC AND REGION-SPECIFIC LISTS

ASIA REGIONAL

1. MSM Sexual Health – Asia group

To post to this group, send an email to msm-asia@googlegroups.com

To subscribe from this group, send an email to msm-asia+subscribe@googlegroups.com

For more options, visit this group at: <http://groups.google.co.th/group/msm-asia?hl=en>

2. Transgender Asia News

- To join the list, send a personal request message to: Dr Sam Winter, Director, TransgenderASIA, Associate Professor, Division of Learning, Development and Diversity, Faculty of Education, University of Hong Kong at: sjwinter@hkusua.hku.hk
See: <http://web.hku.hk/~sjwinter/TransgenderASIA/index.htm>

AFRICA REGIONAL

1. AF-AIDS

To join, send a blank message to: join-af-aids@forums.healthdev.org

To submit a posting, send to af-aids@forums.healthdev.org

2. AFRO-NETS

To subscribe to this list, send a message to: afro-nets-join@healthnet.org

To post to this list, send your message to: afro-nets@healthnet.org

3. LGBTI_health_africa

See: http://groups.yahoo.com/group/LGBTI_health_africa/

This group is run by Paul Semugoma and is focused on the health of lesbians, gay men, bisexuals, transgenders and intersex people in Africa. It covers issues including HIV, STIs and mental health.

To post a message, send a message to: LGBTI_health_africa@yahoogroups.com

To subscribe, send a message to: LGBTI_health_africa-subscribe@yahoogroups.com

OTHER HIV AND STI-SPECIFIC LISTS

1. International Rectal Microbicide Advocates (IRMA)

See: www.rectalmicrobicides.org

To join send a message to: rectalmicro@gmail.com

2. Global Forum on MSM and HIV

The Global Forum website is a place for you to submit upcoming HIV and gay/MSM-related events. For a listing of current events, visit the website:

www.msmandhiv.org/whatsnew/upcoming.html

To list upcoming events email them to: contact@msmandhiv.org

3. Sex and Repro Health

- This is a list run by Graham Neilsen.
- To join the list, send a blank message to: SexandReproHealth@yahoogroups.com
- To submit a posting, send to: SexandReproHealth@yahoogroups.com
See: <http://groups.yahoo.com/group/SexandReproHealth>



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