



# TOWARDS UNIVERSAL ACCESS

## Examples of Municipal HIV Programming for Men who have Sex with Men and Transgender People in Six Asian Cities



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1. Towards Universal Access: Examples of Municipal HIV programming for Men who have sex with men and Transgender persons in Six Asian Cities
2. 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
3. Methodology and Implementation Manual for Six Cities Scanning Initiative for Scale-up of HIV Responses to MSM and TG Persons
4. Reference Guide
5. 6 City Scans

## ACRONYMS AND ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APMG	AIDS Projects Management Group
APN+	Asia Pacific Network of People Living with HIV/AIDS
ART	Antiretroviral treatment
ASEAN	Association of South East Asian Nations
BCC	Behaviour change communication
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention
FHI	Family Health International
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GLBT	Gay, lesbian, bisexual and transgender people
HIV	Human immunodeficiency virus
HPI	Health Policy Initiative
IBBS	Integrated bio-behavioural survey
IEC	Information, education and communication
ICT	Information communication technology
MSM	Men who have sex with men
NGO	Non-government organisation
PLHIV	People living with HIV
PSN	Purple Sky Network
STI	Sexually transmitted infection
SWING	Service Workers in Group Foundation
TUC	Thai Ministry of Public Health and US Centers for Disease Control Collaboration
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
VCT	Voluntary counselling and testing
WHO	World Health Organization



# 1. INTRODUCTION

## 1.1 Definition of terms: men who have sex with men and transgender persons

This report defines the terms 'men who have sex with men' and 'transgender people' as follows:

'Men who have sex with men' and the corresponding acronym 'MSM' refer to all men who engage in homosexual behaviour, regardless of gender identity, motivation for engaging in sex, or identification with any particular 'community'. The words 'man' and 'sex' are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male-to-male sex takes place. The term 'gay' is used by some people to refer to a sexual identity that they apply to themselves and other men that is based on the sex they have with other men.

Transgender people are individuals whose gender identity and/or gender expression differ from the socially-assigned gender identity at birth. The terms 'transgender person' and 'transgendered people' describe a wide range of identities, roles and experiences which can vary considerably from one culture to another. Transgender persons in Asia often identify themselves in local indigenous terms (for example, *waria* in Indonesia and *kathoey* in Thailand).

## 1.2 About this report

This report describes specific examples of programme activities that seek to address HIV and promote health and rights among MSM and transgender people in six Asian cities: *Bangkok, Thailand; Chengdu, China; Ho Chi Minh City, Viet Nam; Jakarta, Indonesia; Manila, the Philippines; and Yangon, Myanmar.*

These examples, identified through consultation with local HIV leaders and practitioners in those six cities, are presented here to inform planning, design, and delivery of health and community services at the municipal level.

Ultimately, these types of activities, if widely adopted and scaled up in combination, would lead to a reduction in rates of HIV infection, improve access to health services, and reduce human rights violations in urban areas and cities in the Asia-Pacific region.

A detailed methodology for the scanning exercise and each city report is available at [www.undp.org](http://www.undp.org), and is summarized below:

- In August 2010, local community consultants in each of the six cities were recruited and trained. This six cities scan was designed to use Appreciative Inquiry techniques, aimed at documenting new ideas and emerging potentials in local practice. Consultants were trained to collect narrative stories, using a participatory inquiry approach to consult with and reach consensus among local leaders about what might be innovative and interesting in local service delivery. Where locals could not reach consensus, consultants used the regional framework outlined in the *Comprehensive Response to HIV Services to MSM and Transgender people in Asia Pacific* to determine which local activities to study.
- In September 2010, local consultants completed the initial scan in their respective cities over approximately five working days.
- In October and November 2010, consultants produced a report about activities in their cities.
- These findings were compiled and presented as a background resource to inform a Multi-City MSM and Transgender Populations Action Meeting held in Hong Kong in December 2010. This meeting brought together leaders from across the city-based responses in Asia and was supported by USAID, the UN, APCOM, APN+ and the Hong Kong Department of Health.

This review of HIV-related programming for MSM and transgender people is produced in the context of a range of related municipal, national, regional and global efforts to promote health and human rights; advance universal access to HIV prevention, treatment, care and support; and achieve the Millennium Development Goals. As such, this report builds from several key national, regional, and global documents (see Table 1).

**Table 1: Key recent national, regional, and global documents about HIV programming for MSM and transgender people**

Document title	Description
National AIDS plans of China, Indonesia, Philippines, Myanmar, Thailand, and Viet Nam <sup>1 2 3 4 5</sup>	National AIDS plans of each country are intended to guide the design, delivery, monitoring and evaluation of HIV programming, including coordination among national, city, and district governments.
Legal environments, human rights and HIV responses among MSM and transgender people in Asia and the Pacific: An agenda for action (2010)	Produced by UNDP and APCOM, this report reviews legal environments affecting HIV responses among MSM and transgender people in 48 countries and territories of the Asia Pacific region.
Developing a Comprehensive Package of Services to Reduce HIV among MSM and Transgender Populations in Asia and the Pacific (2009)	Produced by UNDP, ASEAN, WHO, USAID Asia, UNESCO, UNAIDS and APCOM, this document describes a consensus process and recommended definition of a comprehensive package of services and programmes to support HIV prevention, treatment and care for MSM and transgender people at the local and national level in the Asia Pacific region.
Priority HIV and sexual health interventions in the health sector for MSM and transgender people in the Asia Pacific Region (2009)	Produced by WHO, UNDP, UNAIDS, the Hong Kong Department of Health and APCOM, this report provides a recommended definition of priority health sector interventions for MSM and transgender people in the Asia Pacific region.
The Asia Regional Consultation on MSM HIV Care and Support Meeting Report (2009)	Produced by USAID Asia and UNDP, this report describes priority health sector interventions, key policy and technical recommendations, and a directory of additional informational resources for HIV care and support programming for MSM.
The UNAIDS Action Framework: To Promote Universal Access for Men who have Sex with Men (MSM) and Transgender People (2009)	Released by UNDP and UNAIDS, this report provides guidance for a range of UN initiatives aimed at strengthening global, regional, and country-level responses to HIV and promoting the health and human rights of all people marginalized due to sexual orientation and gender identity.
Joint UN Outcome Framework Business Case to Achieve Universal Access for MSM and Transgender People (2011)	Guidance for new UNAIDS actions for health and rights of MSM, sex workers and transgender people in as many as 120 municipalities by 2015, aiming specifically to support quality comprehensive HIV programming, support robust rights-based programming, and build and fortify informed, vocal and capable community-based organisations.

1 Philippine National AIDS Council. 2010. Country report of the Philippines January 2008 to December 2009 UNGASS. Available at: [www.aidsdatahub.org](http://www.aidsdatahub.org)

2 National AIDS Commission Indonesia. 2010. Republic of Indonesia Country Report on the Follow up to the Declaration of commitment on HIV/AIDS UNGASS Reporting Period 2008-2009; pp. 77-80. Available at: [www.aidsdatahub.org](http://www.aidsdatahub.org)

3 The Government of the Union of Myanmar. 2010. Union of Myanmar – UNGASS Report 2010; p. 37. Available at: [www.data.unaids.org](http://www.data.unaids.org)

4 Government of the Socialist Republic of Viet Nam. National Strategy for the Prevention and Control of HIV until 2010 with a vision to 2020; p. 5. Available at: [www.aidsdatahub.org](http://www.aidsdatahub.org)

5 National AIDS Prevention and Alleviation Committee Thailand. 2009. UNAIDS Country Progress Report, Thailand 2010; p. 31. Available at: [www.aidsdatahub.org](http://www.aidsdatahub.org)



## 2. EXECUTIVE SUMMARY

HIV infection among men who have sex with men (MSM) and transgender people in the Asia Pacific region is now a serious health emergency. MSM in the region are 19 times more likely to be living with HIV than the general population,<sup>6</sup> but the proportion of MSM reached with HIV prevention, treatment, care, and support remains low.<sup>7</sup>

This report is a review of examples of programme activities seeking to address HIV and promote health and rights among MSM and transgender people in six Asian cities: *Bangkok, Thailand; Chengdu, China; Ho Chi Minh City, Viet Nam; Jakarta, Indonesia; Manila, the Philippines; and Yangon, Myanmar*. All have large and growing populations, and each also has a burgeoning middle class as well as millions of people living in poverty with little access to health or social welfare services.<sup>8</sup> For many MSM and transgender people, these cities offer new freedoms for expression of sexuality and gender identity. At the same time, people living in these cities confront social dislocation and insufficient economic opportunities relative to demand. This produces contexts and patterns of vulnerability to HIV and human rights violations.<sup>9</sup> Therefore, there is an urgent need for targeted planning and scale-up of health and social services in each of these cities.<sup>10 11</sup>

This report describes specific examples of programme activities that seek to address HIV and promote health and rights among MSM and transgender people in six Asian cities. This information can be used in at least two ways:

- **In the six cities**, this document can inform planning, design, and delivery of combination health and community services at a municipal level. It is important to emphasise the concept of 'combination' interventions, where many component activities are scaled up together in a linked and mutually-reinforcing approach. In the Annex 1, below, we present a framework that links all of the concepts raised in this document, to help understand how they can be presented and used in a unified way.
- **Throughout the Asia Pacific region and elsewhere in the world**, this document can introduce ideas and models for mobilizing a greater response. This report highlights specific programme examples from 6 of the 22 megacities of the world. Ultimately, these types of activities, if widely adopted and scaled up in combination, may help to reduce rates of HIV infection, improve access to health services, and reduce human rights violations in other megacities in other regions, such as and including Lagos, Cairo, Istanbul, Moscow, Mexico City, Sao Paulo, and Rio de Janeiro, and in other cities throughout the world.

The Commission on AIDS in Asia predicts that unless effective prevention measures are intensified, by 2020 around half (46 percent) of new HIV infections in Asia will be among MSM, up from 13 percent in 2008.<sup>12</sup> Alarming, this is already the case in some of the cities included in this MSM and Transgender Multi-City HIV Initiative. The most recently available data from the six cities show high rates of HIV in comparison with the overall population:

- **Bangkok:** HIV prevalence in cross-sectional surveys of MSM increased rapidly from 17 percent in 2003 to 31 percent in 2010. HIV prevalence among MSM attending the Silom Community Clinic increased

6 Baral, S, Sifakis, F, Cleghorn F and Beyrer C. 2007. Elevated Risk of HIV Infection among Men Who Have Sex with Men in Low and Middle Income Countries 2000-2006: A Systematic Review. *PLoS Med* 4, no 12 (2007): e339.

7 USAID. 2008. HIV Prevention for Hard-to-Reach Men Who Have Sex with Men. AIDSTAR-One. Available at: [www.aidstar-one.com](http://www.aidstar-one.com)

8 UN-HABITAT. 2010. State of Asian Cities Report 2010/2011. Available at: [www.unhabitat.org](http://www.unhabitat.org)

9 Steinfatt, Thomas, M. 2002. Working At The Bar: Sex Work and Health Communication in Thailand. Ablex Publishing Westport, CT. United States of America; p. 8.

10 Lupton, Deborah. 1995. The Imperative of Health: Public Health and the Regulated Body. Sage Publications. London, United Kingdom; p. 28.

11 UN-HABITAT. 2010. State of Asian Cities Report 2010/2011. Available at: [www.unhabitat.org](http://www.unhabitat.org)

12 The Commission on AIDS in Asia. 2008. Redefining AIDS in Asia: Crafting an effective response. Oxford University Press, New Delhi, India; p. 49.

from 25 percent in 2005 to 35 percent in 2010. HIV incidence in the MSM Cohort Study averaged 6 percent over the last four years. Incidence was highest among young MSM aged 18-21, with 30 percent becoming HIV infected over four years.<sup>13</sup> Overall HIV prevalence among a 2005 sample of 474 transgender people in Bangkok, Chiang Mai and Phuket was 13.5 percent.<sup>14</sup>

- **Chengdu:** In 2007 HIV prevalence among MSM in Chengdu was 9.1 percent. HIV epidemiology data from other Chinese cities show a potential for this rate to rise among MSM in Chengdu.
- **Ho Chi Minh City:** HIV prevalence among MSM almost tripled between 2006 and 2009, rising from 5.3 percent to 14.8 percent.<sup>15</sup> Over the same period HIV prevalence among Hanoi MSM increased from 9.4 percent to 17.3 percent. These rapid increases in HIV prevalence are similar to the Bangkok pattern.
- **Jakarta:** HIV prevalence among MSM in Jakarta increased four-fold from 2 percent in 2003 to 8.1 percent in 2007. Over the same period, HIV prevalence among transgender persons increased from 25 percent to 34 percent.<sup>16</sup>
- **Manila:** Newly reported HIV and AIDS cases among MSM in the Philippines more than quadrupled between 2006 and 2009. MSM accounted for approximately 70 percent of all new HIV case reports in the Philippines in 2008-2009.
- **Yangon:** HIV prevalence among MSM in the 2007 health surveillance survey was 23.5 percent. In the 2009 survey, with a larger sample of men, prevalence was still high at 12.5 percent.

As this report makes clear, efforts are under way in many places in the region to halt these trends. Some programme examples, identified through consultation with local HIV leaders and practitioners in those six cities, are presented in this report to inform planning, design, and delivery of health and community services at a municipal level.

Key findings of this report include:

**Community-based organisations and their services** are crucial to the scaling-up of services to MSM and transgender people in megacities in the Asia region. Community organisations are flexible, innovative and can be quick to implement new ideas. Many community organisations generally receive only short-term funding, experience dramatic fluctuations in their year-to-year revenue, and offer only small-scale services, but the 2010 six-city scan identified several areas of programme innovation and capacity for reaching MSM and transgender populations at a large scale.

- **Online and new information and communications technologies** feature prominently among the range of services highlighted by community organisations. Some have redesigned their service delivery systems to take advantage of the increasing numbers of MSM and transgender people who are online. But many community organisations need training and funding to provide online services and to benefit from the multiple ways that the internet can be used to generate revenue and promote their services online.
- **Large-scale annual community events** represent an opportunity to expand promotion of HIV-related health and rights at a sub-population level among MSM and transgender people. Participants underscored improved use of mainstream and 'gay' print and online media to expand the reach of these activities.
- **MSM- and transgender-led community services** are an affordable and supportive option for national and city governments. These community-generated movements are currently the only resource that

13 van Griensven, Frits, et al. 2010. Trends in HIV Prevalence, Estimated HIV Incidence and Risk Behaviour Among Men Who Have Sex With Men in Bangkok, Thailand, 2003-2007. In, *JAIDS Journal of Acquired Immune Deficiency Syndromes*: February 2010 – Vol 53, Issue 2, p. 234-239.

14 van Griensven, Frits, et al. 2010. HIV Prevalence, Risk Behaviour, Hormone Use and Surgical History Among Transgender Persons in Thailand. *AIDS and Behaviour*.

15 Family Health International. 2006. The HIV prevalence among MSM in Ho Chi Minh City. What do we know? Available at: [www.fhi.org](http://www.fhi.org)

16 Indonesia Department of Health, National AIDS Commission and Family Health International ASA Project. IBBS Report. 2008. IBBS among Most At Risk Groups in Indonesia – MSM, 2007; p. 3. Available at: [www.aidsindonesia.or.id](http://www.aidsindonesia.or.id)

city and national governments have to reach many of the multiple and complex sub-populations of MSM and transgender people across Asia's megacities.

- **Public-private partnerships** are evident in all six cities, with cooperation across multiple sectors appearing to result in increased sharing and contribution of specialised expertise for the production of health promotion materials as well as the use of online modalities to reach MSM and transgender people, including those living with HIV.

**Public health services** are vital to the HIV-related health and rights of MSM and transgender people, especially in providing accessible quality HIV prevention, treatment, care and support.

- **City government planning, coordination and leadership** are clearly important forces for good practice and scale-up. A four-step plan for city governments, based on some best-practice examples, is outlined in this report.
- **HIV and STI testing and counselling** are an important area where programmes are seeking new ways to ensure high quality and improved accessibility of public health services and HIV treatment and care delivery.
- **People living with HIV** are a visible source of innovation and leadership, participating in innovative community-clinic partnerships for the delivery of HIV treatment, care, and support, including case coordination, adherence counselling and hospital-to-community care and support.
- **Governmental and international partners** are also identified as essential for HIV programming for MSM and transgender people, providing the incentives needed to establish new clinical services, and supporting ongoing research and evaluation of integrated prevention, treatment, care and support service models. Further analysis is needed in all six cities about the potential and process of transitioning HIV programmes from international management to government-led administration and the parameters of national co-investment in programmes largely funded from international sources.

**Enabling environments**, and factors influencing the potential accessibility and scale-up of HIV programmes, are a major theme in this six-city programme review.

- **The specific needs and issues of sub-populations of MSM and transgender people** emerged as a gap and challenge in programming in all six cities. The burden of HIV, health disparities, and human rights violations, and accessibility of programme services, is not evenly distributed across populations of MSM and transgender people. Tailored interventions are needed for male sex workers as well as those who are having unprotected sex with multiple partners and who might be engaging in injecting drug use, and for those who are younger, poorer, less educated, recently incarcerated, recent migrants, and/or homeless.

Transgender people are absent in the programmes and strategies of most community HIV programmes, even though they face very high rates of HIV infection. Transgender people also require specialised health, legal, and human rights services related to gender identity, particularly where they experience heightened levels of violence, unemployment, poverty, undue police harassment and arrest, and rejection from health services. Sex work remains illegal or highly stigmatised in the six cities, creating serious barriers to promotion of health and access to services.

Adolescents and youth also face specific vulnerabilities, including economic and legal dependency. For example, minors often must have parental permission to access health services and/or tests for HIV; such requirements can limit uptake among young MSM and transgender people. Also, community organisations are required to undergo onerous accreditation processes to openly work with young people and, in some of the six cities, this resulted in extended delays to providing HIV services.

- **Advocacy, rights and the law** emerged as a strong area for innovative programming, including rights campaigns and the potential of GLBT rights-based organisations to make valuable contributions to enabling the environment. Legal representation services have been supported by the international community in the Greater Mekong Region and China. Several initiatives for engaging and working with local law enforcement have demonstrated success.

- **Champions for health and rights programmes** exist in all six cities, playing a vital role in encouraging broad government support, improving service delivery in the clinic setting, and connecting local advocacy, expertise and coordination. Celebrities such as actors, singers and designers can play effective roles in raising awareness about the importance of HIV initiatives.

USAID and UNDP recently noted that it is difficult not to use the word ‘crisis’ to refer to the state of the HIV epidemic among MSM and transgender people.<sup>17</sup> Governments can and must take action now to prevent further HIV infection and cases of AIDS among MSM and transgender people.

By documenting and sharing these locally innovative practices that could be more widely adopted and scaled up in combination, this document aims to inform planning, design, and delivery of health and community services at a municipal level in Asia’s megacities to mitigate the impact of HIV epidemics while also contributing to broader health, human rights, and human development goals.

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<sup>17</sup> USAID Asia and UNDP. 2009. Asia Regional Consultation on MSM HIV Care and Support Meeting Report November 2009; p. 1.

### 3. COMMUNITY SERVICES IN HIV PREVENTION, TREATMENT, CARE AND SUPPORT

*The Comprehensive Package of HIV Services for MSM and Transgender People in Asia and the Pacific* (henceforth *The Comprehensive Response*) calls for programmes that include peer outreach, peer education and drop-in services as well as promotion of, and access to, the means of HIV prevention.<sup>18</sup> It highlights that services need to be provided by a variety of organisations and take into account the range of MSM and transgender sub-populations and the ways they vary from setting to setting. Consensus at the *Asia Regional Consultation on MSM HIV Care and Support Meeting* in Bangkok, Thailand in November 2009 (henceforth called the *Care and Support Regional Consensus Meeting*) was that “no one size fits all”;<sup>19</sup> and the meeting recommended “strengthening links between community-based MSM care and support and facility-based services.”<sup>20</sup>

Results from the six city scanning exercise underpinning this report reinforced those findings. The scan found a wide variety of HIV community services which appeared to consider the range of MSM and transgender sub-populations in each setting and attempt to design services to meet different preferences and needs. **Online and new technologies** emerged as a preeminent approach for programmes to boost capacity to reach large numbers, including young people and ‘hidden’ or ‘harder to reach’ MSM. **City-based cultural events** also surfaced as an essential strategy to reach large numbers of MSM and transgender people with HIV and other health messaging in a number of cities. **MSM- and transgender-led services** were widely cited as a critical element of city-based responses, for the reason that these peer-led services are able to reach deep into their specific sub-populations more easily and thoroughly than most public-sector programs. **Public/private partnerships** were evident in all the cities scanned, and cross-sector collaboration was highlighted as adding much needed expertise as well as financial and other resources to local HIV responses.

HIV testing and counselling integrated with both STI prevention and treatment and access to HIV treatment, care and support are strongly highlighted in the HIV prevention section of *The Comprehensive Response*. This recommendation was echoed by regional leaders at the *Care and Support Regional Consensus Meeting* in Bangkok in 2009. They noted that integration “can be less costly and more effective than establishing new services”<sup>21</sup> and emphasized “the link between HIV testing and counselling and ongoing HIV treatment, care and support.”<sup>22</sup>

#### 3.1 Internet and emerging new technologies

“If we are to reach gay teens and young people effectively,” then we need to provide them with “something new.”

- Vittaya Saeng-Aroon from Global Fish Media in Bangkok<sup>23</sup>

Large numbers of MSM and transgender people - including young people and those classified as ‘harder to reach MSM’ are turning to the internet to make new friends, find information and meet or ‘hook up’ for social

18 UNDP, ASEAN, USAID Asia, UNESCO, UNAIDS and APCOM. 2009. 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. 29 June–1 July 2009. Bangkok, Thailand; p. 8.

19 Ibid. USAID, et al. 2009; p. 6.

20 Ibid. p. 9.

21 Ibid. p. 6.

22 Ibid. UNDP, et al. 2009; p. 9.

23 UNDP. 2010. Thailand City Scan Report: Love Auditions Mini-Series; p. 34.

and sexual contact.<sup>24 25 26</sup> The *Asia Regional Consultation on MSM HIV Care and Support Meeting* noted that “the online ‘venue’ for MSM is larger than all physical venues combined” and that use of the internet in Asia has grown “at an astounding rate” of “475 percent from 2000 to 2008.”<sup>27</sup> Participants in the city scans identified a number of emerging online and new technologies utilised by MSM and transgender people in the region and described the ways in which community organisations are modifying and developing their HIV service delivery in response. They highlighted mobile phone and SMS communication strategies, emerging online peer education services and targeted internet health promotion and advocacy campaigning. Community organisations need relevant skills (e.g., in online service delivery and website design) and the ability to scale-up online and mobile phone HIV services to reach MSM and transgender people in Asian megacities.

### **Mobile phones and SMS (or ‘short message service’)**

In all six cities, MSM are increasingly using mobile phone technologies to chat and ‘hook-up’ through ‘apps’ (applications), which inform the user when someone signed up to a particular e-network is in close proximity to them. However, no participants reported using such apps in their service delivery; this, therefore, is an area that could be explored further in the design of HIV services online.

Some HIV medical and community services are using mobile phones and SMS to engage and re-engage gay and other MSM and transgender people in their services, and early research suggests these strategies may be successful at promoting sustained health seeking and improving re-testing rates among MSM.<sup>28</sup> Given the increasing numbers of MSM and transgender people using mobile phones in the region, the use of SMS and mobile technologies should be standard practice among HIV medical teams and community-based services. For example, SMS reminders could prompt return visits by MSM and transgender people for HIV and STI testing and counselling as well as for health maintenance and monitoring visits for those living with HIV.

### **Peer education and HIV support online**

Underscoring the impact of the internet on the lives of people in Asia, some MSM community-based services are diverting their HIV peer outreach efforts away from face-to-face interventions and increasingly to online service delivery. In online peer education, staff join social networking and other online communities where they engage individual Internet users in discussion about HIV through ‘private messaging’ or through group chats in dedicated, online sessions. These engagements provide online peer educators the opportunity to ‘private chat’ with users about their sexual health concerns or establish virtual information and education groups for online users. In many instances, online peer educators arrange face-to-face meetings with their online contacts to connect them to local health and social services.

24 USAID. 2011. HIV Prevention for hard to reach men who have sex with men. AIDSTAR One. Available at: [www.aidstar-one.com](http://www.aidstar-one.com)

25 Terrence Higgins Trust. Date unavailable. The HardCell web site: online HIV and sexual health promotion with hard to reach, high risk MSM. Available at: [www.tht.org.uk](http://www.tht.org.uk)

26 Magnani, Robert; Sabin, Keith; Saidel, Tobie and Heckathorn, Douglas. 2005. Review of Sampling Hard to Reach and hidden populations for HIV surveillance. *AIDS* 2005 19 (suppl 2): S67-S72.

27 Ibid. USAID, et al. 2009; p. 10.

28 Bourne C, Knight V, Guy R, Wand H, Lu H, McNulty A. 2011. Short message service reminder intervention doubles sexually transmitted infection/HIV re-testing rates among men who have sex with men. *Sexually Transmitted Infections*. Published online 4 February 2011 ahead of print. Available at: <http://sti.bmj.com/>



## Online peer education in Manila

The AIDS Society of the Philippines employs eight HIV peer educators of whom four are focused on interacting online with gay and other MSM in metropolitan Manila. These peer educators join chat and social networking sites, search key terms such as 'orgy', 'party and play' and 'bareback' to identify those most at risk of HIV and then engage MSM in discussion, provide education and support, promote HIV and STI testing and, in many cases, meet face-to-face to accompany online users to HIV and STI testing and counselling services. The AIDS Society has no policy, procedure or protocols for online peer-based service delivery. Instead, it sets basic ground rules for peer educators to ensure their professionalism and uses transcripts of discussions between online users and peer educators to help train them through practice discussions. Bric Bernas, the Executive Director of the AIDS Society, notes that this is the only online health intervention for MSM in Manila, and underlines the importance of linking with municipal health services for consistency and continuity of health promotion, service referrals, and health service provision and follow-up.

## Internet campaigning

In all six cities, HIV programmes are using internet websites constructed exclusively to promote a particular HIV awareness-raising campaign or GLBT rights issue for short periods of time. These sites vary in content and include a video mini-series targeting young gay Thai men and a site advocating electoral reform to allow GLBT groups to form political parties in the 2009 Philippines general election. Some of these internet campaigns used existing social networking media sites such as YouTube, Twitter and Facebook, all of which provide low cost platforms for these activities. The use of short-term targeted web campaigning appears to be an under-utilised strategy – especially the use of specialised websites to drive net users to health promotion campaigns and IEC materials.

## Online television miniseries in Bangkok

*Love Audition* is the product of an idea by Vittaya Saeng-Aroon of Global Fish Media. He used new and emerging media to produce an online 'television' mini-series for gay teenagers in Thailand. The series follows the exploits of three young Thai gay men who make a bet to use condoms every time they have sex and it attracted thousands of online Thai MSM who followed the series over time. Saeng-Aroon expressed a range of ideas for strategies for scale up of this sort of activity, including linking the series to cable television and running an episode per week on television for a year. He suggests setting up a fan club to help engage local communities and young gay networks and arranging fan club meetings as a way of reaching young MSM face-to-face and promoting safer sex. Such a fan club meeting might include meeting the actors involved in the series and taking questions from audience members.

Longer term online activities were also highlighted by participants, including a dedicated online gay social networking site in Yangon, online counselling services in Ho Chi Minh City and a gay radio station in Chengdu. There was evidence of the beginnings of online advocacy and awareness-raising for people living with HIV with the launch of Positivism – a monthly, online magazine on the lives of people living with HIV in Manila.

## Building the capacity of community organisations in professional, web-based service delivery

The majority of community organisations now have a web presence, but very few appear to have the expertise necessary to deliver professional, high quality and responsible services online. Participants highlighted the need for increasing web capacity, standard operating procedures and improved skills in online promotion and marketing. On the theme of strategic information, the AIDS Society of the Philippines, points to the need for skills in the building and maintenance of high quality websites, publishing service policies online so that net users can access them; providing clear and responsive complaints mechanisms; developing systems for net users to evaluate online service delivery; and using internet technology to produce data on webuse by MSM and transgender people.

### 3.2 Health and rights activities linked to large-scale events and campaigns

“We also want to run this event to let people know more about GLBT life...GLBT people come to see movies at the festivals and sometimes they bring their friends and families from outside the GLBT community who are interested. This can help change people’s opinions and views about us.”

- Volunteer leader of Q! Film Festival in Jakarta<sup>29</sup>

Where large groups of MSM and transgender people gather, there is the opportunity to engage in integrated HIV health and rights programming and service delivery on a massive scale. At festivals, dance parties, and special and annual events, for example, city governments and their community organisation partners can distribute condoms and lubricant, provide information about HIV, and promote the use of HIV and STI services.

#### **Large-scale, annual event**

A number of large-scale self-generated community events were described in the six cities. One of the most valuable elements of annual MSM and transgender events is that they provide a cultural focal point to raise and promote HIV and other health issues - not just at the event itself, but through media and HIV education campaigns before, during and after it. They can catalyse a greater understanding and acceptance of MSM and transgender people in Asian cities because, by their very nature, they are promoting a locally relevant discussion about MSM and transgender people. Where the circumstances are right for doing so, supporting large-scale cultural and lifestyle events in megacities in Asia appears to offer potential for raising HIV awareness and promoting a ‘safer sex culture’.

#### **Transgender fashion show in Yangon**

In Yangon, the Sedona Township Transgender Fashion Contest engaged thousands of people through competitive ‘heats’ or ‘rounds’ held at shopping malls and centres across the city. The organising team involved well-known Myanmar actors, singers and designers in hosting and implementing the contest, and these celebrities became the ‘face’ of the contest. The team also involved a number of businesses and sectors in the coordination, fundraising and promotion of the event. These well known names and successful businesses brought needed credibility. Also in Myanmar, an annual spiritual dance event called Taungpyone Festival attracts some HIV education and support activities.

#### **Q! Film Festival in Jakarta**

Indonesia’s Q! Film Festival is a large-scale, annual cultural and lifestyle event for GLBT people that tours six Indonesian cities over 10 days, screens a range of films and hosts panel discussions, interviews, art exhibitions, performances and public debates. It is run by a core team of volunteers but attracts hundreds of casual volunteers to assist with local administration and service delivery each year. The event unifies HIV and GLBT organisations across Indonesian cities that cooperate in organising a range of events to coincide with the festival. The festival already attracts some HIV activities, but could be the catalyst for large-scale, annual health promotion campaigns targeting MSM and transgender people with subsequent mini-launches that follow the festival as it moves from city to city.

#### **Health promotion campaigning, HIV testing and education combined with annual events**

An important way to scale-up HIV services and campaigns is to link health promotion campaigns and HIV testing initiatives with large-scale annual events, such as the Sedona Township Transgender Fashion Contest in Yangon, the Q! Film Festival in Jakarta, a national “We Are Friends” media campaign in China, and the Puerto Galera beach party in the Philippines.

29 UNDP. 2010. Jakarta City Scan Report: Q Film Festival QFFI; p. 138.

### National media campaign in China

From 2006-2008, UNDP worked with the Chinese government to organize a roundtable on HIV with representatives from the Chinese arts and commercial media sectors. This galvanized partnerships for the development and implementation of a highly successful, large-scale HIV awareness campaigns featuring international film star Jackie Chan, NBA basketball star Yao Ming and Chinese film actor Pu Cunxin to raise awareness of HIV among broad segments of China's population. The Chinese campaign incorporated television, radio, newspaper, roadside billboards and other public advertising, and provides an example of governmental support for positive assets-based social messaging in Asia's megacities.<sup>30</sup>

### Take the Test ('Are you sexy enough?') in Manila

The Take the Test Project was launched in 2009 to take advantage of the large numbers of MSM and transgender people who gather in Puerto Galera, the Philippines, for a weekend beach party that usually coincides with the Christian commemoration of Holy Week. Over the weekend, Take the Test promotes and delivers VCT services and provides HIV education to partygoers. The organisers wanted to make this initiative sexy and hot, and create "positive buzz and excitement" about VCT. They repackaged the message of HIV testing to give it a "sexy look and feel" and included suggestive messages like 'Are you sexy enough?' [to take an HIV test].

Project organizers developed a range of health promotion resources and a media campaign prior to the event. The team developed cards, ads and online stories around the concept of taking an HIV test using local fashion models. They used online social networking to promote the campaign, including by establishing special pages on YouTube and Facebook. They launched the campaign months before the long holiday weekend and distributed resources through venues, HIV services, and print publications and online. While no formal evaluation of the initiative is available, the organising team estimates that they reached several thousand MSM in Greater Manila.

### Improved use of the media

Across the six cities, an important contributor to potential scale up of HIV programmes for MSM and transgender people will be the increased involvement and coordination of print and online, mainstream and MSM-focused media. In Manila, community (or 'gay') media were cited as an important resource for advertising health promotion campaigns and raising awareness of HIV and STIs among gay and other MSM and transgender people generally. Manila participants observed that without these targeted 'gay' media outlets it can be very difficult to reach large numbers of MSM and transgender people. In Bangkok, participants felt that the media needed to focus less on scientific information about HIV and more on behavioural, sociological and sub-cultural dynamics important to MSM and transgender people. For example, media articles focusing on HIV prevalence assisted in raising awareness of HIV in general but did little to inform people at risk about the actions they could take to reduce their risk or where to go for friendly and safe HIV and STI services. Global Fish Media noted some key obstacles that need to be overcome: "There has been so little information in the mainstream media about HIV prevention that is specifically tailored at this high-risk group. The media has been so reluctant to talk about actual things in a way that both educates and engaged audiences."<sup>31</sup>

30 UNDP. 2010. Arts and Media AIDS Advocacy Initiative – Addressing Stigma and Discrimination in China through Public Private Partnerships. Innovative Approaches Series. Available at: <http://asia-pacific.undp.org/practices/hivaids/>.

31 Bangkok Post. 2010. Safe sex lessons wrapped up in gay drama. 14 August.

### 3.3 MSM- and transgender-led services

“Because there were so many of my friends unable to access information...about HIV...for so many reasons” [we] became the first group of volunteers who established a programme to provide “basic telephone information and counselling.”

- Widodo Budidarmo, a founding member of Arus Pelangi in Jakarta<sup>32</sup>

Scans for this report indicated that activities devised and undertaken by gay and other MSM and transgender people themselves are essential to linking MSM and transgender people to health services. These networks of self-generated community action appear to be an affordable and effective strategy for national AIDS responses that can act as a ‘bridge’ to the health system and can sustain community-based service delivery. From this it would appear that there is great value for city governments in recognising, supporting and resourcing these movements in the response to HIV. At the moment, however, most of these community-generated actions are not adequately resourced to scale-up their potentially valuable work.

#### **Community-based MSM and transgender movements are effective and affordable for national and city-based HIV responses**

Self-generated community groups, networks and organisations of MSM and transgender people contributing to the city-based response to HIV are evident in all six cities scanned for this report. These organisations appear to offer value for money because they are often able to mobilise large numbers of volunteers in their service delivery and because salaries and overheads for these groups are often lower than in programmes funded by governments or the private sector. They are effective because they use people from the sub-populations to generate and deliver messages, thereby increasing their relevance and acceptability to the target audience. The 2008 Report of the Commission on AIDS in Asia concludes that “community groups of men who have sex with men have proved to be energetic and competent partners (and leaders) in HIV prevention in many settings. This can keep costs down, while ensuring high programme coverage.”<sup>33</sup>

#### **Sustaining community-led programmes in multiple cities**

Three groups that provide HIV services - Tongle (an MSM-led community organisation in Chengdu), Inter Medika Foundation (an MSM-led community organisation in Jakarta) and Healthy Life Helping Society in Yangon - have at times experienced severe fluctuations in funding. All, however, are able to continue to provide a baseline range of services, which expand and contract with changes in funding. They can do this because of the civic-mindedness and community spirit they generate in their constituencies. Other groups and organisations such as The Poz Home Center in Bangkok, Fellow’s Love and the PLHIV Mutual Helping Bank in Chengdu and Srikandi Sejati Foundation for Waria living with HIV in Jakarta have sustained and expanded their services with very little funding over many years.

These community entities would be able to achieve much more if they were funded adequately and supported through organisational capacity development to establish professional management and accounting systems. The absence of longitudinal and stable funding for these groups came through as a key barrier to achieving scale.

#### **A ‘bridge’ to the health system**

An important contribution of self-generated MSM and transgender community action to a city’s public health is the ‘bridge’ or bridging role that they provide between MSM and transgender individuals, groups and networks and the health system. These community-generated actions use a range of strategies to increase access to HIV education and connect their constituents to the health system.

32 UNDP. 2010. Jakarta City Scan Report: Arus Pelangi - gay and lesbian human rights community service with HIV information, referral and support to MSM and TG clients; p. 141.

33 The Commission on AIDS in Asia. 2008. Redefining AIDS in Asia: Crafting an effective response. Oxford University Press, New Delhi, India; p. 50.

### Peer linkage and facilitation of health care access in Bangkok

In Bangkok, a community organisation called The Poz Home Center has developed partnerships with some primary clinical sites and hospital outpatient departments that are seeing large numbers of MSM and transgender people living with HIV. The goal is to prevent these individuals from 'falling through the gap' between community and clinical services by working with nursing teams at sites across the city. The organisation has a strategy to scale-up this initiative by developing Memoranda of Understanding with the city and national health departments to formalise and integrate this programme into health facilities across the city. At Rainbow Sky (an MSM-led community organisation in Bangkok), volunteers regularly accompany individual MSM to the Silom Community Clinic; this practice of accompanying MSM and transgender people to services was cited and prioritized by many scan participants.

### Community 'lay practitioners' in clinical settings in Jakarta

The Jakarta Planned Parenthood Association has developed a model which points to a way forward for strategies for scale-up. Among the strategies are i) sensitizing local medical staff using MSM and transgender persons' organisations that establish community organisation positions inside government clinics and hospitals; and ii) integrating community organisation services into government clinics and hospitals and then encouraging their members to attend those sites for services. The association believes that over time such efforts would establish a system in which community organisations are embedded within and more intimately connected to the general health service system and could ultimately facilitate system-wide change.

Openly gay and other MSM are most effective at reaching the range of men who have sex with men across the complex and multiple social and sexual sites that exist in a megacity. This is particularly true regarding those hardest to reach. According to Ryan from Inter Medika Foundation, "When we talk about MSM in Jakarta... we also should talk about hidden gay men and hidden MSM... [who] don't tell others" about their sex with other men.<sup>34</sup> These men, who are assumed to be the majority of MSM in the Asia region, are not interested, able or prepared to engage in the building and sustaining of community organisations to serve them. Therefore, organisations such as Inter Medika in Jakarta, Healthy Life Helping Society in Yangon, Tongle in Chengdu, The Philippines AIDS Society in Manila, Blue Sky Club in Ho Chi Minh City and Rainbow Sky Association of Thailand in Bangkok all appear essential to reaching and improving the health of these 'hidden' MSM.

### Promoting health through clubs and bars in Ho Chi Minh City

Blue Sky Club (BSC) is a civil society group based in Ho Chi Minh City that takes a different approach to HIV education. As part of its suite of services, it hosts 'edutainment' events (combining entertainment and HIV education) in local clubs, restaurants and bars in some parts of the city. The group uses local celebrities including a transgender star named Tina Thai Tai and actors, singers and TV presenters in the delivery of edutainment in local clubs, restaurants and bars; such events sometimes attract hundreds of people. BSC uses its 'edutainment' programme to promote local health services and provide referral information to local MSM and transgender people in the audiences. It acts as a 'one-stop-shop' for referral to HIV services, thus greatly enhancing its ability to facilitate access for MSM and transgender people to these services and to increase the quality and range of services available.

### Sustainable community-action

In most other service structures, once an individual is a patient or client, she or he is always a patient or client. Among community-generated MSM and transgender groups, this is not always the case. Often an

34 UNDP. 2010. Jakarta City Scan Report: Inter Medika Foundation (YIM) - A gay and other MSM community service organisation; p. 143.

individual will first receive services (as a client) before moving on to being a volunteer and later a paid staff member of an organisation.

### Life skills weekends in Bangkok

The Rainbow Sky Association of Thailand's Life Skills Camp initiative offers one example of this 'client' to 'volunteer' to 'staff member' (or 'leader') journey. Life Skills Camps take groups of mostly young MSM away for weekends and provide a social and education environment in which knowledge about HIV and building a sense of self-worth and self esteem and pride in living 'gay' is encouraged. Rainbow Sky, described his personal experience first as a participant in a Life Skills Camp, then as a volunteer facilitator and now as a staff leader of the community organisation. His journey at Rainbow Sky is not uncommon. The community organisation has run 34 camps since their inception in 2000, with an average of 40 participants per camp. Through the camps they then recruit young leaders who are motivated to sustain the initiative as volunteer leaders, and some of these individuals go on to participate on committees and working groups or become staff of the agency.

## 3.4 Public-private partnerships

"We [at Hotbox Creations] recognised that our key strength lay in content development and web design"...so we gathered "a group of HIV advocates" and medical experts together "and Positivism was born."

- Cholo Laurel, editor-in-chief of *Positivism* in Manila<sup>35</sup>

Public-private partnerships add value to the local response to HIV among MSM and transgender people. Such collaborations help contribute expertise to the development of health promotion and online campaigning and the scaling up of condom distribution, for example, as well as enhance the ability to reach MSM and transgender people where they gather in a city.

### Contributing expertise to the development of events, health promotion and online campaigns

A range of case studies presented below highlight the ways in which public-private partnerships are improving access to the quality of integrated health and rights services associated with HIV.

### Media company development of a miniseries in Bangkok

In the production of the *Love Auditions* online mini-series, Global Fish Media developed relationships with HIV organizations, including staff at the Rainbow Sky Association of Thailand and the Thai-US Centers for Disease Control (TUC). Collectively they generated the financial resources, coordination, access to communities of young gay men and HIV technical advice needed to produce the series. TUC provided the behaviour change concepts and a methodology for collecting stories, Rainbow Sky engaged young MSM who discussed current experiences and difficulties in their lives, and these structured stories informed the script for the miniseries. Global Fish Media provided the production, design and web-management expertise as well as creative skills applied to script development. Saeng-Aroon underlines the respect each party demonstrated for the other – he said his skills were highly valued and he was allowed the freedom to be flexible with the film's message and to ensure its congruence with Thai gay youth culture. He feels this respect for each others' expertise was significant in producing a result in which viewers of the series did not feel they were receiving a public health message or being lectured to.

35 UNDP. 2010. Manila City Scan Report: Positivism – an online 'lifestyle' magazine on living with and being affected by HIV; p. 180.



### Media company design of online lifestyle magazine in Manila

*Positivism* is a blog/website/online lifestyle magazine covering issues for people living with HIV in the Philippines. Hotbox Creations, a local web design studio, formed an alliance with Shola Luna, a counsellor and HIV advocate, and Dr Rosanna Ditango of the Research Institute for Tropical Medicine. Hotbox Creations provided the design skills, including the use of flash-based, online magazine formats with 'flip-through' pages; Luna provided access to HIV advocates and current issues; and Ditango provided medical advice and medical oversight for *Positivism* content.

### Sponsorship of transgender events in Yangon and Pattaya

The Sedona Township Transgender Fashion Contest successfully sought sponsorship from cosmetic companies, other consumer product companies, and the pharmaceutical industry by activating gay, other MSM and transgender people in businesses around the city who took responsibility for engaging particular sponsors and managing these relationships. Contest organizers used the offers of sponsorship from large companies as leverage in their negotiations with local department stores, which then agreed to host 'heats' or 'rounds' of the contest across Yangon. The support of these large companies also allowed organizers to approach well-known local actors, singers and designers. The snowball effect of all of this support meant they could then negotiate with senior bureaucrats in the Myanmar Government Health Department and ensure their attendance at the grand finale, which attracted over 1,800 guests.

Building on this success, Healthy Life Helping Society (the contest's sponsor) is now considering strategies for scale-up including approaching private partners to make a documentary film of the event similar to what has been achieved through the Thai transgender pageant Miss Thailand Universe, held in Pattaya. This event is now broadcast live on Thai public television, attracting over 15 million Thai viewers.

### Promoting condom-use through public-private partnership and initiative

Access to the means to prevent HIV is essential to interrupting HIV transmission among MSM and TG people. The following two case studies focus on scaling-up condom distribution through public-private partnerships.

### Condom social marketing in Ho Chi Minh City

In Ho Chi Minh City, Population Services International (PSI) implemented a targeted condom social marketing campaign in 2007. It launched a new brand of condom for sex workers, injecting drug users and MSM called 'N1\*' and collaborated with private pharmacies close to MSM venues to promote the condom - including by hiring an advertising and promotions company to work with these pharmacies. At the same time, PSI held N1\* promotional events in cafes and bars across Ho Chi Minh City and Viet Nam and produced and distributed IEC materials as part of these events. PSI plans to scale-up this activity by transferring the promotional model to community organisations so that they can generate demand for condoms and water-based lubricant among their MSM and transgender members. Using this community organisation transfer strategy, PSI believes it can scale-up condom and lube promotional activities to more pharmacies and encourage use across all MSM and transgendered populations, including male sex workers.

## Revolving Condom Fund in Bangkok

Service Workers in Groups (SWING) is a Bangkok-based community organisation that established a Revolving Condom Fund aimed at scaling up condom distribution to MSM and transgender sex workers through a partnership between civil society and the private sector. Another example of community-generated action, SWING managed complex liaison with commercial sex venue owners and managers and a local condom manufacturing company. It established a system in which the company provided condoms at-cost while community workers operated inside commercial sex venues to sell and distribute condoms at the lowest possible cost.

The Fund now has an annual budget of THB400,000 (US\$13,300). It has actively engaged in strategies for scale-up - in mid-2009, the Condom Fund was distributing to 64 establishments in Bangkok and 12 across Chiang Mai, Korat and Nonthaburi and through Thailand's Sexual Diversity Network. There are plans for local community organisations across Thailand to adopt this model of condom distribution and modify it to the particular needs of their local constituents. The programme has been adopted through Thailand's HIV programme funded through the Global Fund with roll out expected in 14 provinces across the country.

### ***Reaching MSM and transgender people where they gather***

Outreach education involves teams of community-based volunteers and staff visiting places where MSM and transgender people gather across a megacity. While there, they provide HIV education and information and distribute condoms and lubricant. Across all the six cities, outreach education was a fundamental approach linking MSM and transgender people to HIV information and HIV and STI services.

### **Coordinated outreach education in Bangkok, Jakarta and Ho Chi Minh City**

Bangkok city scan participants in particular underlined that outreach education must be embedded in national HIV strategies and city-based HIV responses because it has in many circumstances demonstrated its value in bridging MSM and transgender individuals and networks to public health services. As well as outreach in parks and streets where MSM and transgender people gather, many community organisations work with the private sector – such as cafes, bars, massage services, and saunas where MSM and transgender people can be accessed.

Blue Sky Club in Ho Chi Minh City delivers 'edutainment' and in some cases HIV testing and counselling services in these venues. Rainbow Sky and a community organisation called Bangkok Rainbow have worked in cooperation with saunas, city health officials, international agencies and police to remove barriers that inhibit the use of condoms in commercial venues. 9M Sauna and Massage, the only gay sauna in Jakarta and Indonesia, works closely with Inter Medika Foundation. Staff and volunteers from the foundation undertake regular activities and training inside the sauna, offering HIV education, condoms and lube distribution, and health promotion and IEC materials.

## Conclusion

Integrating community-based and community-driven innovations in to city government policy making, programming and annual resourcing of HIV services is recommended to assist local scale up of HIV responses to MSM and transgender people across megacities in Asia. The diagram below aims to assist policy makers and HIV health programmers to conceptualise the key conclusions from this section of the scan and prioritise these innovations in city-based programming.

### 1. Online and new technologies

- A. Mobile phone services
- B. Online peer services
- C. Online campaigning
- D. CBO internet capacity building

### 2. City-based Cultural Events

- A. Large-scale events
- B. BCC campaigns linked to large-scale events
- C. More effective use of the media

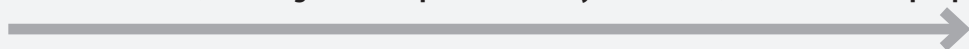
### 3. MSM and TG-led services

- A. An affordable option in National AIDS Plans
- B. A 'bridge' to the health system
- C. Sustainable community action

### 4. Public/Private Partnerships

- A. Contributing expertise
- B. Promoting condom use
- C. Reaching MSM and TG people where they gather

**Innovation** → **leading to scale-up of community services** → **to MSM and TG people**



## 4. PUBLIC HEALTH SERVICES IN HIV PREVENTION, TREATMENT, CARE AND SUPPORT

High quality and effective government-funded public health services are essential to getting HIV and STI testing and counselling and HIV treatment and care services to large numbers of MSM and transgender people in Asian megacities. However, such services are rarely implemented or effective.

Innovative models described in this report suggest that city-based and national public health departments can implement simple, cost-effective medical services that reach large numbers of MSM and transgender individuals.

Guidance for innovative HIV programming is available in the region. The *WHO Priority Health Sector Interventions Report* supports 'combination prevention' through partnerships with clinical services that deliver biomedical prevention (such as rapid HIV testing and post-exposure prophylaxis) and community-based services that deliver outreach, peer education, and health promotion support, among others.<sup>36</sup> The report calls for clinical services to take a more active role in the distribution of condoms and provision of HIV information to patients, and to collect more thorough scientific information on HIV transmission, treatment and behaviour change. It also recommends that clinic services be delivered inside community organisations and that community organisations deliver 'lay' services inside clinics and hospitals in a synergistic relationship that supports high quality information provision while generating increased demand for services in clinic settings.<sup>37</sup> These recommendations call for a blurring of sector boundaries and increased integration across sectors that will require operation research to provide strategic information demonstrating 'evidence-based' innovation.

*The Comprehensive Response* lists a series of effective public sector/community organisation partnership models that provide effective HIV treatment, care and support. These include the use of MSM and transgender 'expert' patients in clinics; strong referral links across sectors; and HIV treatment and care services provided at community-run clinics and hospitals.<sup>38</sup> Guided by this advice, the six city scanning exercise looked for examples of these sorts of innovations and highlights them in this report.

Improved municipal government coordination is needed to facilitate innovative approaches. In megacities such coordination is a complicated undertaking. Greater Manila, for example, comprises 16 cities with a total population of 20 million. Each city has its own government with administrative responsibility for its particular jurisdiction. Approaches to HIV services – including for HIV services to MSM and transgender people – vary from city to city. In Bangkok, the Bangkok Municipal Administration is responsible for over 50 districts across the metropolitan area.

Adding to the geographical and governance complexities are cultural and social factors that influence the availability and provision of HIV services to MSM and transgender people. In some societies, for example, religious-based opposition inhibits policymakers' inclination or ability to implement strategies to reach these populations. Approaches that seem straightforward to public health practitioners from the West - from which many testable models of HIV partnership of this nature first emerge - often must be filtered through subtle local cultural dynamics within nation states and HIV responses. In some cases, such approaches conflict with some (but not all) local cultures and the ways in which local MSM and transgender people work within their cultures to facilitate social change.

Nevertheless, a number of potential solutions emerged from the case studies, including the following:

- a) fundamentally, what is required is a change in strategy for **active leadership by city governments**;
- b) local champions across government, medical facilities and communities are needed, and they must

36 WHO, UNDP, UNAIDS, Hong Kong Department of Health and APCOM. 2010. 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; p.15.

37 Ibid. WHO, et al. 2010; p. 15-64.

38 Ibid. UNDP, et al. 2009; p. 9.

comprehend and work within local cultural and social norms and seek to sensitively influence them over time;

- c) multiple entry points to HIV treatment, care and support for MSM and transgender people must be established – and systems must involve MSM and transgender people’s civil society and quasi-civil society organizations in dialogue and service partnership with the public health sector; and,
- d) international organisations should be able and willing to contribute technically and financially to support scale-up of services and ownership by city governments.

The scan identified some innovative **HIV and STI testing and counselling services** as well as some innovations in the delivery of **public health services for MSM and transgender people living with HIV**. In many of the case studies **international organisations** helped prompt innovation and change in medical facilities and systems and work cooperatively with municipal and national governments to assist them in meeting their HIV public health goals.

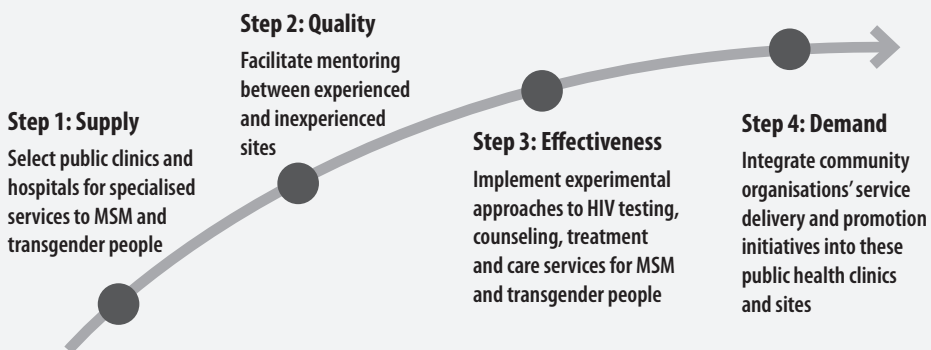
#### 4.1 City government coordination and leadership

“We [at the Ho Chi Minh Provincial AIDS Committee] see communication with all our partners and listening to each other as key. In terms of programmes for MSM we should not stop at condom provision but also provide MSM and transgender people with more service options.”

- Thi Thu Tran Hue at Ho Chi Minh City Provincial AIDS Committee<sup>39</sup>

The *Asia Regional Consultation on MSM HIV Care and Support Meeting* held in Bangkok in November 2009 underlined the importance role of governments in defining how HIV care, support and treatment is delivered to MSM and recommended that governments be supported “in developing guidelines, standard operating procedures and training to ensure quality care delivery.”<sup>40</sup> Improved city government planning, coordination and leadership are essential to ensure that larger numbers of MSM and transgender people in Asia Pacific megacities have access to public health services. Such efforts need not be expensive and do not necessarily require system-wide changes. The scans hint at four steps city governments can take, ideally in partnership with national and local authorities and other partners: i) ensuring supply, ii) strengthening service quality, iii) improving service effectiveness, and iv) generating greater demand for public health services.

#### Four steps to coordinating city level scale-up of public health services



39 UNDP. 2010. Ho Chi Minh City Scan Report: Provincial AIDS Committee – the coordinating the response to HIV in Ho Chi Minh City; p. 115.

40 Ibid. USAID, et al. 2009; p. 7.

### **Ensuring supply**

This step involves city government-led selection of a number of public health clinics and hospitals for intensive service improvement to attract more MSM and transgender people to access them. It also includes ensuring the commodities needed to deliver effective services at these sites. Correct site selection should be a core aspect of city government thinking and strategizing about clinical services. Clinics need to be conveniently situated in respect to places that MSM and transgender people gather and open at times that they can and will use. A number of national and city governments have already identified their HIV public health sites, but it remains to be asked, 'Are these sites generating demand for their services among MSM and transgender people?' If the answer is 'No', then the next steps must be considered.

### **Service strengthening**

This step aims to improve service quality. It involves city governments facilitating ongoing mentoring and transfer of knowledge and skills between community-level clinics that currently reach larger numbers of MSM and transgender people and other public health services that do not. A key part of this step consists of implementing best-practice HIV testing, prevention, treatment and care services and ensuring clear, well understood procedures for medical staff. For example, Ho Chi Minh City's Companion Van mobile health outreach service rotates government health workers in and out of the mobile outreach service every three months and offers a practical way to train health staff about mobile outreach and community health contexts.

### **System effectiveness**

This step aims to improve site and service effectiveness by facilitating the changes necessary to implement 'experimental' approaches to operational service delivery and infrastructure at selected public health sites. Changes to civil or public service regulations may be required to ensure the flexibility needed to achieve success. Ensuring reasonable remuneration, learning and development opportunities for clinical staff that make working in HIV and STI clinics attractive to public health employees will be essential to ensuring both quality and effectiveness of services. Site location changes for clinics may be necessary; for example, ensuring a private location for clinics and the availability of private counselling spaces for clinical interventions.

### **New strategies for generating demand**

This step aims to generate increased demand for public health HIV services among MSM and transgender people by ensuring the involvement of their groups, networks and community organisations in service delivery at public health sites. It would include resourcing and funding such organisations to promote clinic service sites among their constituencies and connecting them to targeted clinical sites.

#### **Elements of success in the delivery of HIV and STI testing and counselling for MSM and transgender people**

1. Friendly, respectful service delivered by patient staff who have sufficient time to devote to their MSM and transgender patients.

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2. After-hours clinic services including evening and weekend opening hours.

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3. Private counselling spaces within clinics.

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4. Patient registration processes that protect confidentiality and privacy.

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5. Partnerships with local MSM and transgender people's community organisations for service delivery and the promotion of clinics among their constituencies.

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6. Utilising internet and SMS reminders to reach and re-engage clients, including young people and 'hard to reach' MSM.

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7. Coordinating onsite support and case coordination for MSM and transgender people diagnosed with HIV.

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8. Delivering outreach clinics where MSM meet and at events popular among them.

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## 4.2 HIV and STI testing and counselling

“We work seriously on the counselling component of voluntary counselling and testing [VCT] because we are aware that most of the so-called VCT services elsewhere...are just doing testing and neglecting the counselling.”

- VCT coordinator at Tongle in Chengdu<sup>41</sup>

### **Best practice HIV testing and counselling**

Scan participants from both the community and medical sectors in all six cities reported that public health facilities are not always delivering best practice pre- and post-test HIV counselling to key populations - often, they omit essential sexual risk-reduction counselling services altogether for MSM and transgender people. Such omissions stem from prevailing stigma and discomfort by health providers, poor policies, insufficient staff, and insufficient staff training and supervision, often due to limited resources. One doctor in a public hospital reported, “I donate my time at the clinic [which provides HIV testing and counselling] because the hospital board prevents the adequate resourcing of HIV services to most-at-risk populations.” The three-step process for best-practice HIV testing and counselling is well known and includes: i) pre-test counselling that assesses the risk profile of the client and provides information about HIV and STIs followed by; ii) the drawing of blood and subsequent testing of the sample, with results provided at some time later in; iii) a face-to-face post-test counselling session (i.e., results should never be given over the telephone). This comprehensive model provides a critical link between testing positive for HIV and accessing HIV medical services for monitoring, treatment and care. HIV and STI counselling and testing is sometimes wrongly programmed as a one-off strategy to identify PLHIV rather than as a strategy for connecting people to the services and programmes they need (whether they have HIV or not).

### **Public health and community organisation partnerships in HIV testing and counselling**

Partnerships between public health and community organisations are one way in which it is possible to generate increasing demand. The examples below include a number of case studies identified during the city scans in which public and private health clinics have formed partnerships with community organisations to increase uptake of HIV testing services. These examples all stress the critical importance of comprehensive testing, including high quality pre- and post-test counselling and referral services.

### **Peer linkage and facilitation of health care access in Bangkok**

The government of Thailand is currently working with USAID Asia to scale up rapid HIV testing in HIV ‘hotspots’ for MSM and transgender people across the country. Small-scale clinics that operate *outside* or *on the borders* of the public health system have tended to be more successful in adopting innovative approaches to community engagement, and in generating demand for services among MSM and transgender people. Some of these clinics reach up to 1,500 clients annually.

In one example of collaboration for engagement, Rainbow Sky in Bangkok plays a central role in connecting MSM and transgender people to clinical services by accompanying them to the Silom Community Clinic for HIV and STI testing and counselling. The clinic provides the salary for one full-time outreach coordinator employed at Rainbow Sky.

### Community 'lay practitioners' in clinical settings in Jakarta

In Jakarta, Planned Parenthood Association involves MSM and transgender-led community organisations as what it terms 'lay practitioners' inside its STI clinic for MSM and transgender people. Community organisations work with medical staff, a process that over time engenders shared learning for each sector. Similarly, community organisations become more essential to the work of medical teams, thereby easing their burden by taking on non-medical tasks. These 'lay practitioners' also take responsibility for administration, intake and support.

### Community intake, counselling and case management in Manila

In Manila, partnerships between a small number of primary health clinics and community organisations have formed because some city governments in the metropolitan area are underfunding these clinic sites and teams thus cannot meet the demand for service. These primary clinic sites have therefore contacted community organisations for assistance - including, in some cases, for the provision of intake services, pre and post-test counselling, and referral for those diagnosed with HIV to treatment and care services.

## 4.3 HIV treatment, care and support services

"Without great care and attention to the needs and concerns of clinical staff... meeting with nursing teams, learning about their practice concerns and working out how to alleviate the pressure on these teams... it would be impossible to make a programme like [ours] work effectively."

- Aek, The Poz Home Centre in Bangkok<sup>42</sup>

In some cities and contexts, partnerships between public health sector sites and MSM and transgender people's community organisations have been established to improve coordination of HIV treatment, care and support between hospital and home. Such models appear to offer some potential for increasing the use of HIV treatment, care and support services by MSM and transgender people living with HIV.

### Community organisations 'invited' into ART clinics and hospitals

A number of community organisations with a mission to support MSM and transgender people living with HIV have worked with clinical teams across megacities to establish relationships and seek an invitation to participate in service delivery at these ART clinics and hospitals.

### Peer navigators supporting PLHIV in Manila

In Manila, Positive Action Foundation of the Philippines (PAFPI) is a PLHIV community organisation that worked for two years to establish cooperative working relationships with the outpatient department of Philippines General Hospital to support PLHIV navigating the hospital's services. This was a difficult partnership to establish, but the staff at PAFPI underlined the importance of patience and of finding ways to relieve the caseload burden of clinical staff as key to its success. Organisation staff now coordinate hospital-to-home discharge planning for people with HIV and also accompany patients to the outpatient department when requested.

### **PLHIV accompaniment and support in services in Bangkok**

In Bangkok, The Poz Home Center has developed partnerships with some primary clinical sites and outpatient department of hospitals seeing large numbers of MSM and transgender living with HIV. Essential to its success are personal relationships that organisation staff have established with counterparts in mainstream medical services and the great care and attention they pay to the needs and concerns of clinical staff at these sites. This includes meeting with nursing teams, learning about their practice concerns, and determining together how The Poz Home team can relieve the pressure on nursing teams. The theme of 'accompanying clients to services' is the centrepiece of the organisation's efforts: this involves having individual staff and volunteers take clients to hospitals and clinics, introduce them to staff and assist them in explaining and resolving their presenting health issues. Contributions to strategies for scale-up emerged from this case study, especially the idea of providing resources to relatively experienced agencies like The Poz Home Center to provide technical and management support. The success of such efforts promotes clinical-community service partnerships.

### **'Lay practitioners' as adherence counsellors in ART clinics**

In some contexts, ART clinics have trained community workers and volunteers to act as adherence counsellors inside their clinics. The example below summarizes another variation on community organisation involvement in clinical services.

### **PLHIV as lay counsellors and nurses in hospitals in Chengdu**

*Chengdu Municipal Infectious Diseases Hospital* developed a clinic-community partnership model for the delivery of ART adherence counselling in which it invited people living with HIV, including MSM, to serve as lay counsellors. These community partners work at the hospital site to support and motivate patients, are provided with desks alongside the clinical team, and are invited to participate in team meetings, team education and clinical discussion groups.

### **PLHIV community organisations delivering care and support from community to clinic**

A number of PLHIV community groups deliver peer support services in the community that then link with clinic and hospital services.

### **PLHIV peer support for health access and follow-up in Chengdu**

Fellows' Love is a support group for PLHIV in Chengdu that predominantly comprises MSM living with HIV. It is closely connected to the Chengdu Municipal Infectious Diseases Hospital, and once again the theme of accompanying MSM to medical services emerges as a key contribution of this community organisation to the overall response to HIV in Chengdu. Underscoring the bridging and accompanying themes, the organisation aims to be "a bridge between the community and public health facilities" by taking "responsibility for follow-up care once a person is diagnosed with HIV."<sup>43</sup> The majority of requests for assistance relate to helping people to access medical services, and the group provide most support to those initiating HIV treatment and with adherence to ART. Sharing Air is another Chengdu group that provides peers as lay nursing staff for PLHIV who are admitted to hospital but are unable or unwilling to rely on their families for support.

43 UNDP. 2010. Chengdu City Scan Report: Fellow's Love - MSM living with HIV in Chengdu form a support; p. 84.

## 4.4 Government and international partnerships

“Every year, we invite staff [of community organisations] to our internal meetings to share our experiences and to hear from them about theirs.”

- Representative of Chengdu Center for Disease Control<sup>44</sup>



Appropriate targeting and scale up of HIV efforts requires cooperation between governments and international agencies in HIV testing and counselling and HIV treatment, care and support. Our 2010 six-city scan found several cases where national and city governments are conducting innovative HIV programmes for MSM and transgender people with the ongoing funding and support from international organisations. These partnerships for the creation and multi-year operation of government-run programmes have helped to increase demand for and access to HIV testing and counselling among MSM and transgender people.

### **Supporting start-up and transition to government-led service management and delivery**

Partnerships between governments and international agencies are particularly useful in developing new clinic models for both HIV and STI testing and counselling and medical services for MSM and transgender people living with HIV. In some cases international organisations provided the initial start-up funds, helped to articulate service models, and advocated for services across local partners in a city.

### **Community-based HIV counselling and testing in Chengdu**

Tongle is a community organisation providing HIV testing and counselling to MSM with the support of the Chengdu Center for Disease Control (CDC) and a range of local hospitals and clinics. The China-UK HIV Collaboration helped to facilitate these cooperative partnerships and assisted this small service by working with the Chengdu CDC to define the model which became the first community-based HIV testing and counselling service in the city and in China.

### **Mobile ‘companion van’ clinic in Ho Chi Minh City**

The *Care and Support Regional Consensus Meeting 2009* recommended expanding “access to free HIV testing and counselling through mobile MSM VCT services”<sup>45</sup> In Ho Chi Minh City, Medicines du Monde Canada implemented an STI mobile clinic service called the Companion Van serving female sex workers. FHI subsequently took over continuing operations in a partnership with the city governments harm reduction unit and some civil society organisations that support key affected populations. The partners extended the service’s mandate to reach key affected populations in the city but with varying levels of success. Thus, although promising, this model has not yet resulted in significant changes to the public health system. Improved effectiveness may be an important next step prior to transition to a government-led HIV testing and counselling programme in public health settings.

### **Ongoing service/research partnerships**

Partnerships between national and international agencies also contribute to the ongoing research and service delivery needs of a megacity. The example below describes one such partnership in Bangkok, Thailand.

44 UNDP. 2010. Chengdu City Scan Report: Chengdu Center for Disease Control and its role in coordinating the city-level response to HIV; p. 78.

45 Ibid. USAID, et al. 2009; p. 7.

## Collaboration for HIV research in Bangkok

Silom Community Clinic in Bangkok is a site for both HIV services and HIV research studies, sponsored through a collaboration of the Thai Ministry of Health and the US Centers for Disease Control. This sponsorship of both services and research together in one place is a model for the Asia Pacific region, and has produced internationally-recognized epidemiological and behavioural research among MSM and transgender people as well as documentation of best-practice delivery of HIV testing and counselling services to these sub-populations.

In Ho Chi Minh City, FHI works closely with the city's harm reduction programme to deliver a range of services across the city. In Yangon, several international agencies work across the response to HIV in collaboration with the Myanmar Health Department. A key challenge is to understand how such cooperation can now lead to integrating services and programmes within national and city level responses and how, in some cases, leadership can be transferred from international agencies to national and city governments. Thailand and Indonesia are potentially interesting case studies of how scaling up HIV testing and counselling in HIV hotspots can increasingly become a government goal. Developments in Viet Nam demonstrate how to transfer 'ownership' and 'leadership' to governments. Yangon offers a unique perspective on political and economic barriers to the transfer of services to government-owned and -led programmes.

### ***Integrated prevention, treatment, care and support services***

A number of examples of services that provide integrated prevention, treatment, care and support were identified in the 2010 city scans. The examples below explore two sites that integrate services in Yangon.

### **Integrated drop-in health centres in Yangon**

In Yangon, international organisations have developed integrated prevention, treatment, care and support services in order to consolidate and maximise limited resources. In 2004, PSI Myanmar established its Targeted Outreach Programme (TOP) with the objective of reducing transmission of HIV and STIs and improving the quality of life of both female and male sex workers. It successfully worked with the Myanmar government to scale-up TOP to seven sites across seven cities, and the model integrates prevention, treatment, care and support services centred on drop-in centres at each site. Multidisciplinary teams of clinical staff and peer educators work together to supply and generate demand for services. Peer educators organize support and education groups as well as social and cultural events at the drop-in centres; they also provide outreach services to places where MSM and transgender people gather. Clinical staff at the drop-in centres provide HIV and STI testing and counselling as well as monitoring and treatment support for MSM and transgender people living with HIV.

MSF Holland in Yangon also integrates prevention, treatment, care and support services. 'MSM behaviour change communication peers' act as 'goodwill ambassadors' to increase support for MSM and transgender people across the general community and act as a bridge to clinics and hospital services responding to HIV and sexual health. MSF Holland makes presentations to township health coordinating committees across Yangon, a procedure that has resulted in improved access to public health clinics for MSM and transgender people, including those living with HIV.

## Conclusion

Integrating public health innovations in to city government policy making, programming and annual resourcing of HIV services is recommended to assist local scale up of HIV responses to MSM and TG people across megacities in Asia. The diagram below aims to assist policy makers and HIV health programmers to conceptualise the key conclusions from this section of the scan and prioritise these innovations in city-based programming.

### 1. City Government Coordination

- A. Ensuring Supply
- B. System strengthening
- C. Effectiveness
- D. Generating Demand

### 2. HIV testing and counselling

- A. Best practice HTC
- B. Improving HTC facilities
- C. Medical champions
- D. Public health/CBO partnerships

### 3. MSM and TG with HIV

- A. CBO services in clinics and hospitals
- B. 'Lay' practitioners as adherence counsellors
- C. PLHIV community groups

### 4. International Partnerships

- A. Start-up service support
- B. Ongoing service/research partnerships
- C. Integrated prevention, treatment, care and support

**Leadership and Coordination**



**leading to increased use of public health services**



**by MSM and TG people**



## 5. ENABLING THE ENVIRONMENT FOR SCALE UP OF HIV SERVICES SUPPORT

The scans revealed gaps and barriers to the scale-up of HIV services to MSM and transgender people in all six cities. They included a lack of available services targeted specifically to transgender people, sex workers, and youth; obstacles presented by harsh laws, inappropriate law enforcement and lack of access to legal services. However, all six cities have examples of efforts to overcome these barriers, through targeted programmes, human rights initiatives, and governmental, professional, and community-based champions for HIV service delivery to MSM and transgender people.

### 5.1 Challenging environments for sub-populations

“I feel like the talent, capacity and good value of transgender [people] and MSM towards the community are much ignored, and I have strong passion to showcase the value of transgender in society.”

- Transgender community leader in Yangon<sup>46</sup>

Results from the city scans highlighted a number of gaps and barriers to scale-up of HIV services for MSM and transgender people. They included a lack of services for transgender people in general and the need for more insight and understanding into local transgender people’s lives; legal difficulties for MSM and transgender people engaged in sex work, and the lack of advocacy and service responses to assist them; and the importance of prioritising young MSM and transgender people in municipal responses to HIV.

#### **Services for transgender people**

Transgender people’s lives and identities vary across the region and are deeply conditioned by local cultural and religious norms. Transgender people’s descriptions of their own lives reveal varying levels of social and economic exclusion. These differences make it difficult to clearly define the category ‘transgender person’ and also underline the imperative for locally tailored strategy development and programming. However, several consistent findings emerge in relation to transgender people across Asian megacities.

There is a wide variety in the ways that transgender people identify and experience health services across the six cities. In some cities, it is rare to find transgender people working at high-level positions in universities, businesses, or government, and the majority of transgender people have low-paying jobs if they work at all. In China, there are few publicly visible transgender people because of the extreme hostility toward them. In Jakarta, community organisations state that many transgender people live in poverty, beg on the streets, and/or engage in sex work to make a living.<sup>47</sup> At the same time, in the Philippines, the Society of Transsexual Women is one part of “a vibrant community of Filipinas who identify as transgender,” and its chairperson argues for separate targeted programming for transgender people “because our health care needs are completely different.”<sup>48</sup> In Myanmar, transgender people play an important role in spiritual life, and in Yangon there was evidence that many are able to establish businesses and engage as leaders in the HIV community response to a limited extent. Healthy Life Helping Society is a small community organisation that appears to have built a model of service delivery integrating MSM and transgender people’s services that is mostly acceptable to local transgender people in Yangon.

Despite some examples of targeted programming, transgender people’s services were notable by their systematic absence in the six cities scanned. Furthermore, in most cases, HIV programming merges transgender people into programming for MSM with apparently little insight into the particular needs of transgender people in local service delivery. A number of community organisations in the six cities claim to provide services to both MSM and transgender people, but transgender people are not fully integrated as clients, service providers or programme leaders.

46 UNDP. 2010. Yangon City Scan Report: Healthy Life Helping Society (HLHS) Transgender Fashion Show; p. 200.

47 UNDP. 2010. Jakarta City Scan Report: Srikandi Sejati Foundation (YSS) - A waria organisation; p. 146.

48 UNDP. 2010. Manila City Scan Report; p. 157.

### Transgender (*waria*) organising in Jakarta

Indonesia is an exception to the finding that few transgender-specific services exist in the region. Indonesia boasts a movement of *Waria* (the Bahasa term for transgender person) who have taken self-generated community action to provide for each others' HIV care and broader welfare support needs. The Indonesian National AIDS Commission also incorporates and supports a national network of gay and other MSM and transgender people that aims to influence the national AIDS response by providing insights into the lives of these sub-populations. Indonesia is the only government in the region to have established national networks of key affected populations of this kind to influence policymaking and mobilise networks of these populations.

Srikandi Sejati Foundation is an example of self-generated community action led by *Waria* for the provision of HIV prevention and treatment information services. With its own funding, the foundation established a shelter for the many poor *Waria* in Jakarta and assisted with emergency housing for those in extremely poor health. The shelter has become a centre for HIV-positive *Waria* and now attracts a small amount of funding from the Indonesian government and from some international agencies.

Despite such efforts, the 2008 Integrated Bio-Behavioural Survey among *Waria* populations found an HIV prevalence of 34 percent among the sample, while living conditions and social supports for transgender people remain extremely limited.<sup>49</sup> Key factors behind these health, social and economic problems, according to *Waria* themselves, are religious opposition and an extremely conservative social environment.

*Note:* Most *Waria* in Indonesia undergo a physical transformation that includes breast implantation and cosmetic surgery but mostly does not include gender reassignment. The majority of *Waria* live as a 'third gender' between 'male' and 'female' with breasts and male genitalia partly because Muslim tradition emphasises "leaving the world with the same genitalia that one is born with."<sup>50</sup>

### Programming for transgender (*kathoe*) in Bangkok

The Indonesian experience contrasts significantly with Thailand. In Thailand, openly transgender people are now graduating from universities and, in some cases, working as academics and other professionals in some limited capacities. Yet despite the very visible presence of Thai transgender people (or *kathoe*, a Thai term for a transgender person), there remains no exclusively transgender people's organisation in Bangkok. (In the nearby beach resort city of Pattaya, however, there are two transgender-led community organisations.) Reliable data on the impact of HIV are difficult to obtain, but in 2005, a study of 474 transgender people in Bangkok, Chiang Mai and Phuket found HIV prevalence of 13.5 percent.<sup>51</sup>

Community organisations such as Service Workers in Groups (SWING) have developed a service model that carefully considers transgender people's lives and centrally involves them in designing and leading services. SWING uses a community service model that integrates MSM and transgender people's needs in a sophisticated way, and this model appears acceptable to the transgender people involved.

*Note:* Thai transgender people's lives vary greatly across the country. Some undergo a physical transformation that includes gender reassignment. Others undergo breast augmentation and cosmetic surgery but do not undergo gender reassignment (thereby retaining male genitalia). Still others move fluidly between dressing as women and dressing as men, depending on their current circumstances. These variations further trouble attempts to define transgender as a social category.

49 IBBS Integrated Biological-Behavioural Surveillance among MARG in Indonesia – *waria*. 2007. Available at: [www.aidsdatahub.org](http://www.aidsdatahub.org)

50 Berry, Scott. 2010. Prewakos: transgender-led community-based organisation in Surabaya, Indonesia. Focus Group Interview November 2010. Unpublished work.

51 Ibid. van Griensven, et al. 2010.



### **MSM and transgender people in sex work**

MSM and transgender people are part of the ongoing migration of people to megacities and other urban environments around the world, including in the six cities scanned. MSM and transgender people, especially the young and the poor, often engage in sex work as one of a range of strategies for earning income in cities. Community-based HIV projects and organisations in each city seek to reach these individuals, and the lives of these male and transgender sex workers were described in detail by some participants. Some people move from setting to setting (from massage and sauna services to streets to parks) and use a range of methods to engage in sex work (including mobile phones and the internet). Some self-identify as 'heterosexual' and have sex with male clients for money while also having sex with girlfriends, wives and other women. Some transgender people use sex work as a means to raise the large amounts of money needed for their physical transformation.

### **Programming for sex workers in Ho Chi Minh City**

In Ho Chi Minh City, the Life Centre works with male sex workers. The centre's services stem from a collaboration with a research institution that represents an innovation in the use of strategic information to design services. The centre, in partnership with the Harvard Medical School AIDS Initiative, undertook a mapping exercise that demonstrated the increased HIV risks for male sex workers in Ho Chi Minh City as well as how and where they were working. The information gathered was essential to the design of Life Centre's services because, without it, the organisation's personnel would have assumed that simply providing outreach in streets and parks would be sufficient to reach the widest range of male sex workers. In fact, the mapping revealed an increased use of the internet and mobile phones for finding clients. The organisation is therefore developing outreach strategies based on this important trend.

Another project in Ho Chi Minh City, called Moving Forward, targets young MSM and transgender sex workers and women in sex work, providing them with skills building and vocational training opportunities. The project's learning process was interesting: organisers began with a mandate to provide alternatives to sex work but changed their view as the project continued. Instead, they began embracing a human rights approach in which building self-confidence, self-respect and self-esteem - regardless of what work participants engaged in - became the goal. The project was innovative in that it aimed to mix women, men and transgender people engaged in sex work together and to build alliances and friendships among them. The project combined practical, vocational training with training on HIV and STI prevention, treatment, care and support along with support for those living with HIV participating in the programme.

### **Policy barriers for sex worker programmes in Bangkok**

An obstacle to coherent service delivery for MSM and transgender sex workers in Bangkok (and in most of the cities scanned) is the contradiction that exists in the policies of governments toward condom use. While health departments promote the use of condoms to prevent HIV transmission, law enforcement uses the same condoms, often distributed to sex workers through government programmes, as evidence of prostitution and as a justification to detain and arrest sex workers. Although sex between men is not illegal in Thailand, police practices are described as hampering HIV prevention efforts.<sup>52</sup> SWING reports raids on bars, clubs and other venues where sex work occurs. Other community organisations report that the fear of raids on clubs and saunas where men meet each other for sex is a barrier to encouraging condom use among clientele. Similar obstacles and challenges were described in Manila, Jakarta, and Yangon.

52 Godwin, John. 2010. 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, APCOM; p. 86. Available at: <http://regionalcentrebangkok.undp.or.th/practices/hiv aids>

### Young MSM and transgender people

Megacities, by their very nature, constitute an environment in which new ways of behaving become possible and permitted, especially for young people who have migrated to them. Sometimes these behaviours are risky to their health, especially if they are unaware of the risks involved and how to protect themselves. Communities can help. Group-based, peer-led services such as workshops, camps, social and cultural events were highlighted as a method that can engender a sense of community, family and connection between young MSM and transgender people. These services provide a 'sense of belonging' as well as 'role modelling' and 'positive reinforcement' for many participants.

### University campus outreach in Jakarta

Inter Medika Foundation in Jakarta delivers a programme called GLBT Goes to Campus in which outreach workers provide education and distribute condoms to students at university campuses. One element of this programme includes a peer education team that specifically targets young men who choose to not publicly admit their sexual behaviours or self-identify as MSM.

### Youth-specific needs in Bangkok

Among young MSM and transgender people in Bangkok, the burden of HIV is clearly evident— of those found to be HIV-positive in 2003, 30.4 percent were below the age of 28 while in 2007 that figure had increased to a staggering 50.3 percent.<sup>53</sup> The Poz Home Center in Bangkok emphasises the need to provide treatment literacy to these young people living with HIV and help them manage issues such as disclosure of HIV status. In the writing and production of the *Love Audition* mini-series, Vittaya Saeng-Aroon of Global Fish Media undertook a series of focus groups with young MSM in Bangkok and found that Thai gay teenagers were not always using condoms, often because their poor self image affected their confidence in negotiating condoms with sexual partners. Moreover, he said, "Some young gay and MSM who have handsome partners think that because their partners look healthy there is no risk of HIV infection," he said. Saeng-Aroon added that young gay and MSM need "role models for understanding themselves and [to] understand what the 'risks' [are] in their relationships." Unfortunately, he said, there are few projects in Thailand providing "life skills for gay teens" that are based on their real needs and realities.<sup>54</sup>

## 5.2 Advocacy, rights and the law

"We have a number of transgender sex work clients who have been detained, sometimes in female camps and sometimes in male camps. Either way, their health needs are not being met."

- Lawyer at a legal service in Ho Chi Minh City<sup>55</sup>

As documented in a 2010 UNDP and APCOM report titled *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* (henceforth called *Legal Environments Report*), repressive legal environments for MSM and transgender people exist in the majority of countries in the Asia Pacific region.<sup>56</sup> Male-to-male sex is criminalized in 19 out of 48 countries, while an additional eight countries have laws related to public order or prostitution that are selectively enforced by police against MSM and transgender people.<sup>57</sup> The report describes how legal impediments drive MSM and transgender people away from HIV services and inhibit adequate funding and research relevant to HIV responses among them.<sup>58</sup>

53 Ibid. de Lind vn Wijngaarden, Jan W. 2008; Slide 7.

54 UNDP. 2010. Thailand City Scan Report: Love Auditions Mini-Series; p. 34.

55 UNDP. 2010. Ho Chi Minh City Scan Report: Ho Chi Minh City Legal Clinic for MARPs; p. 112.

56 Ibid. Godwin. 2010; p. 3.

57 Ibid.

58 Ibid. p. 5.

In all six cities scanned, efforts to create enabling environments for HIV services to effectively reach MSM and transgender people face barriers associated with advocacy, rights and law. Human rights campaigns can help address these barriers and improve access to health services and legal representation for key affected populations and PLHIV.

New initiatives in many of the six cities are now focusing on human rights and the law and working to build municipal government ownership of human rights programmes for key affected populations, and specifically to create government-supported programmes to inform key populations about laws and human rights, receive and compile reporting about human rights violations, and ensure positive and appropriate responses from relevant administrative and judicial authorities.

### ***Rights-based campaigning and its local contributions to HIV***

Three examples are highlighted in the boxes below; they discuss different approaches to campaigning. The examples below highlight the potential that rights-based GLBT organisations and campaigns can play in enabling the environment for HIV services. By working with experienced human rights campaigners and organisations, they can improve their skills in campaigning to improve the HIV health service delivery environment for MSM and transgender people locally.

### ***Legal representation***

#### **Providing HIV information to MSM and legislators in Jakarta**

In Jakarta in 2006, the MSM community organisation Arus Pelangi began including HIV information and HIV referral help in its telephone advocacy helpline service. This decision stemmed from a recognition, he said, that “many of my friends [were] unable to access information... [including information] about HIV provided by NGOs... for so many reasons.” Widodo Budidarmo, a founding member of Arus Pelangi, said his group has “very good relationship[s] with legislative members and they really support our movement. With this relationship we have access to their meeting[s] and we can do our advocacy work related [to] human rights [for GLBT].”<sup>59</sup>

#### **Political organising and a Supreme Court case in Manila**

In Manila, the Philippines Commission on Elections banned a gay rights group from running as a political party in the 2009 general election because it promoted homosexuality, which the commission called “immoral”. The decision catalysed the mobilisation of gay and other MSM community groups to petition a counterclaim to be heard through the Philippines Supreme Court in 2010. Jethro Patalinghug, a Filipino TV producer, and Nicolo Cosme, a photographer, mounted an online rights campaign in which they photographed celebrities and posted their headshots with quotes supporting the GLBT movement. Later, Jethro Patalinghug went on to apply his skills to the Take the Test Initiative and coordinated a mobile HIV testing and counselling clinic in Puerto Galera. His negotiating experience helped him coordinate the involvement of the community sector, medical and government sectors.

#### **Defending the Q! Film Festival in Jakarta**

In Indonesia, the core group of volunteers who annually organise the Q! Film Festival in Jakarta plays an important role building relationships and advocating for MSM and transgender people. The festival faces stiff opposition from Muslim groups and from legislative threats such as the Anti-Pornography Act. Organisers have so far managed to protect themselves from these threats by, among other strategies, ensuring good relationships with national and provincial Indonesian government leaders; working closely with and garnering the support of foreign embassies in Jakarta; and aligning themselves with the international Teddy Awards for the Berlin Film Festival.

59 UNDP. 2010. Jakarta City Scan Report: Arus Pelangi - gay and lesbian human rights community service with HIV information, referral and support to MSM and TG clients; p. 141.

### Government-funded legal services in Ho Chi Minh City

With the support of the Ho Chi Minh City harm reduction program, an HIV Legal Service was established in 2007 based upon a model by USAID / HPI Greater Mekong Region and China. This service is an excellent example of cooperation between governments and international agencies to create enabling environments for HIV services. The service is a partnership among USAID / HPI, the Center for Counselling on Law and Policy on Health and HIV/AIDS, and the Viet Nam Lawyer's Association.

Organisers use drama and scripted play to educate target populations about their legal rights and where they can access legal help. Its caseload includes sex workers and people who use drugs detained in prisons and compulsory rehabilitation facilities in need of medical care but who cannot access ART without the clinic's assistance. Clinic organisers have recently been approached by the Blue Sky Club to extend their services to MSM.

The programme now receives funding from the Ho Chi Minh City Department of Health which, through the work of this initiative, is becoming increasingly sensitive to PLHIV experiencing difficulties that require legal advice and support. As discussed earlier, this model of transfer of responsibility from international donors and organisations to national and city governments may have applicability in other megacities.

### 5.3 Solutions to local impediments

"This initiative seems to have created a stir among policemen."

- Representative from ACHIEVE in Manila<sup>60</sup>



The city scans identified a number of local solutions to legal impediments to providing HIV services to MSM and transgender people. These include government departments easing the way for peer outreach workers to conduct their activities; strategies to fund community organisations prevented from registering as community organisations; and strategies for working with the police.

#### **Easing the way for peer outreach workers**

A number of examples of megacities taking legislative and administrative steps to ease the way for peer outreach workers and two examples from Ho Chi Minh City are provided in the case studies below.

#### **National laws to facilitate outreach in Ho Chi Minh City**

The UNDP and APCOM *Legal Environments Report* discusses Viet Nam's Law on HIV/AIDS Prevention and Control (2006), which states that "homosexual people will be given priority access to information, education and communication on HIV/AIDS prevention and control" (Article 1), and Decree 108 on Implementation of Articles of the Law on HIV/AIDS Prevention and Control (2007), which "provides that harm reduction interventions [including condoms] are to be provided to MSM and sex workers." The decree stipulates that identity cards should be issued to harm reduction outreach workers and that these workers are protected from prosecution "if they have notified the People's Committee and the police prior to conducting outreach"<sup>61</sup> and carry identification cards with them at all times. The Provincial AIDS Committee has issued these cards to Blue Sky Club outreach workers who now show them if stopped by police or other authorities.

<sup>60</sup> UNDP. 2010. Manila City Scan Report: Take the Test Campaign; p. 168.

<sup>61</sup> Ibid. Godwin. 2010; p. 82.

### Government outreach to districts in Ho Chi Minh City

When Blue Sky Club initiated its HIV 'edutainment' services it experienced significant resistance from venue owners who feared the increased attention they would attract from local authorities should they agree to host activities. In addition to hosting forums with local authorities to explain the importance of these HIV initiatives, the city's harm reduction program also provided stamped letters to each venue that owners could show authorities. This step was said to increase confidence and participation in 'edutainment' activities. Blue Sky Club plans to scale-up edutainment services in five other districts in Ho Chi Minh City in a partnership with the Provincial AIDS Committee.

### Supporting unregistered community organisations

The UNDP and APCOM *Legal Environments Report* found that a number of countries in the Asia Pacific region have laws preventing or restricting community organisations from obtaining legal status.<sup>62</sup> Such obstacles limit their ability to attract government and donor funding and threaten their sustainability. The examples below highlight strategies for funding and supporting unregistered groups in Yangon.

### Helping communities to organise in Yangon

The Yangon scan found an interesting approach to funding unregistered groups and networks being implemented by the HIV/AIDS Alliance Myanmar. The Alliance identifies small groups of MSM and transgender people, provides training in mobilising among these key populations and train-the-trainer skills, and then supports these groups to deliver workshops on HIV to their networks. Eight groups from different parts of Myanmar are funded under this programme, which also has supported the groups in developing skills in grant application and management. Healthy Living Helping Society is one example of a group that has gone on to achieve considerable success locally in attracting funds from the American Foundation for AIDS Relief (amfAR) and the International Treatment Preparedness Coalition (ITPC).

The Myanmar National MSM Network Initiative was formed in 2009 and comprises the leaders and groups originally funded through the alliance's grant programme. This approach demonstrates how it may be possible to build and sustain civil society responses starting with small, informal groups and mentoring them over time to build their capacity to contribute to the civil society response to HIV locally. Such an approach could be used to strengthen the provision of HIV treatment, care and support among MSM and transgender people living with HIV across the region.

### Working with the police

The city scans highlighted a number of ways to successfully work with the police to improve the environment for condom use and access to HIV services.

62 Ibid. p. 3.

## Working with police in Bangkok, Yangon, and Ho Chi Minh City

Bangkok's Gay Sauna Initiative in 2000 aimed to respond to a government crackdown on 'immorality' in Thailand in which police were using condoms as evidence of sex work to arrest and close venue managers and to arrest their clients. The impact was a dramatic reduction in the use of condoms when HIV incidence was increasing sharply among MSM and transgender people. At the time, Khun Nikron emerged as an important community champion along with members of Rainbow Sky Association of Thailand. He used his sophisticated network of business and local government relationships to lobby for exemptions for gay saunas in the interests of public health. The Australian Federation of AIDS Organisations assisted Rainbow Sky and Bangkok Rainbow by provided funding and support to set up a meeting among representatives from the Thai Ministry of the Interior, the Department of Health, sauna owners and police. The result was an agreement by the Ministry of the Interior to provide letters to local police stations instructing them to take a 'hands off' approach to the city's gay saunas. Similar to the Ho Chi Min City approach taken to support HIV 'edutainment', copies of the letter were provided to gay sauna owners who then kept these letters at their receptions to show police teams coming to raid the site. Condoms continued to be made available in the saunas, with no threat of repercussion for their use in those settings.

In Yangon, Medicines du Monde's Police Force Engagement Initiative also used dialogue to build cooperation between local police and HIV health programmes. The goal was to reduce arrests and detainment of female, male and transgender sex workers and gay and other MSM and transgender people when condoms are found on their persons.

In Ho Chi Minh City, the government's harm reduction programme, working with Blue Sky Club, held a series of meetings and discussion workshops involving community organisations and government departments (including representatives from the judiciary, law enforcement, health, and welfare agencies) to explain the club's outreach and edutainment work and to seek their support in taking a 'hands off' approach to enforcement of the law for the sake of public health. As in the other cities, an important result was that members of these key affected populations faced less of a threat of arrest and detention simply by having condoms in their possession.

## Dialogue between police and sex establishments in Manila

Action for Health Initiative, Inc (ACHIEVE) in Manila engaged in an initiative to improve communication, dialogue and cooperation among the police, sex venue owners and city government health officials. In partnership with Quezon City Health Department, ACHIEVE organised a dialogue involving the Quezon City Police Department and SAMACKA (the association of establishment/venue owners in Quezon City). This initiative is in its formative stages and forms part of an ongoing strategy to improve cooperation among police, entertainment establishments and city health officials in relation to condom distribution in venues where sex is sold. While it remains an open and ongoing discussion, this first conversation helped to raise and clarify inconsistencies between local ordinances mandating the health department to distribute condoms in 'entertainment' establishments and provisions of anti-trafficking legislation currently used by police to justify condom use as the basis for raids and detention of sex workers.

## 5.4 Champions for health and rights programming

"The death of a friend [from HIV] strengthened my resolve to do something. [After the death] I really started to feel what my [HIV]-positive friends were going through every day. I had made it to the Mr Gay World title list a couple of years ago and [so] I decided to use my status as a bit of a celebrity to bring the message of taking the [HIV] test to gay men in the Philippines."

- Jethro Patalinghug, leader of Take the Test in Manila<sup>63</sup>

Findings from the city scans reinforced the important impact of champions in improving HIV responses targeting MSM and transgender people. The scale and reach of HIV services to MSM and transgender people as well as their quality and effectiveness were greatly enhanced by champions across all sectors. Many of these champions deliver services and advocate on behalf of MSM and transgender people within the social structures where they have influence.

### **City government champions are vital to encouraging comprehensive government support**

Champions within city governments can affect positive change across entire government structure and systems. The capacity of these champions to influence 'up' to senior bureaucrats and politicians, 'across' to other government departments, and 'down' to local authorities, law enforcement and medical service sites at district and suburban levels was highlighted.

#### **City government champions in Ho Chi Minh City**

In Ho Chi Minh City, community advocates report that staff at the government harm reduction programme are helping community organisations to remove barriers at the local level in the delivery of services across the city. The department also successfully garners the support of the Ho Chi Minh City's People's Committee and the Fatherland Front Organisation – two essential bodies in decisions made in regards to health at the city level. It is worth noting, however, that city scan findings were inconclusive as to whether this level of city government championship resulted in significant public health changes. There was also little evidence of a coordinated approach to improving demand among MSM and transgender people for public health services in Ho Chi Minh city.

#### **City government champions in Chengdu**

Several years ago the Chengdu Center for Disease Control (CDC) formed a community, hospitals and government cooperative committee to assist with coordination and cooperation across the sectors responding to HIV. "There are many different HIV/AIDS resources," explained Dr. Han De Lin, director of the HIV Department at Chengdu CDC. "I think it is important to integrate them together as then we can all be more efficient."<sup>64</sup>

The coordination role of Chengdu CDC has been highlighted by all Chengdu respondents in the Multi-City Scan interviews, thus suggesting the Municipal CDC is very useful to them all – including in resolving service delivery issues and difficulties. Dr. Han of the Chengdu Municipal CDC documents the impact of this coordinated approach by noting that the coverage of services to MSM is now "much higher than before" and services to PLHIV are also more widely available. "Chengdu now services three hundred more MSM living with HIV than it did three years ago," she reported.<sup>65</sup>

However, although representatives from Chengdu CDC and Tongle (an MSM-led community organisation) believe that there is an enabling environment for MSM even without anti-discrimination legislation, other stakeholders contradict this view, stating that the environment remains hostile and that legislative reform should be an important priority for the city and the country. The lack of consensus highlights the need for more work on the role of legislative change in the response to HIV in Chengdu and in China.

### **Medical champions and their vital impact on HIV service delivery for MSM and transgender people**

Medical champions are doctors and nurses involved in the public health system who are actively engaged in advocating for improved HIV and STI testing and counselling for MSM and transgender people. Medical champions often have innovative ideas for scaling up services which remain untapped.

<sup>64</sup> UNDP. 2010. Chengdu City Scan Report: Chengdu Center for Disease Control and its role in coordinating the city-level response to HIV; p. 78.

<sup>65</sup> Ibid.

## Medical champions in Jakarta and Chengdu

Dr Maya Estianti from the Jakarta Planned Parenthood Association became aware of the sexual health issues of MSM and transgender persons through experiences at the Association's general clinic. She took her concerns to the provincial Planned Parenthood Association and the Board of Directors approved, with funding provided by USAID, the establishment of a specialized clinic service for these key affected populations.

Estianti first facilitated collaboration between clinical staff and MSM and transgender community service organisations. The specialized clinic subsequently established close relationships with government health facilities, including in regards to referrals both ways, depending on needs. The Provincial AIDS Commission, meanwhile, provides re-agents for HIV testing and free condoms. The clinic provides reports on the programme to both the Ministry of Health and the Commission.

The clinic has a medical intern programme that provides internships for three months for those who wish to develop their capacity in HIV and STI diagnosis and treatment. This is also a way to provide experience to medical students in working effectively with MSM and transgender persons. In Chengdu, Professor Zhang Jian-Xing of the China-UK HIV/AIDS Prevention and Care Project initially approached Dr Yu Shoa-Ming at the Sichuan Architecture Hospital to establish an MSM STI clinic on site. Yu then championed its establishment within the hospital and across MSM community organisations and was successfully able to convince the hospital board for the need to provide MSM-friendly, low cost or free STI diagnosis and treatment services.

## Community champions and their vital impact as local advocates, specialists and coordinators

The city scans provide numerous examples of community champions who help to coordinate, advocate and provide specialized skills to improve the ability of community organisations to provide HIV services to MSM and transgender people.

Across all cities, champions surface as sources of expertise, leadership, support and advocacy for social change. They are able to generate increased support for MSM and transgender people's services because of their passion and commitment to the issues and often because of the connections they have across municipalities. They also seem to understand the cultural contexts and the limits of advocacy and influence, and thus are able to work effectively within these limits. In many situations, champions across sectors are sensitive to working together to generate increased support.

## Community champions in Bangkok, Manila, and Yangon

In Manila, Bric Bernas, the executive director of The AIDS Society of the Philippines, returned to the country after many years of experience in HIV service delivery in New York City. In Manila he is implementing much of what he learned during his time in the United States. In Yangon a group of openly gay and other MSM have collaborated since 2007 to maintain a website called MgEDU that provides an online space for social contact, HIV education and support, and general news and information for gay and other MSM in Myanmar. In Bangkok, Vittaya Saeng-Aroon from Global Fish Media facilitated coordination among partners and provided specialist skills for his *Love Auditions* online miniseries. In Jakarta, Widodo Budidarmo, a founding member of Arus Pelangi, has been one of many champions who helped to sustain the work of this community-based organisation.

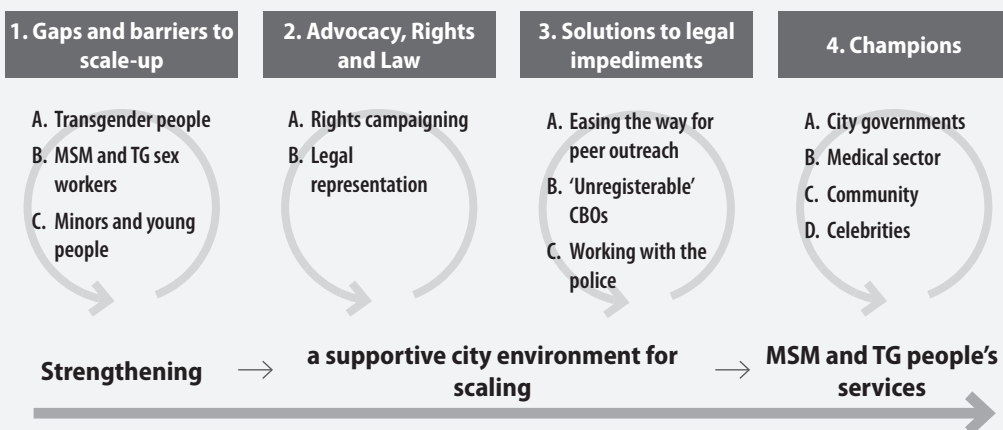
## Celebrities and the attention they bring to HIV initiatives

As noted in several examples in this report, local celebrities can play an important role in generating interest among MSM and transgender people in HIV initiatives and can also help build crucial support outside these communities. Blue Sky Club's 'edutainment' activities in Ho Chi Minh City and the Sedona Township Transgender Beauty Contest in Myanmar highlight particularly effective use of celebrities.



## Conclusion

Integrating enabling environment innovations in to city government policy making, programming and annual resourcing of enabling environment projects is recommended to assist local scale up of HIV responses to MSM and TG people across megacities in Asia. The diagram below aims to assist policy makers and HIV health programmers to conceptualise the key conclusions from this section of the scan and prioritise these innovations in city-based programming.



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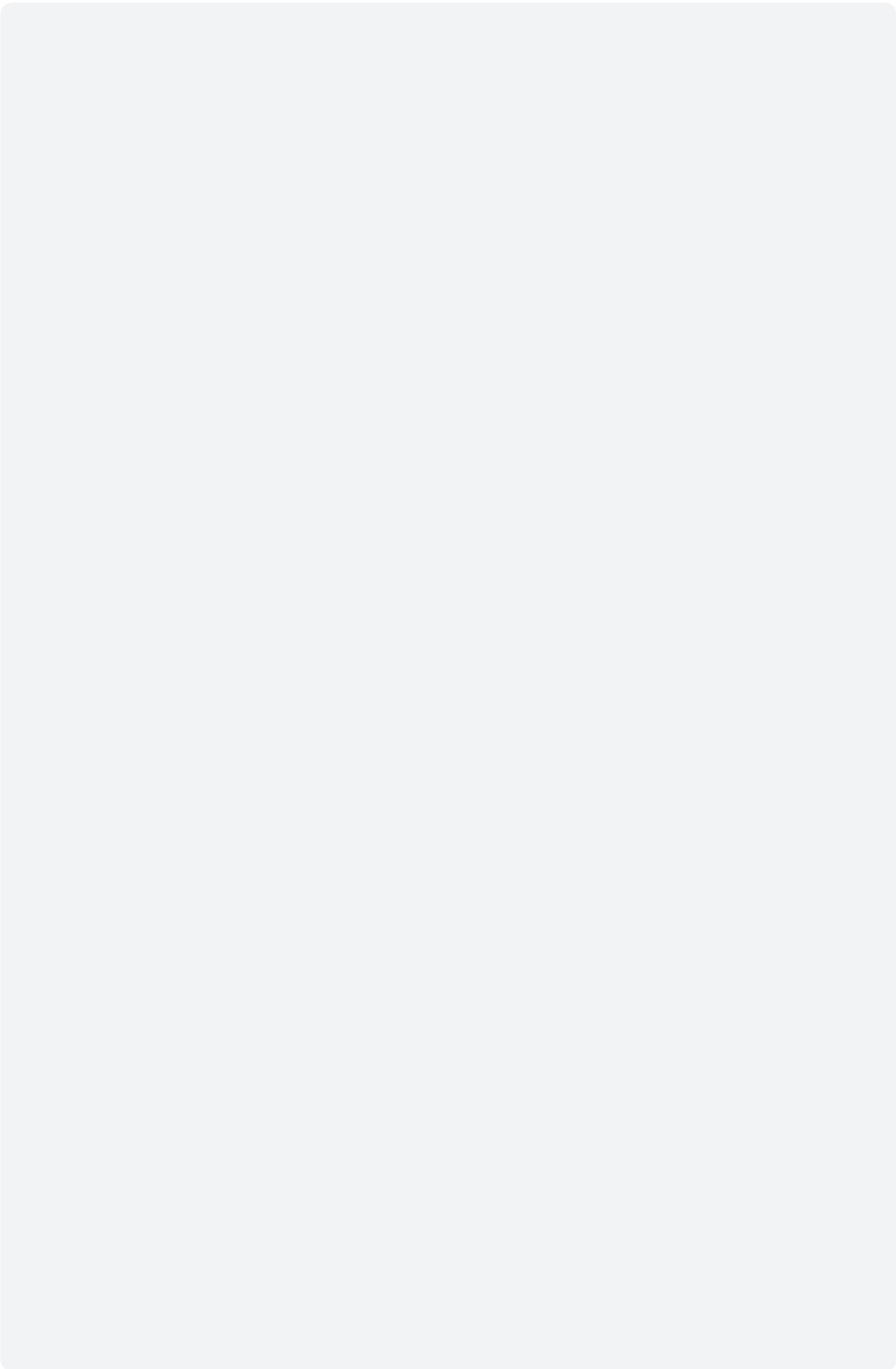
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## APPENDIX

### City Data

The following data was collected from a range of existing sources to serve as a working document for the Men Who Have Sex With Men and Transgender People Multi-City HIV Initiative and Action Planning Meeting in Hong Kong on 7-9 December 2010.

This table does not necessarily reflect all data available at the city level, but was drawn from key open source documents, such as country-level Integrated Biological Behavioural Surveillance (IBBS) and other published studies.

	HIV Prevalence	Condom Use with Last Partner	% of MSM received HIV testing in last 12 months
<b>Bangkok</b>	24.7% (IBBS 2009)	--	--
<b>Chengdu</b>	10.6% (Sichuan CDC 2007) 9.1% in 2007 (Feng, et al. 2010)	57.5% in 2007 (Feng, et al. 2010)	--
<b>Ho Chi Minh City</b>	5.3% (05-06 IBBS)	47.4% non-commercial 28% with clients 38,3% with MSW (IBBS 2009)	From 1 Jan 2010 to 30 Sep 2010: - Counseling: 1067 MSM (from 15 years old and beyond) - Testing: 1054 MSM (845 MSM received their results). Out of which 85 had positive results.
<b>Jakarta</b>	8.1% (IBBS 2007)	--	30.8% (IBBS 2007)
<b>Manila</b>	1.8% (average of 8 cities within Metro Manila) (IBBS 2009 - MSM Report)	Calcoonan 21.4%, Makati 32.5%, Mandaluyong 16.6%, Manila 32.9%, Marikina 72.0%, Pasig 20.6%, Pasay 21.8%, Quezon City 65.5% (IBBS 2009 - MSM Report)	--
<b>Yangon</b>	12.5% (HSS 2009)	83.7% (IBBS 2009)	94.1% (IBBS 2009)

HIV Knowledge	STI Prevalence	Avg. Age of Sexual Debut	% MSM selling sex	% MSM injecting drugs
--	Urethral chlamydia: 8.1%, in HIV+ MSM, 2006 (McNicholl J., et al. 2007 cited in WHO SEARO 2010). Syphilis: 4% in 2006-08 (Timothy Haltz. 2010)	17 (van Griensven, et al. 2009)	17.3% in 2007 (van Griensven, et al. 2009)	--
--	36.2% in 2007 (Feng, et al. 2010)	19 median (Feng, et al. 2010)	18.3% to male clients in 2007 (Feng, et al. 2010)	2 out of 513 respondents in 2007 (Feng, et al. 2010)
--	16% (2005-2006 IBBS)	16	52.8% (with a bias due to respondent driven sampling, IBBS 2009)	5% (IBBS 2009)
30.4% (IBBS 2007)	33.2% rectal, 8.4% urethral (IBBS 2007)	--	--	3% ever IDU (IBBS 2007)
52.7% perfect knowledge based on 5 questions (IHBS 2009 - MSM Report)	--	Calcoonan 15, Makati 16, Mandaluyong 15.6, Manila 17.0, Marikina 15.5, Pasig 14.1, Pasay 15.7 Quezon City 15.1 (IHBS 2009 - MSM Report)	Calcoonan 48.8%, Makati 72.0%, Mandaluyong 57.3%, Manila 56.8%, Marikina 80.3%, Pasig 41.7%, Pasay 56.3%, Quezon City 93.2% (IHBS 2009 - MSM Report)	--
--	7% syphilis prevalence (HSS 2009)	16.6 (IBBS 2009)	24.7% (IBBS 2009)	~1% (IBBS 2009)









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