

HIV/AIDS Programming for MSM in the Greater Mekong Region

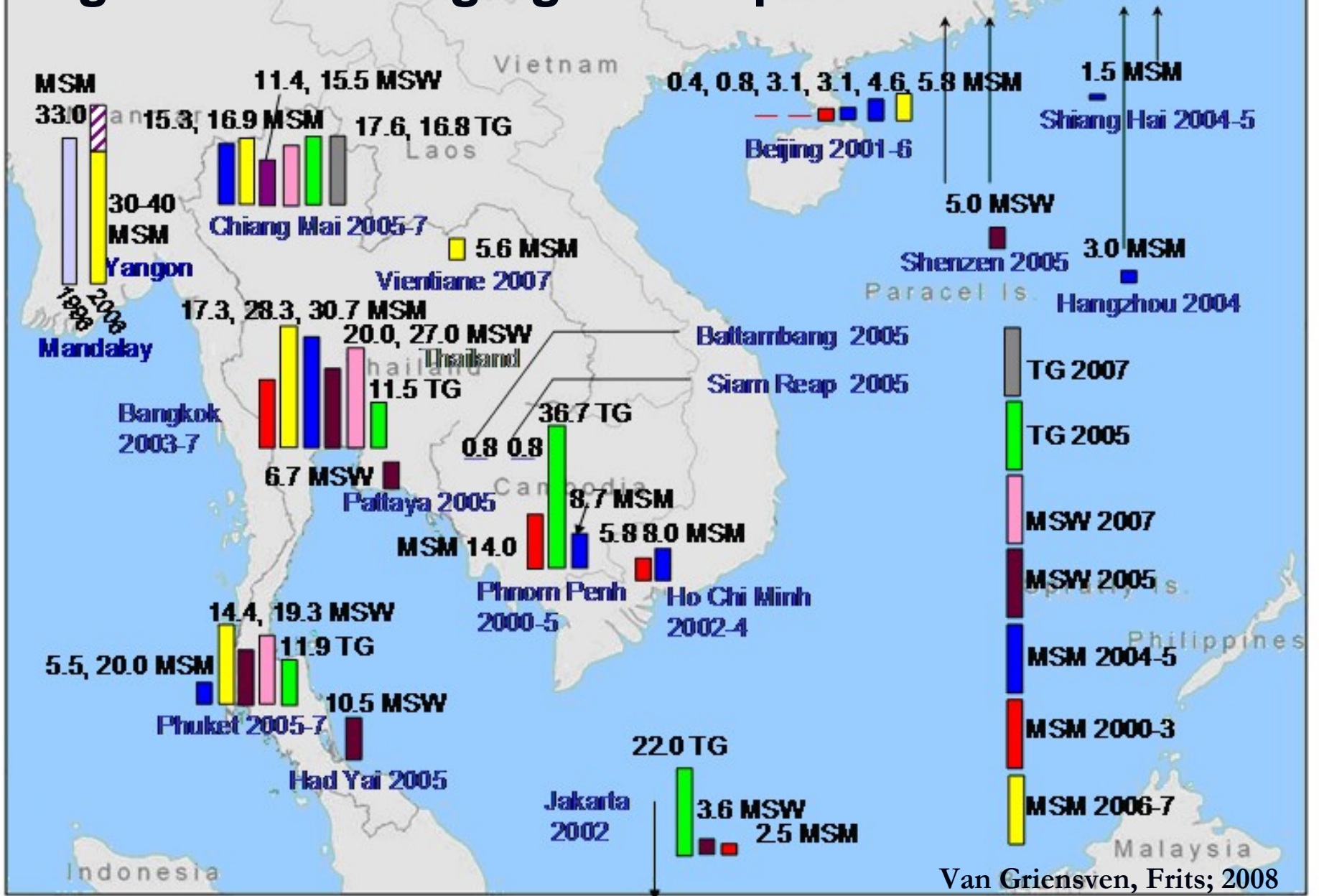


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Presentation Overview

- Context of HIV/AIDS among MSM in the Greater Mekong Region
- USG strategy: hotspots and development of technical assistance-based model
- Minimum Package of Services (MPS) for Prevention
- Enabling Environment as a component of the Comprehensive Prevention Package

Significant Emerging MSM Epidemics in SE Asia



Who are MSM?

- Two dynamics: gender and sexual expression
- MSM is an umbrella term
 - Transgender (TG)
 - Male Sex Worker (MSW)
 - Other MSM
- Different sub-populations of MSM may need different approaches

USG strategy

- Technical-assistance based approach with focus on capacity building to ensure sustainability and facilitate integration of activities into routine systems
- Four components:
 - Develop **replicable models** for prevention and care
 - Improve the **quality** of prevention and care programs
 - Increase the collection and use of **strategic information**
 - **Share successful models** and provide TA to other PEPFAR programs

Geographic Focus

- Regional (regional MSM and PLHA networks and SI activities)
- Non-presence countries
 - Burma
 - China
 - Laos
 - Papua New Guinea (PNG)
 - Thailand

Comprehensive Prevention Package

Interventions



Most-at-risk Populations
MSM (including TG, MSW)
IDU
FSW

PLHA

Clients of FSWs



Other vulnerable populations

Minimum Package of Services

- Behavior change communication
- Condom distribution
- STI screening and treatment
- HIV counseling and testing
- Substitution therapy and safer injection practices for IDU
- Linkages to care and treatment

Supportive interventions

- Strategic Information
- Capacity Building
- Community Mobilization
- Policy & Advocacy
- Stigma and Discrimination
- Income Generating Activities

Targeting MSM

- Identifying key hotspots
 - Peer informants and other input as part of program design
- Formative behavioral research
 - Understanding population and tailoring appropriate messages
- MSM, MSW, TG may require different messages and messengers



Behavior Change Communication & Condom Distribution

- Peer outreach: critical
 - Innovative approaches (mid-media such as “edutainment”, website)
- Targeted IEC materials
- Drop in centers
 - Peer activities, including skills development, training, and services available at drop in centers and on-site access to VCT and STI services
- Targeted Condom Social Marketing
 - Ensuring access to condoms and lubricants is key, either by the program itself or through targeted condom outlets



Training Peer Leaders

- Community / grass-roots mobilization and ownership is essential
- Systems with incentives where community volunteers can move up into part-time staff, later full-time staff and then leadership roles encourage continuity
- Important to target peers from sub-populations (MSW including TG SW as well as both feminized and masculine MSM)



Approaches to Delivering the MPS Model for MSM

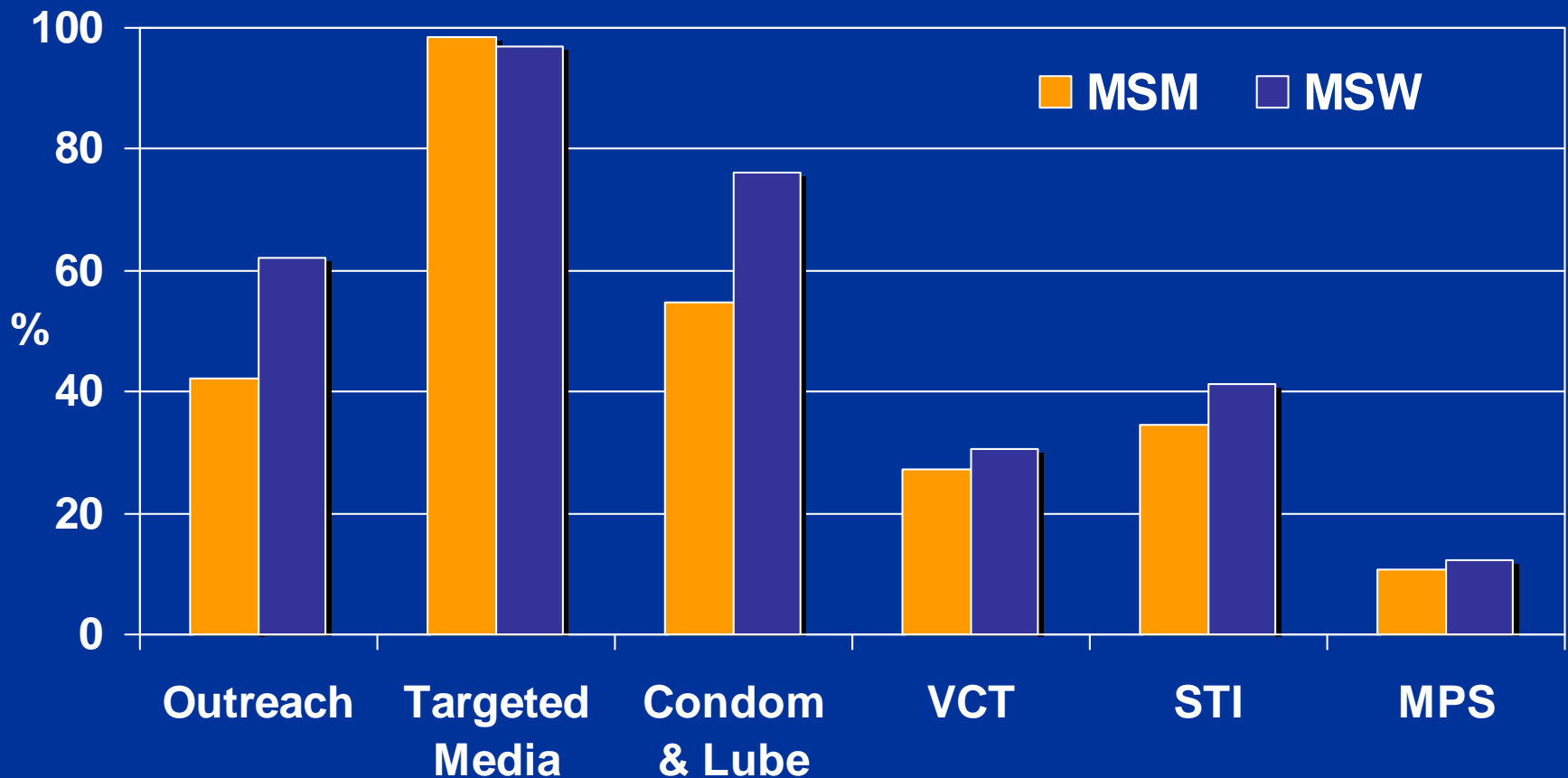
- Community-based services
 - Drop-in Centers; one stop shop
 - Mobile clinics
 - Services at community events
- Referrals to VCT and STI services
 - Government
 - Private (can be subsidized with coupons, etc)
 - Follow up is critical
- Need strong linkages to care and support services
 - Desire for tailored programming for positive MSM



Barriers to Clinical Services

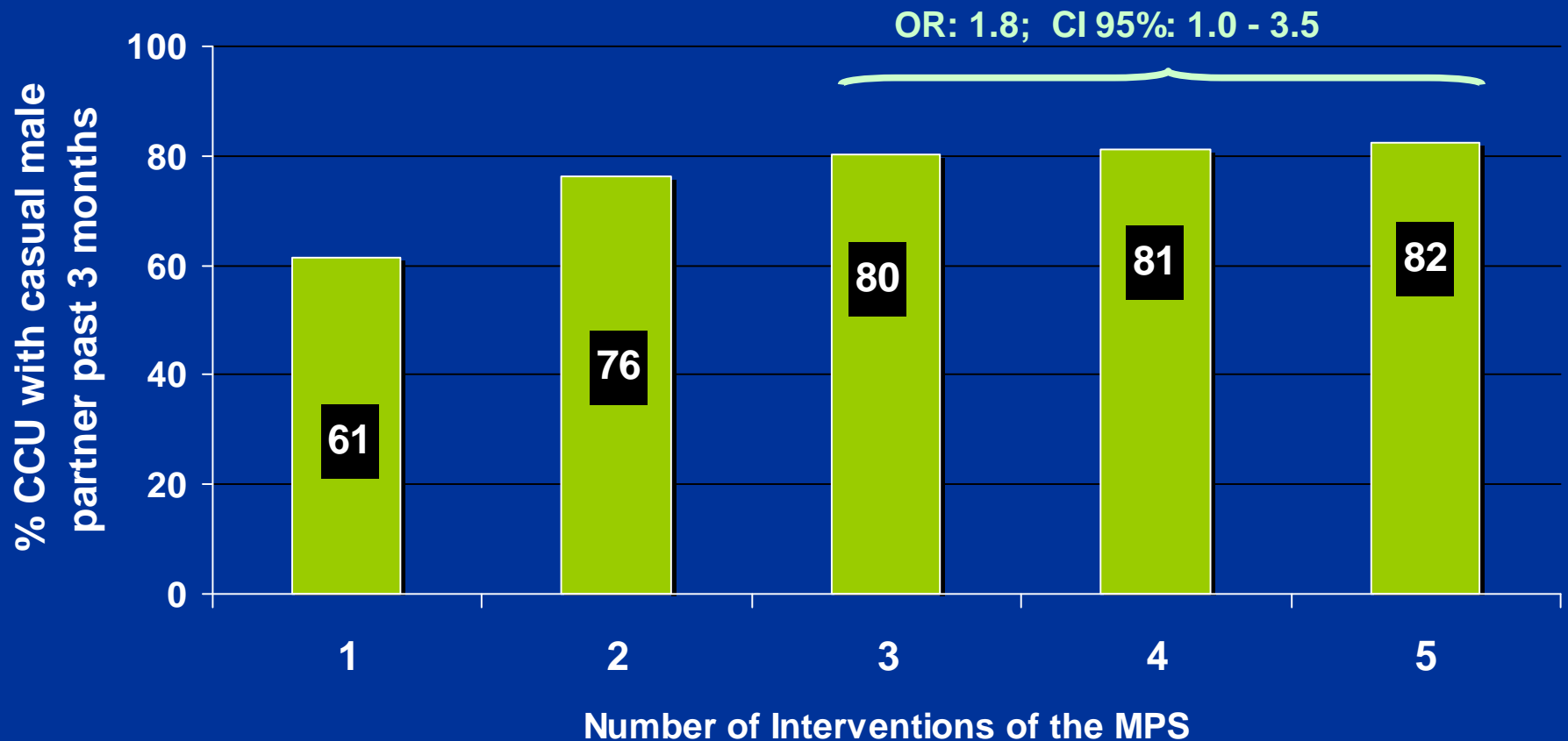
- Stigma and discrimination by providers
 - Need sensitization and MARP friendly services
- Lack of knowledge on MSM-specific STI screening (i.e. rectal exam for asymptomatic infections)
- Lack of anonymity
 - Names-based eligibility for services and reporting in some countries
- Cost: test and transportation
- Loss to follow-up: must have rapid tests!
- Need to link STI and VCT services

Minimum Package of Services in the Past 12 Months, Bangkok, 2007



Source Data: Thai MoPH, BoE, 2007

Consistent Condom Use with Casual Partner & the MPS



Source Data: Thai MoPH, BoE, 2007

Supportive Interventions for MARPs

- Strategic Information
- Capacity Building
- Community Mobilization
- Policy
- Stigma and Discrimination
- Income Generating Activities

Fostering an Enabling Environment

- Establishment of a Regional MSM Network: Purple Sky Network
 - USG and UN support
 - Community and government involvement
 - Country level technical working groups
 - Regional Technical Board
 - Regional Coordination Secretariat
- Goal: To enhance and strengthen the capacity of the regional and in-country MSM working groups in developing and advocating for appropriate and effective programs, services and policies for reducing HIV and STI transmission among MSM in the Greater Mekong Sub-region.

Successes of The Purple Sky Network

- **An MSM HIV prevention component is now in every national/provincial AIDS plan in the region**
- Working groups including government organizations, CBOs and NGOs in all countries
- Opportunity for sharing experience
- Regional advocacy training
- Behavior change communication training
- Development and monitoring of a two-year vision
- Regional network capacity building plan (in progress)
- Network newsletter and website (in progress)

Challenges in the Creation of Purple Sky Network

- Lack of epidemiological data
- Different political structures and circumstances
- Securing government buy-in
- Varying levels of CBO and NGO engagement and human resource capacity
- Linguistic barriers



Key Lessons Learned in Supportive Interventions

- Regional multi-level partnership approach can facilitate tangible national commitment by various stakeholders
- Donor, government and non-government participation important in driving agenda
- Data is important but don't wait for "enough"
- Regional coordination mechanism is a key component in facilitating regional collaboration
- Structured response can expedite mobilization of resources and actions



Challenges to Implementing the MPS

- Resource requirement to develop, evaluate, and disseminate replicable models
- Limited funding available to scale up prevention services for MSM
 - Government and donor funding very limited
 - GFATM HIV grants were limited in prevention, but increasing with Round 8
- Weak linkages between community and clinical services

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