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Special ICAAP11 Edition
on
MSM and transgender people
in Asia and the Pacific

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AFAO is the national federation for the HIV community response, providing leadership, coordination and support to the Australian policy, advocacy and health promotion response to HIV/AIDS. Internationally, AFAO contributes to the development of effective policy and programmatic responses to HIV/AIDS at the global level, particularly in the Asia Pacific region.

AFAO's aims are to:

- Advocate on behalf of its members at the federal level, thereby providing the HIV community with a national voice;
- Stop the transmission of HIV by educating the community about HIV/AIDS, especially those whose behaviour may place them at high risk;
- Assist its members to provide material, emotional and social support to people living with HIV;
- Develop and formulate policy on HIV issues;
- Collect and disseminate information for its members;
- Represent its members at national and international forums; and
- Promote medical, scientific and social research into HIV and its effects.

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Content in this special edition of *HIV Australia* has been developed in collaboration with APCOM (Asia Pacific Coalition on Male Sexual Health).

Founded in 2007, APCOM is a coalition of members – governments, UN partners, non-profits and community-based organisations – from Asia and the Pacific.

APCOM represents a diverse range of interests working together to advocate on, highlight and prioritise HIV issues that affect the lives of men who have sex with men (MSM) and transgender people, including rights, health and wellbeing.

Their goals are: increasing investment in HIV prevention, treatment, care and support in the region; scaling-up coverage of HIV prevention, treatment, care and support in the region; strengthening the development and availability of the evidence base that supports our mandate; and building a cadre of advocates that are well-connected, able, informed working at multiple levels within all Asia and Pacific countries. By influencing governments and opinion leaders, APCOM is generating positive, enduring change.



Throughout this special edition of *HIV Australia* we feature organisations from APCOM's Spotlight series, which aims to profile the work of community-based organisations throughout Asia and the Pacific. More Spotlights, as well as the APCOM Highlight series on good practice and Limelight series on individual advocates and activists, can be found at www.apcom.org

Editorial

Welcome to the Special ICAAP11 Edition of *HIV Australia*, focusing on men who have sex with men (MSM) and transgender people across Asia and the Pacific.

This edition has been prepared to bring together some of the key issues and discussions around current and future responses to HIV, health and human rights for MSM and transgender people in our region.

The edition has been timed for release alongside the 11th International Congress on AIDS in Asia and the Pacific (ICAAP11), which will provide an important forum to debate, discuss and decide how to scale-up prevention, testing, treatment and care for men who have sex with men and transgender people in the lead up to 2015 and address the gaps remaining to achieve the Millennium Development Goals (MDGs), the Three Zeros and the targets of the UN 2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS.

Across our region, we see rapidly escalating epidemics in MSM and transgender people in many countries and cities, while it is also clear that the level of funding currently reaching communities, and MSM and transgender communities in particular, is woefully inadequate to tackle HIV.

With recent advances in technology and the lessons learned from years of programming with MSM and transgender communities, it is clear that addressing HIV among MSM and transgender people is achievable with the right combination of political will, investment and community mobilisation.

We would like to thank all the guest writers for sharing their thoughts and perspectives with us in this special edition from the fields of community advocacy, programming, and research. We hope the reader finds it a useful addition to the discussions that will take place at ICAAP11.

We hope ICAAP11 offers a significant step towards achieving the response that MSM and transgender people urgently need.

Enjoy your time in Bangkok, and we look forward to meeting many of you during the Congress.

Chris Connelly and Midnight Poonkasetwattana



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SPOTLIGHT

1



SWING, Thailand

Each police cadet is matched with a SWING staff member who is their “buddy” for the duration of the three week training. SWING staff members are responsible for mentoring their police cadet buddy, familiarising cadets with SWING’s operations and educating cadets about the issues affecting sex workers. This photograph depicts police cadets and their SWING staff buddies upon the cadets’ successful graduation of the Police Cadet Community Involvement Program.

The Service Workers In Group Foundation (SWING) was established in 2004 to promote and protect the health, human rights and dignity of sex workers. From its initial focus on the issues that affect male and transgender sex workers, SWING has expanded its coverage over the past 10 years to include programmes and projects for sex workers of all genders and sexual orientations.

SWING currently operates drop-in centres in Bangkok, Pattaya and Koh Samui, all of which provide a range of educational and health-related services to sex workers. SWING’s core services include: a comprehensive outreach programme with health promotion workshops and activities on HIV/AIDS and sexual health delivered within sex industry workplaces, as well as a Non-Formal Education Programme, which enables sex workers to attain a high school certification.

SWING recognises that sex workers routinely face stigma, discrimination and human rights violations, such as harassment and violence, and have found it difficult to report such incidents to the police. In order to improve relations between police and male and transgender sex workers, SWING piloted an innovative and acclaimed project that involved collaborative work with the Thai Police Force to deliver a comprehensive sensitivity training programme for police cadets. Since its launch in 2005, the internship programme has successfully challenged many of the attitudes of police cadets, and has resulted in an increased recognition and understanding of the issues that affect sex workers.

Epidemiological overview: MSM and transgender women in Asia and the Pacific

Chris Beyrer MD, MPH

Director, Center for Public Health and Human Rights
Johns Hopkins Bloomberg School of Public Health



The epidemiology of HIV

In the third decade of HIV in Asia and the Pacific, the epidemiology of HIV continues to change and to challenge our best efforts to respond. The predicted generalised epidemics among reproductive-age adults, which some models had predicted could reach the levels now seen in Sub-Saharan Africa, did not occur in most of Asia, and appear increasingly unlikely. This vast and diverse region, however, does continue to have many concentrated, or 'hot spot', epidemics that require research and program efforts, community action, and government and donor support. HIV burdens continue to be seen among various groups in many states, including people who inject drugs in Vietnam, China, Malaysia, Burma/Myanmar and Northeast India, among others, and sex workers and heterosexual young adults in India, Thailand, Cambodia, Papua New Guinea and Myanmar.¹ **But arguably the most striking feature of HIV in the region in 2013 is the high HIV incidence and prevalence among men who have sex with men (MSM) and transgender women in virtually every Asia-Pacific state where surveillance has been done.**^{2,3,4} This is particularly disturbing for MSM and transgender women in countries such as Thailand, India, Burma/Myanmar and Laos, where HIV rates in other populations are in marked decline, as in Thailand, or have remained consistently low, as in Laos.⁵ This pattern can perhaps be described as 'de-linked' spread; that is, HIV appears to be moving rapidly within MSM and transgender networks and driving unacceptably high HIV burdens among these persons, but spread continues to slow in general populations.

In East Asia, including the developed and relatively low HIV burden states of Taiwan, Singapore, Hong Kong, Japan and South Korea, we see a similar picture in which HIV outbreaks, albeit at lower levels than in much of the region, are under way primarily in gay, bisexual and other MSM groups. There are truly worrisome reports of high HIV incidence among the youngest age strata of some of these men.^{6,7,8}

A large body of recent work has documented the expanding epidemic of HIV among gay, bisexual and other MSM in multiple cities in China, particularly the densely populated cities along China's eastern seaboard and in the long-affected south-western region.^{9,10,11} The recent report by Wu, et al., was a very large investigation of HIV and syphilis among MSM in 61 Chinese cities.¹² They found an overall HIV prevalence of 4.9% (2314/47,231; 95% Confidence Interval (CI), 4.7%–5.1%) and a national syphilis rate among MSM of 11.8% (5552/47,231; 95% CI, 11.5%–12.0%). While there was considerable geographic variation across the country, as we might expect, HIV was found among MSM across all sites, suggesting a major public health challenge ahead for China.

In South Asia, including India, Pakistan and Nepal, HIV rates have been high among MSM, among male sex workers, and among the large traditional communities of transgender women, including those among the Hijra population of Pakistan and India.^{13,14}

The best data, and some of the only prospective cohort data on MSM in the region, has come from Bangkok, Thailand. Reports from 2006 onwards show that the next wave of HIV spread in Thailand was among MSM, a group that was among the earliest affected in the late 1980s.¹⁵ But the current epidemic is quite different. It is marked by very high incidence rates among the youngest age groups, and sustained rates of new infection despite a national HIV testing program and universal access to an antiretroviral program.¹⁶ HIV acquisition rates among the youngest men in the Bangkok cohort reached over 30% of all men after five years of follow-up, despite regular HIV testing and counselling, free sexually transmitted infection care, and condom and lubricant distribution.¹⁷ **The epidemic among Thai MSM illustrates the severity of the epidemic among MSM in the region, and also challenges our thinking about responses.** While stigma and some negative social attitudes towards open expression of same-sex relationships do prevail in Thai culture and society, homosexuality is not illegal as it is in many neighbouring countries and there are no explicit legal barriers to accessing HIV services. Yet HIV spread among young Thai MSM is severe and ongoing.

One clear challenge suggested by the current epidemiology is that HIV is not simply driven by individual-level risk behaviours; it is also driven by network-level factors.¹⁸ Indeed, in the large networks of very high transmission and acquisition dynamics that characterise these outbreaks, quite modest individual-level risks can translate into very high lifetime probabilities of HIV infection. Network-level factors that may be important in MSM HIV outbreaks include the size of these networks, the efficiency of HIV transmission in unprotected receptive anal sex, the sex role versatility of MSM, and the high proportion of new infections due to onward transmission

of recent and acute infections. All of these factors are likely affected by the proportion of untested and untreated men living with HIV infection in the region. They require us to rethink individual-based approaches and to grapple with network- and community-level interventions. The role of non-injecting drug use – particularly the use of amphetamine-type substances – in HIV risks is emerging as a related challenge in some networks of MSM in the region.¹⁹

Transgender women and HIV in the Asia-Pacific

The epidemiology of HIV among transgender women (male-to-female transgender persons) is just emerging in the region and poses challenges to HIV responses.

A recent review of the global burden of HIV among transgender women found data from only 15 countries worldwide.²⁰ However, among the 11,066 transgender women included in this data the pooled HIV prevalence was 19.1% (95% CI, 17.4–20.7) and transgender women were some 48 times more likely to have HIV than other reproductive-age adults in the same population.²¹ Data were available for transgender women from six Asia-Pacific countries: Australia, India, Indonesia, Pakistan, Thailand and Vietnam. HIV rates were highest among transgender women in India (43.7%) (95% CI, 31–56.4) but were also high in Indonesia (26.1%) (95% CI, 21.6–30.6) and in Thailand (12.5%) (95% CI, 5.1–19.9). The epidemiology among these communities is often confounded by the fact that transgender sex workers, a subset of transgender women, are often over-sampled or exclusively sampled from these communities, a bias that may drive HIV estimates among this population. **Nevertheless, these are highly burdened communities and they require much greater attention, engagement and inclusion in tailored HIV programming across the Asia-Pacific.**

Responses

Given these high burdens of HIV, high rates of acquisition among young MSM, and evidence of ongoing spread despite available prevention services, the challenge facing the Asia-Pacific region is how to better respond to these epidemics. As in the past, and in other settings where vigorous responses are under way, this will only happen with the strong leadership, engagement and support of the affected community.²² Fortunately, the Asia-Pacific region does have strong and growing community engagement around HIV and the health and rights of lesbian, gay, bisexual and transgender people more broadly. But greater community involvement and donor support with current prevention and treatment approaches may not be enough. New and more potent prevention technologies and approaches, including innovations in testing and tailoring of pre-exposure prophylaxis and of enhanced antiretroviral treatment approaches for MSM already living with HIV, are likely to be key.²³ To make these services available, and to adapt them to this very large and diverse region, a new coalition may be necessary. **Communities and scientists, implementers and policy leaders are going to have to work together around a new mobilisation to bring innovation, greater engagement with young men in need, and new approaches to this next wave of HIV spread. This is critical work in the HIV response in the Asia-Pacific region: it must and can be done.**

Chris Beyrer MD, MPH, is a professor of Epidemiology, International Health, and Health, Behavior, and Society at the Johns Hopkins University Bloomberg School of Public Health. In 2012, he became President-elect of the International AIDS Society, and will serve as President of the IAS, the world's largest body of HIV professionals, from 2014–16.

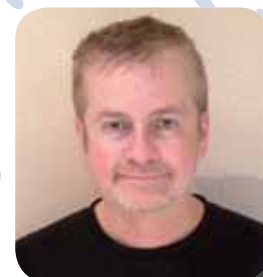
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From punishment to empowerment: sexuality and gender identity laws in Asia and the Pacific

John Godwin

HIV and Development Consultant



In 2012, the Global Commission on HIV and the Law highlighted the harmful impacts of punitive laws on the health and human rights of men who have sex with men (MSM) and on transgender people. **The Commission called for an end to police abuses, the repeal of sodomy offences, the enactment of anti-discrimination laws and legal recognition of transgender people.**¹ It has been over a year since the Commission reported, yet the legal environment for MSM and transgender communities remains highly punitive. Countries in which sex between men remains illegal include²:

- **in Asia:** Afghanistan, Bangladesh, Bhutan, Brunei, Malaysia, Maldives, Myanmar, Singapore, Pakistan and Sri Lanka
- **in the Pacific:** Cook Islands, Kiribati, Nauru, Papua New Guinea, Palau, Samoa, Solomon Islands, Tonga and Tuvalu.

There have been some attempts to challenge punitive laws, such as the Naz Foundation case, a constitutional challenge to India's sodomy law, which succeeded in 2009. The decision was appealed and the Supreme Court of India is due to hand down its decision on the appeal in late 2013.³ It is expected that the court will uphold the decision decriminalising homosexual conduct in India. If so, it will set an important precedent that will be helpful for challenges to other countries' discriminatory laws. For example, there is an ongoing challenge to Singapore's law that criminalises sex between men as an 'outrage on decency'. In 2013, a Singapore court dismissed a constitutional challenge to this offence. The decision is being appealed.⁴

Police abuses against MSM and transgender people continue to be widely reported. For example, in Myanmar police have targeted men for simply socialising after dark. In one case, police assaulted and detained a group of MSM and transgender people and forced them to strip. Some had to pay bribes and some were forced to sign pledges that they would not wear women's clothing.⁵ In other recent cases, sexual assaults of MSM by police have been reported.⁶

Although the environment remains highly punitive for many, there have also been some notable positive developments in 2012–13:

- Three cities in the Philippines (Davao City, Cebu City and Angeles City) have introduced laws prohibiting discrimination on the grounds of sexuality and/or gender identity.^{7,8,9}
- Fiji's new Constitution states that a person must not be unfairly discriminated against because of health status, sexual orientation, gender identity or gender expression.¹⁰
- In a landmark case, a Hong Kong court granted a post-operative transgender woman the right to marry.¹¹
- In Cambodia, the age of consent is 15 for both homosexual and heterosexual sex.¹² The government has issued guidelines that confirm a right to free expression of sexual identity and to comprehensive access to HIV services for MSM and transgender people without discrimination, and has included violence protection measures for transgender people in national policy.^{13,14}
- The Thai Parliament is debating a bill for legal recognition of same-sex relationships as civil partnerships, which is supported by the National Human Rights Commission.¹⁵

- The government of Vietnam has acknowledged the need for legal recognition of same-sex relationships. Fines are no longer to be imposed for informally celebrating same sex 'marriages' and in late 2013 Vietnam's National Assembly is to consider a proposal for a de facto relationships property law for heterosexual and homosexual couples.¹⁶
- New Zealand became the first Asia-Pacific country to legalise same-sex marriage. Soon after, the Australian Capital Territory became the first Australian jurisdiction to legislate for same-sex marriage, although Australia's federal government is contesting the validity of the Territory's new law through the courts.¹⁷

More liberal community attitudes towards sexual diversity and gender identity are resulting in progressive reforms to some national laws. This is very good news for both human rights and public health. The winds of change are a-blowing.

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SPOTLIGHT

2



Naz Male Health Alliance, Pakistan

Team photo of the staff working at Naz Male Health Alliance. Image © Naz Male Health Alliance.

Naz Male Health Alliance (NMHA) is the first and only men who have sex with men (MSM) and transgender community-based organisation in Pakistan. Founded in 2011, it provides technical, financial and institutional support for improving the sexual health, welfare and human rights of the MSM and transgender community throughout the country.

The organisation supports MSM and transgender community mobilisation, and has been working in five cities across Pakistan (Lahore, Karachi, Rawalpindi, Hyderabad and Larkana) to establish community-based organisations in areas with a large concentration of *hijra* (transgender) *deras* (dwellings).

The service delivery at the CBO level includes HIV voluntary counselling and testing, sexually transmissible infection diagnoses and treatment, behaviour change communication, and condom and lubricant distribution through outreach as well as through a drop-in centre/clinic.

NMHA is committed to generate evidence for designing needs-based and targeted interventions for MSM and transgender communities in Pakistan and towards this end has undertaken a number of small research initiatives during the short period of its operation.

However due to the conservative religious culture, political volatility and security situation in Pakistan, at the national level NMHA operates with minimal visibility to protect the identity of both clients as well as staff. Pakistan's punitive laws against male-to-male sex remains the biggest barrier to effective service delivery to the community.

Hope, struggle and the city: scaling-up HIV services for MSM and transgender people across Asia's megacities

Scott Berry

HIV and Development practitioner



In 2009 the United Nations Development Programme (UNDP) reoriented its work to focus on HIV vulnerability in municipal settings. If I understand it correctly, that decision was taken at least in part because global estimates have shown that as many as 50% of all people living with HIV reside in cities. Rural to urban migration is now the dominant pattern of human movement across the world, placing intense pressure on municipal systems to respond to the human condition in urban settings. Cities are important sites in the struggle to ensure comprehensive HIV services for those most vulnerable to HIV.

In 2010 Lou McCallum of the AIDS Projects Management Group and I were approached by the UNDP Asia Pacific Regional Centre to develop a methodology for and then implement a city-level inquiry in order to mobilise municipal actors and encourage the scale-up of HIV services for men who have sex with men (MSM) and transgender people in Asia's megacities. Together with USAID and UNAIDS, Lou and I undertook city-level inquiries in six Asian megacities: Bangkok in Thailand, Yangon in Myanmar, Ho Chi Minh City in Vietnam, Manila in the Philippines, Jakarta in Indonesia and Chengdu in China. The result was the production of a series of city-level reports linked to city work plans, a regional report aimed to provide advice on the scale-up of HIV services and a regional meeting to share promising municipal practices among city actors. In 2012, with the help of Dr Sai Pye of The HIV Foundation and, again, with the UNDP Asia Pacific Regional Centre, we undertook the Myanmar 5 Cities Initiative for MSM and transgender People. This initiative used appreciative inquiry techniques to identify promising practices, no matter how small or informal they may be, across the comprehensive package of HIV services for MSM and transgender people in Asia and the Pacific. We recruited local MSM and transgender leaders, provided training in appreciative inquiry and appreciative questioning and sent them in to their cities to collect information, to run meetings and groups and to create an environment for increased momentum towards scaling up good practice.

Asia's megacities as sites of struggle

'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

Cities offer the chance to relieve poverty and that hope draws great numbers of people from rural settings. But rural-to-urban migration is, in reality, migration from the country to urban slums or to poorer city suburbs. Slums and poor suburbs are places of overcrowding, crime, violence and reduced quality of life for most of their residents. Cities are dangerous places. Where poverty is endemic, corruption and graft are not far away. We see this connection in national laws that aim to reduce crime across a nation by criminalising drug use, sex work or same-sex relations between citizens. These laws, filtered through the complex social and economic dynamics of a city, lead to graft and corruption. The beneficiaries of that graft can include the very people who enacted the laws in the first place and the losers are the poor and those most vulnerable to HIV. It can be difficult for national policies that aim to improve HIV health to find their way into practice in local hospitals and clinics and, where corruption is endemic, these sites may require 'danger money' from their patients with HIV. Even HIV community services can be affected. Multiple laws interacting in city contexts can create exactly the opposite effect to that for which they were individually and collectively aiming. For example, national health departments encourage condom use among sex workers and among MSM and transgender people, and they encourage a 'clean fit for every hit' among people who inject drugs. Yet police in some cities make arrests based on prevention paraphernalia found on citizens – ironically, the same paraphernalia distributed and promoted by their own governments. Prisons and rehabilitation camps are places of intense HIV risk in some of Asia's cities. Those who are HIV-negative at the time they are incarcerated are likely to emerge from those closed settings HIV-positive.

Asia's megacities as places of hope

'We also want to run this event to let people know more about [gay, lesbian, bisexual and transgender] 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 – Jakarta, Indonesia

A key strategy for improving this situation is to attempt to 'turn it on its head' – that means creating opportunities for the poor and most vulnerable to influence those who make decisions about policy and law related to HIV. In this regard, Asia's megacities provide opportunities that wouldn't be possible in rural settings. They have become important sites for building networks and connections between MSM and transgender people and for providing and advocating for essential services and human rights, often in the absence of effective services provided by the state. Community-based organisations and their services are crucial to the scale-up of services for MSM and transgender people in Asia's megacities because they are flexible, innovative and can act quickly to implement new ideas. Yet governments in the region remain ambivalent about the strengthening of civil society and many community organisations receive short-term funding from international donors rather than their national or city governments. In spite of this, large-scale annual community events, MSM and transgender-led community services and public-private partnerships can be found in all the cities we worked in.

'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 program like [ours] work effectively.'

— Aek, The Poz Home Centre, Bangkok

Public health services are vital to the HIV-related health and rights of MSM and transgender people, especially with regards to providing accessible and high quality HIV prevention, treatment, care and support. Yet a key theme across Asia's megacities is the gap between demand and supply for these services. In a number of cities the supply of voluntary counselling and testing services is there but the lack of sensitivity towards MSM and transgender people means that demand for these services has yet to be generated. This results in late presentations of AIDS-defining illnesses among MSM and transgender people living with HIV. A key strategy is to increase the dialogue and cooperation between those most vulnerable to HIV on the one hand and public health practitioners on the other hand. The need to scale up clinical and community collaborations for shared delivery of services will help to rectify the lack of demand. People living with HIV are a visible source of leadership, participating in small-scale yet innovative community-clinic partnerships to deliver HIV treatment, care and support services. Active collaboration between public health services and MSM and transgender people's community services is essential to achieving scale.

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

— Thi Thu Tran Hue, Ho Chi Minh City Provincial AIDS Committee

The reality is that governments at different levels play an important part in supporting or undermining efforts to prevent HIV spread and support those living with HIV. Governments are part of the solution to HIV among MSM and transgender people in municipal settings, even when they uphold and enforce punitive laws. In all the cities we scanned we found champions in government services who were willing to support and advocate for MSM and transgender people. City-based inquiries such as this one can help to identify government champions and better utilise them. **One key challenge is that expertise, resources and power most often exist at the national level within the HIV departments of ministries for health.** City governments have mostly been ignored and a key goal is to make HIV programming resources and expertise more available to them.

Where to from here?

The UNDP Urban Health and Justice Initiative has been making strides that set the scene for more hope than struggle on HIV in urban settings in the future. The Initiative has been leading city-based inquiries for key populations in Africa, Latin America, the Caribbean and Eastern Europe. The Urban Health and Justice Initiative is about to release a guidance note for implementing an inquiry into municipal-level scale up of programs and services to key populations for HIV. This guidance offers a four-stage model of inquiry with some new and useful elements incorporated into the methodology. The first stage of the model involves engaging with city governments to ensure their active leadership, liaising with groups and organisations representative of key populations and facilitating forums for dialogue between parties. The second stage involves collecting available literature and discussing that literature with all the city players. A third stage involves fieldwork, presenting preliminary results and building consensus on the next steps to be taken towards scale-up. A new and important addition to the municipal inquiry model is a fourth stage aimed at facilitating ongoing urban cooperation through sustained dialogue, sourcing funds for city governments and city actors to deliver innovations, and sustaining cooperation with key populations at municipal level. This anticipated guidance note offers cities a blueprint for undertaking municipal inquiries of this kind. As a desired result, the number of city governments in Asia and the Pacific, and other regions, actively engaging in the advocacy shall increase.

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Diverse Pacific voices: MSM and transgender people in the Pacific

Fia'ailetoa Ken Moala

Technical Advisor and Co-founder
Pacific Sexual Diversity Network

The Pacific spans a huge and diverse geographic and cultural landscape. Within this huge region, there is also much diversity in terms of sexual orientation and gender identity. Culturally, there are a range of names and identities for transgender people – including Fa'afafine in Samoa, Fakaleiti in Tonga, Akavaine in Cook Islands, Palopa in Papua New Guinea, Vakasalewalewa in Fiji, and Transgenres in Vanuatu – with socially accepted roles in the family and community. This is in strong contrast to men who have sex with men (MSM), who are largely invisible and hidden in most Pacific communities.

However, there is an emerging consciousness of gay and lesbian identities in the Pacific, which is often tied to experiences of migration and travel outside the region. With this emerging consciousness has come the mobilisation of individuals to advocate for rights and access to health and HIV services. This movement is stronger in some Pacific countries than others, but overall it has achieved some successes in raising awareness, linking communities to services, and engaging with government, the church and various community leaders.

The number of confirmed diagnoses of HIV is low across most of the Pacific except for Papua New Guinea. However, rates of sexually transmitted infections are high in many settings, and barriers to testing, community stigma, fear about HIV and AIDS and lack of confidentiality mean there are likely to be additional unconfirmed HIV cases. There is limited data on rates of HIV among MSM and transgender people. Within health care settings, it is often not feasible for MSM or transgender people to be open about their sexual activities due to fear of gossip or family connections.

Across the region, only a few national strategic plans address issues related to MSM and transgender people and funding for dedicated MSM and transgender people programming and community mobilisation is limited.

At a meeting in May 2013, key stakeholders in the HIV response in Pacific – including New Zealand AIDS Foundation (NZAF), Pacific Sexual Diversity Network (PSDN), Oceania Society for Sexual Health and HIV Medicine (OSSHHM), Asia Pacific Coalition on Male Sexual Health (APCOM), and Australian Federation of AIDS Organisations (AFAO) – identified key areas needing continued support in the Pacific. These key areas include:

- **STI reduction:** Reduction of the very high prevalence of other sexually transmitted infections, particularly chlamydia, which increases the risk of HIV transmission, requires more attention.



- **Accessible and user-friendly HIV prevention, treatment and care:** To achieve the UNAIDS 'Three Zeros Strategy', the Pacific needs to maintain investment in prevention, treatment and care while working to remove barriers to MSM and transgender people. Given the high levels of stigma, issues of criminalisation, and the great distances involved in the Pacific, this will require ongoing funding support for the short to medium term.
- **Community mobilisation and advocacy:** To overcome the key barrier of stigma and advocate for law reform and human rights, adequate investment in civil society organisations and networks in the region is crucial, particularly given the lack of investment from many domestic governments.
- **Reliable data:** Current reports of low HIV prevalence in the Pacific should not encourage complacency. With limited testing of other key affected populations it is likely that there is under-reporting of HIV in the Pacific region. More targeted surveillance and testing of potential high risk groups is required, as is the expansion of voluntary counselling and testing sites.

Pacific Sexual Diversity Network (PSDN) is a regional network of men who have sex with men (MSM) and transgender community organisations and projects and is the first of its kind in the Pacific. It formed in 2007 in recognition of the need to develop an effective regional response to the actual and potential threat of HIV to MSM and transgender people across the Pacific. Currently, PSDN includes representation from Samoa, Papua New Guinea, Fiji, Tonga, Cook Islands and Vanuatu, and aims to expand to include other Pacific countries. PSDN coordinates regional communication, capacity development of MSM and transgender organisations, and advocacy and representation on behalf of Pacific MSM and transgender people.



Pictured clockwise from above:
PSDN representatives join together for training in Auckland, New Zealand; Celebration follows a successful meeting; Ken Moala, representing Samoa and the Pacific Sexual Diversity Network at a global UN forum; and PSDN members bring their voices to a local radio station following communications training supported by APCOM.



SPOTLIGHT



Action for AIDS, Singapore

Action for AIDS was the first organisation working with gay men and other men who have sex with men (MSM) in the area of sexual health promotion in Singapore. As the organisation enters its 25th year, they've evolved their functions and objectives to include greater coordination and collaboration, focusing on delivering complex prevention and care programmes in an increasingly globalised and inter-connected world.

The MSM team does venue-based outreach, online-outreach, venue-based anonymous testing, as well as many other programmes for MSM and transgender sex workers and young MSM. One example is "Project Choice: Battlefield" (www.projectchoice.sg), which provides customers of gay clubs and saunas key messages on regular HIV testing, knowing their HIV status, staying negative and living healthy as PLHIV and has endeavoured to change the community's perception of HIV infection.

Over many years, Action for AIDS has connected with increasingly greater numbers of MSM online through relevant social media platforms and online communication tools – achieving greater efficiency and effectiveness of their health promotion strategies.

'Understanding and working with the diversity of sexualities and cultures within our society has always been an important focus for our organisation,' said Joe Wong, Action for AIDS, Programme Executive. 'We need to work even closer with stakeholders and community partners in these times when there is increasing HIV epidemic among MSM.'

Joe Wong and the MSM Team at Project Choice campaign launch, Avalon on World AIDS Day – Sunday 1 December, 2012.

Respecting the rights of trans* people within the HIV response

Jetsada Taesombat

Coordinator, The Thai Transgender Alliance

Rena Janamnuaysook

Policy Officer HIV/AIDS Global Action for Trans* Equality (GATE)

'Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right.'

Principle 17: The Right to the Highest Attainable Standard of Health¹



Across Asia and the Pacific, a wide diversity of trans* identities and communities exist, many with long-standing culturally defined roles and traditions. However, the place of trans* people in society is marginalised due to high stigma and discrimination, and sadly violence is a common occurrence. A research finding from the SOGI Foundation shows that as many as 38.4% of trans* people in Thailand, a country commonly perceived as accepting of trans* people, have experienced socially and culturally structured discrimination and violence.²

A disturbing number of trans* people have been killed in hate crimes. Between 2008 and May 2013³, 111 trans* individuals were reportedly murdered across Asia and the Pacific, exclusive of cases that went unreported or were reported but not identified as trans*.

Human rights frameworks need to adequately address the legal vulnerability of trans* people, promote the legal recognition of trans identity and seek removal of any criminalisation.

Evidence also shows that trans* communities are vulnerable to HIV, with rates of prevalence often much higher than the general population.⁴ However, if public health services seek to address HIV alone, without addressing access to human rights protection and gender recognition, the provision of health services and the reduction of trans* vulnerability to HIV will remain major challenges.

For better HIV response among trans* people, their particular health and human rights needs must be addressed with trans*-specific campaigns that demonstrate positive images of trans* people and do not reinforce negative stereotypes. Within the HIV response, conflating trans* people with men who have sex with men within the HIV response will only alienate them.

A paradigm shift is needed in current epidemiological approaches to ensure the human rights of trans* people are addressed alongside their HIV vulnerability. This is key if we are to achieve zero stigma under the UNAIDS 'three zeros strategy' (zero new HIV infections, zero AIDS-related deaths and zero discrimination) for trans* people.

As trans* human rights activists – to achieve an enabling environment and reduction in stigma and discrimination – we recommend the following:

- Enabling environment and reduction in stigma and discrimination should be promoted among the families, communities, schools and workplaces in which trans* people live and work.
- Trans* health and HIV vulnerability to be addressed within a human rights framework that recognises trans* people as competent, respectful and capable of managing their health and wellbeing.
- Trans* health and HIV vulnerability to be addressed distinctly and separately from men who have sex with men interventions, and a specific and comprehensive package of services should be made accessible, including access to hormone support and sex reassignment surgery.
- Trans* communities to be empowered and capacitated to be meaningfully involved in the HIV response and other human rights dialogues through support to access education and mobilise their community.

trans*: According to Global Action for Trans* Equality (GATE), trans* people includes those people who have a gender identity which is different to the gender assigned at birth and/or those people who feel they have to, prefer to or choose to – whether by clothing, accessories, cosmetics or body modification – present themselves differently to the expectations of the gender role assigned to them at birth. This includes, among many others, transsexual and trans* people, transvestites, travesti, cross dressers, no gender and genderqueer people. The term trans* should be seen as a placeholder for many identities, most of which are specific to local cultures and times in history, describing people who broaden and expand a binary understanding of gender.



Above: Trans* activists from Thai Transgender Alliance, STRAP and GATE at the ILGA Asia in Bangkok, Thailand in 2013.

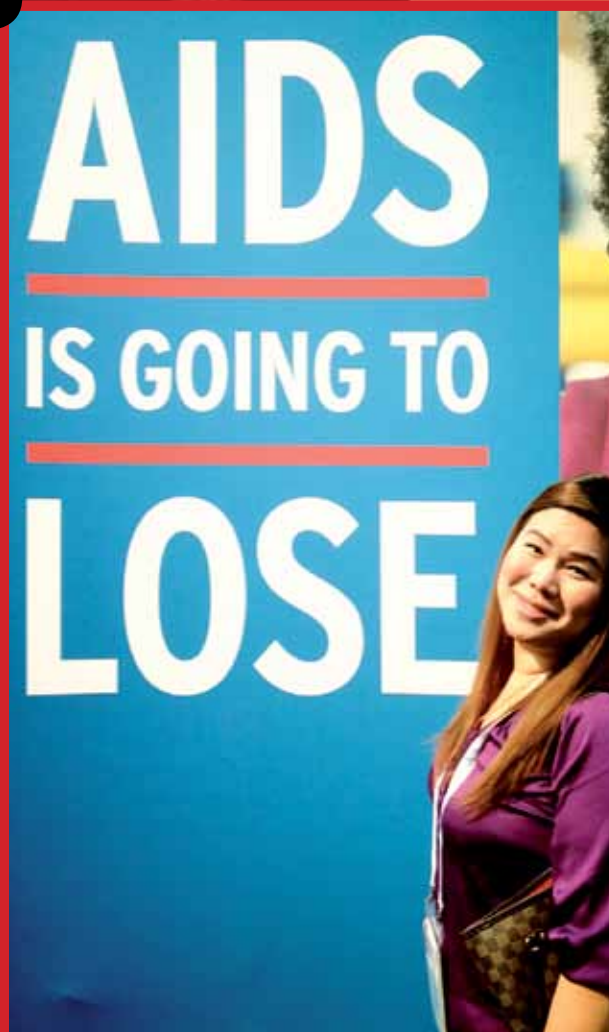
Right: Rena attending the IAC 2012 in Washington DC, USA.

- Trans* people to be treated with equal dignity and recognition by health service providers, international donors, governments, and non-government organisations, and never as numbers reached, or research subjects.
- Intensive awareness campaign on transgenderism and SOGI to be conducted among families, schools, workplaces, communities and health care providers.
- Key stakeholders must strive for positive changes in legal and political structures, particularly in laws and legislations related to HIV and AIDS. In addition, deterring and oppressive laws and practices incriminating sex work must be lifted. Full endorsement and availability of laws and procedures recognising gender identity and gender expression, are necessary without delay. Lastly, discrimination on the basis of gender identity and gender expression must be made punishable under the law and hate crimes must be prosecuted as such.

Activism for gender equality and social justice, collaborative partnerships and integrated approaches are required to achieve a just and welcoming society that respects and protects the human rights of trans* people.

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Pictured clockwise from top left: Thai Transgender Alliance advocating on transpeople and the national ID card at the Bangkok Service Center in 2013; Natt from APTN and Rena from GATE at the IDAHOT 2013; Trans* activists at the ILGA World Conference in Stockholm, Sweden, 2012; Miss Tiffany's Universe and Thai Transgender Alliance making a statement on the IDAHOT 2012; Miss Tiffany's Universe winners 2013 promoting the IDAHOT 2013 in Bangkok, Thailand; Kevin Balot, Miss International Queen 2012 promoting the IDAHOT 2013; and Miss Tiffany's Universe 2013 contestants at a trans* human rights workshop with Thai Transgender Alliance.

SPOTLIGHT

4



Chengdu Tongle Health Counseling & Service Center, China

Chengdu Tongle Office, taken when Mr Michel Sidibé, the Vice General Secretary of UN and the Executive Director of UNAIDS visited Chengdu Tongle in July 2011.
Image © Chengdu Tongle.

Founded in 2002, Chengdu Tongle Health Counseling & Service Center (Chengdu Tongle) is a self-governed MSM NGO in Chengdu, China. They are committed to addressing priority health concerns like HIV and AIDS, helping foster a sense of gay community and culture, as well as promoting gay rights. Consisting of 20 staff and nearly 500 volunteers, it is regarded as the largest LGBT NGO in China.

Whilst offering many services and programmes, Chengdu Tongle is best known for its Comprehensive HIV Prevention Model, which integrates three pillars of HIV prevention: 1) intervention; 2) counseling and testing; and 3) care services for people with HIV. These three elements are built into a one-stop service model.

Within their prevention work, Chengdu Tongle targets MSM through gay venues, social networks and the internet. This enables the service to reach different groups of MSM with different socialising habits.

Chengdu Tongle was the first NGO to provide HIV counseling and testing to MSM in China. In 2007, they began offering HIV testing and counseling to MSM as an alternative to being tested at government agencies (like the CDC) or hospitals. Previously, all HIV counseling and testing was implemented by government-based hospitals, and this is still the case for the majority of the country.

Building on this success and their strong links with the community, Chengdu Tongle established support groups to provide care and support to people with HIV.

Male and trans* sex workers self-organise against stigma, discrimination and HIV in Thailand

Khun Surang Janyam

Co-founder and Director, SWING

Nicolette Burrows

Advocacy and Networking Support Officer, SWING

Within the Asia-Pacific region, male and trans* sex workers face a disproportionately high level of stigma, violence, discrimination, homophobia and sex work-phobia from the broader society. Male and trans* sex workers in many countries are actively excluded from their communities and are confronted with great difficulties when they attempt to access basic health care services, testing and treatment for HIV and sexually transmitted infections, educational and employment opportunities, and basic protections from a myriad of human rights violations.

Trans* and male sex workers in many Asia-Pacific nations also face heightened HIV risks due to the criminalisation of sex work, a lack of peer-driven services, police harassment (including the use of condoms as evidence in the identification and/or prosecution of sex workers) and, in some nations, the criminalisation and active persecution of gender and sexually diverse populations. Although Thailand is perceived to be a comparatively liberal nation within the Asia-Pacific for sex workers and gender and sexually diverse populations, male and trans* sex workers face high levels of stigma and discrimination for choosing to work in an industry that remains criminalised under Thai legislation, despite the highly visible sex industry services and venues that make a significant contribution to Thailand's gross national product.

The funding of peer-led, community responses to HIV prevention, care and support – a strategy that has made a tangible impact on HIV transmission rates in evidenced-based research – must be a priority for male and trans* sex worker communities; however, many Thai community organisations are chronically underfunded and rely on international donor organisations to support their HIV programs.

Although Thailand has several community-based organisations that are specifically funded to provide HIV-prevention activities for men who have sex with men and the trans* community, SWING is the only peer-based organisation that is funded to work exclusively with male and trans* sex workers. SWING uses a human rights framework to undertake health-focused advocacy and applies 'best practice' principles of community leadership in health promotion activities such as peer outreach and the hosting of two in-house voluntary counselling and testing clinics in Bangkok and Pattaya, which provide rapid testing and are run exclusively by peer staff trained in pre- and post-test counselling principles.

Through addressing the wide-ranging stigma and discrimination that affect sex workers in Thailand, SWING has developed a variety of innovative and creative strategies that specifically focus on building



relationships with unlikely allies. For example, SWING's Police Cadet Training Program offers nine police cadets a three-week internship program designed to raise awareness of the issues affecting sex workers, including the impact of policing strategies on the sex industry, and the Pattaya Rights Protection Volunteers Project aims to foster a meaningful two-way working relationship, guided by human rights principles, between sex workers and the Pattaya Tourist Police. Both projects aim to foster attitudinal change within individual police officers, with an expectation that these individuals will implement cultural change within their institutions.

Despite SWING and its allies continuing to advocate for the health, human and work rights of male and trans* sex workers, a number of cultural values and social phenomena persistently hinder the successful implementation of HIV prevention programs and the improvement of the social circumstances of male and trans* sex workers. It is therefore necessary to change societal attitudes regarding sex work so that the sex work industry is recognised as a legitimate profession and sex workers are protected by occupational health and safety policies within their work places. Furthermore, anti-discrimination policies must be introduced to protect the rights of sex workers, legislative reform must be implemented to ensure that sex workers can work in safe, non-criminalised environments, and, as sex workers, we need to be formally recognised as uniquely qualified, professional safer sex educators and as multifarious contributors to society.

Male and trans* sex workers in Thailand have been advocating over the past decade to gain access to the same range of health, human, educational and work rights that are accorded to other members

of Thai society. However, to achieve this goal, sex workers need the support of a wide range of actors, including local, national and international policymakers, health care providers, law enforcement officials, funding bodies, civil society and allies from other marginalised communities, and genuine will from our political leaders.

Evidence-based research informs us that many changes can occur if political will is present and that such changes can significantly improve the lives of male and trans* sex workers. **As sex workers, we are the experts in what affects our community at the grassroots level and we recognise that male and trans* sex workers should be leading the policy and legislative discussions that impact upon their lives.** We also recognise that donor funding for our projects must be sustained and that projects involving our community must be driven by the identified needs of our community.

Male and trans* sex workers are willing to collaborate with a wide range of social stakeholders to overcome the challenges of social inequality and to ensure that all communities within our society have access to health-based rights. However, our societies need to overcome prejudices about our occupation and lifestyle choices, our experiences and expertise must be respected, and we need to participate in meaningful partnerships.

Khun Surang Janyam holds a master's degree in education and is the co-founder and current director of SWING. She has been working as an advocate for sex worker rights since 1990 and in 2009 was awarded the National Thai Human Rights Defenders Award in recognition of her work with sex worker communities.

Nicolette Burrows has worked as a peer advocate within sex worker and harm reduction organisations for over twelve years. Nicolette's vocational experience within community-based organisations includes frontline service provision, consumer advocacy, community development, and policy development and advocacy. Nicolette has worked with highly marginalised communities within the Asia-Pacific region since 2008.

Service Workers IN Group (SWING) Foundation is the leading peer-based sex worker organisation for male and trans* sex workers in Thailand. With a wide range of programs that are run across its three centres in Bangkok, Pattaya and Koh Samui, SWING has been internationally lauded for its innovative and creative approach to promoting and protecting sex workers' health and human rights.



Pictured this page, from top: SWING safer sex information staff doing outreach in Soi Boystown, Bangkok; SWING World AIDS Day March; and SWING peer leaders conducting outreach to male sex workers using tablets.

Pictured opposite page, clockwise from top: Fundraising event at Songkran festival to help support SWING's self-funded Care and Support program for HIV-positive sex workers; SWING staff and peer leaders promote safer sex in Pattaya's Walking Street; World AIDS Day March in Pattaya, Thailand; and SWING members using the SWING gym facilities before beginning work.



HIV prevention among MSM and transgender people who use drugs in Asia and the Pacific

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With Thomas E Guadamuz and Frederick L Altice



Drug use among men who have sex with men (MSM) in Asia is an established trend. Evidence shows that using club drugs, such as cocaine, ecstasy, gamma hydroxy butyrate (GHB), ketamine and methamphetamine, taking erectile dysfunction medications^{1,2,3} and binge drinking⁴ place a subgroup of Asian MSM at high risk for HIV infection. These findings link to international evidence showing substance use among MSM is associated with increased sexual risk-taking.⁵

Strong evidence indicating escalating HIV epidemics among MSM in Asia and the Pacific has emerged, with increasing HIV prevalence among MSM in China⁶ and Thailand⁷ – 30.8% in Bangkok in 2007.

Parallel to the increase in HIV prevalence among Thai MSM is an increase in recreational drug use. The use of amphetamine-type stimulants increased from 3.6% in 2003 to 17.5% in 2005, and to 20.8% in 2007.⁸ High rates of amphetamine-type stimulant use have also been reported among MSM in other parts of Asia, including Indonesia (15.0%)⁹, Malaysia (23.9%)¹⁰, Thailand (32.0%)¹¹, and China (13.3%)¹².

These findings are of concern for HIV prevention as there is a strong predictor between amphetamine-type stimulant use and HIV seroconversion among MSM.¹³ However, there are other major obstacles to HIV prevention among MSM and transgender people who use drugs in Asia and the Pacific:

Criminalisation of drug use and MSM and transgender people

Given the legal restrictions on drug use and in some cases the criminalisation of male-to-male sex in Asia and the Pacific, multiple challenges remain in enrolling MSM and transgender people who use drugs into HIV testing, treatment and care programs.

Overlapping vulnerabilities to HIV

Drug use may be more prevalent among MSM who engage in sex work.^{14,15,16} However, it is particularly challenging to reach marginalised MSM sex workers who remain hidden for legal reasons. Substance use is likely to be part of the overlapping health problems (“syndemics”) that put Asian MSM at high risk for HIV infection and transmission.^{17,18} An understanding of the individual, social, and societal effects of drug use among MSM and transgender people is needed so that evidence-based interventions can be developed to

reduce HIV transmission among these subgroups. Gay social media and social networking applications may be useful in reaching some of these populations.

Lack of evidence-based interventions for MSM and transgender people who use drugs

Although there is a range of evidence-based HIV prevention interventions available for MSM, for transgender people and for people who use drugs, there is a lack of documentation of evidence-based interventions specifically for MSM and TG who use drugs in the Asian context. Interventions for MSM and transgender people who use drugs and alcohol must not only be culturally congruent, they must also be comprehensive and focus on both prevention and treatment. An understanding of the risks associated with drug use, especially amphetamine-type stimulants, need to be integrated into current prevention messages targeting MSM and transgender people.

Lack of data on MSM and transgender people who use drugs

Despite data from a cohort study that demonstrated the association between illicit drug use and HIV incidence in Thailand¹⁹, drug use among MSM in Asia remains under-studied. Drug-use patterns and HIV-related risks among transgender people are even more poorly understood because such studies are extremely rare, despite a recent systematic review and meta-analysis of global studies showing that transgender people bear a much higher HIV burden (50-fold higher) than the general adult population.²⁰

New, innovative ways to recruit drug-using MSM and transgender people²¹ need empirical testing in Asian populations. New data collection modalities, such as Internet/smartphone surveys or automated telephone interviewing systems may offer alternatives to the collection of sensitive data on drug use and sexual behaviours.

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MSM and transgender youth: underestimated needs of psychosocial health support

Setia Perdana

Core Working Group of the Youth Voices Count in Islands South East Asia countries sub region
Working Team of Indonesian Young Key Affected Populations Forum (Fokus Muda)

Specific data on young MSM and transgender women at higher risk of HIV in the region is sparse, but estimates that do exist give cause for concern. Many countries in the region have emerging or concentrated HIV epidemics among MSM: 40% in Yangon, Myanmar, 32% in Bangkok, Thailand, 20% in Mumbai, India, 7% in Karachi, Pakistan, and 5% in Beijing, China.^{1,2} Similarly, the prevalence of HIV among transgender women has been estimated at 34% in Jakarta, Indonesia, 37% in Phnom Penh, Cambodia, and almost 50% in Delhi, India.³ There is evidence that young MSM (people in their 20s) have a high prevalence of HIV – over 5% in several recent surveys.

Structural barriers to health services at the policy, cultural and institutional level include criminalisation of homosexuality, high levels of stigma and discrimination (of both homophobia/transphobia and HIV) in health care systems, poverty, and parental consent. Other arbitrary and inappropriate law enforcement interventions significantly stop young MSM and transgender women from accessing HIV services to learn their HIV status or get treated. This obstructs HIV interventions, advocacy, outreach and service delivery, increases the vulnerability of young MSM and transgender women to HIV infection and has an immense adverse effect on their health.

In addition to external deterrents, there are 'self-issues', which are defined by Youth Voices Count (YVC) as a specific set of issues that positively or negatively affect self-acceptance, self-perception, self-efficacy, self-esteem and self-confidence. YVC, in its latest policy brief titled 'I feel like I do not deserve happiness at all', highlighted the negative impact of psychosocial challenges, particularly low self-esteem and self-confidence, on young MSM and transgender people engaging in sexual risky experiences and the way in which these hinder young MSM and transgender people from accessing designated health care and HIV services.

The policy brief was based on qualitative research YVC conducted among young MSM and transgender women, which found that self-issues are often caused by a lack of understanding and acceptance of sexuality and sexual identity. Low self-esteem can cause social anxiety, isolation, stress, feelings of helplessness, depression, thoughts of suicide and physical harm, and destructive self-coping behaviours. In addition, links were observed between the inability to negotiate safe sex in the context of love and relationships, casual sex or sex work and poor self-esteem. In young MSM and transgender people poor self-esteem may be related to socio-economic status, breadth of life experience, youth, unsupportive



family environment, verbal and physical harassment, assault, bullying, abuse, prejudice, discrimination and marginalisation, peer pressure and heteronormativity. Among HIV-positive young MSM a link between self-esteem and disclosure was observed. It was seen that HIV-positive MSM with high self-esteem and self-acceptance were more likely to disclose his status or discuss safer sex with his casual sex partner before having sex.

Most importantly, respondents noted that current HIV prevention programs fail to help young MSM and transgender people come to grips with their sexual orientation or to foster an environment that is accepting of gay people, despite the recognition that men who are most accepting of their sexuality and identity are more psychologically healthy, have higher self-esteem, are more likely to disclose their HIV status to their casual sexual partners, and are less likely to engage in sexual risk-taking.⁴

Given the observed link between self-stigma, risky sexual behaviour and HIV vulnerability among young MSM and transgender women, interventions to respond to self-stigma and its interlinkage with HIV vulnerability are necessary. Friendly, non-judgmental services must be promoted among health providers. Law and legal environments that criminalise homosexual sex must be addressed. Strategies to create a supportive environment are also needed, such as providing safe spaces for young MSM and transgender women that support their psychosocial issues and offer an understanding of their sexual orientation and gender identity.

References

- 1 UNAIDS. (2007). *Men who have sex with men – the missing piece in national responses to AIDS in Asia and the Pacific*, UNAIDS, Bangkok.
- 2 UNAIDS. (2006). *Epidemiology of HIV and risk behaviours among men who have sex with men in Asia and the Pacific*, draft. UNAIDS, Bangkok.
- 3 WHO SEARO. (2009). *HIV/AIDS in South East Asia Region 2009*, WHO SEARO.
- 4 Waldo, C., Kegeles, S. and Hays, R. (1998). Self-acceptance of gay identity decreases sexual risk behavior and increases psychological health in US young gay men. *Int Conf AIDS*, 12, 209.



Pictured above: Youth Voices Count representatives discuss key issues at a YVC workshop; **right:** participants at a YVC hosted workshop to build skills in community research and mobilisation, held in Pattaya, Thailand; and **below:** capacity building for young MSM and transgender people is part of YVC approach to support youth advocacy.



New media and MSM+ outreach and activism

Tom Serkpookiaw

Coordinator, APN+ MSM Capacity Building Project

A range of structural, social and cultural barriers to treatment exist which create difficulties for HIV-positive men who have sex with men (MSM+) to access the treatment services they need. Barriers range from the availability of HIV medicine and the health care facilities to provide it, to the availability of HIV/STI/OI screening, counselling services, and CD4 and viral load testing which are needed to identify MSM+ in need of treatment. Cost is also an issue, including the cost of ARV, CD4 and viral load testing, and travel and related opportunity costs.

Unlike other people with HIV, men who have sex with men also need to negotiate a particular set of social and cultural barriers including gay-related stigma, the fear of unauthorised HIV and/or sexuality disclosure, and possible loss of or disruption to social and family support, relationships and sex. Compounded with structural barriers, these social and cultural barriers influence individual healthcare options and treatment access for positive MSM.¹

Reaching out to MSM+ is crucial to ensure good treatment literacy and an understanding of their right to access treatment. In addition to traditional outreach methods, such as peer education through one-on-one or group support by fellow MSM+, the use of new media such as online forums like Facebook is increasingly being utilised. The 'It's Me Club', a group of MSM+ in Ho Chi Minh City, started its peer education program in May 2013 aiming to reach out to MSM+ whose understanding of HIV treatment is limited and often times complicated by drug use or uptake of methadone. Apart from traditional group meetings, the 'It's Me Club' started its eponymous private Facebook group which has so far gained a membership of 35 positive MSM and transgender people who prefer to receive counseling and support online, due to fear of disclosing their identity as an HIV-positive individual and as an MSM.

According to Nguyen Anh Phong, the coordinator of the 'It's Me Club' who has been moderating the group for five months:

'Traditional group meetings don't attract middle-class MSM+ who are generally officer workers and have moderate access to technology. This group prefers to receive information online, via private chat or posts, due to lack of time and most likely courage to meet with other MSM+ face-to-face'.



Nguyen observes that:

'People are getting online and social media is playing an increasing role as a platform for outreach. We are now using Facebook to supplement our peer education work. In the end, we hope to give MSM+ the information and support they need to living longer and healthier with HIV'.

The potential of social media to play a role in HIV activism, particularly around access to treatment and addressing HIV and MSM stigma is yet to be fully realised. While some note the limits of social and online media in allowing for only a certain level of information flow, it is certainly true that MSM, particularly younger MSM, regardless of their HIV status, are now using social media to stay connected. A key question is whether the real time and quasi-confidential nature of social media nurtures a certain complacency towards engaging in public dialogue and debate about the rights to health and livelihood.

The MSM+ community, whether as beneficiaries, implementers, or advocates, need to face the ever-changing nature of communication – how to maximise the use of new media in HIV service delivery, peer education, HIV activism, community mobilisation and public awareness raising must be intensively explored. In the context of the need to rapidly scale up HIV treatment in the lead up to 2015, social and online media have potential to play a role in reaching MSM+ who are not currently being reached.

Tom Serkpookiaw is currently the coordinator of the APN+ MSM Capacity Building Project. Tom started working with APN+ as a program coordinator for the ITPC HIV Collaborative Fund in Southeast Asia from 2009–2012.

Reference

- 1 Choo, M. (2009). *Treatment Access For Positive MSM in the Asia Pacific: an APN+ Analytical Report*, page 8.

SPOTLIGHT

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Haus of Khameleon, Fiji

Haus of Khameleon 'Keep Yourself Covered' condom poster campaign.
Image © Haus of Khameleon.

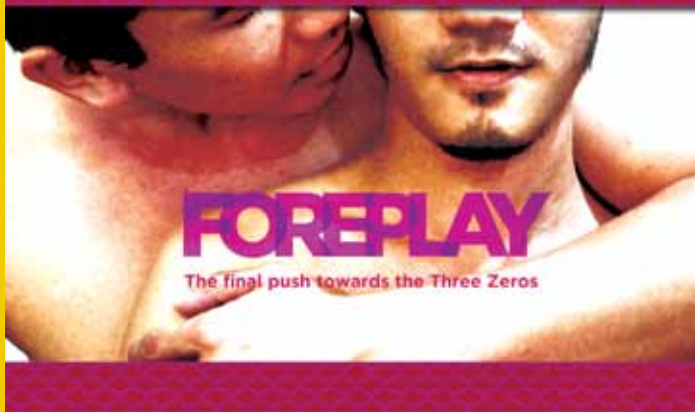
Haus of Khameleon is a youth and transgender led feminist movement working to create a safe space for Transgender people in Fiji. Formerly known as the 'Fiji Transgender Empowerment Project' under the Fiji Arts Council (2010–11), Haus of Khameleon has gone through a period of reinvention to expand, restructure and replenish their work.

Haus of Khameleon is the leading transgender organisation working with the broader LGBT movement in Fiji, and is closely allied with other LGBT organisations across the Pacific. At the national level, Haus of Khameleon is a member of the Rainbow Fiji Coalition, the Fiji Joint Sex Workers Alliance, the National Youth Council of Fiji, and various women's movements.

The organisation uses evidence-based, human rights and gender sensitive approaches to address the issues of concern to their members, including social and restorative justice, gender-based violence, access to services and resources, sexual and reproductive health and rights, peace and security, democracy and good governance, right to legal identity recognition, employment, and bullying. The organisation believes in the power of art as a tool for activism and use a variety of media to create, inspire, inform, celebrate and energise their communities.

Haus of Khameleon provides technical support to other transgender organisations in the Pacific. Other work includes event management and hosting Fiji's biggest LGBT event 'Adi Senikau Pageant' which is held annually every August. Through their Creative Director, Haus of Khameleon also sits in the UNAIDS Youth Advisory Forum as the corepresentative from the Asia Pacific region.





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