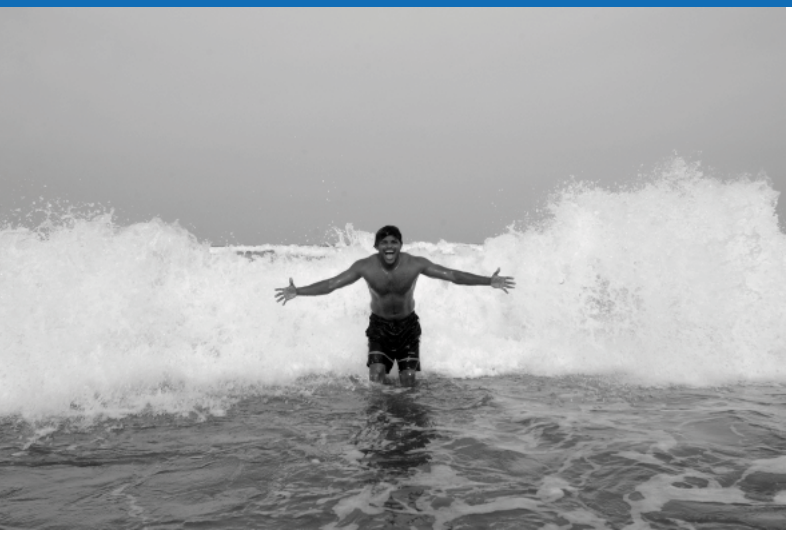
‘The Time Has Come’

Joint WHO/UNDP Informal Expert Group Consultation for developing a Regional Health Sector Training Package for men who have sex with men and transgender people



Meeting Report

17-19 July 2012

Bangkok, Thailand

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Acronyms and abbreviations

AIDS	Acquired Immuno Deficiency Syndrome
APCOM	Asia Pacific Coalition on Male Sexual Health
APN+	Asia Pacific Network of People Living with HIV and AIDS
APTN	Asia Pacific Transgender Network
ART	Antiretroviral treatment
ARV	Antiretroviral medication
ASEAN	Association of South-East Asian Nations
BCC	Behaviour change communication
BMA	Bangkok Metropolitan Administration
BRO	Bangkok Rainbow Organization
CBO	Community-based organization
CCM	Country Coordinating Mechanism
CDC	US Center for Disease Control and Prevention
DoH	Department of Health
EE	Entertainment establishment
FHI 360	Family Health International
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit (German Society for International Cooperation)
GRADE	Grading of Recommendations Assessment, Development and Evaluation
GWL-INA	Indonesian National Network of Gay, Waria and Lelaki
HCPI	HIV Cooperation Programme for Indonesia
HIV	Human Immunodeficiency Virus
Hivos	Humanistisch Instituut voor Ontwikkelingssamenwerking (Humanist Institute for Development Cooperation)
HTC	HIV testing and counselling
IBBS	Integrated bio-behavioural survey
ICT	Information communication technology
IDU	Injecting drug user
IEC	Information, education and communication
ISEAN	Insular South East Asia Network
ISEAN-Hivos	ISEAN-Hivos Multi-country Global Fund Programme among MSM and Transgender Persons
KHANA	Khmer HIV/AIDS NGO Alliance
KHANA/TS HUB	KHANA/Alliance Technical Support Hub
LGBT	Lesbian, gay, bisexual and transgender people
MARP	Most-at-risk population
M&E	Monitoring and evaluation
MNMN	Myanmar National MSM Network
MSM	Men who have sex with men
MSMGF	Global Forum on Gay and other Men Who Have Sex with Men
MSW	Male sex worker
MoPH	Thai Ministry of Public Health

NAPHA	National Antiretroviral Program for People Living with HIV and AIDS
NAC	National AIDS Committee
NGO	Non-governmental organization
PEP	Post-exposure prophylaxis
PEPFAR	US President's Emergency Plan for AIDS Relief
PITC	Provider-initiated testing and counselling
PLHIV	People living with HIV
PNAC	Philippines National AIDS Council
POZ	POZ Home Center
PrEP	Pre-exposure prophylaxis
PSI	Populations Services International
PSN	Purple Sky Network
PWID	People who inject drugs
RTI	Research Triangle Institute International
RSAT	Rainbow Sky Association of Thailand
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
SWING	Service Workers in Group Foundation
TG	Transgender person or people
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
USAID	United States Agency for International Development
USAID | HPI	United States Agency for International Development | Health Policy Initiative
VCT	Voluntary HIV counselling and testing
WHO/SEARO	World Health Organization/South-East Asia Regional Office
WHO/WPRO	World Health Organization/Western Pacific Regional Office

Acknowledgements

This report documents the presentations and discussions made during the Joint WHO-UNDP Informal Expert Group Consultation: Developing a Regional Health Sector Training Package for men who have sex with men and transgender people held from17 – 19 July 2012 at Bangkok, Thailand.

The primary objective of this regional consultation was to undertake a technical review of *'The Time Has Come' – Enhancing HIV, STI and other Sexual Health Services for MSM and Transgender People in Asia and the Pacific: A Training Package for Health Providers and for Reduction of Stigma in Healthcare Settings* being jointly developed by UNDP and WHO. The joint consultation brought together some 36 public, private and community-based informal experts from the China, India, Indonesia, Malaysia, Myanmar, Nepal, the Philippines, Thailand and Timor-Leste.

Many people were involved in making this meeting possible. The organizers would like to gratefully acknowledge all the participants for their valuable participation and inputs. A list of participants is included in the Annex of this report.

Paul Causey and Graham Neilsen co-facilitated the meeting while the consultation report was authored by Paul Causey.

Our thanks and gratitude to the meeting rapporteurs – Kanna Dharmarajah and Elden Chamberlain.

Graham Neilsen is the coordinating author of the training package – *Time Has Come' – Enhancing HIV, STI and other Sexual Health Services for MSM and Transgender People in Asia and the Pacific: A Training Package for Health Providers and for Reduction of Stigma in Healthcare Settings.*

Finally, the meeting partners would like to recognize the outstanding contribution of Nunlada Punyarut, Programme Associate and Kaori Nakatani, Technical Officer, UNDP APRC for their outstanding logistical and administrative support.

Edmund Settle, Policy Specialist, UNDP Asia-Pacific Regional Centre; Dr Razia Narayan Pendse, Scientist - HIV Prevention, Gary Reid, Technical Officer on HIV/AIDS - Key Populations, WHO SEARO; and Dr Zhao Pengfei, Technical Officer, HIV prevention, WHO WPRO coordinated the consultation, developed the agenda and finalized this report.

This consultation was supported by UNDP under the ISEAN-HIVOS Multi-country Global Fund Round 10 Programme (ME1-011-G01-H), WHO SEARO, WHO WPRO and the Alliance TS Hub for Southeast Asia and the Pacific.

The meeting organizers gratefully acknowledge the assistance provided by WHO-SEARO in editing this report and Ian Mungall, UNDP Knowledge Management and Communications Analyst for finalizing the graphic design.

Executive summary

From the start of the epidemic until today, HIV has affected men who have sex with men (MSM) and transgender people in much greater proportions than the general population. New or just recognized HIV epidemics amongst MSM and transgender people are identified in various low and middle income countries, with high and rapidly rising rates of HIV transmission reported in Asia and the Pacific. Projections of the Asian epidemic indicate that close to 50 percent of all new HIV infections occurring annually in Asia will be identified among MSM by 2020, unless intensified HIV prevention measures are scaled-up, an increase from 13 percent in 2008.

Sex between men accounts for approximately a third of known HIV transmission in Asia and the Pacific, although this is likely to be underreported. Many of these infections are occurring and will continue to occur among young men and young transgender people as well, with most clustering in urban areas of the Region.

Experts now recognize that in order to stop the spread of HIV among MSM and transgender people, the blocking of access to health care and prevention services, and the failure to fully recognize other basic individual rights, must stop. Access to adequate health services and social support is recognized as a fundamental human right. Yet stigma and discrimination in health care settings, including homophobia, sexism and transphobic policies and practices, prevent open and welcoming access for MSM and transgender people. The cause is often the negative attitudes of clinicians and support staff together with incomplete or inaccurate knowledge about sexual orientation and gender identity (SOGI). In 2011, WHO issued guidelines identifying that significant barriers to the uptake of services included insensitive communication and counselling with MSM and transgender clients and insufficient skills related to male sexual health.

Following recommendations in the existing regional and recently launched WHO global guidance (2011), the Global Commission on HIV and the Law report *HIV and the Law: Risks, Rights & Health* (2012)[1] and the UNESCAP *Resolution 66/10: Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific* (2010) and meeting report of the Asia-Pacific High-level Intergovernmental Meeting on the Assessment of Progress Against Commitments in the Political Declaration on HIV/AIDS and the Millennium Development Goals (2012), UNDP Asia-Pacific Regional Centre (APRC) and WHO (SEARO and WPRO) jointly developed a training package focusing on skills training of health care providers for HIV/STI related services to MSM and transgender people, and the reduction of stigma in health care settings. This training package is being supported by UNDP under the ISEAN-Hivos Multi-country Global Fund Round 10 Programme in four countries; Indonesia, Malaysia, the Philippines and Timor-Leste.

The development process involved input and guidance from a number of people experienced in the delivery of health care services for MSM and transgender people. The consultation brought together 36 informal experts from nine countries [China, India, Indonesia, Malaysia, Myanmar, Nepal, the Philippines, Thailand and Timor Leste], representing public, private and community-based sectors.

The general objective of the consultation was to strengthen HIV/STI prevention, care and treatment response for MSM and transgender people. A major focus of the Joint WHO/UNDP informal expert group consultation was to undertake a review of a draft training package, tentatively entitled "'The Time Has Come' – Enhancing HIV, STI and other Sexual Health Services for MSM and Transgender People in Asia and the Pacific: A Training Package for Health Providers and for Reduction of Stigma in Healthcare Settings." The training package was adapted from several sources including one recently developed for Research Triange Institute International (RTI) and piloted in the Middle East/North Africa and Central Asia regions. An initial pilot of the newly adapted training package was also conducted in the Philippines in July 2012. Additionally, pilot training courses will be conducted in Indonesia, Malaysia and Timor-Leste.

1 Accessible at http://www.hivlawcommission.org/index.php/report

Key recommendations:

1. Localization – The training package is written broadly and generically, and may provide new challenges for the local context. Therefore, it is essential that the package be localized for each presentation, per country and sometimes per locality.

2. Impact of religion, religious groups and leaders – There is a need to engage faith-based groups and religious leaders, who often act as gatekeepers, can positively influence others, and can also provide care and support. The need for personal testimonies has proven to be a very effective advocacy strategy in the HIV field, because it puts a human face on the suffering, risks and vulnerabilities of MSM and transgender women and men.

3. Language and translations – The issue of language and local translations must be addressed, as not all trainees will be fluent in English. Not all concepts in the training package will be easy to translate, as many of the ideas are taken from Western cultures.

4. Scaling Up – Barriers to scale up were discussed throughout the consultation, but some very specific challenges were flagged, such as demand generation, which might require structural reforms to be put in place, such as adding a third restroom for transgender people.

5. Accessing young people and Information and Communication Technologies (ICT) – In the few places where HIV incidence is reported, new data show an alarming rate of incidence occurring amongst young MSM and transgender women. Innovative approaches need to be discussed and implemented, including ICT interventions.

6. Issues of identity of transgender people – It is necessary to recognize that transgender women and men have issues distinct from men who have sex with men, such as gender identity, gender reassignment considerations and unique medical requirements beyond HIV and STI, e.g. physical enhancements such as cosmetic surgery.

7. Human rights approach vs. health rights – The focus and approach for the training package must be on health rights, while recognizing the importance of understanding and respecting the human rights of MSM and transgender people.

Next steps:

1. Revision and peer review of the training package – The revision of the package based on this meeting should be followed by a final peer review by a small group of three or four people from this consultation. Volunteers from among the informal experts at the consultation were solicited to be a part of the final peer review.

2. Translation/localization of the training package and trainers – A standard template of key areas, concepts and terms describing how best to prepare translations for consistency across the region must be created. For each country, the facilitators should be local ideally, one representing medical profession and one from the community.

3. Additional pilot projects – Three additional pilots will be conducted to better inform the training package development.

In countries in Asia and the Pacific, many public health facilities are presently unwelcoming to men who have sex with men and transgender people. Given the rising epidemics of HIV and STI among these populations, it is urgent that sustainable changes be made. This requires the coming together of key stakeholders such as the UNDP partnerships with WHO SEARO and WPRO, and representatives of government health services and community organizations attending as participants. Clearly, the time has come.

1. Background

From the start of the epidemic until today, HIV has affected men who have sex with men and transgender people in much greater proportions than the general population. New or just recognized epidemics amongst MSM and transgender people are identified in Africa, Asia, the Caribbean and South America, with high and rapidly rising rates of HIV transmission reported in Asia and the Pacific.[2] Projections of the Asian epidemic indicate that close to 50 percent of all new HIV infections occurring annually in Asia will be identified among MSM by 2020, unless intensified HIV prevention measures are scaled-up; an increase from 13 percent in 2008.[3] Sex between men accounts for approximately a third of known HIV transmissions in Asia and the Pacific, although this is likely to be underreported.[4]

Among MSM in Asia, the odds of being infected with HIV are 18.7 times higher than that of the general population.[5] Many of these infections are occurring and will continue to occur among young men and young transgender people as well, with most clustering in urban areas of the region. Recent HIV prevalence rates among MSM are reported in South and South-East Asia at 14.7 percent; East Asia at 5.2; Oceania at 4.4 percent; however, in specific urban areas, these rates are much higher, e.g., in Bangkok at 30.8 percent. HIV incidence rates among MSM in Thailand and China, also reveal rapidly rising rates of HIV infection.[6]

Due to the lack of protective laws, insufficient skills, incomplete knowledge about male sexuality and sexual health, and high level of stigma and discrimination, currently, access to HIV prevention, treatment, care and community support services is limited compared with the share of the HIV burden faced by these populations.

Experts now recognize that in order to halt the ongoing transmission of HIV in MSM and transgender people, the blocking of access to health care and prevention services, and the failure to fully recognize other basic individual rights, must stop. Access to adequate health services and social support is recognized as a fundamental human right. Yet stigma in health care settings, including homophobia, sexism and transphobic policies and practices, prevent open and welcoming access for MSM and transgender people. The cause is often the negative attitudes of clinicians and support staff together with incomplete or inaccurate knowledge about sexual orientation and gender identity (SOGI).[7,8] In 2011, WHO issued guidelines identifying that significant barriers to the uptake of services included insensitive communication and counselling with MSM and transgender clients and insufficient skills related to male sexual health (particularly lack of knowledge about pharyngeal and ano-rectal).[9]

UNDP and WHO, in partnership with USAID, UNAIDS and the Asia Pacific Coalition on Male Sexual Health (APCOM), have been working together to better understand the legal and human rights aspects and other social determinants of the HIV epidemic, identify priority health sector interventions and propose approaches to address stigma and discrimination issues. Following recommendations in the existing regional and recently launched WHO global guidance (2011), UNDP and WHO (SEARO and WPRO) have developed a training package focusing on skills training of health care providers providing HIV/STI related services to MSM and transgender people, and the reduction of stigma in health care settings.

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2 Beyrer MD, C, et al. *A call to action for comprehensive HIV services for men who have sex with men*. The Lancet, Volume 380, Issue 9839, Pages 424 - 438, 28 July 2012.

3 Commission on AIDS in Asia. (2008). *Redefining AIDS in Asia: crafting an effective response.* New Delhi: Oxford University Press.

4 APCOM. *Addressing the needs of young men who have sex with men* (Policy Brief). Bangkok 2012.

5 Barat et al Elevated risk for HIV infection among men who have sex with men in low and middle income countries 2000-2006: a systematic review. PLoS Medicine, 2007. 4 (12) e339

6 Beyrer MD, C, et al. *Global epidemiology of HIV infection in men who have sex with men.* The Lancet, Volume 380, Issue 9839, Pages 367 - 377, 28 July 2012.

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

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

9 WHO (2011). *Prevention and Treatment of HIV and other Sexually Transmitted Infections among Men who have sex with men and Transgender people*

UNDP is supporting this regional initiative under the ISEAN-Hivos Multi-country Global Fund Round 10 grant in four countries; Indonesia, Malaysia, the Philippines and Timor-Leste.

Citing the United Nations Charter and the Universal Declaration of Human Rights, United Nations Secretary-General Ban Ki-moon recently proclaimed that the United Nations would speak out in support of lesbian, gay, bisexual and transgender people, (LGBT) including men who have sex with men. Calling the recent documentation of violence and discrimination directed at LGBT people "disturbing" – because lives are at stake – he ended his talk before the Human Rights Council of the UN in Geneva on 7 March, 2012 with a simple but powerful statement: "The time has come." This was the call to action, via video presentation, that opened the regional meeting of informal experts in Bangkok, Thailand.

UNDP is the technical assistance provider for the ISEAN-Hivos Multi-country Global Fund Round 10 Programme, which includes a health sector component, focusing on the four countries of Indonesia, Malaysia, the Philippines and Timor-Leste. UNDP have partnered with WHO (SEARO and WPRO) to support the implementation of this component, starting with the development of the training package and referencing the existing regional and newly launched global guidance, "Men who have sex with men and transgender people: Prevention and treatment of HIV and other sexually transmitted infections: Recommendations for a public health approach", which was jointly developed by WHO, UNDP, UNAIDS, MSMGF, GIZ and the Global Commission on HIV and the Law in 2011.

In line with supporting the implementation of the global guidance mentioned above, the training package is intended to focus on improving the skills of health care providers and other key personnel, and to reduce stigma in health care settings. The training package has been adapted from several training packages including one first developed under funding by the RTI International's Asia HIV Programme. This package was based on practical work in Indonesia, Lao PDR, the Philippines and Thailand, which was piloted in the Middle East/North Africa and Central Asia regions. The package development also closely follows recommendations contained in the bi-regional report from WHO, *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* (2010), and the UNDP *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men and Transgender Populations in Asia and the Pacific* (2009).

The development process involved input and guidance from a number of people experienced in the delivery of health services to MSM and transgender people. A regional consultation with 36 informal experts from nine countries in Asia was convened in Bangkok, Thailand on 17-19 July 2012, with support from UNDP, WHO (SEARO and WPRO), KHANA/Alliance Technical Support Hub, and the Global Fund ISEAN/Hivos. The group of informal experts was drawn from both SEARO and WPRO regions and all have been directly involved in providing and supporting HIV/STI prevention, care and treatment for men who have sex with men and transgender people in a variety of settings, including HIV care and STI clinics, public and private, community-based organizations and ministries of health and social services. The training package had also been initially piloted from 10-12 July 2012 in the Philippines.

2. Global and regional overview

2.1 WHO Guidelines (global and regional)

Dr Zhao Pengfei, Technical Officer [Key Populations], HIV/AIDS and STI, WHO WPRO, provided an overview of the WHO Global Guidelines on the Prevention and Treatment of HIV and STI for MSM and transgender people. The purpose of the guidelines is to recommend a set of interventions for the prevention and treatment of HIV and other STI for MSM and transgender people. A clear definition of "men who have sex with men" is explained in the guidelines, which follow a "Do No Harm Strategy" while exploring further evidence.

The target audience are primarily health care providers and policy-makers, but others including lawmakers, programme managers, bilateral and multilateral donors and affected communities will find them useful. More specific evidence for MSM and transgender populations is needed, as some of it has been taken and extrapolated from evidence from more general populations.

Specific recommendations are provided for four broad areas and give a clear and concise overview of the challenges being faced by those involved in this work. Key recommendations include:

Good practice:

- Human rights and inclusive environments – Promotion of a legal and social environment that protects human rights.
- Non-discrimination in the health care setting: Access to prevention, treatment, care and support without discrimination.

Prevention:

- Using condoms consistently.
- Using condoms, over serosorting.
- Male circumcision is not recommended.
- Implementing individual and community level behavioural interventions.
- Internet-based targeted interventions.
- Social marketing strategies.
- Implementing sex venue-based outreach strategies.
- Alcohol or other substance abusers should have access to brief evidence-based psychological interventions involving assessment, specific feedback and advice.
- People who inject drugs (PWID) should have access to needle and syringe programmes and opioid substitution therapy.
- Transgender women who inject substances for gender enhancement – should have sterile injecting equipment and practice safe injecting behaviours.
- In settings where infant immunization has not reached full coverage – catch-up hepatitis B immunization strategies.
- Prevention of blood-borne infections
- HIV testing and counselling:
- Community-level programme for HTC linked to care and treatment.

Care/treatment:

- ART, the same as for other populations.
- Essential interventions to prevent illness and HIV transmission for people living with HIV.
- Syndromic management and treatment (including anal infections).
- Periodic testing for asymptotic STI.
- Prevention and care of other STI.

2.2 Asia Pacific progress

Edmund Settle, Policy Specialist, UNDP Asia-Pacific Regional Centre, posed the question, "Why is this such an important area to address at this time?" It is because criminalization of same sex behaviour and other forms of stigma and discrimination facing MSM and transgender people in the Asia Pacific Region have caused these population groups to be largely ignored in the HIV response. This is particularly evident in the health sector, which means MSM and transgender people usually do not have access to the health services they need in terms of prevention, care and support. Conversely, most of the funding to reach these sub-populations has come from foreign donors and not national or local sources, because of stigma and institutional discrimination.

It should be noted that all countries in this region have committed to UNESCAP (United Nations Economic and Social Commission for Asia and the Pacific) resolutions 66/9 and 67/10, and have made a political declaration to take action to curb the HIV epidemic, including the delivery of prevention, treatment and care for MSM and transgender populations. In 2009, UNDP and UNAIDS developed the Global Framework for MSM and TG, which was used to develop a framework for this region. However, this framework has rarely has been localized and translated into programmes on the ground.

To support implementation and ensure sustainability, WHO will continue to work with national ministries and departments of health. UNDP will work with national partners and community based organizations to support the development of an enabling environment to effectively implement this training. Working in partnership is the key to implementing this training package.

3. Objectives

The general objective of this consultation is to strengthen HIV/STI prevention, care and treatment response for MSM and transgender people. The specific objectives are:

1. To review the WHO global guidelines and adapt the same for addressing HIV/STI in the context of the Asia-Pacific Region;
2. To review and discuss the draft regional training package;
3. To share country experiences and provide inputs for finalization of the training package;
4. To develop recommendations for implementation at the country level; and
5. To help improve the capacity of health sector practitioners to provide appropriate care to men who have sex with men and transgender persons.

4. Role of participation of the experts

Working through both WHO and UNDP country offices, WHO had nominated informal experts from both SEARO and WPRO regions who had provided HIV/STI prevention, care and treatment for men who have sex with men and transgender persons including community professionals that UNDP had nominated.

Those present had extensive experience in key areas including health care delivery – public, private and community-based, community social services, and law and policy development, as well as with specific issues, such as living with HIV as an MSM, HIV programme management and service coordination and donor support. Many participants were in positions that are able to influence gatekeepers, policy makers and other decision makers.

The impetus for this meeting was to bring experts together to focus on issues of how to utilize the package in health care settings, medical-based/community-based outreach, policy and advocacy. The community of informal experts added a vital dimension to the discussions and helped the final recommendations of the meeting to be based in reality. A range of expertise was needed to help assure that the training package could reach the goal of ensuring access to quality health services for MSM and transgender people.

5. Training package: 'The time has come' - Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: A training package for health and for reduction of stigma in health care settings

5.1 Purpose and goals

The central aim of this training package is to ultimately improve both access to and the quality of services for men who have sex with men and transgender people in the Region. The training package builds on several global and regional initiatives.

The training package under review comprises five modules:

Module 1: Context Building

Module 2: MSM and Transgender People Programming

Module 3: Enabling Environments

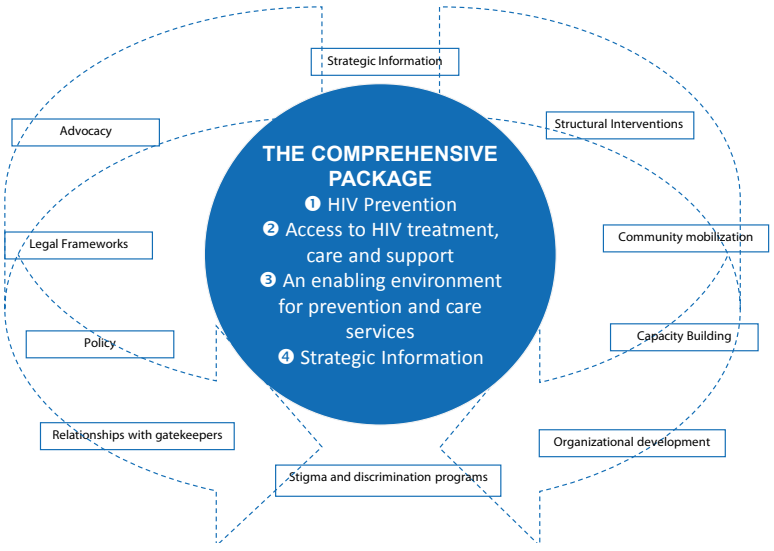
Module 4: Strategic Information

Module 5: Managing Programmes

The training package targets the clinical staff of health services, both governmental and NGO, and support staff and other stakeholders in the delivery of health services. In addition, it should be of use to national and provincial government officials and staff and stakeholders of Global Fund grants and its recipients.

The comprehensive package of programmes and services to support HIV prevention, treatment and care for gay men, MSM and transgender people is a spectrum or framework of inter-connected services, interventions and programmes tailored to engage and maintain ongoing contact with MSM and transgender people. A graphic illustration of the comprehensive package is outlined as shown in Figure 1.

Figure 1: Comprehensive package to support HIV prevention, treatment and care



5.2 History and development

The development process began with a desk review of materials available on the topic (see also Overview of Desk Review of Resources), first in the Asia Pacific, then other regions and finally, globally. The package was then modelled on a similar training programme that had been developed by AIDS Project Management Group (APMG), with input by the Asia Pacific Male Coalition on Male Sexual Health, and supported through Research Triangle Institute International's Asia HIV Programme.

The first draft was piloted in the Philippines with additional pilot training planned for Indonesia, Timor-Leste and Malaysia.

The initial RTI/APMG training package[10] was part of efforts to develop educational training on the management of interventions for key-affected populations, particularly for the topics of harm reduction (for drug use), sex work and MSM, to help develop technical expertise around the theoretical knowledge available. The packages were informed by the practical work that was being done in various countries in this Region including Indonesia, Lao PDR, Papua New Guinea, the Philippines and Thailand. The idea for a training package for MSM and transgender people came about at an RTI workshop at which community people from around the Region identified the need for such training. The original APMG training package was presented in Egypt with participants from the Middle East/North African Region, followed by trainings in Central Asia. The pilot training clearly demonstrated the need for the work to follow a public health approach, rather than a rights-based focus.

Another lesson learnt was that this training should follow a middle ground in looking at areas where both government and community practitioners could improve the health sector response towards MSM and transgender people.

It will be necessary to gauge the knowledge, values and moral perspectives of the participants to better understand just how changes to a positive view towards MSM and transgender people can be made. Finally, the training package is not intended to be one size fits all, but rather to be used as an educational toolkit for guidance and decisions made on how to best utilize it at the country level and contextualize it to create a plan of action locally.

5.3 Overview of desk review of resources

A review of key resources and reference materials was undertaken to better inform the development of the regional training package. The review provided a synopsis of some of the key resources available globally to support training on improving HIV, STI and other sexual services for MSM and transgender people. The type of resources selected ranged from training curricula, global and regional guidelines and reports, to human rights materials, gender-based violence materials and case studies. In addition to a brief summary of each of the materials and their key elements, guidance on the likely usefulness of relevant training courses to participants was included. Soft copies of each document were included in the package, as well as links to places on the Internet where they could be accessed, when appropriate.

10 *Management of effective programs addressing HIV prevention, treatment, care, and support for gay men and other MSM and transgender people: programme overview* can be accessed at http://www.aidsprojects.com/wp-content/uploads/2012/05/Management-of-Effective-Programs_Gay-Men-and-other-MSM-and-TG.pdf

6. Reflections for rollout – key issues

As the consultation progressed, key, crosscutting issues emerged. Most pertained to over-arching principles or potential problems that could hamper the successful rollout of training in the large variety of settings that are planned.

6.1 Participants – targets for training

The informal experts agreed that a participant profile was needed that clearly established the intended primary target of anyone responsible for or involved in service delivery in a public health setting, whether based in government or community clinics. With the need for service linkages and partnerships to be both explored and established, training might also involve private health providers, policy makers and advocates, and MSM and transgender community-based programme managers and caregivers.

The need for personal testimonials was identified as essential to helping trainees understand firsthand the concepts that some may be hearing of for the first time, such as what it is like to suffer discrimination because of gender identity or stigma when seeking everyday services like eating out. A solution for this would be to have full engagement with the community for the training, or at least, find relevant and local case studies to serve as personal testimonials.

6.2 Localization

The training package was written broadly and generically, using data, concepts and ideas that are in common usage in the MSM and transgender services sector. However, the information in the package might be new in local contexts. Therefore, it is essential that the package be localized for each presentation, per country and sometimes per locality. Things to consider include:

- Data - HIV prevalence, incidence of STI and HIV among key populations, estimates of the size of the local MSM and transgender populations, and so forth. It was recommended to use the UNAIDS HIV and AIDS Data Hub[11] for Asia-Pacific to find much of the needed information.
- Terminology – such as knowing just how local MSM and transgender people identify themselves and their sex partners or sexual preferences, like the use of *kathoey* for transgender women in Thailand and *waria* in Indonesia, or the use of *bakla* to refer to MSM in the Philippines and *kothi* in India.
- Hidden populations in the area such as MSM who use the Internet and social marketing methods to "meet up" and who rarely or never access venues where outreach or medical services might occur.

6.3 Impact of faith-based, religious groups and leaders

There is a need to engage faith-based groups as partners in a number of localities across the region. Those groups and leaders often act as gatekeepers, can positively influence others, and can also provide care and support. There exist good practices examples in places like India (Humsafar Trust), Indonesia and the Philippines. The use of personal testimonies has proven to be an effective advocacy strategy in the HIV field, because it puts a human face on the suffering, risks and vulnerabilities of MSM and transgender women and men.

6.4 Language and translations

The issue of language and local translations must be addressed, as not all trainees would be fluent in English. In the training not all concepts would be easy to translate, as many of the ideas are taken from Western cultures.

11 HIV and AIDS Data Hub can be accessed at http://www.aidsdatahub.org.

6.5 Scaling up – problems and challenges

Barriers to scale up were discussed throughout the consultation, but some very specific challenges were flagged. Demand generation, that is, increasing demand for services, is the intent of the training, along with improving the quality of services being provided for MSM and transgender people. But are clinics ready and willing to increase demands for service? Will demand increase if the services are not adequately sensitive or not offered at hours and in places easily accessible to the targeted populations? The increased demand might require structural reforms also to be put in place, like what to do about providing safe and stigma-free toilet access for transgender people.

6.6 Accessing young people and Information and Communication Technologies (ICT)

Most new data show an alarming rate of HIV incidence occurring amongst very young MSM and transgender women.[12] Innovative approaches need to be discussed and implemented, including ICT interventions, such as utilizing instant messaging on mobile telephones and online chat rooms for counselling, STI education and updated reliable referrals.

6.7 Issues of identity of transgender people

It is necessary to recognize that transgender women and men have issues distinct from men who have sex with men, such as gender identity, legal recognition, gender reassignment considerations and unique medical requirements beyond HIV and STI.

6.8 Human rights-based approach vs. health rights

The focus and approach for the training package must be on health rights while recognizing the importance of understanding and respecting the individual rights of MSM and transgender people.

12 Ibid.

7. Experts' review and recommendations

To best utilize the expertise present at the consultation, the informal experts were divided into five groups, after hearing brief presentations on each of the first four modules. The groups were asked to discuss and decide responses to three questions about each module:

- What changes and corrections need to be made?
- What should be added (what was omitted or overlooked) for this topic?
- What are general recommendations you might make about this topic?

More specific responses to these questions can be found in Annex 3. General recommendations are reported, with summary statements about each module, except for Module 5, which was discussed in the plenary only.

7.1 Module 1. Context building

This module helps build contextual understanding of the terms and definitions needed to better comprehend the issues faced by MSM and transgender people and reviews key documents, such as the WHO Guidelines and the Comprehensive Package of Services. Core issues are explored in depth, such as sexuality and gender. General comments and recommendations included:

- Allocating more time for discussing sexuality, gender and SOGI issues that are complex to comprehend;
- Referencing and cross-indexing of information to aid facilitation, including giving the facilitator the flexibility to decide on different exercises or activities to achieve the required output, and
- Including a facilitator profile best equipped to conduct such training.

7.2 Module 2. Engaging MSM and transgender people in health programming

Module 2 is built upon Module 1 by reviewing elements of the WHO Guidelines and the Comprehensive Package of Services to help illustrate a desired continuum of care, from prevention and testing, to treatment and care for STI, sexual health and well being as well as for HIV. Models of integration and partnership between health providers and community-based services were also covered, including in-depth reviews of preventions programming and innovative models for delivery of HIV treatment, care and support services. Some key recommendations and comments include:

1. The training should focus the package and information based on where the epidemic is centred.
2. Increased access to services was one of the objectives of the training that would lead to increased demand for such services. This should be a part of the discussion and should include:

- Need to improve service delivery;
- Reasons for not accessing services;
- Impact of gender of clinicians on service utilization;
- Other barriers to health seeking services in a public health setting;
- MSM and transgender health needs beyond only STI or HIV, and
- The need to provide youth-friendly services, since most new infections are among youth.

7.3 Module 3. Environments and interventions supporting HIV and sexual health programme for MSM and transgender people

In order to better understand how MSM and transgender people access health services, it is necessary to examine the barriers they face, what supportive interventions might be undertaken to help overcome these barriers, including an understanding of how law and legal environments affect MSM and transgender people, and also how rights-based frameworks might be applied. Comments and recommendations include:

1. Advocacy should be within the health sector much more than externally; for example, helping to change hours of operation to make the services better available to working MSM.
2. Role-plays should be included to help make suggested interventions more easily understood.
3. The Stigma Index should be used as a tool for understanding stigma, particularly of MSM+ (MSM PLHIV).[13]
4. The goal is to create an enabling environment at the micro level, to help make the service and service providers acceptable to the target client communities.
5. Health service providers need to understand how laws and legal practices present barriers to providing services, both locally and nationally.
6. The issues of drug use and dependency could be added to this module.

7.4 Module 4. Documentation, monitoring and evaluation

Strategic information, how to find it and how to use it is important to understand the scope, breadth and depth of the problems faced by MSM and transgender people. Module 4 attempts to explain key elements of strategic information such as epidemiological, biological, behavioural data, how social and operational research can be used, and why service delivery, programme planning and policy information is used for effective and useful monitoring and evaluation. Recommendations and comments include:

- Rework and reduce the content to be relevant for health care settings, both public and community-based, bearing in the mind the target participants will be service providers and support staff.

7.5 Module 5. Programme management

Module 5 presents a creative way to look at managing work – individual as well as programmatic. It is an easy to understand method of managing (managing up, down, out and in), and is perfect "as is", according to the expert feedback. The only change recommended is to reduce the content to shorten it from a full day to one-half day training.

13 See also: http://www.stigmaindex.org/125/aims-of-the-index/the-process.html

8. Requirements for implementation

A panel of four participant informal experts presented on system requirements that would be needed in three specific areas – health services sector, policy, legal environments and community engagement. The participants then focused on constraints within each of their own countries, and discussed how best to implement the set of recommendations as put forward.

1. **Health sector systems requirements:** Simply possessing knowledge about HIV, or even transmitting that knowledge to MSM/transgender people, is not enough. The health sector needs to have the capacity to deliver the necessary services, and so it is essential that certain structural capacities (which would address systems requirements) be built up in order to improve service delivery. Key health sector systems requirements include:

- Clinic and laboratory capability – Tools and trained personnel capable of addressing HIV prevention and treatment issues.
- Mapping capability – Resources and tools that would allow the collection of accurate demographic information. For example, who are the key-affected populations to be found in particular areas?
- Linkages – Effective linkages with other institutions, such as government institutions, NGOs, CBOs, and private-sector businesses including doctors and clinics, which can further the reach and effectiveness of the health sector.
- Medical education system awareness – Universities and other learning institutions and programme that train medical personnel need to be made aware of the specific medical issues facing MSM and transgender people, and helped to integrate such information into educational curricula.

2. **Systems requirements related to communities:** The environment, both within MSM and transgender communities and in the broader communities within which MSM and transgender people live, helps or hinders health-seeking behaviours. Key requirements for enabling health seeking include:

- Localizing the issues – often there is adequate knowledge and goodwill at the national level, but translating this at the local level remains a challenge.
- Awareness – local communities, including health care providers, often have negative or inadequate knowledge of the key populations living among them, or of the medical requirements of those people. For example, harassment of transgender people at medical facilities by staff or other patients needs to be addressed by increased community awareness and sensitivity, and specific measures, such as separate toilet facilities.
- Community involvement – involving MSM and transgender people directly in HIV prevention, treatment and care and support work greatly enhances the chances of success.

3. **Systems requirements and the legal environment:** Often policies, laws and/or law enforcement patterns hinder rather than promote prevention and treatment efforts relevant to MSM and transgender people. Key requirements for promoting an enabling legal environment are:

- Removing laws that discriminate against MSM and transgender people.
- Bring together target populations, health providers and policy-makers with police and security enforcers to better understand public health needs.
- Harmonize policies and laws in order to support public health strategies and encourage health-seeking behaviours.

8.1 Constraints to implementing the regional training package by country

None of the nine countries and areas represented by the informal experts has national policy guidelines on these issues. Specific constraints for each country were reported to be as follows:

China:

If government leaders are not supportive, it will be difficult to implement the package. Some advocacy work will need to be done to ensure support. Models from other medical settings that could be used as examples are needed.

Hong Kong:

The buy-in of high-ranking medical personnel, such as the college of physicians or the chief of service in hospitals, is necessary in order to generate interest in the package. If it is seen that the package has support from that level, then it will be easy to implement.

India:

The challenge is to get buy-in of the healthcare sector. In India it is private clinics that provide the majority of services to MSM and transgender people. When they try to access HIV or STI public health services, there is limited interest in treating them. This falls under the heading of public services so treating them does not generate income for the clinic. One suggestion is to tie up with the local council of doctors, trade associations, to give doctors continuing education credit points for undertaking this training.

Indonesia:

The MSM clinic in Bali has had a measure of success because it is centrally located, anonymous, open in the evenings and weekends, and advertises on the Internet through FaceBook and Twitter, so issues of accessibility and confidentiality are better addressed, thereby increasing client numbers.

Malaysia:

Since most MSM and transgender people prefer to go to private providers, it is necessary to engage with the private sector to implement this package, thus integrating the package via existing training mechanisms rather than creating new ones; however, private practitioners may not have time for additional training.

Whilst the actual clinical service, procedures and testing are okay, it is the inadequacy or lack of services for MSM and transgender people that is the principal issue in Malaysia. Another issue is self-stigma: MSM and transgender people have been told they are "bad," so they are reluctant to utilize services that will require the disclosure of personal information. In the public health services, you rarely see the same clinician twice, which makes it difficult to build relationships that would aid disclosure of such information.

There is an existing model in Malaysia where private clinics do refer patients back to the public sector, as it is free for STI treatment and cheaper for other services. It should be used as a best practice model. At the moment, Malaysia is looking at restructuring its health sector; this will be a good time to integrate services with the private sector. Another hindrance is the fact that some community organizations conducting their own VCT see public health clinics as competition and may be reluctant to refer out.

Myanmar:

There is still a lot of stigma and discrimination, including amongst the Ministry of Health staff, despite the high priority given to MSM and transgender people in the National HIV Strategy.

Nepal:

There is still a lack of sensitization in the society about MSM and transgender issues, and so MSM and transgender people are not utilizing existing facilities. Facilities must be made user-friendly, in addition to the changing of legal and legislative issues.

Philippines:

The constraints will be that the training package is heavier on the side of knowledge building and not skills building, which is urgently needed. Secondly, ways and means should be considered to measure the effectiveness of the training in terms of improving services.

Thailand:

Issues of confidentiality, quality of service, lack of public acceptance and low self-esteem often hinder health care-seeking by MSM and transgender people in Thailand. The challenge will be to get the package accredited so that it could be integrated into the system and not just be a stand-alone training, and gets the priority it needs in a country facing many other issues.

8.2 Potential partners for implementation

The consultation was asked to help identify potential partners because it will be impossible for the United Nations system to be the sole source of support of the rolling out of these training programmes. It was emphasized that potential partners should be vetted, among other things, in terms of the likelihood of whether they would remain committed over time. A brainstorming revealed the following ideas:

- Health sector institutions – Medical and training schools, professional and trade associations, medical councils, etc.
- International public sector institutions – the UN family of institutions, World Bank, Asia Development Bank
- Bilateral and multilateral donors and development partners – AusAID, DFID/UKaid, GIZ, USAID, and so forth.
- National public sector institutions – National, regional and local governments, both health and finance ministries, institutions and private foundations.
- INGO/NGO/CBO institutions – FHI 360, PSI, APMG, APCOM, MSM and transgender networks and CBO, etc.
- Major private corporations as well as local businesses, including the tourism industry.
- Media support

9. Next steps

The final panel and plenary discussion of the consultation identified clear next steps to be taken to facilitate the implementation of the training package. Representatives from WHO SEARO, WHO WPRO and UNDP shared the information.

1. Revision and peer review of the training package

The revision of the package based on this meeting should be followed by a final peer review by a small group of three or four people from this consultation. Volunteers from among the informal experts at the consultation were solicited to be a part of the final peer review.

2. Translation/localization of the training package and trainers

It will be important to have a standard template of key areas, concepts and terms describing how best to prepare translations in order to assure that information is consistent across the Region. This adaptation guide was recommended as a useful tool to assist in localizing the information.

Internet options for information availability should be considered as well with a strong recommendation to eventually offer the material in electronic learning (e-learning) methods available off the Internet.

It was agreed that, for each country, the facilitators should be local professionals. An ideal combination would be a medical professional and a community professional so that both clinical experience and legitimacy and real lived experience could be brought together.

3. Additional pilot projects

Additional pilot projects will take place in Indonesia, Timor-Leste and Malaysia. The experiences from these training programmes will also inform the final version of the package. WHO SEARO will convene a meeting with programme managers, key service providers, decision-makers and policy-makers from the eleven countries they represent to inform them about the package and to discuss how to implement it in their countries. Financial and technical support at the country level will be sought, and hopefully, with enough interest, it can become part of national training packages for health service providers.

In addition, the training package will be added as a key programme agenda for the WHO regional health sector strategy for key-affected populations (from the present to 2015).

Further, WHO WPRO will support country level implementation and adaptation of the regional training package and the WHO guidelines in seven priority countries of Cambodia, China, Malaysia, Mongolia, Papua New Guinea, the Philippines and Vietnam.

UNDP will continue to work with WHO to scale-up these trainings under the ISEAN-HIVOS Multi-country Global Fund Round 10 Programme and the South Asia Multi-country Global Fund Round 9 Programme.

10. Concluding remarks: Urgency for scale up

Has the time come? Yes, and perhaps already passed, suggested Clifton Cortez, HIV Practice Leader for UNDP Asia-Pacific Regional Centre, because many of the informal expert participants in this consultation expressed a sense of urgency for this work to be underway. HIV prevalence amongst MSM has been spiralling upwards since the Region first started to document such data, and is now being seen in high and rapidly increasing numbers amongst transgender people as well.

All participants agreed that the time is well upon us to help move the response to the HIV epidemic amongst MSM and transgender people into the public health sector in Asia and the Pacific. And urgent too, is the need for new and strengthened partnerships to assure sustainability well into the future, such as the UNDP partnerships with WHO, both SEARO and WPRO, other UN family members like UNESCO, UNFPA and UNAIDS, with development partners and donors like USAID, AusAID and Hivos, and with those participating in the consultation representing government, community and private health services and advocacy networks. The consultation ended with strong commitments by both UNDP and WHO to move this work forward, including identifying needed funds, and adding additional value like finding or providing supportive services and technical assistance.

Clearly, the time has come.

Annex 1 – Agenda

Day 1 – Tuesday, 17 July

Time	Topic	Presenter(s)
Session One: Welcome and Introductions		
09.30 – 10.00	• 'The time has come' video - Ban Ki-Moon, United Nations Secretary General • Welcome and opening statements • Brief introductions	 • Razia Pendse, WHO-SEARO • Participants
Session Two: Global and regional overview		
10.00 – 10.45	• WHO Global MSM guidelines overview • The Asia and Pacific progress • policy respones	• Zhao Pengfei, WHO-WPRO • Edmund Settle, UNDP
10.45 – 11.15	**Tea Break**	
Session Three: Goals, purpose and content of the package		

11.15 – 12.30	• Purpose of the training package
	  • Chief goals
	  • Targets of the trainings
	• Overview of the manual development
	• Experts' role and participation
	  • Preparation review and homework
	  • Session content and feedback
	• Overview of desk review of resources
	• *Open discussion*
		• Graham Neilsen
		
		• Scott Berry and Graham Neilsen
		• Paul Causey
		
		• Graham Neilsen

12.30 – 13.30	**International Buffet Lunch at the Pavilion (Ground Floor)**	
Session Four: Module One review – Context Building		

13.30 – 15.00	Module 1. Context Building
	• Issues:
	  • Terms
	  • Epidemiology
	  • Comprehensive approach
	  • Complexities (sub-populations, risk and impact)
		• Graham Neilsen
		• PPT for each module (overview)
		  • Discussion
		• Breakout sessions
		• Report back from groups (also written please)
		  • Changes and corrections
		  • Additions
		  • Recommendations

15.00 – 15.30	**Tea Break**	
Session Five: Module Two review – Engaging MSM and TG		

15.30 – 17.00	Module 2. Engaging MSM and Transgender People in Health Programming
	• Issues:
	  • Defining needs
	  • Continuum of prevention to care and treatment
	  • Engagement/inclusion
	  • Environments to reduce risk of transmission
	  • Delivering treatment, care and support, models of service delivery
		• Graham Neilsen and Paul Causey
		• PPT for each module (overview)
		  • Discussion
		• Breakout sessions
		• Report back from groups (also written please)
		  • Changes and corrections
		  • Additions
		  • Recommendations

17.00 – 17.30	**Meeting Secretariat recap**	**Secretariat members**
18:00 Reception Dinner Cocktail Reception at My Bar (Lobby)		

Day 2 – Wednesday, 18 July

09.15 – 09.30	**Re-cap of Day One**	• Rapporteurs: Elden Chamberlain and Kanna Dharmarajah
	Session Six: Module Three review – Environments and Enabling Interventions plus Training Options	

09.30 – 11.00	Module 3. Environments and interventions supporting HIV and sexual health programs for MSM and TG
	• Issues:
	  • Environments of risk
	  • Vulnerability and impact
	  • Elements of enabling environment
	  • Laws and policies, human rights and social justice Frameworks
		• Graham Neilsen and Paul Causey
		• PPT for each module (overview)
		  • Discussion
		• Breakout sessions
		• Report back from groups (also written please)
		  • Changes and corrections
		  • Additions
		  • Recommendations

11.00 – 11.30	**Tea Break on your own (Any time before session reports begin)**	
11.30 – 12.30	• Training roll-out – roles, opporunties, timelines • *Open discussion – brainstorming*	• UNDP/WHO (SEARO,WPRO): links with both WHO regional work plans and the South Asia and ISEAN-HIVOS Multi-country Global Fund Grants under UNDP APRC
12.30 – 13.30	**International Buffet Lunch at the Pavilion (Ground Floor)**	
	Session Seven: Module Four review – Documentation, M & E	

13.30 – 15.00	Module 4. Documentation, monitoring and evaluation
	• Issues:
	1. What do we know and how do we know it?
	2. How do you advocate, drive and protect programs?
	3. How do you know it's working?
		• Graham Neilsen and Paul Causey
		• PPT for each module (overview)h
		  • Discussion
		• Breakout sessions
		• Report backs from groups (also written please)
		  • Changes and corrections
		  • Additions
		  • Recommendations

15.00– 15.30	**Tea Break**	
	Session Eight: Module Five review – Programme Management and Recommendations Review (Part I)	

15.30 – 16.15	Module 5. Programme Management
	• Issues:
	  • Building and sustaining relationships (managers, NGOs, CBOs, and communities)
	  • Costing programme Elements
	  • Setting and maintaining standards
	  • Reach and Coverage
		• Graham Neilsen and Paul Causey
		• Presentation followed by discussion

16.15 – 17.00	• Final recommendations – Review (Part I) • Modules 1 and 2 only	• Elden Chamberlain, Kanna Dharmarajah with Paul Causey
17.00 – 17.30	**Meeting Secretariat recap**	**Secretariat members only**

Day 3 – Thursday, 19 July

09.15 – 09.30	**Re-cap of Day Two**	**Rapporteurs: Elden Chamberlain and Kanna Dharmarajah**
	Session Nine: Requirements for Implementation	

09.30 – 10.30	• System requirements for implementation
	  • Health sector
	  • Policies and legal environments
	  • Community engagement
		• Panel Presentations and discussion

	• Practical requirements for implementation
	  • Funding
	  • Supporters/hosts
	  • Presenting partners
		• Presenter (TBD) – Presentation and brain-storming

10.30 – 11.00	**Tea Break**	
	Session Ten: Country-level Issues	

11.00 – 12.30	• Country-level issues in scaling up health sector interventions for MSM/TG
	  • Facilitating factors
	  • Constraints
	  • Engagement/inclusion of communities
		India, Indonesia, Myanmar, Nepal, Thailand
		• Moderated panel discussion – 5-10 minutes per country followed by group discussion
		
		China, Malaysia, the Philippines, Timor Leste
		• Moderated panel discussion – 5-10 minutes per country followed by group discussion

12.30 – 13.30	**International Buffet Lunch at the Pavilion (Ground Floor)**	
	Session Eleven (Final): Into the future …	
13.30 – 14.15	• Final recommendations – Review (Part II) • Modules 3, 4 and 5 only	• Elden Chamberlain, Kanna Dharmarajah with Paul Causey
14.15– 14.30	• Experience of pilot training in the Philippines	• Philippine delegation
14.30-- 15.00	• Next steps • Concluding remarks	• WHO/UNDP • Clifton Cortez
15.00 – 17.30	**WHO UNDP follow-up meeting**	**Secretariat members**

Annex 2 – List of participants

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Annex 3: Group work recommendations

Throughout the consultation, the informal experts broke into small working groups to discuss the training package and materials following a brief overview of each module. Feedback was solicited in three specific areas: corrections or changes needed, information that should be added, and general recommendations. The group of informal experts were drawn from both SEARO and WPRO regions and each have been directly involved in providing and supporting HIV/STI prevention, care and treatment for men who have sex with men and transgender people in a variety of settings, including HIV care and STI clinics, public and private, community-based organizations and ministries of health and social services.

Here is the specific feedback for each of the first four modules. General, broader recommendations are documented throughout the report. The introduction part of the training package and the final module (5) are shorter and more stand-alone pieces. Recommendations and changes to them were considered in the plenary session and reported mostly in the body of this report.

Module 1. Context building

1. Corrections/changes

1. Session 1, slide 7 (key terms) is too didactic to absorb; limit the number.
2. Session 1, slide 12 (HIV impact severity) change to a definition of the concept of prevalence vs. incidence.
3. Provide a concise summary of the WHO guidelines (Session 3, slide 27).
4. Session 4, slide 49 (MSM/TG circle) should be optional.

2. Additional information to be added

5. Session 1, slide 10 (Key Learning points): Add or clarify the content, and add the word "ignorance" to point number three.
6. Drugs should be added to the sex and behaviour in Session 2, slide 48.
7. Review the Hippocratic Oath in this module to remind medical practitioners of the need to provide services for all.
8. More information and definitions needed for SOGI, MSM, LGBT and serodiscordant, as per local need.
9. Include public health perspective on how MSM HIV programming can positively improve the response to general epidemics.

3. Recommendations

10. The content flow of Module 1 should be changed.
11. Terminology.
12. History and culture of MSM and transgender people (brief overview focusing on stigma and discrimination).
13. Overview of how medical ethics can remove stigma and discrimination.
14. Evidence and epidemiology.
15. WHO conceptual framework and recommendations.
16. The alphabet soup exercise should be deleted or used as an energizer.

17. All sources for data must be referenced or cited.

18. Facilitator notes needs to be more detailed and allow flexibility for alternative activities. Consider developing a Master Training of Trainers toolkit for facilitators.

19. A method to assess pre-training participant knowledge and attitude, and impact of the training is needed. [Should be captured by local facilitator in first session of training.]

20. Develop an assessment tool for the training.

Module 2. Engaging MSM and transgender people in health programming

1. Corrections/changes

1. On Session 1, slide 4 (Overview of Session 1) broaden the title "HIV-related heath needs".

2. Delete Session 1, slide 5 as it has already been covered in module 1.

3. Find more descriptive and easier to translate title of Session 1, slide 7 (Transmuting/Camouflage).

4. Delete the word "human" from Session 1, slide 6, point 1 (Key learning points).

5. Clarify definitions for needs and risk (Session 1).

6. On Session 2, slide 13 (Key learning points) second point, change "HIV prevention includes" to "HIV prevention includes a combination of interventions".

7. On Session 2, slide 14, consider different graphic for illustrating the comprehensive package of services for gay men, MSM and TG; e.g., move package content to outside the circle in order to highlight it and the outside elements inside the circle.

8. Change title of Session 2, slide 18 from "Peer education" to "Peer-led" or "Peer-based interventions".

9. On Session 2, slide 28 (HIV/STI testing programs and partnerships) add CBO to "Medical sector" (in the centre of the circle); i.e., "Medical sector and CBO".

10. Change the title of Session 2, slide 32 (Internet- based interventions) to "Information and communications technology (ICT) interventions".

11. Session 3, slide 39 (HIV Treatment, care and support) needs to be revised according to the flow of services; and, reduce the number of words used.

2. Additional information to be added

1. Add local CBO as service providers as an additional bullet point to Session 2, slide 12.

2. Add/Emphasize non-health services for Session 2, slide 16 (HIV prevention, treatment, care and support services) and revise according to the flow of services (see also recommendation 11 directly above).

3. Add points on linkages between VCT and other services to Session 2, slide 23 (Voluntary testing and counselling).

4. Session 2, slide 23 (Voluntary testing and counselling), add different methods of testing including Patient- PICT.

5. Add clarification to show how the WHO guidelines and continuum of prevention, treatment and care are or should be linked.

6. Add a slide to Session 2 on positive prevention.

7. Add media and the role of family to the list in Session 4, slide 50 (Continuity of Programs and Services).

3. Recommendations

1. Identify training opportunities for doctors and clinicians.
2. Provide a slide on stigma and discrimination (e.g., Ashok Row Kavi's onion graphic) and drivers for disempowerment for MSM and TG.
3. The facilitator guide should provide examples of innovative training methods that the facilitator can use.
4. Information and discussion is needed on a number of areas for this module, including:
    - Impact of increasing demand for services is needed.
    - Existing gaps in services and ways to improve service delivery to target groups.
    - Different models of service provision and an overview of what has worked/not worked (examples might include faith-based programming).
    - More information on ano-rectal and pharyngeal infections.
    - Provide reference documents on syndromic clinical guidelines and/or discussion on why syndromic approaches may no longer be appropriate for these sub-populations.
5. Recommendations on the format of Module 2 include:
    - Cultural appropriateness of some slides needs to be reviewed (e.g., Session 1, slide 7 (Transmuting/Camouflage).
6. Reduce the number of models; training should be more practical than academic and theoretical and follow the principles of adult learning of less input, more participation, including:
    - Instead of slides, have localized testimonials by community members or case presentations, with discussions guided by facilitators.
    - Testimony needs to underscore the continuum of care, clearly illustrating how VCT and STI treatment are gateways to increased health seeking.

Module 3. Environments and interventions supporting HIV and sexual health programs for MSM and TG

There was general agreement that this section will need tailoring to the local situation throughout. As well, it is important that this section provide a focus/be presented through the perspective of a public health approach as opposed to a rights-based approach.

1. Corrections/changes

1. Session 1, slide 8 (Environment of risk for MSM and TG):
2. Discussion must be localized (e.g., there may be no meetings places like bars, or local police may not be involved in harassment or shake-downs).
3. Change venue owners (inside box) to sex-on-premises venue owners.
4. Add sexual assault to transgender slide inside circle.
5. Illustrate better the linkages between the boxes in and outside of the circle.
6. Needs a reference or citation.
7. Session 1, slide 9 the group exercise should be contextualised in a health care setting.
8. Session 1, slide 14 (Enabling Environment): re-conceptualize to content familiar to medical practitioners and relevant to their work.

2. Additional information to be added

1. Add an additional slide on stigma and discrimination titled "What can we do if this happens in a healthcare setting".
2. Add a slide on national and local policies that affect MSM and transgender people, and include other legal and structural barriers.
3. Emphasize issues of confidentiality and informed consent and the impact these have on MSM and transgender people.
4. Consider adding local information on drug use and criminalization laws and law enforcement.
5. Add information on the "right to health" when talking about availability, accessibility, acceptability and quality of services.
6. Add information on advocacy, but focused on the healthcare setting and how to improve service provision, such as available tools and on developing an advocacy plan.
7. Inform participants that transgender people will sometimes have separate health needs from MSM due to various factors such as medication interactions (e.g., hormone therapy and ARV or STI treatments) in addition to physical and gender modification and reassignment.
8. Develop four or five storylines as case studies on transgender people, MSM, hidden MSM, PLHIV MSM (MSM+).
9. Emphasize importance of creating partnerships between NGO, health care settings and government services to ensure delivery of services and for creating an enabling environment.
10. Include discussion on role of religion and public health, including the impact and effectiveness of faith-based services.
11. Do we need to add something about drug use/laws specifically for MSM and transgender people?

3. Recommendations

1. Explain clearly what an enabling environment means within the context of the clinic or health service, and what at the service level inhibits access.
2. Introduce the concept of risk and vulnerability.
3. Limit use of key documents with a summary of the key messages in each document.
4. Keep in mind that documents may need to be translated.
5. Module needs to go beyond issue-identification and provide concrete steps to arrive at solutions.
6. A local policy or legal resource person is likely needed to support the facilitator in understanding related local issues.

Module 4. Documentation, monitoring and evaluation

1. Corrections/changes

1. When discussing HIV prevalence outside of the local area or country, limit it and use it only as an illustration as to where the local area fits into the entire picture or where it might be heading.
2. Consider giving incidence in addition to prevalence but explain the differences.
3. Limit the number of behavioural data slides.
4. Revise group exercises to reflect need to improve services at local level.

2. Additional information to be added

1. Add scenarios about collecting data and problems and issues around data collection and usage.
2. Add information on how to triangulate data to improve clinic services.

3. Recommendations

1. Any data used in this module needs to be both relevant to health workers and localised.
2. Reduce the number of slides, or move to other modules, along with the scope of this module so it can be presented in a half-day session.
3. A new module might be considered looking at why strategic information is important and monitoring and evaluation is relevant to the target audience, following a bottom-up approach.

Module 5. Programme management

The module should be planned for half-day only, and was regarded by overwhelming consensus as succinct, useful and innovative. No changes were proposed.

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