



'The Time Has Come'

Enhancing HIV, STI and Other Sexual Health Services for MSM and Transgender People in Asia and the Pacific: Training Package for Health Providers and Reduction of Stigma in Healthcare Settings



Review Consultation on the Development of the Training Package and Pilot Trainings

Meeting Report

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Background

Access to a package of health services and social support by men who have sex with men (MSM) is recognized as a fundamental human right. Due to the lack of protective laws, insufficient skills and incomplete knowledge about male sexuality and sexual health, and high levels of stigma and discrimination, currently, access to HIV prevention, treatment, care and community support services is limited compared with the share of the HIV burden faced by these populations. In 2011, the Report of the United Nations High Commissioner for Human Rights noted that, "...homophobic, sexist and transphobic practices and attitudes on the part of health-care institutions and personnel may nonetheless deter Lesbian, Gay, Bisexual and Transgender persons (LGBT) persons from seeking services, which in turn has a negative impact on efforts to tackle HIV/AIDS and other health concerns."¹

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

The Global Commission on HIV and the Law² and "Legal, Environments, Human Rights and HIV Responses among MSM and transgender persons in Asia and the Pacific: An Agenda for Action"³ have documented that stigma in health care settings is a major barrier preventing access to health services, due to the negative attitudes of care providers, and incomplete knowledge about sexual orientation and gender identity (SOGI). Furthermore, WHO has identified insufficient skills regarding male sexual health (pharyngeal and ano-rectal care in particular); insensitive communication and counselling with MSM and transgender clinic clients as significant impediments to the uptake of services provided in health care settings.⁴

The ISEAN-HIVOS Multi-country Global Fund Programme contains a health sector component focusing on skills training of health care providers providing HIV and STI-related services for MSM and transgender people, and the reduction of stigma in health care settings in four countries (Indonesia, Malaysia, the Philippines and Timor-Leste). UNDP, as the provider of technical assistance (TA) for the ISEAN-HIVOS project has been working with WHO (SEARO and WPRO⁵) to support the implementation of this component, starting with development of a training package with reference to 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, and giz in 2011.

In order to develop a bi-regional training package which could be timely implemented in the four countries under the ISEAN-HIVOS Multi-country Global Fund Programme, an international consultant with direct working experience with MSM and transgender people in Asia and the Pacific (Dr. Graham Neilsen) was jointly recruited by UNDP and WHO in April 2012. The consultant developed an annotated summary of key resources on training on health issues for MSM and transgender people, and relevant global and regional and policy analyses on health and legal and human rights issues. Additionally, the consultant adapted an existing training package (one that was initially tested in Egypt and Central Asia) for use in the pilot trainings in the Philippines, Indonesia, Timor-Leste and China. The package could not be piloted in Malaysia as initially proposed. Two consultation meetings were held in Bangkok (in July and December 2012) to review the training package and feedback on the pilot trainings respectively,

1 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.

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

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

4 WHO (2011). Prevention and Treatment of HIV and Other Sexually Transmitted Infections among Men who Have Sex with Men and Transgender People.

5 WHO South-East Asia Regional Office (SEARO) and Western Pacific Regional Office (WPRO).

and to make recommendations for finalisation of the package and plans for rolling out further training.

This report, authored by Graham Neilsen and Kaori Nakatani, summarises the process of the development of the package, pilot trainings and inputs from the two consultation meetings. The Review Consultation on the Development of the Training Package and Pilot Trainings was facilitated by Graham Neilsen and Edmund Settle.

Purpose of the training package

The training package aims to ensure that participants:

- Have an understanding of effective HIV interventions for MSM and transgender people – in particular the 2011 *WHO Guidelines and Comprehensive Package of Services for MSM and Transgender People*;
- Have the ability to apply surveillance data, research findings and other evidence about MSM and transgender people practically to their country or region;
- Have practical knowledge of the legal and other ‘environmental’ factors that affect MSM and transgender HIV programming;
- Have a good understanding of policy and other documents that can be used to defend their MSM and transgender programs; and
- Have an improved capacity to manage MSM and transgender services at a national and regional level.

The training package takes a holistic approach to broader health and other issues for MSM and transgender people and is not HIV-specific.

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

Development of the package

The training package includes a facilitators’ manual, a complete set of PowerPoint® presentations, an annotated review of key resources and reference materials, copies of key reference documents, handouts, testimonial videos, pre- and post-course assessments, and evaluation forms.

The consultant drew upon his extensive resource library or journal articles, guidelines, and reports; recent key publications from UN and other agencies; as well as other documents identified through cross-checking of references; and inputs from an extensive network of key informants. During the process of package development and pilot trainings, he identified many similar additional resources including video testimonials and all of these were maintained in an incrementally expanding folder of materials identifiable in the package as “Resources for Participants”.

Similarly, other key elements of the package such as the facilitators’ manual, PowerPoint® presentations were revised in response to feedback and experiences in the various pilot trainings. Apart from technical content, many materials were revised in light of political and linguistic sensitivities identified in both the consultations and pilot trainings.

A recurring issue throughout the process was the particular challenge of ensuring that participants developed a common understanding of the critical concepts of sexual orientation and gender identity (SOGI). This issue required substantial time in all pilot trainings – and understanding was greatly enhanced

in those trainings where training participants included openly gay, MSM or transgender people, or participants who were comfortable to disclose their personal experiences of gender expression.

In some of the pilot trainings (e.g., Indonesia), the package was substantially changed; to the extent that all five modules were attempted in a two-day period, and followed by a half-day 'stakeholder meeting' with senior government and other personnel – in an attempt to advocate for the future use of the package. The success of such advocacy is questionable. Indeed, it could be argued that these were not actually "pilots" given that the package being used was so different from the original materials. Another (understandable) adaptation of the package (in China) was to add a clinical component on STI management. This was probably misguided and likely distracted participants from the core purpose of the package, generating confusing expectations, while also disappointing them, given that the clinical content was very limited due to time constraints. These issues are likely to arise repeatedly in the future use of the package once the original facilitators are no longer involved in the country-level rollout of the training.

Other pilots (e.g., the Philippines) used the first three modules over three days, which could be more fairly considered a genuine pilot – given that it matched the intended timing of the three modules.

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

Use of the package

The intent of the training package is that it be undertaken over five days as follows:

- Day 1: Module 1 (Context building)
- Day 2: Module 2 (MSM and transgender people programming)
- Day 3: Module 3 (Enabling environment, e.g., risk-taking by MSM and transgender people; law and policies related to MSM and transgender people)
- Day 4: Module 4 (Strategic information related to MSM and transgender people)
- Day 5: Module 5 (Program management)

Key learning points for each day:

Day 1 – Context building

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

Dealing with common terminologies that are challenging for participants to understand, e.g., sexual orientation and gender identity (SOGI).

Day 2 – MSM and transgender programming

- The needs of MSM and transgender people are influenced by the ‘lived reality’ of their lives – social acceptance or exclusion
- Human behavior and decision-making related to health and risks are influenced by many complex factors
- Competing priorities influence the behaviors and health seeking choices made by MSM and transgender people

Day 3 – Enabling environment

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

One of the difficulties in this module is how to help participants to understand policy documents and how policies affect HIV programming and implementation.

Day 4 – Strategic Information

- Guidance is provided to assist in developing, implementing and improving overall monitoring and evaluation (M&E) systems for MSM and transgender people and for HIV.
- Key policy issues, and key indicators.

Day 5 – Management

- How to manage ‘up’ to government/donors;
- Managing ‘down’ to program staff and implementing agencies;
- Managing ‘out’ i.e. dealing with external environmental factors such as the media, religious organizations and NGOs
- Managing ‘in’ personal time management, leadership, and stress management.



Pilot trainings

The training package was piloted in four countries: three in Indonesia (Surabaya, Bandung, and Medan); three in the Philippines (Tagaytay, Cebu, and Manila); one in Dili, Timor-Leste; and one in Guangzhou, China. In Indonesia, a two-day training was conducted, followed by a half-day consultation with national stakeholders from various sectors. The other pilots were conducted over a three-day period, mostly based on Modules 1-3 but with some including elements of the other two modules.

Feedback on Pilot Trainings

The Philippines

Dr. Barbra May Bonaobra, Medical Officer III, Corazon Locsin Montelibano Memorial Regional Hospital Treatment Hub, Bacalod City provided an overview of three pilot trainings in the Philippines. The first pilot training was conducted in Tagaytay on 10-12 July 2012. It was targeted for Manila based-health care providers and 21 health care providers attended the training. The second training was conducted in Cebu on 25-27 September 2012 for 22 health care providers based in the Visayas and Mindanao, and

22 participants attended the training. The last pilot training was held in Manila on 27-29 November 2012, attended by 25 health care providers and social workers from Metro Manila, Luzon, the Visayas and Mindanao. She noted that only Modules 1, 2 and 3 were addressed in the pilot trainings in the Philippines.

Lessons learnt from the pilot trainings in the Philippines:

- Some participants found it difficult to describe the local terminology related to sexuality.
- The concept of SOGI was not easily grasped by all participants – even after considerable discussion.
- The issue of use of information and communications technology (ICT) was discussed: for the Philippines, some participants felt that a major contributing factor to the HIV epidemic was the use of ICT for finding sexual partners.
- Local HIV epidemiological data should be presented (where available) together with national data and tailored to the target audience.
- Transgender people are largely absent in research and existing programmes in the Philippines. The training made the participants realize that most programmes and strategies for HIV prevention do not include transgender people.
- There is a need to disaggregate efforts, particularly for transgender people.
- There is a lack of scientific data on MSM and transgender people particularly at the local level. Existing data need to be disaggregated.
- Most participants lacked capacity and knowledge on justice issues.
- Participants raised the importance of strengthening school-based programmes, looking at transgender health needs, securing safe spaces for transgender people, and developing tailored messages for the transgender community.
- There are some initiatives at the local-level, which are considered good practices (e.g., the Cebu City Anti-discrimination Ordinance No. 2339 issued in 2012).
- The importance of holistic psychosocial services for MSM and transgender people was discussed and supported by participants.
- Good teamwork between the co-facilitators was observed.
- Follow-up pilot trainings in the Philippines addressed challenges identified in the earlier trainings. For example, significant efforts were made to make the participants understand the concept of SOGI in Manila training. Using the 'Genderbread Person' slide was very helpful in helping participants understand the key concepts in SOGI.

Mr. Edmund Settle suggested it would be helpful in the future to hold a meeting for the mayors from China, Indonesia, the Philippines and Timor-Leste to provide policy support on MSM and transgender people. Others suggested that permanent city staff should be invited to the meeting for sustainability of the project.

Recommendations from the Philippines:

- Effort should be made during the training to desensitize participants so that they are able to talk openly about SOGI-related terminology.
- More concrete examples should be presented in explaining SOGI.
- There is a need to deepen the understanding on the dynamics of transgender people by presenting updated and disaggregated data in a more interesting way.
- Need to discuss on access to justice related to MSM and transgender people during the training, in order to strengthen capacity and increase knowledge in the area.

- Facilitators need to be flexible in their use of different participatory methods according to the reaction of audiences.
- Local good practices should be shared at the training for expansion and replication.
- There is a need to emphasize the importance of collaborative work between health workers and policy-makers to protect the rights of MSM and transgender people.
- Need to emphasize that MSM and transgender people have special needs and health care providers should be aware of them.
- Need to have a session to deal with the attitudes of health workers particularly with transgender people
- It is vital to include representations from MSM and/or transgender community members to discuss their perspectives at the training.
- A more localized approach in the training is highly recommended.

Feedback on Training – Indonesia

Dr. Helen Dewi Prameswari, AIDS and STI Sub-Directorate of the Ministry of Health and Dr. Made Yogi Oktavian Prasetya, the lead facilitator for the Indonesia training, summarized the three pilot trainings in Indonesia. A core team was established to review the modules; decide which modules to be used; which cities to choose as pilot training sites; and to make other executive decisions related to the training. The cities of the pilot training were selected based on population and HIV disease burden.

The three trainings were conducted as follows:

- Bandung from 18-19 September 2012 (25 participants on day 1, 24 participants on day 2);
- Surabaya from 25-26 September (27 participants on day 1, 28 participants on day 2);
- Medan from 6-8 November (26 participants on days 1 and 2).

In all three trainings, the participants came mainly from community health centers and the remainder were from Provincial AIDS Commissions, provincial and/or city health offices and MSM and transgender NGOs.

The core team decided to have two-day training for health providers mainly targeted for community health centers, followed by a half-day meeting for health and other stakeholders. The training modules used for these trainings included modules 1, 2 and some parts of module 3 and session 1 of module 5.

Based on the training module analysis, the following issues were raised:

- Recognition of the importance of exploring the capacity and the knowledge of participants on HIV and STI issues and their perspectives on MSM and transgender at the beginning of training;
- The crucial need to introduce correct terminology;
- The need to provide additional time to explain sex and sexuality;
- To include the latest updates on the national and regional epidemiological data on MSM and transgender people and HIV;
- The need to review and use the correct local language for each slide;
- The need to prepare guest facilitators before the training so that they know the purpose of the training and what is expected of them.
- The need for the participants to prepare an action plan in sessions related to module 5. The action plan should be visible and realistic.

Lessons learnt from the trainings in Indonesia:

- Communication with government and communities needs to be strengthened in Bandung to utilize existing facilities and boost service uptake among MSM and the transgender community.
- The action plan of Medan shows an advanced and innovative marketing approach such as the use of Facebook® to promote clinics.

Recommendations from Indonesia:

- Allocate more time to expound fundamental concepts such as SOGI.
- Provide the slides with updated local data.
- Adopt training materials into local context by using local language with the correct terminology.
- Include plans of action for the training and the stakeholders within a 6-month period.
- Prepare well in advance for the training and conduct preparatory meetings and rehearsals.
- Be flexible and adaptable according to the local situation.
- Strong commitment from various stakeholders is needed for the design and implementation of the training.
- It is important to build commitment of national stakeholders from the earliest stage of planning for the training and to have stakeholder meetings after the training.

Stakeholder meetings in Indonesia:

The objectives of the meetings were to raise awareness on the training; to garner local resources and support from local stakeholders; and to identify supportive stakeholders in the three cities.

Lessons learnt from the stakeholder meeting in Indonesia:

- Metaplan charts were used to express stakeholders' views and perceptions about MSM and transgender people. The result from Bandung and Medan showed that the participants still display high levels of stigma towards MSM and transgender people. In Surabaya, participants were more open and accepting of MSM and transgender people.
- Positive findings: In Bandung, the commitment from the Education Office to communicate with the Provincial AIDS Commission and disseminate HIV information to schools. The Provincial AIDS Commission agreed to facilitate regular meetings among the stakeholders and the communities. In Surabaya, the representative from the Provincial Development Agency was committed to open and facilitate the budget on HIV for the non-health stakeholders' office.

Recommendations and next steps from the stakeholder meeting in Indonesia:

- The National AIDS Commission (NAC) together with the three Provincial AIDS Commissions will hold regular coordination meetings to develop a comprehensive programme for MSM and transgender people among the health and non-health stakeholders in the three cities.
- The NAC and the Provincial AIDS Commission will conduct special sessions to show the level of stigma and discrimination in the meetings and hostility to the programme.
- The MoH and NAC, together with the Provincial AIDS Commissions and Provincial Health Offices will facilitate regular meetings with community health centers, local NGO and relevant stakeholders.
- To have a joint monitoring and evaluation based on the plan of action in the three cities.

Next steps for Indonesia:

- The MoH and the NAC agreed to include the plans of action that was developed by the Community Health Centers as part of the national monitoring and evaluation programme.
- The NAC will support the monitoring and evaluation program and provide funding for regular meetings as well as logistical support.
- The MoH agreed to integrate the training modules into two National Modules in 2013:
 1. Integration of the Health Care Training Package Modules into the National STI Training Module
 2. Integration of the Health Care Training Package to the National Continuum of Care Programme.
- The Indonesia Team suggested that further training could be considered for Malang in East Java, Manado, Jogjakarta, Jakarta, and Bali.
- There was a discussion of the effectiveness of having national stakeholder

Feedback on Training in Timor-Leste

At the December consultation meeting in Bangkok, Dr. Flora Tanujaya, the main facilitator for the training in Timor-Leste summarized the experience of the pilot training. The training was held in Dili, Timor-Leste from 14-16 November 2012 and was attended by 43 participants. The three-day training covered module 1, some parts of module 2 and 3, a modified version of module 4 with local epidemiological data, and module 5. Two transgender women attended the training, which helped participants deepen their understanding of SOGI-related issues.

Challenges – Timor-Leste training:

- Some communication difficulties resulted in participants expecting that the training package was about STI clinical management.
- Difficulties in administrative support for the training.
- The number of participants was too many.
- Almost all participants were young clinicians without program management experience. No other stakeholders from the national or provincial government participated.
- The experiential perspective of clinicians was that MSM do not exist in Timor-Leste.
- Basic terminology such as the “Comprehensive Package,” the “Continuum of Prevention-to-Care-and-Treatment” and “peer-based interventions”, was new participants.

Recommendations from the Timor-Leste training:

- Epidemiological data from Timor-Leste should be included.
- Enough time to discuss new concepts such as SOGI should be allotted to avoid misunderstandings about MSM and transgender people. For example, the Genderbread Person slide was used and found to be very helpful.
- Local language equivalents for key terminology should be presented and discussed.
- Training materials should be translated to Tetum, and adapted to Timor-Leste’s context in collaboration with MSM and transgender community groups.
- If feasible, trainings should provide more opportunities for participants to get to learn about the real-life experiences of MSM and transgender people (e.g., testimonials, interviews or visits to local venues).

- Training materials should be modified according to the level and background of participants and local context.
- Ministry of Health staff should be involved to discuss how to adapt this training package to be consistent with national strategies.
- Capacity building of local facilitators should be considered.
- Future trainings should have a mix of participants from various sectors and involve national stakeholders.
- More time should be allocated to modules 4 and 5 depending on where participants come from and how much they are already involved in MSM and transgender HIV programming and policy-making.
- Peer review by health and community professionals should be conducted when translating training materials.
- Community leaders should be trained as facilitators of this training package.

Feedback on training in China

Dr. Li-Gang Yang, Head of STD Control Department, Guangdong Provincial Centre for Skin Diseases & STI Control and Prevention, presented a summary of the pilot training held in China. The MSM and transgender HIV and STI Clinical Training Course was held in Guangzhou from 5-8 November 2012. The training was modified in response to the request of local organizers in such a way that the training covered the 5 modules within two days and then used one additional day for clinical training.

The training was conducted as follows:

- Modules 1 and 2 (Day 1)
- Additional sessions on management of common curable STIs among MSM and transgender people (Day 2)
- Modules 3, 4 and 5 (Day 3)

The second day was dedicated to STI clinical management training for STI physicians, public health officials from the Disease Control Department, health workers from the community, and MSM peer educators. The training organizers invited a local MSM community leader to act as a resource person.

Lessons learnt from the training in China:

- Many clinicians did not feel adequately prepared for dealing with the unique health needs of MSM and transgender individuals.
- Many STI clinicians lacked full understanding of the health concerns facing MSM and other sexual minorities, and were unfamiliar with individual sexual orientation and gender identities (SOGI).
- Participants expressed a desire for more practical and clinically grounded training (e.g., taking sexual history and performing physical examination). However, a balance between the original training modules and practical clinical training needed to be achieved.

Recommendations from the China training:

- Future training should emphasize interactive learning methods such as case-based learning, clinical practicums, site visits and breakout sessions so that clinicians can better deal with patients and ultimately help reduce stigma and in health care settings.
- It is vital to assess participant interest before training begins in order to maximize participation. Priority should be given to participants who already work with established MSM programs.

- In module 1, consider adding an interactive “sexual practice slang” exercise in order to improve communication between clinicians and MSM and transgender patients.
- Training modules should be adapted for clinicians and non-clinicians separately.
- Case-based learning and breakout sessions should be more emphasized over lectures programs.
- Attachment or internship-style study to see practical application of course material may be necessary. This could be done by selecting a few enthusiastic participants to do a “post-course” site visits to local NGO service providers or clinical practicums.
- Improve the participant feedback system. A short anonymous survey should be administered after each training to improve future courses.
- Epidemiology data should be always reviewed and updated before training.
- It should be emphasized the key message of training package is to introduce the WHO guidelines on MSM and transgender people and promote systematic use of the guidelines at country level.

Main discussion points about the China training at the second consultation meeting in Bangkok

- There was concern that the original intentions of the training package could be lost when countries modify the training to a great degree during implementation.
- Some participants supported the idea to differentiate a package for clinicians.
- It is probably necessary to adapt module 3 specifically for clinicians so as to increase their interest and make them understand that clinicians develop or implement policies on a daily basis and need to be aware of the importance of policy-related issues.
- The use of MSM and transgender community facilitators is necessary.
- Ample time should be allocated to discuss new concepts such as LGBT (lesbian, gay, bisexual and transgender) and SOGI.
- This training should be expanded nationally. It is important for communities to be involved in translation of training materials. Some terms must be carefully translated in consultation with local MSM and transgender community.



Overall challenges in use of the training package – feedback from the second Bangkok consultation

The second consultation meeting identified a number of challenges in using the package as follows:

1. Localization

- Language: training should be conducted in local language wherever possible (e.g., Tetum in Timor-Leste)
- Need time to discuss local terms: for many participants, the specialized terminology used in the training will be new and alien. There may not be precise terms in local languages for some of the concepts – and misunderstandings can easily develop unless the facilitators explain the terms patiently and then check what has been understood.
- Need simple and contextual examples to clarify new concepts (e.g., in Indonesia and Timor-Leste)

- Better to include local HIV and STI data, preferably disaggregated (i.e. MSM and transgender separated), together with the national/regional data; should be tailored to the targeted audience. In some countries, local data may be very limited (e.g., Timor-Leste), but regional data must be presented so that participants can learn the rapidity with which HIV can spread among MSM and transgender populations.
- Need to deepen the understanding on the dynamics of transgender people and the scope of their health needs (e.g., the Philippines)
- In many settings, participants will lack the capacity and knowledge on law and justice issues (e.g., Philippines). Therefore, it is recommended that a local lawyer provide relevant inputs to ensure that accurate information is shared.
- Integration with existing services (e.g., psychosocial support) is important (as was seen with the training in the Philippines training).

2. Translation of training materials

- Translation of slides to local language – many slides lost their original meaning in translation and need review (e.g., Indonesia and Timor-Leste). Translation was very literal and was not adapted by someone familiar with the subject matter.
- Need to translate some parts of the materials for specific regions (e.g., Philippines)
- Need to involve community members in translating materials; peer review by health professionals and community professionals is needed

3. Participants and training materials

- The current modules are more suitable for those who with programmatic experience (e.g., Timor-Leste where the participants were clinical staff without much program experience).
- Separate trainings will be needed for clinicians (e.g., China and Timor-Leste where expectations of clinical content were high but not met because of the focus of this package).
- Where possible, the materials should be modified in a way that clinicians can refresh their knowledge and skills to deal with MSM and transgender patients (e.g., China and Indonesia) – this is not the intention of the package but might be necessary in some settings for practical reasons.

4. Training content and management

- Need more time for new concepts such as SOGI or LGBT.
- Facilitators need to be flexible and adaptable according to the situation and audience.
- A special session may be necessary to deal with the attitudes of the participants to MSM and transgender people (e.g., Indonesia and the Philippines)
- Need to train community leaders as facilitators.
- Include representation of the populations discussed at training (e.g., China, Philippines).
- Field visits to peer-support programmes or NGO health providers should be considered (e.g., China and Timor-Leste)
- Need to focus on specific skills; need case-based learning (e.g. taking a sexual history – China).
- Senior city officials and budgeting officers should be involved to help promote the training (e.g., Indonesia and the Philippines).



Ensuring Sustainability

At the second consultation in Bangkok, each country team described ways to sustain this training over the next two years as follows:

Sustainability – The Philippines

Dr. Jejunee Rivera, Fellow-in-training, Infectious Disease Section, Department of Medicine, University of St. Thomas Hospital, Manila, described the following suggestions:

1. Conduct meetings with Department of Health (National AIDS and STI Prevention and Control Program – NASPCP) to discuss the sustainability of training package.
2. Conduct consultation meetings with MSM and transgender people groups to learn more about their health needs. The use of ICT should also be discussed.
3. Conduct consultation meeting with stakeholders including NGOs:
 - Consultation meetings with MSM and transgender groups to introduce the training package;
 - Consultation meetings with Local Government Units, the Department of Health, Department of Social Welfare and Development, Philippines National AIDS Council, mental health agencies etc. to integrate the training into national meetings and confirm commitment for this training from these agencies.
4. Integration meeting for both MSM and transgender people and stakeholders to:
 - a) Discuss the output of the two consultation meetings above;
 - b) Define the role of each stakeholder; and
 - c) Create a technical working group to facilitate discussions and preparation for training-of-trainers (TOT) and localization.
5. Conduct TOT at national and regional levels
6. Conduct localized training in priority areas, namely Metro Manila, Metro Cebu and Metro Davao, monitor the results of the training, and expand to other areas based on the results.

Sustainability – Indonesia

At the December consultation, Dr. Made Yogi Oxtavian Prasetya described steps to roll out the training in Indonesia. Two relevant national training modules exist in Indonesia: one is STI-targeted for doctors and nurses and the other is on the Comprehensive Continuum of Care targeted for HIV program managers and NGOs in provinces and districts. The Indonesia Core Team and national stakeholders agreed to integrate this training package into the two training modules. The next steps presented were:

1. Retranslate the original modules and get them reviewed by health sector and community experts;
2. Liaise with the Ministry of Development and Empowerment of Health Human Resources to discuss how they can assist future trainings;
3. Conduct technical working group meetings;
4. Pilot the revised materials (ICT topics to be included); and
5. Finalize the training materials.

Sustainability – Timor-Leste

At the December consultation, Dr. Flora Tanujaya suggested next steps to accelerate the training.

1. Hold consultations with national stakeholders to discuss:
 - The importance of rolling out training in order to attract the attention of senior Government officials;
 - How to modify the training materials according to the local context;
 - How this training could fit into the National AIDS Strategy and STI Strategy and existing HIV programme;
 - How this training could fit into the existing Behaviour Change Intervention (BCI), VCT and STI training modules and plans; and
 - How this training could support improvements to meet the health needs of the MSM and transgender communities.
2. Rapid assessments consisting of:
 - Mapping of services available for MSM and transgender people;
 - Identifying key barriers to access for those services;
 - Examining environments of MSM and transgender people;
 - Identifying current laws and policies that are discriminatory towards MSM and transgender people; and
 - Using participatory methods for these assessments.
3. Adaptation of the modules and development of the rollout plan, taking into account results from 1 and 2 above. This process should also be conducted in a participatory manner.
4. Training local facilitators and selection of participants.
5. Rolling out the training.

Sustainability – China

At the December consultation, Dr. Li-Gang Yang presented the following next steps to implement further training in China.

1. Translate and re-contextualize the training package in collaboration with the community representatives, MoH, China CDC, WHO and UNDP.
2. Organize national and provincial TOT with community representatives, MoH, China CDC, WHO and UNDP.
3. Conduct one-day advocacy meetings for policy-makers to introduce the training.
4. Integrate the training package into existing training programmes:
 - Central Government-led annual HIV and STI training in every province;
 - Annual eight-week HIV training course led by Di Tan Hospital nationwide; and
 - Other training as identified.
5. Promote public health and community partnerships.



Recommendations:

Mr. Settle stressed the importance of national ownership in the process of translating the training package. He also suggested that current MSM-related initiatives and/or city-level interventions should be taken into account when planning future training and TOT and how they link to such initiatives. Further, he suggested that community people, including national MSM networks, should be part of the TOT. Dr. Yang responded that there are social entrepreneurship programs running in key metropolitan cities and they can integrate this training into such programs.

Malaysia

Kristiyanto, Training Coordinator, ISEAN HIVOS Project and former staff of the Malaysian AIDS Council suggested next steps to advocate for conducting the training in Malaysia. In recent years, the proportion of new HIV infections through injecting drug use has decreased significantly and sexual transmission has become the major driving factor of the HIV epidemic. Legal and social norms related to MSM and transgender people are challenging factors for HIV programming in Malaysia. MSM and transgender people have been included in the National Strategic Plan on HIV and AIDS since 2005. Suggested steps included:

1. Discussion with key stakeholders including the Deputy Health Minister/CCM Chairperson, Ministry of Health, Department of Islamic Affairs, Ministry of Women, Family and Community Development, UN agencies and UN Theme Group and the Malaysian AIDS Council.

It would be very important to involve the Department of Islamic Affairs to get buy-in for this training and to advise the Ministry that the intention of the training is to explore *health* issues. Since the Ministry of Health works only with general public, it would be critical to work with the Malaysian AIDS Council to reach MSM and transgender community groups.

It should be possible to integrate the training into post-basic training for clinical staff employed by the Ministry of Health. This training takes six months at Sungai Buloh Integrated Health Science College (Sg. Buloh KSKB) and part of the curriculum is to understand key affected populations and to be non-judgmental. Throughout the process of integration, it would be crucial to work with the Malaysian AIDS Council since the organization is the main partner with Sg. Buloh KSKB for the post-basic training.

2. Translate the training materials into Bahasa Malaysia (optional, as English is one of the main languages in the country).
3. Include the ICT component in the training materials to be considered since the Internet is often the main source for MSM and transgenders to find sex partners. Further, it is important to utilize the Internet for counseling, as people often prefer anonymous counseling.

Discussion:

- There was discussion about how to approach the Ministry of Health to implement this training. The suggestion was made to explain that this training provides a means to promote access to health care, rather than addressing rights issues. In relation to this discussion, it was suggested that legal and policy issues should be specifically addressed when localizing the training package.



Reflections for rollout – main comments:

- Module 4 is focused on outcomes and HIV and STI-related stigma and discrimination is not addressed adequately nor is the importance of coverage, funding, and disaggregated data. These issues to be emphasized in the training.
- A concern was raised that, in Malaysia, these kinds of training materials have never been used for health care providers and more health professionals should be trained.

- The questions around next steps of the training package were raised; how to promote the training package at country-level; how to develop an evaluation module or system for communities to evaluate the quality of services given. The ideas to divide the package into two parts and/or develop an on-line version was shared.
- The sustainability of the training was raised as a concern.

Mr. Edmund Settle summarized issues that recurred throughout the consultations as follows:

- A major issue is how to strengthen local coordination mechanisms beyond this training. It is UNDP's mandate to assist and strengthen coordination mechanisms. The Philippines has been very successful in strengthening its local coordination mechanisms, as there is a national body to manage/coordinate local partners such as the Local Government Units. Mr. Settle asked whether it would be useful for UNDP to strengthen local coordinating mechanisms and their HIV-related capacity and whether it would be worth exploring the existing Filipino training module on health and development to strengthen local coordination mechanisms.
- Indonesian participants at the December consultation explained that they have a National Development Planning Board (BAPPENAS) to coordinate policy and budgeting, as well as a planning and development board for the coordination of provincial policies and budgets (BAPPEDA). In the area of HIV, the National AIDS Commission has the authority to coordinate and strengthen national and provincial programs. BAPPENAS is a member of the NAC. In that regard, it might be difficult to directly train BAPPENAS and/or BAPPEDA to strengthen their capacity on HIV. UNDP APRC and the Indonesia Team will follow up on the issue. UNDP APRC will follow up on the issue of training in Malaysia and Timor-Leste.
- There was discussion about the challenges the facilitators faced during the pilot training related to sexual orientation, gender identity and sexual behavior. Although we should only look at sexual behavior in HIV prevention programme, community people should be included to assist in giving greater depth to such topics.

He also asked continuous support to translate and localize the final training package as next steps and UNDP would support the process. Further, he mentioned the submission of ISEAN-HIVOS Phase 2 plan would be in June 2013 and that the December consultation meeting was very helpful to identify the activities needed for Phase 2.

At the December consultation, Dr. Zhao Pengfei shared his reflections on how best to roll out this training supported by country offices based on his experience on the use of this training package by making the following points:

1. It is critical to institutionalize the training;
2. The UN through working groups to assist the implementation of the training at the country level; collective efforts will be needed;
3. WHO could mobilize academic and medical stakeholders to promote the implementation of the training (e.g., by working with universities, national STI centers and hospitals);
4. Establish links this training to HIV program coverage and quality of interventions to better respond to the health needs of MSM and transgender people;
5. How to use STIs as key indicators in HIV prevention programs;
6. How to use these training materials in the broader public health or sexual and reproductive health spheres in collaboration with UNFPA and other agencies;
7. Importance of listening to local facilitators and incorporating local contexts into the training;
8. Keep asking what the most frequently asked questions are during the training so that facilitators will be able to modify the training materials according to audience and the needs of MSM and transgender community.

At the December consultation, Mr. Edmund Settle summarized the following as key points to ensure sustainability of the training package:

1. Develop next steps, including the revision of local training modules, as well as capacity development of trainers;
2. Ensure the integration of the training into national programs;
3. Support local coordination mechanisms to support the implementation of this training; and
4. Ensure that ICT is effectively used in creating demand to access to health care among MSM and transgender people



Agenda

Day 1 – 3 December 2012

Session One: Welcome and Introductions		
Time	Topic	Presenter(s)
08.30 - 09.30	Registration	
09.30 - 10.00	<ul style="list-style-type: none"> Welcome Transgender Health Regional Meeting, Manila 	<ul style="list-style-type: none"> Edmund Settle, UNDP APRC Zhao Pengfei, WHO WPRO
Session Two: Package Update and ICT Programme Introduction		
10.00 - 10.45	<ul style="list-style-type: none"> Purpose of the training package <ul style="list-style-type: none"> Chief goals Targets of the trainings Overview of the Manual Development <ul style="list-style-type: none"> Session content and feedback Overview of Desk Review of Resources Open discussion 'Project Happy' – Regional ICT Project 	<ul style="list-style-type: none"> Graham Neilsen, Consultant Laurindo Garcia, B-Change Foundation
10.45 - 11.15	Tea Break	
Session Three: Feedback on Training		
11.15 - 12.30	<ul style="list-style-type: none"> Feedback on Training – China Group Discussion 	<ul style="list-style-type: none"> Yang Ligang, Course Participant, Guangzhou
12.30 - 13.30	International Buffet Lunch at the Pavilion (Ground Floor)	
Session Four: Feedback on Training		
13.30 - 14.15	<ul style="list-style-type: none"> Feedback on Training – Timor Leste Group Discussion 	<ul style="list-style-type: none"> Flora Tanujaya, Consultant
14.15 - 15.00	<ul style="list-style-type: none"> Feedback on Training – Philippines Group Discussion 	<ul style="list-style-type: none"> Barbra May Bonaobra, Course Participant, Cebu
15.00 - 15.30	Tea Break	
15.30 - 16.30	<ul style="list-style-type: none"> Feedback on Training – Indonesia Group Discussion 	<ul style="list-style-type: none"> Helen Dewi – MoH of Indonesia with Yogi Made Permana (Lead Facilitator)
16.30 - 17.00	<ul style="list-style-type: none"> Meeting Secretariat recap 	Secretariat members

Day 2 – 4 December 2012

09.30 - 09.45	Re-cap of Day One	<ul style="list-style-type: none"> Rapporteur: Kaori Nakatani, UNDP Bangkok
Session Five: Feedback on Training - Indonesia		
09.45 - 10.45	<ul style="list-style-type: none"> Ensuring Sustainability Group Discussion 	<ul style="list-style-type: none"> Graham Neilsen, Consultant
10.45 - 11.15	Tea Break	
11.15 - 12.00	<ul style="list-style-type: none"> Concluding remarks 	<ul style="list-style-type: none"> UNDP/WHO
12.00 - 12.30	<ul style="list-style-type: none"> Meeting Secretariat recap during lunch 	Secretariat members only
12.00 - 13.00	International Buffet Lunch at the Pavilion (Ground Floor)	



Participant list

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