



THE LINK

News About HIV Prevention, Care, and Treatment for Key Populations

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FOCUS ON MSM: MAKING SERVICES MEANINGFUL

The effectiveness of every stage of the HIV prevention, care, and treatment cascade ultimately relies on compassionate, well-trained, and well-resourced service providers. Even in the world's richest countries, and among its least stigmatized populations, the quest for quality health care can be frustrating. But for men who have sex with men (MSM) and members of other key populations, fatal barriers all too often exist to receiving critical HIV-related services.

Nearly 80 countries outlaw same-sex sexuality, 100 criminalize some aspect of sex work, and the predominant response worldwide to injecting drug use has been to treat it as a crime. Men who have sex with men are not a homogeneous group and there are clear intersections with other key population groups—for example, they might also inject drugs and/or sell sex. Harsh penalties directed toward any or all of these key populations drive MSM underground, away from HIV care and treatment. Even in countries that do not criminalize same-sex relationships, a combination of stigma, ignorance, and apathy hampers efforts to provide services and discourages MSM seeking them. Some health care professionals, especially in unsupportive policy environments, fear the repercussions of treating MSM (or men perceived to be gay). Providers might also hold their own prejudices against working with MSM or lack technical training in the needs of this population. Not surprisingly, a 2012 survey by The Global Forum on MSM & HIV (MSMGF) found that MSM retention in the HIV continuum of services decreases at every stage.

The consequences of sub-par health services for MSM are clear. The MSMGF survey revealed that MSM who were most comfortable with their providers had five times higher access to condoms, three times higher access to testing, and 15 times higher access to HIV education materials than those who were least comfortable with their providers. Those who had fewer experiences of provider stigma were twice as likely to have been tested for HIV as those who had experienced high levels of stigma from health care professionals.

Fortunately, the need to improve MSM's experience in the health care system is increasingly taking center stage. LINKAGES partner IntraHealth, for instance, is leading the development of a consolidated curriculum aimed at ensuring that health workers deliver high-quality, stigma-free services for MSM, sex workers, transgender people, and injecting drug users. The curriculum will draw on the best existing training curricula developed for the different key population groups (like MSMGF's curriculum discussed on page 3) and pull the most up-to-date content into one comprehensive training curriculum for all four key populations.

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Opportunities to improve MSM’s access to health care services and information also have been created by the rise in internet access and smart phone use around the world. These media can allow for confidential, targeted, on-demand communication to and for MSM. On page 7, we discuss how these technologies are being used by the organization B-Change for meaningful sexual health interventions among MSM.

New research on biomedical interventions has produced exciting results that could eventually translate into practices that health care workers should embrace. At the 2015 Conference on Retroviruses and Opportunistic Infections, researchers shared outcomes of the IPERGAY trial, which showed the effectiveness of an on-demand pre-exposure prophylaxis (PrEP) regimen in which participants did not take the usual daily dose of PrEP, but instead only when they anticipated having sex. The PROUD study of PrEP, conducted among 545 gay men, other MSM, and transgender women, recently demonstrated the highest effectiveness yet seen for this method of HIV prevention. Both studies closed the placebo arms of the trials early when the interventions proved so promising. While the implications of these studies on programming for MSM are still to be de-

termined, the opportunity to improve prevention efforts has been given a possible boost.

Another important milestone in services for key populations was the WHO’s recent release of the *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*. Stakeholders are now drafting a practical tool for implementing these recommendations among each of the key population communities. An article contributed by USAID on page 6 discusses the *Men Who have Sex with Men Implementation Tool*, or MSMIT, which will support health care workers and implementers in developing effective programs and services for MSM.

Globally, MSM-led organizations and other partners are increasingly implementing innovative, rights-based programs designed to increase uptake of testing and counseling among MSM and, for those who are positive, ensure access to and retention in care and treatment. Through South-to-South mentoring, MSM organizations can efficiently and regularly provide technical assistance to organizations in the same or neighboring countries—an approach that LINKAGES is actively pursuing in sub-Saharan Africa.

WHAT WORKS?

- Using internet- and mobile-phone-based technologies to reach MSM with HIV information and counseling messages
- Providing access to PrEP
- Engaging MSM-led organizations as partners in provision of care and sensitivity training for providers
- Social marketing and provision of condoms and condom-compatible lubricants
- Addressing criminalization of same-sex sexuality and violence against MSM
- Empowering MSM—both as an intervention in itself and as an essential component of all other aspects of services
- Addressing the growing link between recreational drug use and HIV infection
- Providing integrated men’s health services rather than siloed HIV services

tions in issues that affect their lives is an essential component of the approach toward managing the epidemic among key populations. Historically men who have sex with men helped catalyze the world’s response to HIV since the earliest days of the epidemic, but curbing the impact of HIV within this community will now require the expanded and dedicated efforts of stakeholders across both a range of disciplines (service delivery, policy, research, and programs) and sectors (health, justice, and social).

The fight against HIV is inextricably linked to the fight for human rights. And, realistically, the end of AIDS will only be achieved when MSM and all key populations have access to high-quality, non-judgmental health care. For this will make services meaningful.



Photo Credit: © Nell Freeman for the Alliance

Denis Nzokia, Religious Relations Assistant at the LGBT group GALCK. He is one of Kenya’s few openly gay activists.

The 1994 GIPA (Greater Involvement of People living with HIV and AIDS) Principle has galvanized the call to address stigma and discrimination—in service provision and otherwise—and to support the agency of people living with HIV. Similarly, the meaningful engagement of MSM and other key popula-

TRAINING, TOOLS, AND TACTICS: PROMOTING THE HEALTH OF MEN WHO HAVE SEX WITH MEN

Health care providers are the gatekeepers of quality, sensitive, and confidential HIV prevention, care, and treatment and other medical services for MSM. In countries where homosexuality is criminalized or severely stigmatized, providers who exercise their obligation to ethically serve MSM can mitigate harm that MSM might otherwise face due to harassment, denial of services, or violence. Competent providers who appropriately address the needs of MSM help improve health outcomes among this group, thereby contributing to the well-being of the entire population. Therefore, health care providers can be one of the most important allies in challenging barriers to the health and human rights of MSM worldwide.

Despite ongoing efforts to scale up the HIV response among key populations, MSM continue to report difficulty accessing basic HIV-related services. In 2012, The Global Forum on MSM & HIV (MSMGF) surveyed 5,779 MSM across 165 countries and found that only 35% of men reported easy access to condoms,

21% to lubricants, 35% to HIV testing, and 42% to HIV treatment. Data from the survey also revealed that perceived discomfort with providers is an important predictor of poor HIV service access. Further, among MSM living with HIV, perceptions of homophobia were negatively associated with being on HIV treatment and being retained in care.

Homophobia is not the only challenge that undermines efforts to address the health of MSM. Medical education in general does not adequately focus on sexual health issues or topics of specific concern to MSM. Even friendly providers open to serving MSM may lack the necessary knowledge or skills to support the health care needs of their clients. Providers currently in practice must therefore be re-engaged, re-trained, kept up-to-date, and where possible, motivated to instigate systemic change in their clinical environments.

Critical provider engagement efforts have taken place in many different contexts in a variety of ways. A broad range of stakeholders—including community-based and national or international nongovernmental organizations, government agencies, ministries of health, and private organizations—have developed curricula and training programs targeting providers to advance the health of MSM. Despite these efforts, the need to scale up provider training in

TRAINING EXPERIENCE IN ZIMBABWE

The primary aim of this Harare training was to assess the feasibility and effectiveness of the MSMGF–JHU curriculum in increasing health care providers' knowledge, attitudes, and clinical skill so that they can deliver quality care to MSM in a legally constrained environment. Thirty participants, most of whom were physicians, came from public and private Zimbabwean health institutions, international NGOs, human rights organizations, and government bodies, including the country's national HIV coordinating body. The training evaluation used a pre-test/post-test design with anonymous questionnaires to assess changes in participant knowledge of, comfort with, and attitudes toward MSM and MSM-related health issues, including barriers to care. Results indicated that providers showed a marked increase in their comfort working with MSM. The trained providers will now be followed up months after the training to better understand their ongoing learning needs and to enhance the quality of future training programs.

this area persists globally, as evidenced by the enormous gap in access to quality services. Although inadequate documentation makes it hard to know the extent of available training opportunities focused on the needs of MSM for health care professionals, it has been anecdotally reported that many such trainings

ARTICLE CONTINUED ON PAGE 4



Photo Credit: © MSMGF

MSMGF, JHU, and GALZ staff and consultants—Keletso Makofane, Ryan Zahn, Caroline Maposhere, Dr. Evans Mastara—pilot tested the curriculum among Zimbabwean providers in June 2014.

are single-session workshops or seminars with little to no resources dedicated for follow-up, evaluation, or mentorship. These single-session trainings may lack comprehensive technical content covering a wide range of relevant topics, and can be costly. Another key factor is the role of community-based organizations; larger implementing organizations

informed by on-the-ground human rights concerns, and tailored to the needs of the local health system. Community-based organizations have an important history of serving marginalized communities against a host of barriers, and their unique expertise must be resourced and leveraged to influence trainings designed for health care providers. Strengthening

A pilot test of the MSMGF-JHU curriculum showed that after training, providers were about 25% more likely to feel at ease discussing anal sex with clients, 49% more likely to feel comfortable providing friendly sexual health services to MSM, and 47% less likely to think that accepting homosexuality causes a decline in morality.

and funders can do more to responsibly engage local stakeholders and to build capacity for sustaining health sector engagement at the local level.

The MSMGF's approach at the country level is designed to promote the health and rights of MSM through programs that are community-owned, technically sound, adapted to each specific context,

local capacity through the delivery of locally engaged technical support must remain a collective priority as we accelerate progress toward improved health and human rights of MSM worldwide.

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IN FOCUS: MSM COUNTRY RESPONSES

In Ghana, Laos, and Thailand, LINKAGES is working to improve uptake and retention in the HIV cascade of services for MSM and reduce stigma and discrimination that often make it difficult for MSM to access services. As the project's strategic framework, the HIV cascade demonstrates how individuals should ideally move through the continuum of HIV prevention, care, and treatment services to reduce HIV transmission and ensure a high quality of life.

"For MSM who are HIV-positive, the cascade emphasizes reaching, testing, treating, and retaining them in services as efficiently as possible. This helps ensure both long-term adherence to antiretroviral therapy and low viral loads, which can reduce HIV transmission," says Stephen Mills, the technical director of FHI 360's Asia Pacific Region. "For MSM who are HIV-negative, the cascade stresses the importance of primary prevention, such as condom use, regular HIV testing, and in more and more settings, the use of PrEP."

In Ghana, LINKAGES is working closely with the government, the country's Key Population Technical Working Group, and 11 local partners in five regions, including Greater Accra, and in the Central

Region's Cape Coast. Since the project was officially launched in Accra in January 2015, five community liaison officers have been trained to begin education and referrals for HIV services.

"What is unique is that two of our community liaison officers are MSM who are living with HIV. Like the other liaison officers, they are using social media to reach their peers and make sure they have access to proper HIV services and care," says Nana Fosua Clement, the LINKAGES project manager in Ghana. "One of the two officers just held a meeting with about 25 of his peers in Accra with the support of a program officer and health personnel from a local hospital where MSM may access services."

LINKAGES will be building on the U.S. Agency for International Development's (USAID's) Strengthening HIV/AIDS Response Partnership with Evidence-Based Results (SHARPER) project in Ghana, which was implemented by FHI 360 and ended in 2014. To continue the project's efforts, LINKAGES will also be using approaches such as social network testing, drop-in centers, adherence counseling by phone, and adherence reminders via SMS to improve retention in the HIV cascade.

A variety of approaches also will be used in Asia, where the USAID Regional Development Mission Asia (RDMA), through LINKAGES, will work in Laos and Thailand to enhance HIV service utilization for MSM. In Laos, LINKAGES will collaborate with government and nongovernment partners in three provinces to reach MSM through peer

EARLY LINKAGES COUNTRY BUY-INS

LINKAGES was primarily designed to accept funding from USAID Missions. The Missions of Ghana, Thailand, and Laos were among the first to buy into the project to initiate or expand programs that address the needs of key populations. For example, while both Ghana and Thailand have made remarkable progress in controlling the HIV epidemic in the general population, the epidemic is growing among MSM, particularly in urban areas.

- In 2011, HIV prevalence among MSM in Accra was 34.4 percent — one of the highest among this population in Africa.
- Among MSM in Bangkok, HIV prevalence was 17.3 percent in 2003, and the rate has risen to approximately 30 percent today.
- HIV prevalence in Laos is just 0.2 percent. However, in recent years there has been an increase of HIV infection among the most vulnerable groups, especially MSM and migrant workers.

mobilization and social network strategies, develop a cloud-based system to strengthen linkages in the HIV cascade, and introduce rapid oral HIV testing at nonclinical facilities.

In Thailand, LINKAGES will work in four urban areas, including Bangkok, to establish platforms in which stakeholders can use real-time data to assess and improve HIV services for MSM. LINKAGES will also be collaborating with RTI International on a study to track HIV-positive MSM as they move through the HIV cascade and to measure the risk behaviors and testing frequency of HIV-negative MSM.

By Kerry Aradhya, MS
FHI 360



LINKAGES staff with government partners in Laos. From left: Dr. Khanthanouvieng Sayabounthavong, Head of the Ministry of Health's STI Division; Dr. Chanthone Kham Sibounhueng, Deputy Director of Center for HIV and AIDS (CHAS); Phayvieng Philakone, FHI 360 Laos country lead; Jennifer Hegle, FHI 360; Dr. Bounpheng Philavong, Director of CHAS.

GETTING STARTED: MAKING MSM GUIDELINES COME ALIVE

If you were in a city with a high prevalence of HIV and wanted to develop a program for gay men or other MSM where would you start? How would you design a program? What would your program offer? Where could you get resources to help create it? And how would you tap into experience of other organizations that work with MSM?

Fortunately, there is new guidance on what should be done in HIV prevention, care, and treatment programs for MSM. The *Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations* ("Consolidated Guidelines") were released by the World Health Organization (WHO) at the International AIDS Conference in Melbourne,

recommendations in the Consolidated Guidelines and show how the multiple, coordinated components of an effective program can be systematically implemented. The document will also draw on the wealth of expertise and experience of organizations and agencies working with MSM. Case studies will illustrate how programs run by or with MSM are successfully putting the Guidelines' recommendations into practice.

The MSMIT emphasizes the importance of developing programs that engage and empower MSM and provides strategies for how MSM can respond to violence, stigma, and discrimination. Further, it details the most effective means of providing condom and lubricant programs

and other health services along the continuum of HIV prevention, care, and treatment, highlighting the clear role of the community in these efforts. It also provides essential guidance about program management. And because MSM around the world increasingly use social networking sites and mobile phone applications, innovative approaches utilizing infor-

mation and communication technology platforms are highlighted.

The MSMIT's intended audience consists of public health officials, managers of HIV and STI programs, nongovernmental organizations, and civil society organizations. The tool will be suitable both for program development and for advocacy. The MSMIT will be published online and in print in May. Translations in French, Spanish, and Russian will be available online and in print thereafter. The development of the MSMIT follows

WHO IS WORKING ON THE MSMIT?

The MSMIT has been coordinated by a committee of representatives from UN agencies, donors, and technical experts, with partnership and leadership from the Global Forum on MSM & HIV, a global coordinating body for international networks of gay men and other MSM. Other organizations and agencies involved in the document's development include UNFPA, UNDP, WHO, UNAIDS, the Health Policy Project, the Bill & Melinda Gates Foundation, and PEPFAR (CDC and USAID).

In June 2015, country delegations from at least eight sub-Saharan African countries will convene in Johannesburg for a workshop coordinated by LINKAGES, Anova Health Institute, WHO, The Global Forum on MSM and HIV, African Men for Sexual Health and Rights, COC Nederland and AVAC to disseminate the Consolidated Guidelines and the MSMIT. This process will emphasize how country teams can translate this global guidance into HIV programs for MSM on the ground. It will target national strategic planning and grant application processes of the Global Fund for AIDS, TB, and Malaria as opportunities to integrate MSM into national HIV responses.



Photo Credit: © Jenny Matthews for the Alliance

The MSMIT will support health care workers and implementers in developing effective programs and services for MSM.

Australia in 2014. These provide clear recommendations and a vision for HIV programs targeting MSM.

But in many low- and middle-income countries, program managers need comprehensive, practical tools grounded in best practice from the field to show them how to put these recommendations into action. The *Men Who Have Sex with Men Implementation Tool* (MSMIT) was developed precisely to meet this need. The MSMIT will offer straightforward guidance on how to apply the

the 2013 publication of a similar tool for HIV prevention programs among sex workers.

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APPS AND GAPS: WIRED FOR ACTION

Over time, social stigma and threat of criminalization related to male-to-male sex have prompted many men to adopt novel methods of sexual networking. To identify potential partners, MSM have relied on fashion (dress codes), designated locations (such as cruising sites, parks, waterfronts, bushland, public toilets), and personals columns in newspapers.

Global growth in internet access has created new opportunities to reach MSM, especially in the urban centers of developing countries where their HIV burden is high.

The rise of the internet and social media has created new opportunities for more men to meet sex partners — from internet relay chat, email, and forums in the early 1990s to the websites and smart phone apps of today. Applications such as Grindr and sites such as PlanetRo-



Photo Credit: Suzanne Fischer, FHI 360

meo have become the norm in many regions among people seeking male-to-male sex. The anonymity of the internet allows for more discreet and “safer” social networking when compared to public or commercial physical spaces.

Despite the proliferation of sexual networking websites and apps, as well as men’s high receptiveness to these technologies, the extent to which they have been used for meaningful and effective sexual health interventions is limited. Most of the groundbreaking work has been restricted to the urban centers of western countries. Now, mobile internet access is booming globally, creating opportunity to apply these approaches to the urban centers in developing countries where the burden of new HIV infection rates among young gay men, bisexual men, and other MSM is high.

B-Change, which promotes social change through technology, is seizing the opportunity afforded by the growth in internet access and mobile phone use around the world. Founded in Southeast Asia in 2011, B-Change is comprised of a team of technology, community, enterprise, and civil society experts. B-Change Technology (BCT) — B-Change’s software company — designs technology-based approaches to help B-Change achieve its social enterprise mission. For example, numerous regional and global partners have engaged B-Change in the development of information and communication- technology-based HIV programming for MSM and trans populations (see sidebar).

In addition to its technological capabilities, the B-Change team has first-hand experience of the challenges faced by key populations in accessing HIV prevention, testing, and treatment services. BCT is eager to share its expertise with LINKAGES’ partners and other stakeholders in the global HIV response. Collaboration and innovation can help

USING TECHNOLOGY FOR GOOD

B-Change has been using technology for good in numerous ways.

- Developed social-media-oriented interventions to combat stigma faced by people living with HIV, gay men, and trans people.
- Created cloud-based software products designed to help organizations scale up health outreach and referrals to care and support services.
- Raised awareness of the importance of using technology by conducting and publishing research on how web-based service providers could meet the needs of HIV-positive MSM.
- Developed PLUS, a peer support web app for MSM living with HIV in Asia.
- Adapted the PLUS model for other target populations and sectors. Adaptation work resulted in an app for young people in Asia on issues related to sexual orientation, gender identity, and expression. This new web-app, called BE, is supported by the “Being LGBT in Asia” initiative.

connect key populations to life-saving services, while advancing health and human rights for all.

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NEW RESOURCES: GUIDES AND TOOLKITS



BLUEPRINT FOR THE PROVISION OF COMPREHENSIVE CARE FOR TRANS PERSONS AND THEIR COMMUNITIES IN THE CARIBBEAN AND OTHER ANGLOPHONE COUNTRIES

This new document, published by the Pan American Health Association, provides an overview of the health care needs of transgender people. The book describes the diversity of the trans population, summarizes existing data on the health of transgender people, and outlines health determinants and barriers to care. It also discusses advocacy, public policy, and research relevant to the health of transgender people and provides recommendations for health care workers, governments, and other stakeholders on delivering comprehensive services to this community.

<http://www.who.int/hiv/pub/transgender/blueprint-trans-paho/en/>

REACT (RIGHTS, EVIDENCE, ACTION) USER GUIDE

This guide introduces Rights – Evidence – ACTION (REAct), a community-based system for monitoring and responding to human-rights-related barriers to accessing HIV and other health-related services. The five units provide information on the principles behind the system; what the human rights issues are; how to set up the system; who needs to be involved; and how to collect data, use the information management tool (Martus), adapt the system to your context, and implement REAct. Published by the International HIV/AIDS Alliance, the document also contains links to PowerPoint presentations, Martus user guide, and other resources.

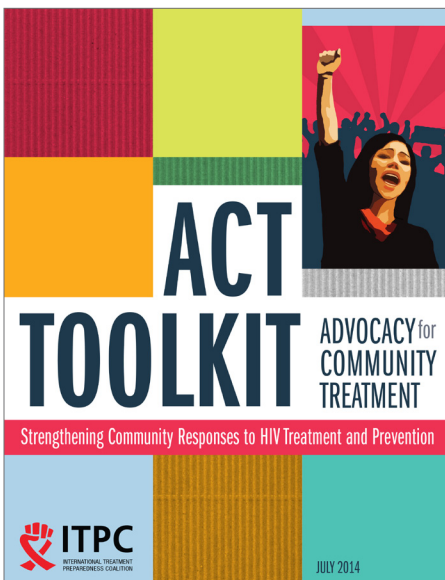
<http://www.aidsalliance.org/resources/506-react-guide>



ADVOCACY FOR COMMUNITY TREATMENT (ACT) TOOLKITS

The objective of the ACT Toolkit, developed by the International Treatment Preparedness Coalition, is to help community activists become effective advocates for access to HIV treatment. The toolkit has a special focus on key populations. Topics covered include the science of HIV, the relationship between human rights and treatment, how trade affects the availability of medicines, financing for health, and planning community advocacy campaigns. Each section of the toolkit provides two training options: (1) a 60-minute session with a PowerPoint presentation and discussion questions and (2) a 120-minute session that also includes more participatory activities. The toolkit is available in English, French, Russian, and Spanish.

<http://www.itpcglobal.org/resource?id=087be572-aba9-4822-a0c7-cea34b075269>



THE PEOPLE @ LINKAGES: NANA FOSUA CLEMENT

Take a stroll through suburban Accra, and you might spot Nana Fosua Clement scooting by on her Royal Enfield 150cc motorcycle. The project manager for LINKAGES in Ghana, Nana Fosua hops



Photo Credit: © Shelter Abiemo

Nana Fosua Clement, project manager for LINKAGES in Ghana.

on her motorbike when she's not otherwise engaged with the daily tasks of ensuring the successful implementation of the USAID-funded project.

Although the motorbike might offer some momentary thrills, Nana Fosua finds deeper rewards in attempting to achieve LINKAGES' goals of reducing the transmission of HIV among key populations and extending the lives of people living with HIV in Ghana. "I work with and for people, and it is satisfying to realize that discussions, conceptualization of ideas, and the implementation of the HIV interventions bring some satisfaction to them."

She is especially excited about designing and implementing an efficient framework for an HIV-management cascade. "The application of the cascade framework and our focus on female sex workers and men who have sex with men build upon previous USAID efforts, such as the SHARPER project, led by FHI 360 in Ghana," says Nana Fosua.

Nana Fosua recognizes that attaining some of LINKAGES goals might be difficult. "Our greatest challenge in Ghana is the frequent lack of commodities, such as HIV-test kits and antiretroviral drugs," she says. "I am frustrated by the persistent breakdown of CD4-count machines and the shortage of lab reagents. How can we ensure that HIV-positive people get the best of treatment and also stay in care?"

Even so, Nana Fosua is not deterred by the complications of her task because she sees the bigger picture. "I have always wanted to be doing something

LIFE FACTS

Home: Accra, Ghana

Expertise: Management of social development programs and HIV interventions

Number of years working on HIV programs in Ghana: 20

Professional achievements: Design and implementation of HIV interventions for MSM; coordinated revision of the national STI guidelines for Ghana; participated in the design and development of Ghana's national HIV strategy for most-at-risk populations

Family: Married with three children (sons, ages 11, 14, and 17)

Family activities: Movies, chess, and Scrabble

that had a significant impact on the lives of people," she says. Her hope is that the LINKAGES project will help key populations reduce self-stigma. "This will ultimately reduce some of the discrimination and human rights issues because then they can become confident in seeking services among others and living their lives to their full potential." And, by any measure, that would be more thrilling than a motorcycle ride.

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