# Lesson learned: Getting PrEP to MSM in Asia

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## A coalition of MSM and transgender community networks



China

China Male Tongzhi Health Forum (CMTHF)

India

India Network for Sexual Minorities (INFOSEM)

Developed Asia

Develop Asia Network (DAN)

**Greater Mekong** 

Purple Sky Network (PSN)

Transgender

Asia Pacific Transgender Network (APTN)

South Asia

South Asian MSM and AIDS Network (SAMAN)

Insular Southeast Asia

Insular Southeast Asia Network (ISEAN)

PLHIV MSM

APN+ MSM Working Group

Pacific

Pacific Sexual Diversity Network (PSDN)

Youth

Youth Voices Count (YVC)

Austra asia

Australian Federation of AIDS Organizations (AFAO) and New Zealand AIDS Foundation (NZAF)



## **APCOM's Goal and Strategies**

Goal: Improved male sexual health through increased investment, coverage and quality of sexual health services for our communities.

Advocacy for sexual health services for our communities:

This involves engaging health policy makers, programme planners and service providers to scale up service delivery.

Advocacy for an enabling environment for sexual health and supportive policies:

This involves engaging the national governments, particularly the policy makers and law enforcers, to create a friendly legal environment for men who have sex with men and transgender people in order to make accessible the sexual health services.

Gathering, generating, and sharing strategic information for the advocacy:

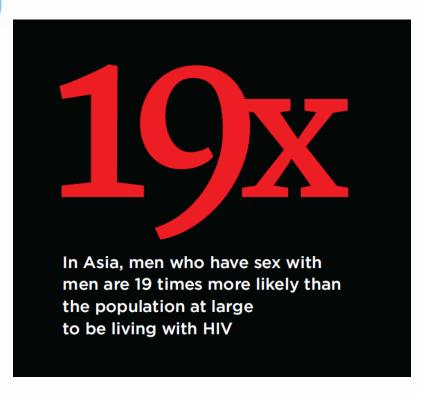
This involves ensuring that our advocacy is evidence-based and that relevant research findings are made available and accessible to our wide array of networks, partners and advocates.

Building a cadre of advocates at all levels:

This involves investing in emerging leaders and supporting current community advocates.



### MSM and HIV Situation in Asia



- HIV prevalence is more than 5% in China, Indonesia, Malaysia, Myanmar, Thailand and Vietnam
- Prevalence is particularly high in urban settings range rom 15% - 31% like in Bangkok, Hanoi and Jakarta
- 18/38 countries in Asia
   Pacific criminalise
   same-sex sexual apcom.org

activities

## MSM and HIV Situation in Asia



By 2020, almost 50% of all new HIV infections in Asia could be in MSM

Only about half of MSM in Asia-Pacific get tested for HIV



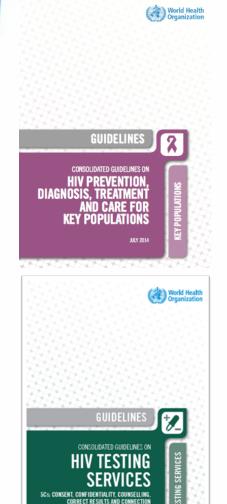


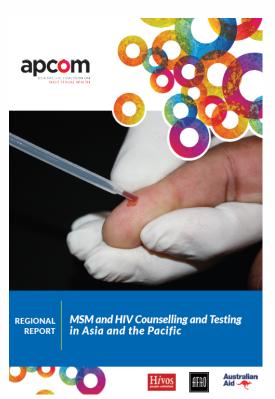
Access to condoms for low income MSM is 31% and just less than half for high income MSM

Country	Rate of HIV transmission	Share of total HIV prevention spending
Indonesia	7%	1%
Malaysia	19%	0.2%
Philippines	80%	9%
Sri Lanka	15%	6%



## Advocacy for an Enabling Environment for access to HIV Services









## Regional Consultation on PrEP for MSM in Asia

Attendance included 135 representatives from the region, including Community, Civil Society, Government, Policy Makers, Clinical and Health Service Providers and Development Partners\*.

The three day programme discussed the current barriers to implementing PrEP for MSM in different countries throughout Asia. With a focus on developing country advocacy plans that could be used for follow up country discussions.







# The Findings from Pre-Event Community Survey

#### Potential Users' Attitudes on PrEP

The survey is disseminated through APCOM's communication channels and contacts. Therefore, the sampling is not random, and thus, prone to response bias.

#### Predominance of 228 MSM Respondent's Profile:

- Asian (from different 17 countries)
- 24 years old or older
- undergrad educated, at least
- HIV negative
- not a PrEP user

#### Predominance of 228 MSM Respondent's Behaviour:

- sexually active (having at least 2 to 5 sexual partner for past 6 months)
- half of them are single, while the other half are in relationship
- half of them consistently use condom, while the other half are inconsistent or never use condom (this is independent to the previous point)





# The Findings from Pre-Event Community Survey (cont'd)

#### **Potential Users' Attitudes** on PrEP (cont'd)

**Attitude of Consistent Condom User:** 

72% are aware of PrEP

66% will take PrEP

25% won't use condom if on PrEP

Attitude of inconsistent condom user and those who never use condom

\* not including those who are in monogamous relationship

86% aware of PrEP

71% will take PrFP



# The Findings from Pre-Event Community Survey (cont'd)

#### Potential Users' Attitudes on PrEP (cont'd)

#### Top Reasons to be uninterested to take PrEP

- I'm using other HIV prevention method
- I don't think I'm at risk
- I don't know where to get PrEP

#### Top Assumptions on Challenge on getting PrEP

- Getting to know where to get PrEP
- Paying for PrEP
- Having to face the side effect



## Healthcare Service Providers' Attitudes on PrEP

The survey is disseminated through APCOM's communication channels and contacts. Therefore, the sampling is not random, and thus, prone to response bias.

#### Predominance of 54 Respondent's Profile:

- originated from/working in South Asia or South East Asia
- work in CBO-run clinics
- work across management, clinical and health education
- have experience in providing sexual health services to MSM
- know PrEP as an HIV prevention option for MSM



## **Healthcare Service Providers' Attitudes** on PrEP (cont'd)

#### Whether they have ever prescribed PrEP to their patients:

- Yes: 41% / No: 59%
- 8 out of 47 represented clinics in the survey provide PrEP

#### Whether they agree on prescribing PrEP to MSM:

Yes: 80%

#### Where to best prescribe PrEP to MSM:

- Community-based health clinics: 60%
- HIV clinics (NGO- or government-based): 22%
- Hospitals: 9%
- All of the above: 9%





#### Assumed and/or Current Challenges to prescribe PrEP:

- Not (easily) available (most countries)
- No insurance coverage (Japan)
- Not licensed for use (Singapore)
- Not affordable for clients (India)
- No funding for NGO (Vietnam)
- No national protocols (Malaysia, Philippines)
- No information/knowledge (Philippines)
- Still in process of community consultation (China)



## **Healthcare Service Providers' Attitudes** on PrEP (cont'd)

Top Priority Requirements asked by Providers to roll-out PrEP:

- Training & orientation
- Provider information
- Constant & reliable supply of drugs
- User information and support

"Community based orientation programs to educate people to use this service" (Community Counselor, Nepal)

"To share stories of people who are taking prep and share information related to benefits of taking prep"
(Clinician, Mongolia)



## **Healthcare Service Providers' Attitudes** on PrEP (cont'd)

#### **Notable Testimonies:**

#### On the providers' attitude towards PrEP prescription:

"In Mongolia PrEP is already available but there is not many clients using this medication." (Public and private clinician, Mongolia)

"Today's medical technology makes PrEP or medicines have long-term effect." (MSM Community-based clinic counselor, China)

"(PrEP will be advocated as) alternative to condom use" (MSM CBO project director, India)

#### On the need of training

"I need more training orientation on PrEP" (MSM Community-based clinic coordinator, Philippines)

#### **On Policies**

"Affordable system should exist before sending message [to MSM community]" (clinician and coordinator private clinic for MSM, Japan)



## The Findings from the Dialogue





## The Findings from the Dialogue

#### Cascade of Dependence in Rolling out PrEP for MSM in Asia

#### MSM are ready to use PrEP if:

- they have heard about it from their peers or trusted health providers, understood how it works and believed in its efficacy, are aware that their behaviours are at high risk
- PrEP services are accessible, affordable and non-judgmental

#### Service providers are ready to offer PrEP if:

- understood its efficacy and for whom it is (or is not) a good option, received technical assistance and training, had access to global and local PrEP service guidelines and are willing to engage with potential and current PrEP users
- the health system, including the national AIDS plan, officially supports the service provision

#### National AIDS programme managers are ready to include PrEP services if:

- they have been aware of PrEP under a global guidance, used available data and evidence on HIV incidence among MSM, engaged with the communities in the design and implementation phases, and could integrate PrEP services into broader services, (re)register PrEP drugs for prevention use, and secure low cost drugs, if legally feasible
- supportive legislation exist



## The Findings from the Dialogue

(Cont'd)



#### 1. Introduction of PrEP is a matter of time for most countries and can begin immediately by:

- adhering to standard planning method and steps
- positioning PrEP in the global HIV prevention and treatment targets, as well as emphasising the crucial role of HIV testing for PrEP and other services
- acknowledging that national scale PrEP service provision is a long term goal
- planning and implementing local demonstration projects

#### 2. Timely demand creation for PrEP among MSM needs to concede that:

- audience segmentation is the key PrEP is not for everybody
- special effort in reaching young and marginalised MSM needs to be placed
- debate and dialogue to address myths and concern surrounding PrEP is essential
- demand without supply reduces trust, and thus, advocacy for supply is crucial

#### 3. Advocacy for greater quality and coverage of PrEP is an on-going need of:

- Discussion with service providers on service protocols and health workers attitudes
- Discussion with policy makers on cost and other barriers to access
- Engagement of community involvement in monitoring and evaluation of PrEP services



# What is happening after the Regional PrEP consultation?



Currently PrEP programmes are available in:

- Thailand (Limited Access, affordability

issues)

Launch of regional report in May

Launch of Health Care providers understanding of PrEP in May

Collating country discussions for implementation programmes in:



- Laos
- the Philippines
- Indonesia
- China
- Malaysia
- India



# What do advocacy efforts look like?

Currently advocating for PrEP to be included in prevention spending within National HIV frameworks and strategies. As well as advocacy to international donors to include potential PrEP demonstration projects / sites into their prevention projects.

Advocacy for improved service delivery for MSM within the region, ensuring comprehensive sexual health and HIV screening.

Encouraging access and affordability for PrEP for MSM at highest risk.









## **Mr PrEPpy**

# PrEPARING ASIA



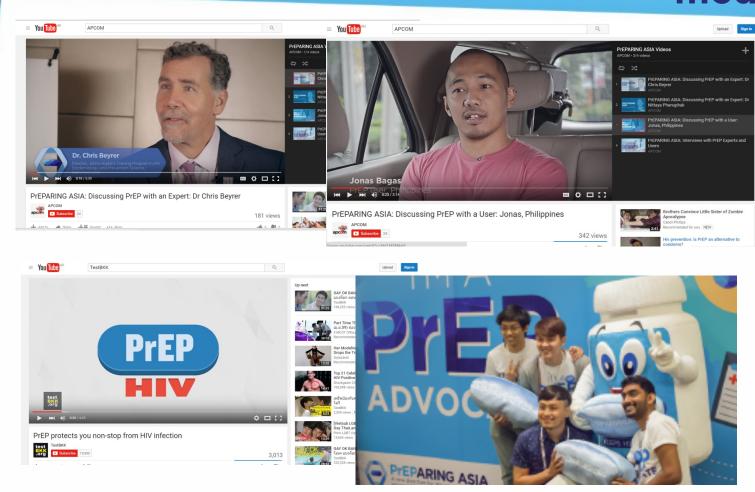








# What do advocacy efforts look like?: Using social media

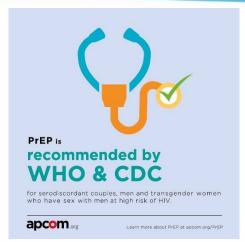




## **Memes**















# Preparing ASIA

# Adaption to country level messaging: TestBKK

#### www.TestBKK.org

Currently there is little information about PrEP available in local languages. Meaning there is poor knowledge about PrEP in the region.

There is a low knowledge about the existence of PrEP.

There is a low belief in efficacy of PrEP and concern about moving away from condom-based messages and prevention.











## **Gcircuit Engagement**

During mid-April, Thai New Year.

Many gay men from all over Asia consider gCircuit as their bucket list. Each year alone, gGircuit has been attended by at least 10,000 visitors.









# Provision of technical support by APCOM on PrEP discussion

To date APCOM has provided technical support to regional/country level PrEP discussions in:

- Lao PDR
- Indonesia
- The Philippines
- Malaysia
- (April) PrEP for MSM in Africa
- (May) Georgia

Through the advocates at the regional consultation, there are currently discussions taking place in:

- Japan
- India
- China
- Hong Kong



## **Resources Produced by APCOM on PrEP**

Videos from the regional consultation - <u>Click here</u>
Photos from the regional consultation - <u>Click here</u>
Information and education video available in <u>Thai</u> and <u>English</u>
Promotion of PrEP before and during large circuit parties - <u>Click</u>
here



THANK YOU

